

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all ever-married women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number: <div style="text-align: right;">_____</div>	WM2. Household number: <div style="text-align: right;">_____</div>	
WM3. Woman's name: Name _____	WM4. Woman's line number: <div style="text-align: right;">_____</div>	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: <div style="text-align: right;">_____ / _____ / 201__</div>	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>'MY NAME IS, AND WE ARE CONDUCTING A SURVEY ON BEHALF OF THE MINISTRY OF HEALTH AND POPULATION AND UNICEF. THE SURVEY IS ABOUT THE SITUATION OF CHILDREN AND MOTHERS, FAMILIES AND HOUSEHOLDS, AND IS FOCUSING ON PERINATAL CARE, CHILD HEALTH AND NUTRITION . I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40- 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30-40 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</i></p>	

WM7. Result of woman's interview	Completed..... 01 Not at home..... 02 Refused..... 03
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	Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
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WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____
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WM10. Record the time.	Hour and minutes :	
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WOMAN'S BACKGROUND	WB
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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:</i> HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? <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

<p>WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?</p>	Preschool 0 Primary 1 Preparatory..... 2 Secondary 3 Higher 4	0⇒WB7
<p>WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?</p> <p><i>If grade 1 is not completed at this level, enter "0"</i></p>	Grade —	
<p>WB6. Check WB4:</p> <p><input type="checkbox"/> Preparatory or higher (WB4=2,3 or 4) ⇒ Go to Next Module</p> <p><input type="checkbox"/> Primary (WB4= 1) ⇒ Continue with WB7</p>		
<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	Cannot read at all 1 Able to read only parts of sentence..... 2 Able to read whole sentence 3 Blind / visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY **MT**

MT1. Check WB7:

Question left blank (Respondent has preparatory or higher education) ⇒ Continue with MT2

Able to read (WB7 = 2, 3) ⇒ Continue with MT2

Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to 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

MT4A. DO YOU HAVE YOUR OWN MOBILE PHONE?

Yes 1
 No 2

MT5. Check WB2: Age of respondent?

Age 15-24 ⇒ Continue with MT6

Age 25-49 ⇒ Go to Next Module

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⇒ Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒ Next Module
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	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married1 Not currently married3	3⇒MA6
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years..... _ _ DK.....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes1 No2	2⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number 0 _ DK.....98	⇒MA7 98⇒MA7
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once.....2	1 ⇒MA8A 2 ⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of (first) marriage Month..... _ _ DK month.....98 Year _ _ _ _ DK year.....9998	⇒ NEXT MODULE
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND?	Age in years..... _ _	

FERTILITY/BIRTH HISTORY		CM
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p>	<p>Yes 1 No 2</p>	2⇒CM8
<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>	2⇒CM6
<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>	2⇒CM8
<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>	2⇒CM10
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead _ _</p> <p>Girls dead _ _</p>	

<i>If none, record '00'.</i>		
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum _ _	
<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module</i></p> <p><input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module</i></p>		

BIRTH HISTORY

BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 12 births, use an additional questionnaire.

BH Line No.	BH1.	BH2.	BH3.	BH4.		BH5.	BH6.	BH7.	BH8.	BH9.		BH10.
	WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		IS (name) STILL ALIVE? 1 Yes 2 No	HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years. for less than 1 write "00"	IS (name) LIVING WITH YOU? 1 Yes 2 No	Record household line number of child (from HL1) Record "00" if child is not listed.	If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years		WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒Next Line	Days.....1 Months2 Years.....3	_____	
02		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth

03		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
04		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
05		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
06		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. Is (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. Is (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years. for less than 1 write "00"</i>	BH7. Is (name) LIVING WITH YOU? 1 Yes 2 No	BH8. <i>Record household line number of child (from HL1)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (name)? <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
07		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
08		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒ BH10	Days1 Months.....2 Years.....3	_____	1 2 Add Next Birth Birth
09		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth

10		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
11		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
12		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (<i>name of last birth in BIRTH HISTORY Module</i>)?								Yes 1 No.....2			1⇒Record birth(s) in Birth History	

CM12A. Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:

Numbers are same ⇒ Continue with CM13

Numbers are different ⇒ Probe and reconcile

CM13. Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 5 years, that is, since (month of interview) in **2008** (if the month of interview and the month of birth are the same, and the year of birth is **2008**, consider this as a birth within the last 5 years)

No live birth in last 5 years. ⇒ Go to ILLNESS SYMPTOMS Module.

One or more live births in last 5 years. ⇒ Record name of last born child

Name of last-born child _____

IF CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES

DESIRE FOR LAST BIRTH

DB

This module is to be administered to all women with a live birth in the 5 years preceding date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

<p>DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒Next Module</p>
<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..... 2</p>	<p>2⇒Next Module</p>
<p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Months..... 1 _ _</p> <p>Years 2 _ _</p> <p>DK..... 998</p>	

MATERNAL AND NEWBORN HEALTH

MN

This module is to be administered to all women with a live birth in the 5 years preceding date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

Now I would like to ask you some questions regarding your health care during and after your pregnancy with (name).

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1 No 2</p>	<p>2⇒MN5</p>
<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 all answers given.</i></p>	<p>Health professional: Doctor A Nurse B</p> <p>Other person TRAINED Midwife.....D Traditional birth attendant (Daya) F Community health worker (Raida Refia) G Other (specify) _____ X</p>	
<p>MN2D: WHERE DID YOU RECEIVE ANTENATAL CARE FOR YOUR PREGNANCY WITH (name of last child)?</p> <p><i>Probe for the type of facility and circle all answers given.</i></p>	<p>Home Your home A Other home B</p> <p>Governmental(public sector): Hospital..... C PHCU..... D FHU E Other government (specify) _____ F</p> <p>Private sector Private hospital /clinic G Private doctor H Other private (specify) _____ I</p>	

	Non-governmental/NGO's Mosque/church/NGO clinic/unitJ Other NGO (<i>specify</i>)_____ K	
MN2E. CHECK MN2D <input type="checkbox"/> <i>If a private or non-governmental sector is chosen (codes G - K) ⇒Continue with MN2F</i> <input type="checkbox"/> <i>Otherwise (no circles around codes G-K) ⇒Go to MN3</i>		
MN2F: WHAT WERE THE REASONS FOR YOU TO OBTAIN ANTENATAL CARE FROM A PRIVATE PROVIDER/NGO? <i>Probe:</i> ANY OTHER REASON? <i>Probe for the reasons and circle all answers given.</i>	Better quality of services.....A Provider more skilled.....B Shorter waiting times.....C More convenient clinic times.....D I can obtain ANC from a female physician..E As this physician will attend my delivery, I prefer to perform ANC with him/her..... F Other (<i>specify</i>)_____X	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	Number of times__ __ DK.....98	
MN3A. Check MN3: number of antenatal care visits during the last pregnancy <input type="checkbox"/> <i>number of times is less than 4 (MN3 = 1, 2 or 3) ⇒Continue with MN3B</i> <input type="checkbox"/> <i>number of times is 4 or more or DK ⇒Go to MN3C</i>		
MN3B: WHY DID YOU NOT ATTEND MORE ANTENATAL VISITS? <i>Probe: ANY OTHER REASON?</i>	Costs too much A Too far/ no transport B Poor quality service C No female provider D Husband/ family did not allow E	

<p><i>Probe for the reasons and circle all answers given.</i></p>	<p>Completed tetanus toxoid doses F</p> <p>Did not find it necessary/satisfied with progress of pregnancy.....G</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>MN3C: HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY ?</p>	<p>Months.....0 ___</p> <p>DK.....98</p>	
<p>MN3D. <i>check MN3C, number of months of pregnancy:</i></p> <p><input type="checkbox"/> <i>If 3 months or less (MN 3C =1,2,3) ⇒ Go to MN3F</i></p> <p><input type="checkbox"/> <i>If number is greater than 3 or DK ⇒ Continue with MN3E</i></p>		
<p>MN3E: WHY DID YOU NOT ATTEND ANTENATAL CARE EARLIER?</p> <p><i>Probe:</i></p> <p>ANY OTHER REASON?</p> <p><i>Probe for the reasons and circle all answers given.</i></p>	<p>Costs too much A</p> <p>Too far/ no transport B</p> <p>Poor quality service C</p> <p>No female provider D</p> <p>Husband/ family did not allow E</p> <p>Concerned that there might not be a health provider F</p> <p>Did not find it necessary/satisfied with progress of pregnancy.....G</p> <p>Not yet time for tetanus toxoid vaccinationH</p> <p>Not yet time for iron tablets supplementationI</p> <p>Waiting for period of spontaneous abortions to passJ</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>MN3F: HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU HAD YOUR LAST ANTENATAL CARE VISIT FOR THIS PREGNANCY?</p>	<p>Months0 ___</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> <p>[D] WERE YOU WEIGHED?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Weighed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	Weighed	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample.....	1	2															
Weighed	1	2															
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>IF YES, MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) 1</p> <p>Yes (card not seen) 2</p> <p>No 3</p> <p>DK..... 8</p>																
<p>MN6. WHEN YOU WERE PREGNANT WITH (<i>name</i>), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒MN9</p> <p>8⇒MN9</p>															
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (<i>name</i>)?</p>	<p>Number of times__</p> <p>DK..... 8</p>	<p>8⇒MN9</p>															
<p>MN8. <i>How many tetanus injections during last pregnancy were reported in MN7?</i></p> <p><input type="checkbox"/> <i>At least 2 tetanus injections during last pregnancy. ⇒ Go to MN12A</i></p> <p><input type="checkbox"/> <i>Only one tetanus injection during last pregnancy. ⇒ Continue with MN9</i></p>																	
<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</p>																

	No..... 2	2⇒MN12A
	DK 8	8⇒MN12A
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)? <i>If 7 or more times, record '7'.</i>	Number of times..... DK 8	8⇒MN12A
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)? <i>IF LESS THAN 1 YEAR, RECORD '00'.</i>	Years ago.....	
MN12A. DURING YOUR PREGNANCY WITH (NAME), WERE YOU GIVEN OR DID YOU BUY ANY IRON TABLETS OR SYRUP?	Yes 1 No..... 2 DK 8	2⇒MN12F 8⇒MN12F
MN12B. DID A HEALTH CARE PROVIDER (PHYSICIAN /NURSE) GIVE YOU ANY INFORMATION ABOUT HOW TO DEAL WITH THE SIDE EFFECTS OF IRON TABLETS?	Yes 1 No..... 2 DK 8	

MN12C. FOR HOW MANY DAYS DID YOU TAKE THE IRON TABLETS? <i>IF MORE THAN 95 DAYS, RECORD 95</i>	Days DK.....98	
MN12D. Check MN12C: number of taking days of taking iron tablets/syrup <input type="checkbox"/> <i>If 60 or more days or MN12C is '98' ⇒ Go to MN12F</i> <input type="checkbox"/> <i>Less than 60 days. ⇒ Continue with MN12E</i>		
MN12E. WHY DID YOU NOT CONTINUE TO TAKE THE IRON TABLETS? PROBE: WHAT ELSE?	Tablets not available at PHCU.....A Tablets too expensive.....B Experienced side effects (like Constipation, Upset stomach,...etc.)C	

<p>PROBE AND CIRCLE ALL GIVEN ANSWERS.</p>	<p>Did not find the need, did not think it was required/importantD</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>MN12F. THE PHC CARRIES OUT HEALTH EDUCATION SESSIONS ON HEALTH CARE DURING PREGNANCY, DELIVERY CARE, CARE OF THE BABY, AND NUTRITION. HAVE YOU ATTENDED ANY SUCH SESSION IN THE LAST PREGNANCY?</p> <p><i>If yes, what is the number of sessions that you had attended during your last pregnancy with (name)?</i></p> <p><i>If number is greater than 7 record 7</i></p>	<p>no, she didn't attended any session0</p> <p>Number of attended sessions__</p>	<p>0⇒ MN12I</p>
<p>MN12G. WERE YOU SATISFIED, NEUTRAL OR NOT SATISFIED WITH THE HEALTH INFORMATION THAT YOU RECEIVED FROM THESE SESSIONS?</p>	<p>Satisfied.....1</p> <p>Neutral.....2</p> <p>Not satisfied.....3</p>	<p>1⇒MN12J</p> <p>2⇒ MN12J</p> <p>3⇒ MN12J</p>
<p>MN12I.WHAT WAS THE REASON FOR NOT ATTENDING THESE HEATH EDUCATION SESSIONS?</p> <p><i>Probe:</i></p> <p>ANY OTHER REASON?</p> <p><i>Probe for the reasons and circle all answers given.</i></p>	<p>Costs too much.....A</p> <p>Too far/no transportB</p> <p>Husband/family did not allowC</p> <p>Did not find it necessary / useful..... D</p> <p>Was not aware of these sessions..... E</p> <p>Did not know the timing of sessions.....F</p> <p>Did not have time to attend..... G</p> <p>Other (<i>specify</i>) _____ X</p> <p>No sessions held at FHU.....Y</p>	
<p>MN12J.SOMETIMES A CHW (RAIDA REFIA) VISIT PEOPLE'S HOUSES TO ADVISE THEM ABOUT THEIR HEALTH. HAS ANY RAIDA REFIA VISITED YOU AT HOME FOR THIS DURING YOUR PREGNANCY WITH (NAME)?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know.....8</p>	
<p>MN12K.WHAT SYMPTOMS OR COMPLICATIONS DURING PREGNANCY DO YOU KNOW OF WHICH CAN BE CONSIDERED AS DANGER SIGNS AND WHICH WOULD REQUIRE YOU TO SEEK IMMEDIATE MEDICAL ASSISTANCE ?</p> <p><i>Probe:</i></p>	<p>Bleeding.....A</p> <p>Severe headache and blurring of vision.....B</p> <p>Convulsions or loss of consciousness.....C</p> <p>Baby does not move.....D</p>	

<p>ANY OTHER?</p> <p><i>Probe for the symptoms or complications and circle all answers given.</i></p>	<p>Severe or continuous vomiting.....E</p> <p>Foul-smelling discharge or copious</p> <p>Water.....F</p> <p>Other (<i>specify</i>).....X</p> <p>Don't know.....Z</p>	<p>Z⇒ MN12O</p>
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<p>MN12L. WHERE DID YOU RECEIVE INFORMATION ABOUT THE DANGER SIGNS DURING PREGNANCY?</p> <p><i>Probe : ANY OTHER SOURCE?</i></p>	<p>Television.....A</p> <p>Radio.....B</p> <p>Newspaper/ magazine.....C</p> <p>Pamphlet/brochure.....D</p> <p>Poster.....E</p> <p>Health provider (physician or nurse)F</p> <p>CHW (Raida Refia)G</p> <p>Husband.....H</p> <p>Other relative.....I</p> <p>Friends/neighbours.....J</p> <p>Other (<i>specify</i>).....X</p>	
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MN12M. Check MN12L: Source of information

Health provider is mentioned (code F is circled) ⇒ Continue with MN12N

Health provider is not mentioned (code F is not circled)⇒Go to MN12O

<p>MN12N. DID HEALTH PROVIDER (PHYSICIAN/NURSE) TOLD YOU WHERE TO GO IF THESE COMPLICATIONS OCCURRED?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
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<p>MN12O. DO YOU EXPOSED TO ANY OF THESE DANGER SIGNS DURING YOUR LAST PREGNANCY ?</p> <p>A. BLEEDING</p> <p>B. SEVERE HEADACHE AND BLURRING OF VISION</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>A. Bleeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>B. Severe headache and blurring of vision</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>		YES	NO		A. Bleeding	1	2		B. Severe headache and blurring of vision	1	2		
	YES	NO												
A. Bleeding	1	2												
B. Severe headache and blurring of vision	1	2												

C. CONVULSIONS OR LOSS OF CONSCIOUSNESS	C. Convulsions or loss of consciousness	1	2	
D. BABY DOES NOT MOVE	D. Baby does not move	1	2	
E. SEVERE OR CONTINUOUS VOMITING	E. Severe or continuous vomiting	1	2	
F. FOUL-SMELLING DISCHARGE OR COPIOUS WATER	F. Foul-smelling discharge or copious water	1	2	

MN12P. Check MN12O

At least one circle was put around code (1) ⇒ Continue with MN12Q

Circles were put on all (2) codes ⇒ Go to MN12U

MN12Q. Who DID YOU CONSULT ABOUT THESE DANGER SIGNS?

Probe: ANY OTHER ONE?

- Physician.....A
- Nurse..... B
- Trained Midwife.....C
- Pharmacist..... D
- Traditional birth attendant (Daya).....F
- Relative/friend.....H
- No one.....Y

Y ⇒ MN12T

MN12R. HOW LONG AFTER EXPERIENCING THIS DANGER SIGN CONSULTATION WAS TAKEN?

if less than one day record hours otherwise record days

- Hours.....1__ __
- days..... 2__ __
- Don't know998

MN12S. Check MN12Q

Did not consult a physician nurse (A and/or B are not circled) ⇒ Continue with MN12T

Consulted a physician, nurse or not asked (A and/or B are circled) ⇒ Go to MN12U

MN12T. WHY DID YOU NOT CONSULT A MEDICAL PROVIDER (PHYSICIAN/NURSE) OR GO TO A HEALTH FACILITY FOR THESE DANGER SIGNS?

Probe: ANY OTHER REASON?

- Costs too much.....A
- Too far/ no transport.....B
- Poor quality serviceC
- No female provider.....D
- Husband/ family did not allow.....E

	Facility not open /physician not available.....F Not necessary.....G No one to go with me.....H Did not recognize this as a danger sign.....I Did not know where to go/ who to consult.....J No one with whom to leave the other family members (other children, grandparents)... K Other (<i>specify</i>)_____X																									
<p>MN12U. SOME PARENTS MAKE SOME ARRANGEMENTS IN ADVANCE FOR THE DELIVERY OF THE INFANT. CAN YOU TELL ME IF YOU MADE ANY OF THESE ARRANGEMENTS?</p> <p>A. IDENTIFIED A PHYSICIAN/MIDWIFE TO ATTEND THE BIRTH?</p> <p>B. IDENTIFYING WHERE YOU WOULD DELIVER?</p> <p>C. ARRANGING MONEY FOR DELIVERY?</p> <p>D. ARRANGING TRANSPORT FOR DELIVERY?</p> <p>E. ARRANGING/SAVING MONEY FOR ANY EMERGENCY?</p> <p>F. IDENTIFIED POTENTIAL BLOOD DONOR?</p> <p>G. ARRANGED WITH FRIENDS/RELATIVES FOR CARE OF OTHER FAMILY MEMBERS WHILE YOU WERE AWAY?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>A physician</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Identifying where</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Arranging money</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Arranging transport</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Arranging/saving money</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Identified blood donor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Arranging with friends</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	A physician	1	2	Identifying where	1	2	Arranging money	1	2	Arranging transport	1	2	Arranging/saving money	1	2	Identified blood donor	1	2	Arranging with friends	1	2	
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<p>MN12V. DID A PHYSICIAN/NURSE GAVE YOU ADVISE ABOUT THE IMPORTANCE OF HAVING A PHYSICIAN/NURSE AT DELIVERY?</p>	Yes1 No2 DK.....8																									
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)?</p> <p><i>Probe:</i> ANYONE ELSE?</p>	Health professional: Doctor A Nurse B Other person																									

<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>Trained Midwife D</p> <p>Traditional birth attendant.....F</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 source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Government</p> <p>Hospital 21</p> <p>PHCU 22</p> <p>FHU 23</p> <p>Other government (<i>specify</i>) _____ 26</p> <p>Private</p> <p>Private hospital / clinic..... 31</p> <p>Private doctor 32</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Non-governmental/NGO's</p> <p>Mosque/church/NGO clinic/unit 41</p> <p>Other NGO (<i>specify</i>) _____ 46</p> <p>Other non-medical (<i>specify</i>) _____ 96</p>	<p>11⇒MN19E</p> <p>12⇒MN19E</p> <p>96⇒MN19E</p>
<p>MN19. WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒MN19F</p>
<p>MN19B. WHEN WAS THE DECISION FOR A CAESAREAN SECTION MADE? DURING PREGNANCY OR BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>During ANC 1</p> <p>Before the start of labour 2</p> <p>During delivery 3</p> <p>Other(<i>specify</i>) _____ 6</p>	

<p>MN19C. WHY WAS A CAESAREAN SECTION PERFORMED FOR YOU?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Previous Caesarean section.....A Obstructed labour.....B Prolonged labour.....C Fetal distress.....D Twins/triplets.....E I requested it/ didn't want normal delivery.....F Other (<i>specify</i>).....X Don't know the reason.....Z</p>	<p>A⇒MN19F B⇒MN19F C⇒MN19F D⇒MN19F E⇒MN19F F⇒MN19F X⇒MN19F Z⇒MN19F</p>
<p>MN19E. WHAT WERE THE REASONS FOR NOT DELIVERING AT A HEALTH FACILITY?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Costs too much.....A Too far/ no transport.....B Poor quality serviceC No female provider.....D Husband/ family did not allow.....E Facility not open /physician not available.....F Not necessary.....G Not customary.....H Sudden delivery.....I Afraid that physician would deliver me by Caesarean section.....J Other (<i>specify</i>).....X</p>	
<p>MN19F. WHAT ARE THE DANGER SIGNS OR COMPLICATIONS DURING THE DELIVERY THAT YOU KNOW OF?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Bleeding before or after labour (about a cup full of blood).....A Convulsions or loss of consciousness.....B Prolonged labour (>10 hours) without delivery.....C Placenta not delivered within ½ hour of infant.....D Other (<i>specify</i>).....X DKZ</p>	<p>Z⇒MN20</p>
<p>MN19G. WHAT WAS THE SOURCE OF YOUR INFORMATION ABOUT THE DANGER SIGNS DURING DELIVERY ?</p> <p><i>Probe:</i> ANY OTHER SOURCE?</p>	<p>Television..... A Radio..... B Newspaper/ magazine.....C Pamphlet/brochure..... D Poster.....E Health provider (physician or nurse) F CHW /(Raida Refia) G Husband..... H Other relative..... I Friends/neighbours..... J</p>	

<i>Record weight from health card, if available.</i>	From recall2 (kg) __ . __ __ __ DK 99998	
MN22A. DURING THE TWO WEEKS AFTER BIRTH, WAS A BLOOD SAMPLE TAKEN FROM (NAME'S) HEEL?	Yes 1 No 2 DK 8	
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⇒MN27A
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately 000 Hours 1 __ __ Days 2 __ __ Don't know / remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	YES 1 No 2	2⇒MN27B
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) A Plain water B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Fruit juice F Infant formula G Tea / Infusions H Honey I Other (<i>specify</i>) X	
MN27A: WHY DID YOU GIVE ANYTHING OTHER THAN BREAST MILK?	Milk in the beginning not nutritious A The amount of Milk in the beginning not sufficient B Tired C Not necessary/not customary to give breast milk immediately D	

<i>Probe: WHAT ELSE?</i>	Did not know how to breastfeed/ found it difficult to breastfeed..... E No milk in breast..... F Infant ill/ not able to breastfeed/ in NICU.. G Twins/triplets..... H Caesarean delivery I Other (<i>specify</i>)..... X	
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<p>MN27B. WHILE YOU WERE PREGNANT OR AFTER YOU DELIVERED YOUR LAST CHILD, DID ANYONE ADVISE ABOUT BREASTFEEDING (SUCH AS ITS IMPORTANCE, ITS DURATION, HOW TO BREASTFEED?)</p> <p><i>If yes, probe: WHO GAVE YOU THE ADVICE? Record all categories mentioned.</i></p> <p><i>Probe: ANY OTHER PERSON?</i></p>	Health provider (physician or nurse).....A CHW (Raida Refia)B Traditional birth attendant (Daya)C Religious leaderD Neighbours/friendsE Household memberF Other relativesG Other(<i>specify</i>)X No one Y	Y⇒MN27D
<p>MN27C. WHAT ADVICE WERE YOU GIVEN ABOUT BREASTFEEDING?</p> <p><i>Probe: ANY OTHER ADVICE?</i></p> <p><i>Record all responses mentioned.</i></p>	Infant should be breastfed immediately after delivery (within 1 hour).....A Infant should be breastfed on demand.....B Infant should be given nothing other than breastmilk for the first 6 months.....C Breastfeeding position was demonstrated...D Other (<i>specify</i>)X	
<p>MN27D. AFTER YOUR LAST BIRTH, DID YOU TAKE A FREE MILK FORMULA SAMPLE OR SUBSIDIZED (YOU PAID A SMALL AMOUNT OF MONEY) ?</p>	Yes, Free..... 1 Yes, Subsidized 2 No 3 DK 8	3⇒NEXT MODULE 8⇒NEXT MODULE
<p>MN27E. WHERE WERE YOU GIVEN THIS FORMULA FOR THE FIRST TIME?</p>	Private clinic/ hospital1 Public hospital......2 PHCU3 FHU......4 At home5 Other(<i>specify</i>) 6	

POST-NATAL HEALTH CHECKS

PN

This module is to be administered to all women with a live birth in the 5 years preceding the date of interview.

Record name of last-born child from CM13 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 or 41, 46) ⇒ 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 __ __

DK / Don't 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

<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name</i> or <i>type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)'S HEALTH AFTER YOU LEFT (<i>name</i> or <i>type of facility in MN18</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional (MN17=A and/or B) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional (A and/or B not circled in MN17) ⇒ Go to PN10</p>		
<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person</i> or <i>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</i> or <i>persons in MN17</i>) LEFT YOU, DID (<i>person</i> or <i>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</i> or <i>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</i> or <i>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 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 hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>Hours 1 __ __ Days 2 __ __ Weeks..... 3 __ __ DK / Don't remember..... 998</p>	
<p>PN13. WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?</p> <p><i>Probe: WHO ELSE?</i></p>	<p>Health professional Doctor A Nurse B</p> <p>Other person Trained Midwife D Traditional birth attendant (Daya)..... F Community health worker (Raida Refa) . G 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>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home..... 12</p> <p>Government</p> <p>Hospital.....21</p> <p>PHCU22</p> <p>FHU23</p> <p>Other government (<i>specify</i>) _____26</p> <p>Private</p> <p>Private hospital / clinic.....31</p> <p>Private doctor32</p> <p>Other private medical (<i>specify</i>)_____36</p> <p>Non-governmental/NGO's</p> <p>Mosque/church/NGO clinic/unit..... 41</p> <p>Other NGO (<i>specify</i>)_____46</p> <p>Other non-medical (<i>specify</i>) _____96</p>	
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PN15. 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 or 41, 46) ⇒ Continue with PN16

No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17

<p>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No2</p>	<p>1⇒PN20</p> <p>2⇒PN23D</p>
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PN17. Check MN17: Did a health professional assist with the delivery?

Yes, delivery assisted by a health professional (MN17=A and/or B) ⇒ Continue with PN18

No, delivery not assisted by a health professional (A and/or B not circled in MN17) ⇒ Go to 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⇒PN23D
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⇒ PN23D
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1⇒PN21A
PN20A. HOW MANY TIMES DID YOU HAVE THIS CHECK BY ANY HEALTH PROVIDER (PHYSICIAN/NURSE)?	Number of PNC check..... __ __	⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Hours 1 __ __ Days 2 __ __ Weeks..... 3 __ __ DK / Don't remember..... 998	
PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME? <i>Probe: WHO ELSE?</i>	Health professional Doctor A Nurse B Other person Trained Midwife D Traditional birth attendant (Daya) F Community health worker (Raida Refia) G Relative / Friend H Other (<i>specify</i>) _____ X	

<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home..... 12</p> <p>Government</p> <p>Hospital.....21</p> <p>PHCU22</p> <p>FHU23</p> <p>Other government (specify) _____26</p> <p>Private</p> <p>Private hospital / clinic 31</p> <p>Private doctor32</p> <p>Other private medical (specify)_____ 36</p> <p>Non-governmental/NGO's</p> <p>Mosque/church/NGO clinic/unit 41</p> <p>Other NGO (specify)_____ 46</p> <p>Other non-medical (specify) _____ 96</p>	
<p>PN23A. Check PN20</p> <p><input type="checkbox"/> If PN20 (only one time) ⇒ Go to PN23D</p> <p><input type="checkbox"/> If PN20 = 2 or more ⇒ Continue with PN23B</p>		
<p>PN23B. DID ANY DOCTOR OR NURSE FROM THE HEALTH UNIT CAME TO CHECK YOU DURING POSTPARTUM PERIOD?</p>	<p>Yes1</p> <p>No 2</p>	<p>2 ⇒ PN23D</p>
<p>PN23C. DID THE FIRST VISIT WAS AT THE FIRST 2 DAYS AFTER DELIVERY ?</p>	<p>Yes1</p> <p>No 2</p>	

<p>PN23D. AS A PART OF THE CHECKS ON YOUR HEALTH AFTER DELIVERY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] WAS YOUR PULSE MEASURED?</p> <p>[C] WAS YOUR TEMPERATURE MEASURED?</p> <p>[D] WAS YOUR BREAST EXAMINED?</p> <p>[E] WERE YOUR LOWER LIMBS EXAMINED?</p>	<p style="text-align: center;">Yes No</p> <p>A. Blood pressure 1 2</p> <p>B. Pulse 1 2</p> <p>C. Temperature 1 2</p> <p>D. Breast 1 2</p> <p>E. Lower limbs 1 2</p>	
<p>PN23E. IN THE FIRST TWO MONTHS AFTER DELIVERY, DID YOU RECEIVE A VITAMIN A DOSE LIKE (THIS/ANY OF THESE)?</p> <p><i>Show (types of) capsules</i></p>	<p>Yes1</p> <p>No.....2</p>	
<p>PN24A. WHAT ARE THE DANGER SIGNS DURING THE POSTPARTUM PERIOD THAT YOU KNOW?</p> <p><i>Probe: WHAT ELSE?</i></p>	<p>Severe bleeding..... A</p> <p>Abdominal pain or foul-smelling discharge. B</p> <p>Convulsions or loss of consciousness..... C</p> <p>Vomiting and diarrhoea..... D</p> <p>Severe chest pain with difficulty breathing.. E</p> <p>Fever..... F</p> <p>Other (<i>specify</i>)..... X</p> <p>Don't know..... Z</p>	<p>Z⇒ PN24C</p>
<p>PN24B. WHAT WAS THE SOURCE OF YOUR INFORMATION ABOUT THE DANGER SIGNS IN POSTPARTUM PERIOD?</p> <p><i>Probe: WHAT ELSE?</i></p>	<p>Television..... A</p> <p>Radio..... B</p> <p>Newspaper/ magazine..... C</p> <p>Pamphlet/brochure..... D</p> <p>Poster..... E</p> <p>Health provider..... F</p> <p>CHW (Raida Refia)..... G</p> <p>Husband..... H</p> <p>Other relative..... I</p> <p>Friends/neighbours..... J</p> <p>.. X</p> <p>Other (<i>specify</i>).....</p>	<p>F⇒ PN24D</p>

PN24C. DURING THE PREGNANCY WITH (name), OR AFTER DELIVERY, DID ANYONE GIVE YOU ANY INFORMATION ABOUT THE WARNING OR DANGER SIGNS DURING THE POSTPARTUM PERIOD?	Yes 1 No 2 DK..... 8	2⇒ PN24E 8⇒ PN24E																					
PN24D. WERE YOU TOLD WHERE TO GO IF THESE COMPLICATIONS OCCURRED?	Yes 1 No 2 DK..... 8																						
PN24E. DID YOU EXPERIENCE ANY OF THESE DURING THE POSTPARTUM PERIOD: SEVERE BLEEDING ABDOMINAL PAIN OR FOUL-SMELLING DISCHARGE CONVULSIONS OR LOSS OF CONSCIOUSNESS VOMITING AND DIARRHOEA SEVERE CHEST PAIN WITH DIFFICULTY BREATHING FEVER	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Severe bleeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Abdominal pain or foul-smelling discharge</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Convulsions or loss of consciousness</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Vomiting and diarrhoea</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Severe chest pain with difficulty breathing</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fever</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Severe bleeding	1	2	Abdominal pain or foul-smelling discharge	1	2	Convulsions or loss of consciousness	1	2	Vomiting and diarrhoea	1	2	Severe chest pain with difficulty breathing	1	2	Fever	1	2	
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PN24F. <i>Check PN24E</i> <input type="checkbox"/> <i>At least one circle was put around code (1) ⇒ Continue with PN24G</i> <input type="checkbox"/> <i>Circles were put on all (2) codes ⇒ Go to next module</i>																							
PN24G. Who DID YOU CONSULT ABOUT THESE DANGER SIGNS? <i>Probe: WHO ELSE?</i>	Physician.....A Nurse.....B Pharmacist.....D Traditional birth attendant (Daya).....F Relative/friend.....H Other (<i>specify</i>).....X No one.....Y	Y⇒ PN24J																					
PN24H. HOW LONG AFTER EXPERIENCING THIS DANGER SIGN DID YOU CONSULT THIS PERSON OR GO TO THE HEALTH FACILITY?	Hours.....1 ___ Days.....2 ___ Don't know998																						

<p><i>If less than one day record in hours, if else record in days.</i></p>		
<p>PN24I. Check PN24G</p> <p><input type="checkbox"/> <i>Did not consult a physician or nurse (PN24G =D,F,H,Y are circled) ⇒ Continue with PN24J</i></p> <p><input type="checkbox"/> <i>Consulted a physician, nurse (PN24G =A and/or B are circled) ⇒ Go to Next module</i></p>		
<p>PN24J.WHY DID YOU NOT CONSULT A PHYSICIAN OR NURSE FOR THESE DANGER SIGNS?</p> <p><i>Probe: ANY OTHER REASON?</i></p>	<p>Costs too much..... A</p> <p>Too far/ no transport..... B</p> <p>Poor quality service C</p> <p>No female provider..... D</p> <p>Husband/ family did not allow..... E</p> <p>Facility not open F</p> <p>Not necessary..... G</p> <p>No one to go with me... H</p> <p>Did not recognize this as a danger sign..... I</p> <p>Did not know where to go/ who to consult... J</p> <p>No one with whom to leave the other fami members (other childre grandparents)..... K</p> <p>Other (<i>specify</i>)_____ X</p>	

ILLNESS SYMPTOMS

IS

IS1. Check List of Household Members, columns HL7B and HL15

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

Yes ⇒ Continue with IS2.

No ⇒ Go to IS3.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY.

WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 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 difficulty breathing E

Child has blood in stool F

Child is drinking poorly G

Other (specify) _____ X

IS3. Check BH4 (birth history)

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

Yes ⇒ Continue with next module.

No ⇒ Go to AT4A.

ATTITUDE MODULE		AT
AT1. WHO WAS USUALLY DECIDE ON WHETHER YOU SHOULD RECEIVE AND NOT RECEIVE ANC: YOU, YOUR HUSBAND, YOU AND YOUR HUSBAND JOINTLY, OR SOMEONE ELSE?	Respondent 1 Husband 2 Respondent & husband jointly 3 Family member 4 Someone else 5 Other (<i>specify</i>) 6	
AT2. WHO MADE THE DECISION ON WHETHER A SBA SHOULD ATTEND YOUR DELIVERY: MAINLY YOU, MAINLY YOUR HUSBAND, YOU AND YOUR HUSBAND JOINTLY, OR SOMEONE ELSE?	Respondent 1 Husband 2 Respondent & husband jointly 3 Family member 4 Someone else 5 Other (<i>specify</i>) 6	
AT3. WOULD YOU ACCEPT ANC PROVIDED BY A MALE PHYSICIAN?	Yes 1 No 2 DK 8	
NOW, I WILL READ YOU A SERIES OF STATEMENTS, AND I WOULD LIKE TO ASK YOU IF YOU AGREE, ARE NEUTRAL OR DISAGREE WITH EACH OF THEM		
AT4A. "WOMEN IN GENERAL DO NOT ACCEPT TO RECEIVE ANTENATAL CARE FROM A MALE PHYSICIAN". WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?	Agree 1 Neutral 2 Disagree 3	
AT4B. "WOMEN IN GENERAL DO NOT ACCEPT A MALE PHYSICIAN ATTEND AT DELIVERY". WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?	Agree 1 Neutral 2 Disagree 3	
AT4C. "WOMEN IN GENERAL BELIEVE THAT THE NEW BORN INFANT SHOULD BE GIVEN THE BREAST IMMEDIATELY AFTER BIRTH". WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?	Agree 1 Neutral 2 Disagree 3	
AT4D. "WOMEN IN GENERAL BELIEVE THAT INFANTS SHOULD BE GIVEN BREASTMILK ONLY AT THE FIRST 3 DAYS. WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?	Agree 1 Neutral 2 Disagree 3	

<p>AT4E. “WOMEN IN GENERAL BELIEVE THAT INFANTS SHOULD NOT BE GIVEN FLUIDS OR FOODS OTHER THAN BREASTMILK IN THE FIRST 6 MONTHS OF LIFE”.</p> <p>WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?</p>	<p>Agree.....1</p> <p>Neutral.....2</p> <p>Disagree.....3</p>																												
<p>AT5. THE PHC CARRIES OUT HEALTH EDUCATION SESSIONS ON HEALTH CARE, CARE OF THE INFANTS AND CHILDREN, AND NUTRITION. HAVE YOU ATTENDED ANY SUCH SESSION (OTHER THAN DURING PREGNANCY)?</p> <p><i>If yes: WHAT IS THE NUMBER OF SESSIONS YOU HAD ATTENDED?</i></p> <p><i>If number is more than 7 record 7</i></p>	<p>No, she didn't attend any session0</p> <p>Number of attended sessions —</p>																												
<p>AT6. SOMETIMES A CHW (RAIDA REFIA) GOES TO PEOPLE'S HOUSES TO ADVISE THEM ABOUT THEIR HEALTH. HAS ANY RAIDA REFIA GONE TO YOUR HOUSE FOR THIS?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know.....8</p>																												
<p>AT7.THE FAMILY HEALTH UNIT OFFERS MANY DIFFERENT SERVICES TO BOTH MOTHERS AND CHILDREN. I WILL READ THESE SOME OF THESE SERVICES IF YOU KNOW. PLEASE TELL ME IF OFFERED IT OR NOT AT THE FHU?</p> <p><i>(Read the following services and check all that the woman is aware of).</i></p> <p>A. ANC?</p> <p>A. MOTHER'S VACCINATION (TETANUS TOXOID)?</p> <p>B. DISTRIBUTE IRON TABLETS FOR MOTHER DURING ANC?</p> <p>C. POSTNATAL CARE AT HOME?</p> <p>D. FOLLOW-UP OF GROWTH OF THE CHILD (WEIGHT AND HEIGHT) ?</p> <p>E. SCREENING OF CHILDREN FOR ANAEMIA?</p> <p>F. CHILD VACCINATION?</p> <p>G. FAMILY PLANNING?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>ANC</td> <td>1</td> <td>2</td> </tr> <tr> <td>tetanus toxoid</td> <td>1</td> <td>2</td> </tr> <tr> <td>Iron supplementation</td> <td>1</td> <td>2</td> </tr> <tr> <td>Postnatal care at home</td> <td>1</td> <td>2</td> </tr> <tr> <td>Growth monitoring (Weight And height)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Anaemia screening</td> <td>1</td> <td>2</td> </tr> <tr> <td>Child vaccination</td> <td>1</td> <td>2</td> </tr> <tr> <td>Family planning</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	ANC	1	2	tetanus toxoid	1	2	Iron supplementation	1	2	Postnatal care at home	1	2	Growth monitoring (Weight And height)	1	2	Anaemia screening	1	2	Child vaccination	1	2	Family planning	1	2	
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H. HEALTH EDUCATION FOR NUTRITION, CARE OF CHILD, SAFE PREGNANCY?	Health education	1	2	
I. CARE OF THE ILL CHILD	Care of the ill child	1	2	
J. THYROID HORMONE TESTING OF THE NEW-BORN (BLOOD SAMPLE TAKEN FROM HEEL OF NEW-BORN WITHIN 7 DAYS OF BIRTH)	Thyroid hormone	1	2	
AT8. HAVE YOU ATTENDED AT THE FHU FOR ANY REASON IN THE PAST 12 MONTH?	Yes	1		
	No.....	2		2⇒NEXT MODULE
	Don't know.....	8		8⇒NEXT MODULE
AT9. NOW I WANT TO KNOW THE WHETHER YOU WERE SATISFIED, NEUTRAL OR, NOT SATISFIED AT ALL ABOUT SOME ISSUES RELATED TO THE HEALTH SERVICES THAT PROVIDED IN THE FAMILY HEALTH UNIT.				
	Satisfied	Neutral	Not satisfied	NA
[A] TIME YOU WAITED?	3	2	1	5
[B] TIME IT TAKES TO COMPLETE ALL PARTS OF THE CONSULTATION ONCE INITIALLY SEEN?	3	2	1	5
[C] TIME IT TAKES TO RECEIVE RESULTS FROM TESTS?	3	2	1	5
[D] ABILITY OF HEALTH CARE PROVIDER TO DISCUSS PROBLEMS OR CONCERNS ABOUT YOUR CONDITION?	3	2	1	5
[E] AMOUNT OF EXPLANATION YOU WERE GIVEN ABOUT THE PROBLEM OR TREATMENT?	3	2	1	5
[F] QUALITY OF THE EXAMINATION AND TREATMENT PROVIDED?	3	2	1	5
[G] PRIVACY FROM OTHERS SEEING EXAM?	3	2	1	5
[H] PRIVACY FROM OTHERS HEARING DISCUSSION?	3	2	1	5
[I] AVAILABILITY OF MEDICINES AT THE FACILITY?	3	2	1	5
[J] THE HOURS/DAYS OF SERVICES	3	2	1	5
[K] CLEANLINESS OF FACILITY?	3	2	1	5
[L] STAFF TREATMENT?	3	2	1	5
[M] COST OF SERVICES	3	2	1	5

Woman and Husband's work status		ECO
ECO1. HAVE YOU DONE ANY WORK IN THE LAST SEVEN DAYS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?	Yes 1 No 2	1 ⇨ ECO4
ECO2. ALTHOUGH YOU DID NOT WORK IN THE LAST SEVEN DAYS, DO YOU HAVE ANY JOB OR BUSINESS FROM WHICH YOU WERE ABSENT FOR LEAVE, ILLNESS, VACATION, MATERNITY LEAVE OR ANY OTHER SUCH REASON?	Yes 1 No 2	1 ⇨ ECO4
ECO3. HAVE YOU DONE ANY WORK IN THE LAST 12 MONTHS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?	Yes 1 No 2	2 ⇨ ECO9
ECO4. WHAT IS YOUR OCCUPATION, THAT IS, WHAT KIND OF WORK DO YOU MAINLY DO?	_____ _____ _____ (RECORD ANSWER IN DETAIL)	
ECO5. DO YOU DO THIS WORK FOR A MEMBER OF YOUR FAMILY, FOR SOMEONE ELSE, OR ARE YOU SELF-EMPLOYED?	For family member 1 For someone else 2 Self-employed 3	
ECO6. DO YOU USUALLY WORK AT HOME OR AWAY FROM HOME?	Home 1 Away 2	
ECO7. DO YOU USUALLY WORK THROUGHOUT THE YEAR, OR DO YOU WORK SEASONALLY, OR ONLY ONCE IN A WHILE?	Throughout the year 1 Seasonally/part of the year 2 Once in a while 3	
ECO8. ARE YOU PAID IN CASH OR KIND FOR THIS WORK OR ARE YOU NOT PAID AT ALL?	Cash only 1 Cash and kind 2 In kind only 3 Not paid 4	

<p>ECO9. Check HL6B: Marital status</p> <p><input type="checkbox"/> Widowed / Divorced / Separated ⇒ Go to ECO12.</p> <p><input type="checkbox"/> Currently married ⇒ Continue with ECO10.</p>		
<p>ECO10. Record line number of husband from household schedule. if husband is not present in the household, record '00'.</p>	<p>Husband line number.....__ __</p>	<p>NOT "00" ⇒ ECO12</p>
<p>ECO11. WHY YOUR HUSBAND IS NOT LIVING WITH YOU IN THE HOUSEHOLD?</p>	<p>Work Outside Egypt 1</p> <p>Work Inside Egypt 2</p> <p>Studying 3</p> <p>Other (specify) _____ 6</p>	
<p>ECO12. DID YOUR CURRENT/LAST HUSBAND EVER ATTEND SCHOOL?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇒ ECO15</p>
<p>ECO13. WHAT IS THE HIGHEST LEVEL OF SCHOOL HE ATTENDED?</p>	<p>Preschool 0</p> <p>Primary 1</p> <p>Preparatory..... 2</p> <p>Secondary 3</p> <p>Higher 4</p>	<p>0 ⇒ ECO15</p>
<p>ECO14. WHAT IS THE HIGHEST GRADE HE COMPLETED AT THAT LEVEL?</p>	<p>Grade __</p> <p>Don't know..... 8</p>	
<p>ECO15. Check ECO9</p> <p><input type="checkbox"/> Widowed/divorced/separated ⇒ continue with ECO16</p> <p><input type="checkbox"/> Currently Married ⇒ Go to ECO 17</p>		

<p>ECO16. WHAT WAS YOUR (LAST) HUSBAND'S OCCUPATION? THAT WAS, WHAT KIND OF WORK DID HE MAINLY DO?</p>	<p style="text-align: right;">_ _ _</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p>	<p>⇒WM11</p>
<p>ECO17. HAVE YOUR HUSBAND DONE ANY WORK IN THE LAST SEVEN DAYS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒ECO20</p>
<p>ECO18. ALTHOUGH YOUR HUSBAND DID NOT WORK IN THE LAST SEVEN DAYS, DOES YOUR HUSBAND HAVE ANY JOB OR BUSINESS FROM WHICH HE WERE ABSENT FOR LEAVE, ILLNESS, VACATION OR ANY OTHER SUCH REASON?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒ECO20</p>
<p>ECO19. HAVE YOUR HUSBAND DONE ANY WORK IN THE LAST 12 MONTHS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒WM11</p>
<p>ECO20. WHAT IS YOUR HUSBAND'S OCCUPATION, THAT IS, WHAT KIND OF WORK HE IS MAINLY DO?</p>	<p style="text-align: right;">_ _ _</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p>	
<p>ECO21. DO YOUR HUSBAND DO THIS WORK FOR A MEMBER OF YOUR FAMILY, FOR SOMEONE ELSE, OR ARE HE SELF-EMPLOYED?</p>	<p>For family member 1</p> <p>For someone else..... 2</p> <p>Self-employed 3</p>	
<p>ECO22. DO YOUR HUSBAND USUALLY WORK AT HOME OR AWAY FROM HOME?</p>	<p>Home 1</p> <p>Away 2</p>	
<p>ECO23. DO YOUR HUSBAND USUALLY WORK THROUGHOUT THE YEAR, OR DOES HE WORK SEASONALLY, OR ONLY ONCE IN A WHILE?</p>	<p>Throughout the year 1</p> <p>Seasonally/part of the year 2</p> <p>Once in a while 3</p>	

ECO24. ARE YOUR HUSBAND PAID IN CASH OR KIND FOR THIS WORK OR IS HE NOT PAID AT ALL?	Cash only	1
	Cash and kind	2
	In kind only	3
	Not paid	4

WM11. Record the time.	Hour and minutes..... ____ : ____
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WM12. Check List of Household Members, columns HL7B and HL15.
 Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ Proceed to complete the cover page and then go to Questionnaire for Children Under Five for that child and start the interview with this respondent.

No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page