

WOMAN'S INFORMATION PANEL		WM
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____	
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / <u>2 0 2</u> _____	

<p>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</p>	<p>WM7. Record the time:</p> <p>HOURS : MINUTES</p> <p>_____ : _____</p>	
	<p>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<p>YES, INTERVIEWED ALREADY 1</p> <p>NO, FIRST INTERVIEW 2</p>
<p>WM9A. Hello, my name is (<i>your name</i>). We are from FIJI BUREAU OF STATISTICS. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 45 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	<p>WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 45 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	
<p>YES 1</p> <p>NO / NOT ASKED 2</p>	<p>1 ⇒ WOMAN'S BACKGROUND Module</p> <p>2 ⇒ WM17</p>	

<p>WM17. Result of woman's interview.</p> <p>Discuss any result not completed with Supervisor.</p>	<p>COMPLETED..... 01</p> <p>NOT AT HOME 02</p> <p>REFUSED 03</p> <p>PARTLY COMPLETED 04</p> <p>INCAPACITATED (<i>specify</i>) _____ 05</p> <p>NO ADULT CONSENT FOR RESPONDENT</p> <p>AGE 15-17 06</p> <p>OTHER (<i>specify</i>) _____ 96</p>
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WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, WM3=HH47..... 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47..... 2	2⇒WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3 OR 4..... 1 ED5=0, 1, 8 OR BLANK 2	1⇒WB15 2⇒WB14
WB3. In what month and year were you born?	DATE OF BIRTH MONTH __ __ DK MONTH..... 98 YEAR..... __ __ __ __ DK YEAR 9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS)..... __ __	
WB5. Have you ever attended school or any early childhood education programme?	YES 1 NO 2	2⇒WB14
WB6. What is the highest level and year of school you have attended?	EARLY CHILDHOOD EDUCATION..... 000 PRIMARY..... 1 __ __ SECONDARY 2 __ __ VOCATIONAL/TECHNICAL 3 __ __ TERTIARY 4 __ __	000⇒WB14
WB7. Did you complete that (year)?	YES 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24 1 AGE 25-49 2	2⇒WB13
WB9. At any time during the 2021 school year did you attend school?	YES 1 NO 2	2⇒WB11
WB10. During 2021 school year, which level and year are you <u>attending</u> ?	PRIMARY..... 1 __ __ SECONDARY 2 __ __ VOCATIONAL/TECHNICAL 3 __ __ TERTIARY 4 __ __	
WB11. At any time during the 2020 school year did you attend school?	YES 1 NO 2	2⇒WB13
WB12. During 2020 school year, which level and year did you <u>attend</u> ?	PRIMARY..... 1 __ __ SECONDARY 2 __ __ VOCATIONAL/TECHNICAL 3 __ __ TERTIARY 4 __ __	
WB13. Check WB6: Highest level of school attended:	WB6=2, 3 OR 4..... 1 WB6=1 2	1⇒WB15

<p>WB14. 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> Can you read part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE..... 2</p> <p>ABLE TO READ WHOLE SENTENCE..... 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) _____ 4</p>	
<p>WB15. How long have you been continuously living in (name of current city, town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS..... _ _</p> <p>ALWAYS / SINCE BIRTH 95</p>	95 ⇒ WB18
<p>WB16. Just before you moved here, did you live in a city, in a town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>CITY 1</p> <p>TOWN..... 2</p> <p>RURAL AREA..... 3</p> <p>UNABLE TO DETERMINE IF CITY/TOWN/RURAL 5</p> <p>DK / DON'T REMEMBER 8</p>	
<p>WB17. Before you moved here, in which division did you live in?</p>	<p>CENTRAL 1</p> <p>EASTERN 2</p> <p>NORTHERN 3</p> <p>WESTERN 4</p> <p>OUTSIDE OF FIJI (specify) _____ 6</p>	
<p>WB18. Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇒ WB19A
<p>WB19. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p>	<p>MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER..... B</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER (specify) _____ X</p>	
<p>WB19A. Check HH47 and WM3: Both are '01' (HH and given the HH interview)</p>	<p>YES, HH47=01 AND WM03=01 1</p> <p>NO 2</p>	1 ⇒ End

MASS MEDIA AND ICT		MT
<p>MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
<p>MT2. Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
<p>MT3. Do you watch television at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
<p>MT4. Have you ever used a computer or a tablet from any location?</p>	YES 1 NO 2	2 ⇒ MT9
<p>MT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	0 ⇒ MT9

MT6. During the last 3 months, did you:	YES	NO
[A] Copy or move a file or folder?	COPY/MOVE FILE.....1	2
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT.....1	2
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT.....1	2
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA..1	2
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE1	2
[F] Find, download, install and configure software?	INSTALL SOFTWARE.....1	2
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION.....1	2
[H] Transfer a file between a computer and other device?	TRANSFER FILE1	2
[I] Write a computer program in any programming language?	PROGRAMMING.....1	2
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1.....1	1 ⇒ MT10
	NO, MT6[C]=2.....2	
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1.....1	1 ⇒ MT10
	NO, MT6[F]=2.....2	
MT9. Have you ever used the internet from any location and any device?	YES1	2 ⇒ MT11
	NO2	
MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all?	NOT AT ALL.....0	
	LESS THAN ONCE A WEEK1	
	AT LEAST ONCE A WEEK.....2	
	ALMOST EVERY DAY.....3	
<i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>		
MT11. Do you own a mobile phone?	YES1	
	NO2	
MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?	NOT AT ALL.....0	
	LESS THAN ONCE A WEEK1	
	AT LEAST ONCE A WEEK.....2	
	ALMOST EVERY DAY.....3	
<i>Probe if necessary: I mean have you communicated with someone using a mobile phone.</i>		
<i>If 'At least once a week', probe: Would you say this happens almost every day?</i>		
<i>If 'Yes' record 3, if 'No' record 2.</i>		

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><i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p>	YES 1 NO 2	2 ⇒ CM8
<p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	YES 1 NO 2	2 ⇒ CM5
<p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p>	SONS AT HOME..... _ _	
<p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS AT HOME..... _ _	
<p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	YES 1 NO 2	2 ⇒ CM8
<p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	SONS ELSEWHERE _ _	
<p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS ELSEWHERE _ _	
<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 mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p>	YES 1 NO 2	2 ⇒ CM11
<p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p>	BOYS DEAD _ _	
<p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p>	GIRLS DEAD _ _	
<p>CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</p>	SUM _ _	
<p>CM12. Just to make sure that I have this right, you have had in total (total number in CM11) births during your life. Is this correct?</p>	YES 1 NO 2	1 ⇒ CM14
<p>CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.</p>		
<p>CM14. Check CM11: How many live births?</p>	NO LIVE BIRTHS, CM11=00..... 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE..... 1	0 ⇒ End

FERTILITY/BIRTH HISTORY

BH

BH0. 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.

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins? 1 SINGLE 2 MULTI.	BH3. Is (<i>name of birth</i>) a boy or a girl? 1 BOY 2 GIRL	BH4. On what day, month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive? 1 YES 2 NO	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) 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. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</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 (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth? 1 YES 2 NO	
				Day	Month	Year					Y	N	Age	Y
01		1 2	1 2	___	___	___	1 2	___	1 2	⇒ Next Birth	DAYS1 MONTHS ..2 YEARS3			
02		1 2	1 2	___	___	___	1 2	___	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	1 2	2 2	
03		1 2	1 2	___	___	___	1 2	___	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	1 2	2 2	
04		1 2	1 2	___	___	___	1 2	___	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	1 2	2 2	
05		1 2	1 2	___	___	___	1 2	___	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	1 2	2 2	
06		1 2	1 2	___	___	___	1 2	___	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	1 2	2 2	
07		1 2	1 2	___	___	___	1 2	___	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	1 2	2 2	
08		1 2	1 2	___	___	___	1 2	___	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	1 2	2 2	
09		1 2	1 2	___	___	___	1 2	___	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	1 2	2 2	

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you?	BH8. <i>Record household line number of child (from HL1)</i> <i>Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)?</i> <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 (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?	
				Day	Month	Year					Y	N	Age	Y
10		S M 1 2	B G 1 2	___	___	___	1 2 BH9	___	1 2	___	⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
11		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___	⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
12		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___	⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
13		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___	⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
14		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___	⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?								YES..... 1				1 ⇒Record birth(s) in Birth History		
								NO..... 2						

<p>CM15. Compare number in CM11 with number of births listed in the birth history above and check:</p>	<p>NUMBERS ARE THE SAME 1 NUMBERS ARE DIFFERENT 2</p>	<p>1 ⇒ CM17</p>
<p>CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.</p>		
<p>CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in (year of interview minus 2)?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.</i></p>	<p>NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1</p>	<p>0 ⇒ End</p>
<p>CM18. Copy name of the last child listed in BH1.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p>	<p>NAME OF LAST-BORN CHILD</p> <p>_____</p>	

MISCARRIAGE, ABORTIONS AND STILLBIRTH		AB
AB0A. Check CM11: Has the woman given birth to a baby?	YES, CM11≠0 1 NO, CM11=0..... 2	1⇒AB1A
AB0B. Have you ever been pregnant?	YES..... 1 NO 2	2⇒End
AB1A. For women, some pregnancies may end up with miscarriage, stillbirth, ectopic pregnancy or abortion. I would like to talk to you about this. Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES..... 1 NO 2	2⇒End
AB1B. For your entire reproductive life and up-to-date, How many miscarriages have you had? How many abortions have you had? How many ectopic pregnancies have you had? How many stillbirths have you had? <i>If none , record '00'</i> <i>If do not remember or do not answer, write '98'</i>	MISCARRIAGES..... ___ ___ ABORTIONS ___ ___ ECTOPIC PREGNANCY ___ ___ STILLBIRTHS ___ ___ DK98	
AB2. When was the last time you had miscarriage, or an abortion or an ectopic or a stillbirth?	MONTH..... ___ ___ DK MONTH98 YEAR ___ ___ ___ DK YEAR..... 9998	
AB3. Was this a miscarriage, an abortion or an ectopic or a stillbirth?	MISCARRIAGES..... 1 ABORTIONS 2 STILLBIRTHS 3 ECTOPIC PREGNANCY 4 DK..... 8	
AB4. At how many weeks did your pregnancy terminate? <i>Note: The pregnancy termination cannot exceed 20 weeks for miscarriages and abortion Stillbirths is between from 20-40 weeks</i>	WEEKS ___ ___	


DESIRE FOR LAST BIRTH		DB
<p>DB1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1..... 1</p> <p>NO, CM17=0 OR BLANK 2</p>	2 ⇒ End
<p>DB2. 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>	1 ⇒ End
<p>DB3. Check CM11: Number of births:</p>	<p>ONLY 1 BIRTH..... 1</p> <p>2 OR MORE BIRTHS 2</p>	1 ⇒ DB4A 2 ⇒ DB4B
<p>DB4A. Did you want to have a baby later on, or did you not want any children?</p>	<p>LATER..... 1</p> <p>NO MORE / NONE 2</p>	
<p>DB4B. Did you want to have a baby later on, or did you not want any more children?</p>		

MATERNAL AND NEWBORN HEALTH		MN
<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1..... 1</p> <p>NO, CM17=0 OR BLANK 2</p>	2 ⇒ End
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	2 ⇒ MN7
<p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER..... G</p> <p>OTHER (<i>specify</i>) X</p>	
<p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p>	<p>WEEKS 1 ___</p> <p>MONTHS 2 <u>0</u> ___</p> <p>DK..... 998</p>	
<p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>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.</p>	<p>NUMBER OF TIMES..... ___</p> <p>DK..... 98</p>	

<p>MN6. 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] Did the health worker listen to your baby's heartbeat?</p> <p>[E] Did the health worker talk to you about the foods you should eat during pregnancy?</p> <p>[F] Did the health worker talk with you about breastfeeding?</p> <p>[G] Did the health worker ask you if you had any vaginal bleeding?</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>HEARTBEAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FOODS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BREASTFEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING.....</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	HEARTBEAT	1	2	FOODS.....	1	2	BREASTFEEDING	1	2	BLEEDING.....	1	2	
	YES	NO																								
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BLEEDING.....	1	2																								
<p>MN6H. During this pregnancy, were you given, or did you buy any iron tablets or iron syrup?</p> <p><i>Show tablets/syrup/multiple micronutrient supplement.</i></p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇨ MN7</p>																								
<p>MN6I. During the whole pregnancy, for how many days did you take the iron tablets or syrup?</p> <p><i>If answer is not numeric, probe for approximate number of days.</i></p>	<p>NUMBER OF DAYS..... _ _ _ _</p> <p>DK.....998</p>																									
<p>MN7. Do you have a card or other document with your own immunisations listed?</p> <p><i>If yes, ask: May I see it please?</i></p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>YES (CARD OR OTHER DOCUMENT SEEN)1</p> <p>YES (CARD OR OTHER DOCUMENT NOT SEEN)2</p> <p>NO.....3</p> <p>DK.....8</p>																									
<p>MN8. 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>YES1</p> <p>NO2</p> <p>DK.....8</p>	<p>2 ⇨ MN11</p> <p>8 ⇨ MN11</p>																								
<p>MN9. 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 ⇨ MN11</p>																								
<p>MN10. Check MN9: How many tetanus injections during last pregnancy were reported?</p>	<p>ONLY 1 INJECTION1</p> <p>2 OR MORE INJECTIONS2</p>	<p>2 ⇨ MN19</p>																								

<p>MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby?</p> <p><i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>YES1 NO2 DK8</p>	<p>2 ⇒ MN19 8 ⇒ MN19</p>
<p>MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection?</p> <p><i>If 7 or more times, record '7'. Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>NUMBER OF TIMES DK8</p>	
<p>MN13. Check MN12: How many tetanus injections before last pregnancy were reported?</p>	<p>ONLY 1 INJECTION1 2 OR MORE INJECTIONS OR DK2</p>	<p>1 ⇒ MN14A 2 ⇒ MN14B</p>
<p>MN14A. How many years ago did you receive that tetanus injection</p> <p>MN14B. How many years ago did you receive the last of those tetanus injections?</p> <p><i>The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12. If less than 1 year, record '00'.</i></p>	<p>YEARS AGO DK 98</p>	

<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE / MIDWIFEB</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER.....G</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>NO ONE.....Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>NURSING STATION24</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>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇒MN23</p> <p>12 ⇒MN23</p> <p>96 ⇒MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇒MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS.....1</p> <p>AFTER LABOUR PAINS2</p>	

<p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>  <p><small>Photo Credit: Joyce Galloway</small></p>	<p>YES1 NO2</p> <p>DK/ DON'T REMEMBER8</p>	<p>2 ⇒MN25 8 ⇒MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES1 NO2</p> <p>DK/ DON'T REMEMBER8</p>	
<p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES1 NO2</p> <p>DK/ DON'T REMEMBER8</p>	
<p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR000</p> <p>HOURS 1 __ __</p> <p>DAYS 2 __ __</p> <p>NEVER BATHED997</p> <p>DK / DON'T REMEMBER998</p>	
<p>MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE1 LARGER THAN AVERAGE2 AVERAGE3 SMALLER THAN AVERAGE4 VERY SMALL5</p> <p>DK8</p>	
<p>MN33. Was (<i>name</i>) weighed at birth?</p>	<p>YES1 NO2</p> <p>DK8</p>	<p>2 ⇒MN35 8 ⇒MN35</p>

<p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>FROM CARD 1 (KG) _ . _ _ _ _</p> <p>FROM RECALL 2 (KG) _ . _ _ _ _</p> <p>DK99998</p>	
<p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	
<p>MN36. Did you ever breastfeed (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	2 ⇒ MN39B
<p>MN37. 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>IMMEDIATELY000</p> <p>HOURS 1 _ _</p> <p>DAYS 2 _ _</p> <p>DK / DON'T REMEMBER998</p>	
<p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p>	<p>YES1</p> <p>NO2</p>	1 ⇒ MN39A 2 ⇒ End
<p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p> <p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p>	<p>MILK (OTHER THAN BREAST MILK)A</p> <p>PLAIN WATERB</p> <p>SUGAR OR GLUCOSE WATERC</p> <p>GRIPE WATERD</p> <p>SUGAR-SALT-WATER SOLUTIONE</p> <p>FRUIT JUICEF</p> <p>INFANT FORMULAG</p> <p>TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONSH</p> <p>HONEYI</p> <p>PRESCRIBED MEDICINEJ</p> <p>OTHER (<i>specify</i>) _____X</p> <p>NOT GIVEN ANYTHING TO DRINKY</p>	

POST-NATAL HEALTH CHECKS		PN
<p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=11</p> <p>NO, CM17=0 OR BLANK2</p>	2 ⇒ End
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76.....1</p> <p>NO, MN20=11-12 OR 96.....2</p>	2 ⇒ PN7
<p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>).</p> <p>You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p>	<p>HOURS 1 ___</p> <p>DAYS.....2 ___</p> <p>WEEKS3 ___</p> <p>DK / DON'T REMEMBER998</p>	
<p>PN4. I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?</p>	<p>YES1</p> <p>NO.....2</p>	
<p>PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you?</p> <p>Did anyone check on <u>your</u> health before you left (<i>name or type or facility in MN20</i>)?</p>	<p>YES1</p> <p>NO.....2</p>	
<p>PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?</p>	<p>YES1</p> <p>NO.....2</p>	1 ⇒ PN12 2 ⇒ PN17
<p>PN7. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED2</p>	2 ⇒ PN11

<p>PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)’s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES1</p> <p>NO2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES1</p> <p>NO2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	<p>1 ⇨PN12</p> <p>2 ⇨PN19</p>
<p>PN11. I would like to talk to you about checks on (<i>name</i>)’s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok.</p> <p>After (<i>name</i>) was delivered, did anyone check on (his/her) health?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇨PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE.....1</p> <p>MORE THAN ONCE2</p>	<p>1 ⇨PN13A</p> <p>2 ⇨PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. 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>HOURS1 __ __</p> <p>DAYS2 __ __</p> <p>WEEKS3 __ __</p> <p>DK / DON’T REMEMBER998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE / MIDWIFEB</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER.....G</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>) X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>NURSING STATION24</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>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>DK PUBLIC OR PRIVATE76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76..... 1</p> <p>NO, MN20=11-12 OR 96..... 2</p>	<p>2 ⇒ PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO..... 2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ PN25</p>
<p>PN18. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED 2</p>	<p>2 ⇒ PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO..... 2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO..... 2</p>	<p>2 ⇒ PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE..... 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇒ PN22A</p> <p>2 ⇒ PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. 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 ___</p> <p>DAYS..... 2 ___</p> <p>WEEKS..... 3 ___</p> <p>DK / DON'T REMEMBER 998</p>	

<p>PN23. Who checked on <u>your</u> health at that time?</p>	<p>HEALTH PROFESSIONAL DOCTORA NURSE / MIDWIFE B</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT F COMMUNITY HEALTH WORKER.....G RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>) X</p>	
<p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>HOME RESPONDENT'S HOME..... 11 OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... 21 GOVERNMENT CLINIC / HEALTH CENTRE22 NURSING STATION..... 24</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 PRIVATE CLINIC..... 32</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)'s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>EXAMINE THE CORD..... 1 2 8</p> <p>TAKE TEMPERATURE 1 2 8</p> <p>COUNSEL ON BREASTFEEDING..... 1 2 8</p>	
<p>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1 1</p> <p>NO, MN36=2 2</p>	<p>2 ⇒PN28</p>
<p>PN27. Observe (<i>name</i>)'s breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING 1 2 8</p>	
<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1 1</p> <p>NO, MN33=2 2</p> <p>DK, MN33=8 3</p>	<p>1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C</p>

<p>PN29A. You mentioned that <i>(name)</i> was weighed at birth. After that, was <i>(name)</i> weighed again by a health care provider within two days?</p> <p>PN29B. You mentioned that <i>(name)</i> was not weighed at birth. Was <i>(name)</i> weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if <i>(name)</i> was weighed at birth. Was <i>(name)</i> weighed at all by a health care provider within two days after birth?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN30. During the first two days after <i>(name)</i>'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES 1</p> <p>NO 2</p>	

CONTRACEPTION

CP

CP0. I would like to talk with you about another subject: family planning.

Have you ever heard of (*method*)?

YES NO

[A] Female Sterilization (Ligation)
Probe: Women can have an operation to avoid having more children

FEMALE STERILIZATION 1 2

[B] Male Sterilization (Vasectomy)
Probe: Men can have an operation to avoid having any children

MALE STERILIZATION 1 2

[C] IUD
Probe: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years

ICD 1 2

[D] Injectables
Probe: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months

INJECTABLES 1 2

[E] Implant
Probe: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years

IMPLANT 1 2

[F] Pill
Probe: Women can take a pill every day to avoid becoming pregnant

PILL 1 2

G] Male Condom
Probe: Men can put a rubber sheath on their penis before sexual intercourse.

MALE CONDOM 1 2

[H] Female Condom
Probe: Women can place a sheath in their vagina before sexual intercourse

FEMALE CONDOM 1 2

[I] Emergency Contraception
Probe: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy

EMERGENCY CONTRACEPTION 1 2

[J] Ovulation (Dr. Billing) Method
Probe: Women can monitor their fertility and infertility period by checking the sensation of their vulva and the appearance of vaginal discharge

DR. BILLING (OVULATION) 1 2

<p>[K] Lactational Amenorrhea Method (LAM) <i>Probe:</i> Women who are fully breastfeeding their babies are free of menstrual periods for 3 – 6 months or longer and cannot get pregnant during that time</p> <p>[L] Rhythm/ Calendar Method <i>Probe:</i> To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant</p> <p>[M] Withdrawal <i>Probe:</i> Men can be careful and pull out before climax</p> <p>[X] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>LACTATIONAL AMENORRHEA..... 1 2</p> <p>RHYTHM/CALENDAR..... 1 2</p> <p>WITHDRAWAL 1 2</p> <p>YES, OTHER (<i>specify</i>) _____ 1</p> <p>NO 2</p>	
<p>CP1. Are you pregnant now?</p>	<p>YES, CURRENTLY PREGNANT 1</p> <p>NO 2</p> <p>DK OR NOT SURE 8</p>	<p>1 ⇒ CP3</p>
<p>CP2. Couples use various ways or methods to delay or avoid getting pregnant.</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>	<p>1 ⇒ CP4</p>
<p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ End</p> <p>2 ⇒ End</p>
<p>CP4. What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, record each one.</i></p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES 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 L</p> <p>WITHDRAWAL M</p> <p>OTHER (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	2 ⇨ UN6
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS 0 ONE OR MORE BIRTHS 1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children?	LATER 1 NONE / NO MORE 2	
UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE / NONE 2 UNDECIDED / DK 8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A 1 NO, CP4≠A 2	1 ⇨ UN14
UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE / NONE 2 SAYS SHE CANNOT GET PREGNANT 3 UNDECIDED / DK 8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i>	MONTHS 1 ___ YEARS 2 ___ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	1 ⇨ UN14
UN10. Check CP2: Currently using a method?	YES, CP2=1 1 NO, CP2=2 2	1 ⇨ UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES 1 NO 2 DK 8	1 ⇨ UN14 8 ⇨ UN14

<p>UN12. Why do you think you are not physically able to get pregnant?</p>	<p>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 AMENORRHEIC F BREASTFEEDING G TOO OLD H FATALISTIC..... I OTHER (<i>specify</i>)..... X DK..... Z</p>	
<p>UN13. Check UN12: 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2</p>	<p>1 ⇨ End</p>
<p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</p>	<p>DAYS AGO 1 ___ WEEKS AGO 2 ___ MONTHS AGO 3 ___ YEARS AGO 4 ___ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED..... 995</p>	<p>993 ⇨ End 994 ⇨ End 995 ⇨ End</p>
<p>UN15. Check UN14: Was the last menstrual period within last year?</p>	<p>YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2</p>	<p>2 ⇨ End</p>
<p>UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p>	<p>YES 1 NO 2 DK / NOT SURE / NO SUCH ACTIVITY 8</p>	
<p>UN17. During your last menstrual period were you able to wash and change in privacy while at home?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>UN18. Did you use any materials such as sanitary pads, tampons or cloth?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇨ End 8 ⇨ End</p>
<p>UN19. Were the materials reusable?</p>	<p>YES 1 NO 2 DK 8</p>	

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 argues with him?	ARGUES WITH HIM.....	1	2	8
[D] If she refuses to have sex with him?	REFUSES SEX.....	1	2	8
[E] If she burns the food?	BURNS FOOD	1	2	8

VICTIMISATION		VT
<p>VT1. <i>Check for the presence of others. Before continuing, ensure privacy.</i> Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ VT9B</p> <p>8 ⇨ VT9B</p>
<p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK / DON'T REMEMBER 8</p>	<p>2 ⇨ VT5B</p> <p>8 ⇨ VT5B</p>
<p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK / DON'T REMEMBER 8</p>	
<p>VT4. <i>Check VT3: One or more times?</i></p>	<p>ONE TIME, VT3=1..... 1</p> <p>MORE THAN ONCE OR DK, VT3=2, 3 OR 8 2</p>	<p>1 ⇨ VT5A</p> <p>2 ⇨ VT5B</p>
<p>VT5A. When this happened, was anything stolen from you?</p> <p>VT5B. The last time this happened, was anything stolen from you?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE..... 8</p>	
<p>VT6. Did the person(s) have a weapon?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE..... 8</p>	<p>2 ⇨ VT8</p> <p>8 ⇨ VT8</p>
<p>VT7. Was a knife or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFE..... A</p> <p>YES, SOMETHING ELSE..... X</p>	

<p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe:</i> Was the incident reported by you or someone else?</p>	<p>YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE..... 8</p>	<p>1 ⇨VT9A 2 ⇨VT9A 3 ⇨VT9A 8⇨VT9A</p>
<p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), have you been physically attacked?</p> <p><i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇨VT20 8⇨VT20</p>
<p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS..... 1 NO, MORE THAN 12 MONTHS AGO 2 DK / DON'T REMEMBER 8</p>	<p>2 ⇨VT12B 8⇨VT12B</p>
<p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p>	<p>ONE TIME 1 TWO TIMES 2 THREE OR MORE TIMES 3 DK / DON'T REMEMBER 8</p>	<p>1 ⇨VT12A 2 ⇨VT12B 3 ⇨VT12B 8⇨VT12B</p>
<p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p>	<p>AT HOME 11 IN ANOTHER HOME 12 IN THE STREET 21 ON PUBLIC TRANSPORT 22 PUBLIC RESTAURANT / CAFÉ / BAR 23 OTHER PUBLIC (<i>specify</i>) 26 AT SCHOOL 31 AT WORKPLACE 32 OTHER PLACE (<i>specify</i>) 96</p>	
<p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?</p>	<p>ONE PERSON 1 TWO PEOPLE 2 THREE OR MORE PEOPLE..... 3 DK / DON'T REMEMBER 8</p>	<p>1 ⇨VT14A 2 ⇨VT14B 3 ⇨VT14B 8⇨VT14B</p>

<p>VT14A. At the time of the incident, did you recognize the person?</p> <p>VT14B. At the time of the incident, did you recognize at least one of the persons?</p>	<p>YES 1 NO 2</p> <p>DK / DON'T REMEMBER 8</p>																																	
<p>VT17. Did the person(s) have a weapon?</p>	<p>YES 1 NO 2</p> <p>DK / NOT SURE..... 8</p>	<p>2 ⇨ VT19</p> <p>8 ⇨ VT19</p>																																
<p>VT18. Was a knife or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFE..... A YES, SOMETHING ELSE..... X</p>																																	
<p>VT19. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3</p> <p>DK / NOT SURE..... 8</p>																																	
<p>VT20. How safe do you feel walking alone in your neighbourhood after dark?</p>	<p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4</p> <p>NEVER WALK ALONE AFTER DARK 7</p>																																	
<p>VT21. How safe do you feel when you are at home alone after dark?</p>	<p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4</p> <p>NEVER ALONE AFTER DARK 7</p>																																	
<p>VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?</p> <p>[A] Ethnic or immigration origin?</p> <p>[B] Gender?</p> <p>[C] Sexual orientation?</p> <p>[D] Age?</p> <p>[E] Religion or belief?</p> <p>[F] Disability?</p> <p>[X] For any other reason?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ETHNIC / IMMIGRATION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GENDER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEXUAL ORIENTATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AGE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RELIGION / BELIEF.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISABILITY.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER REASON.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	ETHNIC / IMMIGRATION.....	1	2	8	GENDER.....	1	2	8	SEXUAL ORIENTATION	1	2	8	AGE.....	1	2	8	RELIGION / BELIEF.....	1	2	8	DISABILITY.....	1	2	8	OTHER REASON.....	1	2	8	
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OTHER REASON.....	1	2	8																															

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION..... 3	3 ⇨ MA5
MA2. How old is your (husband/partner)? <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS __ __ ⇨ MA7 DK..... 98 98 ⇨ MA7	
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER .. 2 NO..... 3	3 ⇨ End
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 someone only once or more than once?	ONLY ONCE..... 1 MORE THAN ONCE 2	1 ⇨ MA8A 2 ⇨ MA8B
MA8A. In what month and year did you start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR..... 9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998..... 1 NO, MA8A/B≠9998..... 2	2 ⇨ MA13
MA10. Check MA7: In union only once?	YES, MA7=1 1 NO, MA7=2 2	1 ⇨ MA11A 2 ⇨ MA11B
MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS __ __	
MA12. Check MA1: Is woman currently married or living together with man as if married?	YES, MA1=1 OR 2 1 NO, MA1=3 2	2 ⇨ End
MA13. Now, I would like to ask you some questions about health care. Who usually makes decisions about health care for yourself: you, your (husband / partner), you and your (husband / partner) jointly, or someone else? <i>If someone else or other, probe:</i> Could you tell me (with) who(m)?	RESPONDENT 1 HUSBAND / PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE (specify)..... 5 OTHER (specify)..... .6	

<p>MA14. Who usually makes the decision on whether or not you should use contraception: you, your (husband / partner), you and your (husband / partner) jointly, or someone else?</p> <p><i>If someone else or together, probe: Could you tell me (with) who(m)?</i></p>	<p>RESPONDENT 1 HUSBAND / PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE (specify) 5 OTHER (specify) 6</p>	
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ADULT FUNCTIONING		AF
AF1. Check WB4: Age of respondent?	AGE 15-17 YEARS 1 AGE 18-49 YEARS 2	1 ⇒ End
AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES 1 NO 2	
AF3. Do you use a hearing aid?	YES 1 NO 2	
AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers. You may say that you have 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
AF5. Check AF2: Respondent uses glasses or contact lenses?	YES, AF2=1 1 NO, AF2=2 2	1 ⇒ AF6A 2 ⇒ AF6B
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
AF7. Check AF3: Respondent uses a hearing aid?	YES, AF3=1 1 NO, AF3=2 2	1 ⇒ AF8A 2 ⇒ AF8B
AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	

AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4	
AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	

SEXUAL BEHAVIOUR		SB
<p>SB1. <i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i> Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE00</p> <p>AGE IN YEARS..... _ _</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND / PARTNER95</p>	00 ⇒ End
<p>SB2. I would like to ask you about your recent sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p>	<p>DAYS AGO.....1 _ _</p> <p>WEEKS AGO.....2 _ _</p> <p>MONTHS AGO.....3 _ _</p> <p>YEARS AGO.....4 _ _</p>	4 ⇒ End
<p>SB3. The last time you had sexual intercourse, was a condom used?</p>	<p>YES..... 1</p> <p>NO 2</p>	
<p>SB4. What was your relationship to this person with whom you last had sexual intercourse?</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: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND 1</p> <p>COHABITING PARTNER 2</p> <p>BOYFRIEND 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>CLIENT / SEX WORKER 5</p> <p>OTHER (specify) _____ 6</p>	<p>3 ⇒ SB6</p> <p>4 ⇒ SB6</p> <p>5 ⇒ SB6</p> <p>6 ⇒ SB6</p>
<p>SB5. <i>Check MA1: Currently married or living with a partner?</i></p>	<p>YES, MA1=1 OR 2..... 1</p> <p>NO, MA1=3..... 2</p>	1 ⇒ SB7
<p>SB6. How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER _ _</p> <p>DK 98</p>	
<p>SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES..... 1</p> <p>NO 2</p>	2 ⇒ SB13
<p>SB8. The last time you had sexual intercourse with another person, was a condom used?</p>	<p>YES..... 1</p> <p>NO 2</p>	

<p>SB9. 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: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND 1 COHABITING PARTNER 2 BOYFRIEND 3 CASUAL ACQUAINTANCE..... 4 CLIENT / SEX WORKER 5 OTHER (specify) _____ 6</p>	<p>3 ⇒ SB12 4 ⇒ SB12 5 ⇒ SB12 6 ⇒ SB12</p>
<p>SB10. Check MA1: Currently married or living with a partner?</p>	<p>YES, MA1=1 OR 2..... 1 NO, MA1=3..... 2</p>	<p>2 ⇒ SB12</p>
<p>SB11. Check MA7: Married or living with a partner only once?</p>	<p>YES, MA7=1 1 NO, MA7≠1 2</p>	<p>1 ⇒ SB13</p>
<p>SB12. How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER ____ DK 98</p>	
<p>SB13. Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES 1 NO 2 NOT SURE / DEPENDS 8</p>	

HIV/AIDS		HA																
HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2 DK 8	2 ⇒ End																
HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DK 8																	
HA3. Can people get HIV from mosquito bites?	YES 1 NO 2 DK 8																	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DK 8																	
HA5. Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DK 8																	
HA6. Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DK 8																	
HA7. Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DK 8																	
HA8. Can HIV be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BY BREASTFEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREGNANCY	1	2	8	DURING DELIVERY	1	2	8	BY BREASTFEEDING	1	2	8	
	YES	NO	DK															
DURING PREGNANCY	1	2	8															
DURING DELIVERY	1	2	8															
BY BREASTFEEDING	1	2	8															
HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded?	YES 1 NO 2	2 ⇒ HA11																
HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DK 8																	
HA11. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ HA24																

HA12. Check MN2: Was antenatal care received?	YES, MN2=1..... 1 NO, MN2=2 2	2⇒HA17
HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about:		
	YES NO DK	
[A] Babies getting HIV from their mother?	HIV FROM MOTHER..... 1 2 8	
[B] Things that you can do to prevent getting HIV?	THINGS TO DO 1 2 8	
[C] Getting tested for HIV?	TESTED FOR HIV 1 2 8	
Were you:		
[D] Offered a test for HIV?	OFFERED A TEST FOR HIV 1 2 8	
HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES 1 NO 2 DK 8	2⇒HA17 8⇒HA17
HA15. I don't want to know the results, but did you get the results of the test?	YES 1 NO 2 DK 8	2⇒HA17 8⇒HA17
HA16. After you received the result, were you given any health information or counselling related to HIV?	YES 1 NO 2 DK 8	
HA17. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 76..... 1 NO, MN20=11-12 OR 96..... 2	2⇒HA21
HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES 1 NO 2	
HA19. I don't want to know the results, but were you tested for HIV at that time?	YES 1 NO 2	2⇒HA21
HA20. I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	1⇒HA22 2⇒HA22
HA21. Check HA14: Was the respondent tested for HIV as part of antenatal care?	YES, HA14=1 1 NO OR NO ANSWER, HA14≠1 2	2⇒HA24
HA22. Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	1⇒HA25
HA23. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	1⇒HA28 2⇒HA28 3⇒HA28
HA24. I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	2⇒HA27

HA25. How many months ago was your most recent HIV test?	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 ⇨HA28 2 ⇨HA28 8 ⇨HA28
HA27. Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	2 ⇨HA30
HA29. Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DK / NOT SURE / DEPENDS 8	
HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 7 DK / NOT SURE / DEPENDS 8	

TOBACCO AND ALCOHOL USE		TA
TA1. Have you ever tried cigarette smoking, even one or two puffs?	YES..... 1 NO..... 2	2 ⇨ TA6
TA2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE 00 AGE ____	00 ⇨ TA6
TA3. Do you currently smoke cigarettes?	YES..... 1 NO..... 2	2 ⇨ TA6
TA4. In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ____	
TA5. During the last one month, on how many days did you smoke cigarettes? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30	
TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe?	YES..... 1 NO..... 2	2 ⇨ TA10
TA7. During the last one month, did you use any smoked tobacco products?	YES..... 1 NO..... 2	2 ⇨ TA10
TA8. What type of smoked tobacco product did you use or smoke during the last one month? <i>Record all mentioned.</i>	CIGARS..... A WATER PIPE B CIGARILLOS..... C PIPE D OTHER (<i>specify</i>) X	
TA9. During the last one month, on how many days did you use (<i>names of products mentioned in TA8</i>)? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30	
TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip?	YES..... 1 NO..... 2	2 ⇨ TA14
TA11. During the last one month, did you use any smokeless tobacco products?	YES..... 1 NO..... 2	2 ⇨ TA14

<p>TA12. What type of smokeless tobacco product did you use during the last one month?</p> <p><i>Record all mentioned.</i></p>	<p>CHEWING TOBACCO..... A SNUFFB DIPC OTHER (<i>specify</i>) _____ X</p>	
<p>TA13. During the last one month, on how many days did you use (<i>names of products mentioned in TA12</i>)?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i></p>	<p>NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH 10 EVERY DAY / ALMOST EVERY DAY 30</p>	
<p>TA14. Now I would like to ask you some questions about drinking alcohol.</p> <p>Have you ever drunk alcohol?</p>	<p>YES..... 1 NO..... 2</p>	<p>2 ⇒End</p>
<p>TA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum.</p> <p>How old were you when you had your first drink of alcohol, other than a few sips?</p>	<p>NEVER HAD ONE DRINK OF ALCOHOL 00 AGE ____ ____</p>	<p>00 ⇒End</p>
<p>TA16. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p><i>If respondent did not drink, record '00'. If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i></p>	<p>DID NOT HAVE ONE DRINK IN LAST ONE MONTH 00 NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH 10 EVERY DAY / ALMOST EVERY DAY 30</p>	<p>00 ⇒End</p>
<p>TA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS..... ____ ____</p>	

MINIMUM DIETARY DIVERSITY FOR WOMEN
MD

MD1. Now I'd like to ask you to describe everything that you ate or drank yesterday during the day or night, whether you ate it at home or anywhere else. Please include all foods and drinks, any snacks or small meals, as well as any main meals. Remember to include all foods you may have eaten while preparing meals or preparing food for others. Please also include food you ate even if it was eaten elsewhere, away from your home.

Let's start with the first food or drink consumed yesterday

Did you have anything to eat or drink when you woke?

Did you have anything to eat or drink later in the morning?

Did you eat or drink anything at mid-day?

Did you have anything to eat or drink during the afternoon?

Did you have anything to eat in the evening?

Did you have anything else to eat or drink in the evening before going to bed or during the night?

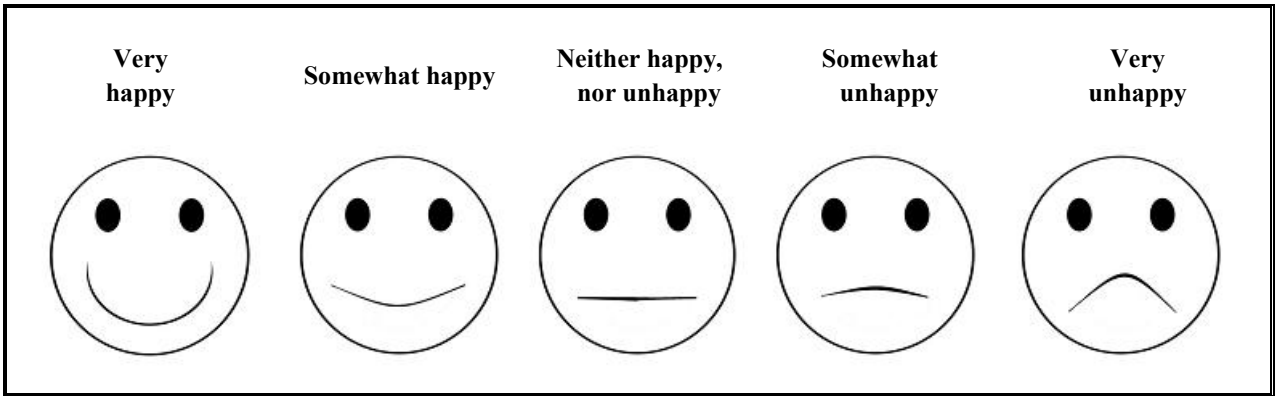
- *If yes, What did you eat or drink? Anything else?*

Repeat this string of questions, recording in the food groups, until the respondent tells you that she went to sleep until the next morning.

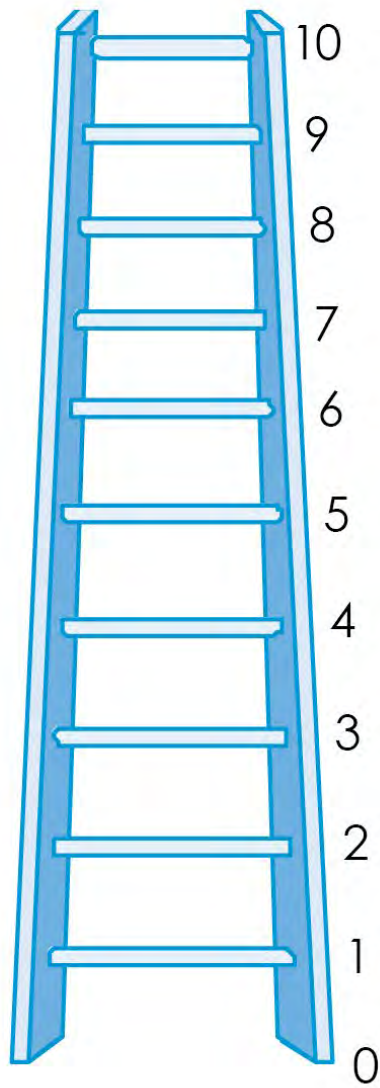
<i>For each food group not mentioned after completing the above ask:</i>		YES	NO	DK
[A] Porridge, bread, rice, pasta/noodles or other foods made from grains	FOODS MADE FROM GRAINS	1	2	8
[B] White potatoes, white yams, sweet potato, manioc/cassava, taro or any other foods made from white-fleshed roots or tubers, or plantains?	WHITE ROOTS AND TUBERS AND PLANTAINS	1	2	8
[C] Mature beans or peas (fresh or dried seed), lentils or bean/pea products, including tofu	PULSES (BEANS, PEAS AND LENTILS)	1	2	8
[D] Any tree nut, groundnut (Volu), chestnuts (Ivi), peanut, almond, or certain seeds like pumpkin seeds, or nut/seed "butters" or pastes	NUTS AND SEEDS	1	2	8
[E] Milk, cheese, yoghurt, paneer or other milk products but NOT including butter, ice cream, cream or sour cream	MILK AND MILK PRODUCTS	1	2	8
[F] Liver, kidney, heart or other organ meats or blood-based foods, including from wild game	ORGAN MEAT	1	2	8
[G] Beef, pork, lamb, goat, wild pig meat, chicken, duck or other birds like pigeon etc	MEAT AND POULTRY	1	2	8
[H] Fresh or dried fish, shellfish or seafood	FISH AND SEAFOOD	1	2	8
[I] Eggs from poultry or any other bird	EGGS	1	2	8
[J] List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves cabbage, rourou, broccoli, bele, Ota (wild edible fern), tubua, vaji	DARK GREEN LEAFY VEGETABLES	1	2	8
[K] Pumpkin, carrots, squash that are yellow or orange inside	VITAMIN A-RICH VEGETABLES, ROOTS AND TUBERS	1	2	8
[L] Ripe mango, ripe papaya	VITAMIN A-RICH	1	2	8

	FRUITS			
[M] List examples of any other vegetables	OTHER VEGETABLES	1	2	8
[N] List examples of any other fruits watermelon, orange, pineapple, guava etc	OTHER FRUITS	1	2	8
[O] Ingredients used in small quantities for flavour, such as chilies, spices, curry powders, cumin, fenugreek, cinnamon, turmeric, garlic, herbs, fish powder, tomato paste, flavour cubes or seeds	CONDIMENTS AND SEASONINGS	1	2	8
[X] Tea or coffee if not sweetened, clear broth, alcohol, pickles, olives and similar	OTHER BEVERAGES AND FOOD	1	2 √ End	8 √ End
[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.	(Specify) _____			

LIFE SATISFACTION		LS
<p>LS1. 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>I am now going to show you pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected 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>LS2. Show the picture of the ladder.</p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary:</i> Which step comes closest to the way you feel?</p>	<p>LADDER STEP ____</p>	
<p>LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p>	<p>IMPROVED..... 1</p> <p>MORE OR LESS THE SAME..... 2</p> <p>WORSENERD 3</p>	
<p>LS4. 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?</p>	<p>BETTER 1</p> <p>MORE OR LESS THE SAME..... 2</p> <p>WORSE..... 3</p>	



Best Possible Life



Worst Possible Life

WM10. Record the time.	HOURS AND MINUTES __ : __	
WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM12. Language of the Questionnaire.	ENGLISH..... 1 ITAUKEI.....2 HINDI3	
WM13. Language of the Interview.	ENGLISH..... 1 ITAUKEI.....2 HINDI3 OTHER LANGUAGE (specify) 6	
WM14. Native language of the Respondent.	ENGLISH..... 1 ITAUKEI.....2 HINDI3 OTHER LANGUAGE (specify) 6	
WM15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3	

MICS PLUS CONSENT					
WM20. Check HH60. Was consent for MICS Plus previously asked from this respondent?			YES, CONSENT ALREADY ASKED1 NO, NOT ASKED2		1 ⇒ WM29
WM21. Check HH67. Was consent for MICS Plus previously given for this respondent in the HH questionnaire?			YES, CONSENT ALREADY ASKED1 NO, NOT ASKED2		1 ⇒ WM29
WM22. Was consent for MICS Plus previously asked from this respondent in any other questionnaire (U5Q or 5-17Q)?			YES, CONSENT ALREADY ASKED1 NO, NOT ASKED2		1 ⇒ WM29
WM23. We would like to continue to talk about you and your family over the next 11 months. We wish to call you on the phone every month for 10-15 minutes. Again, all the information you provide will be confidential and anonymous. Would you like to participate?			YES1 NO2 OTHER (specify) _____ 6		2 ⇒ WM29 6 ⇒ WM29
WM24. Please give me all phone numbers at which we can easily get in touch with you, starting with your preferred number.			YES1 NO PHONE2		2 ⇒ WM29
WM25 <i>Order</i>	WM26. Telephone number	WM26A. Is this landline or mobile 1. LANDLINE 2. MOBILE	WM26B. Who does this phone belong to? <i>Record the line number#</i>	WM27. Is there any preferred or more convenient time of the day we could call you on this number? A. MORNINGS B. AFTERNOON C. EVENINGS D. WEEKENDS E. ANYTIME X. OTHER (specify ___)	WM28. Do you have another phone number? 1. YES 2. NO
1		1 2	___ ___	A B C D E X	1 ☺ 2 ☺ <i>Next Line</i> WM29
2		1 2	___ ___	A B C D E X	1 ☺ 2 ☺ <i>Next Line</i> WM29
3		1 2	___ ___	A B C D E X	
OTHER CODES FOR WM26B: 40-Home phone; 50-Neighbour; 51-Friend; 60-Workplace/office; 90-Don't want to disclose.					

MWM29. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

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

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

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

Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?

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

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

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

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

ANTHROPOMETRY MODULE INFORMATION PANEL		WAN
WAN1. Cluster number: _____	WAN2. Household number: _____	
WAN3. Woman's name and line number: NAME _____	WAN4. Woman's age from WB4: AGE (IN COMPLETED YEARS)	
WAN5. Mother's / Caretaker's name and line number (Women age 15-17 years only): NAME _____	WAN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRY		
WAN7. Measurer's name and number:	NAME _____	
WAN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG) WOMAN NOT PRESENT999.3 WOMAN REFUSED.....999.4 MOTHER/CARE TAKER REFUSED.....999.5 OTHER (specify) _____ 999.6	99.3 ⇒ WAN10
WAN9. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM)..... WOMAN NOT PRESENT999.3 WOMAN REFUSED.....999.4 MOTHER/CARE TAKER REFUSED.....999.5 OTHER (specify) _____ 999.6	
WAN10. Today's date: Day / Month / Year: _____ / _____ / 2 0 2 _____		
WAN11. Is there another woman age 15-49 in the household who has not yet been measured?	YES.....1 NO2	1 ⇒ Next women
WAN12. Thank the respondent for her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

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MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

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SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

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