**QUESTIONNAIRE FOR INDIVIDUAL WOMEN IRAQ 2011**

**WOMAN’S INFORMATION PANEL**

This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.

<table>
<thead>
<tr>
<th>WM1. Cluster number:</th>
<th>WM2. Household number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WM3. Woman’s name:</th>
<th>WM4. Woman’s line number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WM5. Interviewer name and number:</th>
<th>WM6. Day / Month / Year of interview:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
</tbody>
</table>

Repeat greeting if not already read to this woman:

**WE ARE FROM the Central Organisation for Statistics (CSO) and the Ministry of Health.**

**WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.**

**MAY I START NOW?**

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

| WM7. Result of woman’s interview | | |
|-----------------------------------|------------------|
| Completed ......................................................01 |
| Not at home ....................................................02 |
| Refused .........................................................03 |
| Partly completed.................................04 |
| Incapacitated .................................................05 |
| Other (specify) .................................96 |

<table>
<thead>
<tr>
<th>WM8. Field edited by (Name and number):</th>
<th>WM9. Local editor (Name and number):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ...........................................</td>
<td>Name ..................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WM9A. Central editor (Name and number):</th>
<th>WM9B. Data entry clerk (Name and number):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name .......................................</td>
<td>Name .....................................</td>
</tr>
</tbody>
</table>
**WOMAN'S BACKGROUND**

<table>
<thead>
<tr>
<th>WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?</th>
<th>WB2. HOW OLD ARE YOU?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>Age (in completed years)</td>
</tr>
<tr>
<td>Month: ............................................ ___ ___</td>
<td></td>
</tr>
<tr>
<td>DK month: ............................................ 98</td>
<td></td>
</tr>
<tr>
<td>Year: .............................................. ___ ___</td>
<td></td>
</tr>
<tr>
<td>DK year: ............................................ 9998</td>
<td></td>
</tr>
</tbody>
</table>

**WB2A. ARE YOU CURRENTLY WORKING / EMPLOYED ELSEWHERE?**

If Yes, ask: whether in the public sector or in the private sector?

- Public Sector:  
  - Desk work: ............................................ 1  
  - Physical (field) work: .............................. 2  
- Private Sector:  
  - Desk work: ............................................ 3  
  - Physical (field) work: .............................. 4  
  - In the household (specify): ........................ 5  
  - Other (specify): ...................................... 6  
  - Do not have work: .................................... 7  

**WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?**

- Yes: .................................................. 1  
- No: .................................................... 2  

**WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?**

- Preschool: ............................................ 0  
- Primary: ............................................... 1  
- Intermediate: ........................................ 2  
- Secondary: ............................................ 3  
- Diploma: ............................................... 4  
- Bachelor: .............................................. 5  
- Higher studies: ...................................... 6  
- DK: ....................................................... 8

**WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?**

*If less than 1 grade, enter "00"*

**WB6. Check WB4:**

- Secondary or higher.  ⇒ Go to Next Module
- Primary  ⇒ Continue with WB7

*Iraq Multiple Indicator Cluster Survey Final Report, 2011*
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.

Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:

CAN YOU READ PART OF THE SENTENCE TO ME?

<table>
<thead>
<tr>
<th>Cannot read at all</th>
<th>Able to read only parts of sentence</th>
<th>Able to read whole sentence</th>
<th>No sentence in required language (specify language)</th>
<th>Blind / mute, visually / speech impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**MARRIAGE**

<table>
<thead>
<tr>
<th>MA1. ARE YOU CURRENTLY MARRIED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, currently married.................. 1</td>
</tr>
<tr>
<td>No, not married.......................... 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MA2. HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years........................................... ___ ___</td>
</tr>
<tr>
<td>DK........................................................... 98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.................................................................. 1</td>
</tr>
<tr>
<td>No.................................................................... 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MA4. HOW MANY OTHER WIVES DOES HE HAVE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number........................................... ___ ___</td>
</tr>
<tr>
<td>DK........................................................... 98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MA5. HAVE YOU EVER BEEN MARRIED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, formerly married.................. 1</td>
</tr>
<tr>
<td>No....................................................... 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowed................................. 1</td>
</tr>
<tr>
<td>Divorced...................................... 2</td>
</tr>
<tr>
<td>Separated................................. 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only once.................................................... 1</td>
</tr>
<tr>
<td>More than once............................................ 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of first marriage..................................</td>
</tr>
<tr>
<td>Month........................................... ___ ___</td>
</tr>
<tr>
<td>DK month..................................................... 98</td>
</tr>
<tr>
<td>Year.................................................. ___ ___ ___</td>
</tr>
<tr>
<td>DK year..................................................... 9998</td>
</tr>
</tbody>
</table>

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**MARRIAGE**

| MA9. How old were you when you got married to your first husband? | Age in years ........................................ __ __ |
| MA9A. Was your first husband of any kin (a blood relative, etc) to you? | Yes .................................................. 1 |
| | No ................................................... 2 |
| MA9B. What was your relationship / kinship with your husband? | First degree cousin (paternal) .............. 1 |
| | First degree cousin (maternal) .............. 2 |
| | Second degree paternal or maternal cousin 3 |
| | Other blood (consanguinity) relatives ....... 4 |
| | Relatives by marriage ......................... 5 |

**NEXT MODULE**

**CHILD MORTALITY**

This module is administered to all currently or formerly married women aged 15 – 49 years. All questions refer only to live births.

| CM1. Now I would like to ask about all the live births you have had during your life. Have you ever given birth? | Yes .................................................. 1 |
| | No .................................................. 2 |
| CM2. What was the date of your first birth? | Date of first birth |
| | Day ............................................... __ |
| | DK day ........................................... 98 |
| | Month ............................................ __ |
| | DK month ....................................... 98 |
| | Year ............................................. __ __ |
| | DK year ......................................... 9998 |

<p>| CM3. How many years ago did you have your first birth? | Completed years since first birth .......... __ __ |
| CM4. Do you have any sons or daughters to whom you have given birth who are now living with you? | Yes .................................................. 1 |
| | No .................................................. 2 |
| CM5. How many sons live with you? | Sons at home ...................................... __ |
| | Daughters at home ............................. __ |
| CM6. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | Yes .................................................. 1 |
| | No .................................................. 2 |
| CM7. How many sons are alive but do not live with you? | Sons elsewhere .................................... __ |
| | Daughters elsewhere .......................... __ |</p>
<table>
<thead>
<tr>
<th>CHILD MORTALITY</th>
<th>CM</th>
</tr>
</thead>
</table>
| CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? | Yes .............................................................. 1  
If “No” probe by asking:  
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? | No .............................................................. 2  
2⇒CM10 |
| CM9. HOW MANY BOYS HAVE DIED?                                                   | Boys dead ..................................................  
If none, record ‘00’.                                                           |  
HOW MANY GIRLS HAVE DIED?                                                      | Girls dead ..................................................  |
|                                                                                   | Sum ..............................................................  |
| CM10. Sum answers to CM5, CM7, and CM9. If the answer to CM1 is ‘No’, then record ‘00’. | Sum ..............................................................  |
|                                                                                   |  |
| CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (total number in CM10) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? |  |
| □ No. ⇐ Check responses to CM1-CM10 and make corrections as necessary before proceeding. |  |
| □ Yes. Check below:                                                              |  |
| □ No births (CM10=00) ⇐ Go to BH13                                               |  |
| □ One or more births ⇐ Continue with Birth history module                        |  |
I WOULD LIKE NOW TO RECORD THE NAMES OF ALL THE CHILDREN YOU HAVE GIVEN BIRTH TO, WHETHER ALIVE OR NOT, STARTING FROM YOUR FIRST CHILD.

FEMALE INTERVIEWER: RECORD THE NAMES OF ALL CHILDREN UNDER BH1. RECORD TWINS IN SEPARATE ROWS.

<table>
<thead>
<tr>
<th>BH1</th>
<th>BH2</th>
<th>BH3</th>
<th>BH4</th>
<th>BH5</th>
<th>BH6</th>
<th>BH7</th>
<th>BH8</th>
<th>BH9</th>
<th>BH10</th>
</tr>
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</tr>
<tr>
<td><strong>WHAT IS THE NAME OF YOUR (FIRST / NEXT) CHILD?</strong></td>
<td><strong>IS ANY OF THESE CHILDREN A TWIN?</strong></td>
<td><strong>IS THE (NAME) A BOY OR A GIRL?</strong></td>
<td><strong>In what month and year was the (name) born?</strong></td>
<td><strong>IS THE (NAME) STILL ALIVE?</strong></td>
<td><strong>How old was he or she on his or her last birthday?</strong></td>
<td><strong>Does the (name) live with you?</strong></td>
<td><strong>Record the child's number in family. Record 00 if not listed in the household form)</strong></td>
<td><strong>How old was the (name) when he died?</strong></td>
<td><strong>WAS THERE ANOTHER LIVE BIRTH BETWEEN (NAME OF PREVIOUS CHILD) AND (NAME)?</strong></td>
</tr>
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<td></td>
</tr>
<tr>
<td>Single 1</td>
<td>Boy..1</td>
<td>Month ___</td>
<td>Year ___</td>
<td>Yes___</td>
<td>No____</td>
<td>Next line</td>
<td>Yes</td>
<td>No</td>
<td>Days ___ 1</td>
</tr>
<tr>
<td>Twins 2</td>
<td>Girl..2</td>
<td></td>
<td></td>
<td>___</td>
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<td>---</td>
<td>Months ___ 2</td>
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<td>Years ___ 3</td>
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<tr>
<td>Single 1</td>
<td>Boy..1</td>
<td>Month ___</td>
<td>Year ___</td>
<td>Yes___</td>
<td>No____</td>
<td>Next line</td>
<td>Yes</td>
<td>No</td>
<td>Days ___ 1</td>
</tr>
<tr>
<td>Twins 2</td>
<td>Girl..2</td>
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<td>___</td>
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<td>---</td>
<td>Months ___ 2</td>
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<td>Years ___ 3</td>
</tr>
<tr>
<td>Single 1</td>
<td>Boy..1</td>
<td>Month ___</td>
<td>Year ___</td>
<td>Yes___</td>
<td>No____</td>
<td>Next line</td>
<td>Yes</td>
<td>No</td>
<td>Days ___ 1</td>
</tr>
<tr>
<td>Twins 2</td>
<td>Girl..2</td>
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<td>___</td>
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<td>Months ___ 2</td>
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<td></td>
<td></td>
<td></td>
<td>Years ___ 3</td>
</tr>
<tr>
<td>Single 1</td>
<td>Boy..1</td>
<td>Month ___</td>
<td>Year ___</td>
<td>Yes___</td>
<td>No____</td>
<td>Next line</td>
<td>Yes</td>
<td>No</td>
<td>Days ___ 1</td>
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<tr>
<td>Twins 2</td>
<td>Girl..2</td>
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<td>Months ___ 2</td>
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<td></td>
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<td></td>
<td>Years ___ 3</td>
</tr>
<tr>
<td>Single 1</td>
<td>Boy..1</td>
<td>Month ___</td>
<td>Year ___</td>
<td>Yes___</td>
<td>No____</td>
<td>Next line</td>
<td>Yes</td>
<td>No</td>
<td>Days ___ 1</td>
</tr>
<tr>
<td>Twins 2</td>
<td>Girl..2</td>
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<td>___</td>
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<td>Months ___ 2</td>
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<td>Years ___ 3</td>
</tr>
<tr>
<td>Single 1</td>
<td>Boy..1</td>
<td>Month ___</td>
<td>Year ___</td>
<td>Yes___</td>
<td>No____</td>
<td>Next line</td>
<td>Yes</td>
<td>No</td>
<td>Days ___ 1</td>
</tr>
<tr>
<td>Twins 2</td>
<td>Girl..2</td>
<td></td>
<td></td>
<td>___</td>
<td>___</td>
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<td>Months ___ 2</td>
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<td>Years ___ 3</td>
</tr>
</tbody>
</table>

Iraq Multiple Indicator Cluster Survey Final Report, 2011
### BIRTH HISTORY MODULE BH

<table>
<thead>
<tr>
<th>Page</th>
<th>Single 1</th>
<th>Twins 2</th>
<th>Year</th>
<th>Month</th>
<th>Days</th>
<th>Yes</th>
<th>No</th>
<th>Months</th>
<th>Yes</th>
<th>Years</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>08</td>
<td>Boy...1</td>
<td>Girl...2</td>
<td></td>
<td></td>
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<td>Yes</td>
<td>No</td>
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<td></td>
<td></td>
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<tr>
<td>09</td>
<td>Boy...1</td>
<td>Girl...2</td>
<td></td>
<td></td>
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<td>No</td>
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<td>Yes</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>11</td>
<td>Boy...1</td>
<td>Girl...2</td>
<td></td>
<td></td>
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<td>Yes</td>
<td>No</td>
<td></td>
<td>Yes</td>
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<tr>
<td>12</td>
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<td>Boy...1</td>
<td>Girl...2</td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BH11.** HAVE YOU GIVEN ANY LIVE BIRTH SINCE THE BIRTH OF (NAME OF LAST CHILD)?

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

BH12. Compare CM10 with the number of children in the previous birth history table. Tick the box corresponding to the result of the comparison:

- □ Numbers are consistent.
- □ Numbers are inconsistent → probe and reconsider the case.

Then check:

For every child year of birth recorded
For every living child current age recorded
For every dead child age at death registered
Death at 12 months or one year probe to count the exact number of months

**BH13.** SOME PREGNANCIES END WITH ABORTION OR MISCARRIAGE BEFORE THE 24 WEEK OF PREGNANCY. HAVE YOU EXPERIENCED ANY ABORTION OR MISCARRIAGE?

Yes .................................................. 1
No .................................................... 2
<table>
<thead>
<tr>
<th>BIRTH HISTORY MODULE</th>
<th>BH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BH 14. HOW MANY ABORTIONS OR MISCARRIAGES DID YOU EXPERIENCE?</strong></td>
<td>No of abortions/miscarriages</td>
</tr>
<tr>
<td></td>
<td>.......... ..... 98</td>
</tr>
<tr>
<td></td>
<td>DK/Don’t remember .......... 98</td>
</tr>
<tr>
<td><strong>BH 15. HAVE YOU EVER DELIVERED A STILLBIRTH - 24 WEEKS AFTER PREGNANCY?</strong></td>
<td>Yes .......... 1</td>
</tr>
<tr>
<td></td>
<td>No .......... 2</td>
</tr>
<tr>
<td></td>
<td>2 ⇒ CM12</td>
</tr>
<tr>
<td><strong>BH 16 HOW MANY STILLBIRTHS HAVE YOU DELIVERED?</strong></td>
<td>Number of stillbirths ..........</td>
</tr>
<tr>
<td></td>
<td>DK/Don’t remember .......... 98</td>
</tr>
</tbody>
</table>

| CM12. COPY MONTH AND YEAR OF LAST BIRTH FROM BH4 AND ASK THE RESPONDENT FOR THE DAY OF LAST BIRTH | Date of last birth |
| | Day .......... |
| | DK day .......... 98 |
| | Month .......... |
| | Year .......... |

| CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2009**? | □ No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS module. |
| | □ Yes, live birth in last 2 years. ⇒ Ask for the name of the child |
| | Name of child .......... |
| | If child has died, take special care when referring to this child by name in the following modules. |
| | Continue with the next module. |
### DESIRE FOR LAST BIRTH

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Record name of last-born child here ________ . From CM13

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Later</th>
<th>No more</th>
<th>Months</th>
<th>Years</th>
<th>DK</th>
<th>Next Module</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DB1.</strong> WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>DB2.</strong> DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td><strong>DB3.</strong> HOW MUCH LONGER DID YOU WANT TO WAIT?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DB4.</strong> DID YOUR HUSBAND WANT YOU TO GET PREGNANT?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>DB5.</strong> DID YOUR HUSBAND WANT TO HAVE A BABY LATER ON, OR DID NOT HE WANT ANY (MORE) CHILDREN?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td><strong>DB6.</strong> HOW MUCH LONGER DID YOUR HUSBAND WANT TO WAIT?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This module is to be administered to all currently or formerly married women with a live birth in the 2 years preceding date of interview.

Check child mortality module CM13 and record name of last-born child here _____________. Use this child’s name in the following questions, where indicated.

<table>
<thead>
<tr>
<th>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</th>
<th>Yes ............................................ 1</th>
<th>No ............................................... 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN2. WHOM DID YOU SEE?</td>
<td>Health professional:</td>
<td></td>
</tr>
<tr>
<td>Probe: ANYONE ELSE?</td>
<td>Public doctor ........................................ A</td>
<td></td>
</tr>
<tr>
<td>Probe for the type of person seen and circle all answers given.</td>
<td>Private doctor ....................................... B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse / licensed midwife .............................. C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traditional birth attendant ..................... F</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A female relative or a friend ................. G</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify) ____________________________ X</td>
<td></td>
</tr>
<tr>
<td>MN2A. IN WHICH MONTH OF PREGNANCY DID YOU RECEIVE ANTENATAL CARE FOR THE FIRST TIME?</td>
<td>Month .............................................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DK .............................................................. 98</td>
<td></td>
</tr>
<tr>
<td>MN2B. IN MOST INSTANCES DID YOU VISIT A PUBLIC OR PRIVATE HEALTH INSTITUTION, TO RECEIVE ANTENATAL CARE DURING YOUR PREGNANCY?</td>
<td>Yes, Public hospital .................................. 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes, Primary health care centre ............... 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes, Popular medicine clinic ................... 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes, Private hospital ................................ 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes, Private clinic .................................... 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No ........................................................... 6</td>
<td></td>
</tr>
<tr>
<td>MN2C. WHY DID YOU CHOOSE THE INSTITUTION YOU VISITED TO RECEIVE ANTENATAL CARE?</td>
<td>Proximity ........................................... 01</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Usually go there ..................................... 02</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cost .......................................................... 03</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Security .................................................. 04</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Told to go there ..................................... 05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referred to it to receive specialised care ... 06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trust .......................................................... 07</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know other institution .................... 08</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify) ____________________________ 96</td>
<td></td>
</tr>
<tr>
<td>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</td>
<td>Number of times ........................................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DK .............................................................. 98</td>
<td></td>
</tr>
<tr>
<td>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNACY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>[A] WAS YOUR BLOOD PRESSURE MEASURED?</td>
<td>Blood pressure ........................................ 1</td>
<td>2</td>
</tr>
<tr>
<td>[B] DID YOU GIVE A URINE SAMPLE?</td>
<td>Urine sample .......................................... 1</td>
<td>2</td>
</tr>
<tr>
<td>[C] DID YOU GIVE A BLOOD SAMPLE?</td>
<td>Blood sample .......................................... 1</td>
<td>2</td>
</tr>
<tr>
<td>[D] WERE YOU WEIGHED?</td>
<td>Weighed .................................................. 1</td>
<td>2</td>
</tr>
</tbody>
</table>
### MATERNAL AND NEWBORN HEALTH

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (card seen)</th>
<th>Yes (card not seen)</th>
<th>No</th>
<th>DK</th>
<th>2→MN9</th>
<th>8→MN9</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN5. Do you have a card or other document with your own immunizations listed? May I see it please? If a card is presented, use it to assist with answers to the following questions.</td>
<td>............................. 1</td>
<td>............................. 2</td>
<td>............................. 3</td>
<td>............................. 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN6. When you were pregnant with (name), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is convulsions after birth?</td>
<td>............................. 1</td>
<td>............................. 2</td>
<td>............................. 8</td>
<td>............................. 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN7. How many times did you receive this tetanus injection during your pregnancy with (name)? If 7 or more times, record <code>'7'</code></td>
<td>Number of times ............................. __</td>
<td>............................. 8</td>
<td>............................. 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN8. How many tetanus injections during last pregnancy were reported in MN7?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least two tetanus injections during last pregnancy. ⇒ Go to MN12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN9. Did you receive any tetanus injection at any time before your pregnancy with (name), either to protect yourself or another baby?</td>
<td>............................. 1</td>
<td>............................. 2</td>
<td>............................. 8</td>
<td>............................. 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN10. How many times did you receive a tetanus injection before your pregnancy with (name)? If 7 or more times, record <code>'7'</code>.</td>
<td>Number of times ............................. __</td>
<td>............................. 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN11. How many years ago did you receive the last tetanus injection before your pregnancy with (name)?</td>
<td>Years ago ............................. __</td>
<td>............................. 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN12. Check MN1 for presence of antenatal care during this pregnancy:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, antenatal care received. ⇒ Continue with MN13A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No antenatal care received ⇒ Go to MN17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN13A. Did you take FEROFOL capsule since the fourth month of pregnancy?</td>
<td>............................. 1</td>
<td>............................. 2</td>
<td>............................. 8</td>
<td>............................. 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN13B. Did you take the FEROFOL capsule constantly or intermittently?</td>
<td>Constantly ............................. 1</td>
<td>Intermittently ............................. 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**MATERNAL AND NEWBORN HEALTH**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN13C DO YOU TAKE VITAMIN “A” SUPPLEMENTATION DURING POSTPARTUM PERIOD</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>WHO ASSISTED WITH THE DELIVERY OF (name)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probe: ANYONE ELSE?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probe for the type of person assisting and circle all answers given.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHERE DID YOU GIVE BIRTH TO (name)?</td>
<td>11</td>
<td>12</td>
<td>96</td>
</tr>
<tr>
<td>WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>DURING YOUR VISIT TO THE INSTITUTION, WERE YOU PRESCRIBED ANY METHOD FOR FAMILY PLANNING?</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN21. WAS (name) WEIGHED AT BIRTH?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probe if there is a medical card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN22. HOW MUCH DID (name) WEIGH?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record weight from health card, if available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN24. DID YOU EVER BREASTFEED (name)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If less than 1 hour, record ‘00’ hours. If less than 24 hours, record hours. Otherwise, record days.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN27. WHAT WAS (name) GIVEN TO DRINK?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANYTHING ELSE?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### ILLNESS SYMPTOMS

**IS1. Check Household Listing, column HL9**

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

- [ ] Yes ⇒ Continue with IS2.
- [ ] No ⇒ Go to Next Module.

**IS2. Sometimes children have severe illnesses and should be taken immediately to a health facility.**

What types of symptoms would cause you to take your child to a health facility right away?

**Probe:**

**Any other symptoms?**

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

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child not able to drink or breastfeed</td>
<td>A</td>
</tr>
<tr>
<td>Child becomes sicker</td>
<td>B</td>
</tr>
<tr>
<td>Child develops a fever</td>
<td>C</td>
</tr>
<tr>
<td>Child has fast breathing</td>
<td>D</td>
</tr>
<tr>
<td>Child has difficult breathing</td>
<td>E</td>
</tr>
<tr>
<td>Child has blood in stool</td>
<td>F</td>
</tr>
<tr>
<td>Child is drinking poorly</td>
<td>G</td>
</tr>
<tr>
<td>Frequent vomiting</td>
<td>H</td>
</tr>
<tr>
<td>Convulsions</td>
<td>I</td>
</tr>
<tr>
<td>Unconsciousness (Sleepiness) disorder</td>
<td>J</td>
</tr>
<tr>
<td>Child cries a lot</td>
<td>K</td>
</tr>
<tr>
<td>Child has Diarrhoea</td>
<td>L</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>X</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>Y</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>Z</td>
</tr>
<tr>
<td>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?</td>
<td>Yes, currently pregnant ...............................</td>
</tr>
<tr>
<td>CP2A. WHAT IS THE REASON FOR NOT USING ANY WAYS TO DELAY OR AVOID PREGNANCY? ANY OTHER REASON?</td>
<td>Want to have a baby.................................</td>
</tr>
<tr>
<td>CP3. WHAT ARE YOU DOING TO AVOID OR DELAY A PREGNANCY?</td>
<td>Female sterilization.................................</td>
</tr>
<tr>
<td></td>
<td>IUD..........................................................</td>
</tr>
<tr>
<td></td>
<td>Injectables.............................................</td>
</tr>
<tr>
<td></td>
<td>Pills ................................................................</td>
</tr>
<tr>
<td></td>
<td>Male condom ...........................................</td>
</tr>
<tr>
<td></td>
<td>Female condom ........................................</td>
</tr>
<tr>
<td></td>
<td>Diaphragm ..............................................</td>
</tr>
<tr>
<td></td>
<td>Foam / Jelly ...........................................</td>
</tr>
<tr>
<td></td>
<td>Lactational amenorrhoea method (LAM)....</td>
</tr>
<tr>
<td></td>
<td>Periodic abstinence/Rhythm (one week after menstruation)..........................</td>
</tr>
<tr>
<td></td>
<td>Withdrawal .............................................</td>
</tr>
<tr>
<td></td>
<td>Other (specify) ____________________________</td>
</tr>
<tr>
<td>CP4. WHERE DID YOU GET THIS CURRENT METHOD FOR THE LAST TIME?</td>
<td>Public sector</td>
</tr>
<tr>
<td></td>
<td>Governmental hospital.........................</td>
</tr>
<tr>
<td></td>
<td>Primary health care centre....................</td>
</tr>
<tr>
<td></td>
<td>Popular medicine clinic.......................</td>
</tr>
<tr>
<td></td>
<td>Other (specify) __________________________</td>
</tr>
<tr>
<td></td>
<td>Private medical sector</td>
</tr>
<tr>
<td></td>
<td>Private hospital or clinic.....................</td>
</tr>
<tr>
<td></td>
<td>Private doctor .....................................</td>
</tr>
<tr>
<td></td>
<td>Private pharmacist ..............................</td>
</tr>
<tr>
<td></td>
<td>Health worker .....................................</td>
</tr>
<tr>
<td></td>
<td>Other (specify) __________________________</td>
</tr>
<tr>
<td></td>
<td>Other sources</td>
</tr>
<tr>
<td></td>
<td>Family..................................................</td>
</tr>
<tr>
<td></td>
<td>Relative or friend..............................</td>
</tr>
<tr>
<td></td>
<td>Shop or druggist/spice dealer...............</td>
</tr>
<tr>
<td>CP5. DO YOU PAY FOR THIS METHOD OR GET IT FOR FREE?</td>
<td>For free.................................................</td>
</tr>
<tr>
<td></td>
<td>Pay......................................................</td>
</tr>
<tr>
<td>CP6. DID YOU RECEIVE ADVICE / CONSULTATION OR INSTRUCTIONS / GUIDANCE ON FAMILY PLANNING?</td>
<td>Yes.........................................................</td>
</tr>
<tr>
<td></td>
<td>No.......................................................</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>CONTRACEPTION</th>
<th>CP</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP7. WHO PROVIDED YOU WITH THIS ADVICE / CONSULTATION?</td>
<td></td>
</tr>
<tr>
<td>Public sector</td>
<td></td>
</tr>
<tr>
<td>Governmental hospital</td>
<td>11</td>
</tr>
<tr>
<td>Primary health care centre</td>
<td>12</td>
</tr>
<tr>
<td>Popular medicine clinic</td>
<td>13</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>16</td>
</tr>
<tr>
<td>Private medical sector</td>
<td></td>
</tr>
<tr>
<td>Private hospital or clinic</td>
<td>21</td>
</tr>
<tr>
<td>Private doctor</td>
<td>22</td>
</tr>
<tr>
<td>Private pharmacist</td>
<td>23</td>
</tr>
<tr>
<td>Health worker</td>
<td>24</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>26</td>
</tr>
<tr>
<td>Other sources</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>31</td>
</tr>
<tr>
<td>Relative or friend</td>
<td>32</td>
</tr>
<tr>
<td>Shop or druggist / spice dealer</td>
<td>33</td>
</tr>
<tr>
<td>UNMET NEED</td>
<td>UN</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td><strong>UN1. Check CP1. Currently pregnant?</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Yes, currently pregnant ⇒ Continue with UN2</td>
<td></td>
</tr>
<tr>
<td>☐ No, unsure or DK ⇒ Go to UN5</td>
<td></td>
</tr>
<tr>
<td><strong>UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY.</strong></td>
<td>UN4</td>
</tr>
<tr>
<td>WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</td>
<td></td>
</tr>
<tr>
<td>Yes...................................................................................... 1</td>
<td>1⇒UN4</td>
</tr>
<tr>
<td>No....................................................................................... 2</td>
<td></td>
</tr>
<tr>
<td><strong>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE)</strong></td>
<td>UN13</td>
</tr>
<tr>
<td>CHILDREN?</td>
<td></td>
</tr>
<tr>
<td>Later .................................................................................. 1</td>
<td>1⇒UN13</td>
</tr>
<tr>
<td>No more ............................................................................... 2</td>
<td>2⇒UN13</td>
</tr>
<tr>
<td><strong>UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE.</strong></td>
<td>UN7</td>
</tr>
<tr>
<td>AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?</td>
<td></td>
</tr>
<tr>
<td>Have another child .................................................................... 1</td>
<td>1⇒UN7</td>
</tr>
<tr>
<td>No more / None ....................................................................... 2</td>
<td>2⇒UN13</td>
</tr>
<tr>
<td>Undecided / Don’t know .................................................................. 8</td>
<td>8⇒UN13</td>
</tr>
<tr>
<td><strong>UN5. Check CP3. Currently using “Female sterilization”?</strong></td>
<td>UN6</td>
</tr>
<tr>
<td>☐ Yes ⇒ Go to UN13</td>
<td></td>
</tr>
<tr>
<td>☐ No ⇒ Continue with UN6</td>
<td></td>
</tr>
<tr>
<td><strong>UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE.</strong></td>
<td>UN9</td>
</tr>
<tr>
<td>WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</td>
<td></td>
</tr>
<tr>
<td>Have (a/another) child .................................................................... 1</td>
<td>1⇒UN9</td>
</tr>
<tr>
<td>No more / None ........................................................................ 2</td>
<td>2⇒UN9</td>
</tr>
<tr>
<td>Says she cannot get pregnant ................................................................ 3</td>
<td>3⇒UN11</td>
</tr>
<tr>
<td>Undecided / Don’t know ..................................................................... 8</td>
<td>8⇒UN9</td>
</tr>
<tr>
<td><strong>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</strong></td>
<td>UN11</td>
</tr>
<tr>
<td>Months .................................................................................. 1</td>
<td>994⇒UN11</td>
</tr>
<tr>
<td>Years .................................................................................... 2</td>
<td></td>
</tr>
<tr>
<td>Soon / Now ............................................................................. 993</td>
<td></td>
</tr>
<tr>
<td>Says she cannot get pregnant ................................................................ 994</td>
<td></td>
</tr>
<tr>
<td>Other ..................................................................................... 996</td>
<td></td>
</tr>
<tr>
<td>Don’t know ............................................................................... 998</td>
<td></td>
</tr>
<tr>
<td><strong>UN8. Check CP1. Currently pregnant?</strong></td>
<td>UN13</td>
</tr>
<tr>
<td>☐ Yes, currently pregnant ⇒ Go to UN13</td>
<td></td>
</tr>
<tr>
<td>☐ No, unsure or DK ⇒ Continue with UN9</td>
<td></td>
</tr>
<tr>
<td>UNMET NEED</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td></td>
</tr>
<tr>
<td><strong>UN9. Check CP2. Currently using a method?</strong></td>
<td></td>
</tr>
<tr>
<td>□ Yes ⇒ Go to UN13</td>
<td></td>
</tr>
<tr>
<td>□ No ⇒ Continue with UN10</td>
<td></td>
</tr>
</tbody>
</table>

| UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME? |
| Yes.................................................. 1 1 ⇒ UN13 |
| No.................................................... 2 2 |
| DK.................................................... 8 8 ⇒ UN13 |

| UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT? |
| Infrequent sex / No sex.............................. A |
| Menopausal ............................................. B |
| Never menstruated .................................... C |
| Hysterectomy (surgical removal of uterus)............. D |
| Has been trying to get pregnant for 2 years or more without result .......... E |
| Postpartum amenorrheic ............................ F |
| Breastfeeding........................................ G |
| Fatalistic............................................. I |
| Other (specify) __________________________ X |
| Don't know .......................................... Z |

| UN12. Check UN11. “Never menstruated” mentioned? |
| □ Mentioned ⇒ Go to Next Module |
| □ Not mentioned ⇒ Continue with UN13 |

| UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? |
| Days ago.............................................. 1 __ __ |
| Weeks ago........................................... 2 __ __ |
| Months ago....................................... 3 __ __ |
| Years ago........................................... 4 __ __ |
| In menopause / |
| Has had hysterectomy ......................... 994 |
| Before last birth................................. 995 |
| Never menstruated............................... 996 |
### ATTITUDES TOWARD DOMESTIC VIOLENCE

**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:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>[A] If she goes out without telling him?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[B] If she neglects the children?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[C] If she argues with him?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[D] If she refuses to have sex with him?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[E] If she burns the food?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[F] If he feels she is a squanderer (careless spender)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[G] If she discloses the husband or household secrets?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>FEMALE GENITAL MUTILATION/CUTTING</th>
<th>FG</th>
</tr>
</thead>
</table>
| FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION? | Yes ........................................... 1  
No ........................................... 2 | 1  FG3 |
| FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE? | Yes ........................................... 1  
No ........................................... 2 | 2  NEXT MODULE |
| FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED? | Yes ........................................... 1  
No ........................................... 2 | 2  FG9A |
| FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? | Age at circumcision.......................... ___ ___  
If the respondent does not know the exact age, probe to get an estimate |  |
| FG8. WHO PERFORMED THE CIRCUMCISION? | Health professional  
Governmental doctor ......................... 11  
Private doctor ................................. 12  
Nurse / licensed midwife ......................... 13  
Other persons  
Traditional birth attendant ...................... 21  
Female relative or friend ......................... 22  
Other (specify) .................................. 96  
DK / Don't remember / Unsure .................. 98 |  |
| FG9A. Check MA1 and MA5 from marriage module: Is the woman single or never married? | □ Yes, single or never married FG22  
□ No, Continue FG9 |  |
| FG9. Check CM5 and CM7 from child mortality module: Does the woman have one or more living daughters? | □ Yes, one or more living daughters FG10A  
□ No, Go to FG22 |  |
| FG10A. HAS/HAVE YOUR LIVING DAUGHTER/ANY OF YOUR LIVING Daughters BEEN CIRCUMCISED? | Number of daughters circumcised: ... ___ ___  
No daughters circumcised ......................... 00 | 00  FG22 |
| FG 16A. NUMBER OF YEARS SINCE THE MOST RECENT CIRCUMCISION WAS DONE TO ANY OF YOUR Daughters | Number of years......................... ___ ___  
DK/ Don't remember/Unsure .................. 98 |  |
| FG20A. WHO PERFORMED THIS CIRCUMCISION? | Health professional  
Governmental doctor ......................... A  
Private doctor ................................. B  
Nurse / licensed midwife ......................... C  
Other persons  
Traditional (unlicensed) midwife (Arab grandmother) ......................... F  
Female relative or friend ......................... G  
Other (specify) .................................. |  |
<table>
<thead>
<tr>
<th>FEMALE GENITAL MUTILATION/CUTTING</th>
<th>FG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?</strong></td>
<td>Continued .......................................... 1</td>
</tr>
<tr>
<td></td>
<td>Discontinued ...................................... 2</td>
</tr>
<tr>
<td></td>
<td>Depends ............................................ 3</td>
</tr>
<tr>
<td></td>
<td>DK...................................................... 8</td>
</tr>
<tr>
<td></td>
<td>2,3,8 ⇒ NEXT MODULE</td>
</tr>
<tr>
<td><strong>FG23. WHY DO YOU THINK THAT THIS PRACTICE SHOULD BE CONTINUED?</strong></td>
<td>Social Norm for purity .................... 1</td>
</tr>
<tr>
<td></td>
<td>To maintain the girls chastity .......... 2</td>
</tr>
<tr>
<td></td>
<td>Health reasons................................. 3</td>
</tr>
<tr>
<td></td>
<td>Other (specify _______ 6</td>
</tr>
<tr>
<td></td>
<td>DK...................................................... 8</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>HA</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</strong></td>
<td></td>
</tr>
<tr>
<td>HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?</td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>HA1A. IN CASE OF INFECTION WITH ANY SEXUALLY TRANSMITTED DISEASE (STD), DO YOU BELIEVE THAT IT IS NECESSARY FOR THE HUSBAND / WIFE TO BE TESTED, EVEN IF HE / SHE HAD NO SYMPTOMS?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>HA3A. IN YOUR OPINION, WHAT IS THE BEST METHOD TO INCREASE PEOPLE’S KNOWLEDGE / AWARENESS ABOUT AIDS?</strong></td>
<td></td>
</tr>
<tr>
<td>School curricula..................................................................</td>
<td>11</td>
</tr>
<tr>
<td>Television messages..................................................................</td>
<td>12</td>
</tr>
<tr>
<td>Radio messages........................................................................</td>
<td>13</td>
</tr>
<tr>
<td>Newspapers............................................................................</td>
<td>14</td>
</tr>
<tr>
<td>Signs / slogans / advertising boards ...................................</td>
<td>15</td>
</tr>
<tr>
<td>Health education sessions ..............................................</td>
<td>16</td>
</tr>
<tr>
<td>Other (specify) ____________________________________________</td>
<td>96</td>
</tr>
<tr>
<td><strong>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>HA4A. DO YOU BELIEVE IN THE IMPORTANCE OF HIV TESTING AS PART OF PRE-MARRIAGE TESTS?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>HA7A. CAN AN INDIVIDUAL CONTRACT HIV THROUGH USING AN UNSTERILIZED SYRINGE/ NEEDLE PREVIOUSLY USED BY SOMEONE ELSE?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes...............................................................</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No...............................................................</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>DK...............................................................</strong></td>
<td>8</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>HA</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>[A] DURING PREGNANCY?</td>
<td>During pregnancy .................</td>
</tr>
<tr>
<td>[B] DURING DELIVERY?</td>
<td>During delivery .................</td>
</tr>
<tr>
<td>[C] BY BREASTFEEDING?</td>
<td>By breastfeeding .................</td>
</tr>
<tr>
<td><strong>HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?</strong></td>
<td>Yes ...............................................................</td>
</tr>
<tr>
<td></td>
<td>No ...............................................................</td>
</tr>
<tr>
<td></td>
<td>DK / Not sure / Depends .................</td>
</tr>
<tr>
<td><strong>HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?</strong></td>
<td>Yes ...............................................................</td>
</tr>
<tr>
<td></td>
<td>No ...............................................................</td>
</tr>
<tr>
<td></td>
<td>DK / Not sure / Depends .................</td>
</tr>
<tr>
<td><strong>HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?</strong></td>
<td>Yes ...............................................................</td>
</tr>
<tr>
<td></td>
<td>No ...............................................................</td>
</tr>
<tr>
<td></td>
<td>DK / Not sure / Depends .................</td>
</tr>
<tr>
<td><strong>HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?</strong></td>
<td>Yes ...............................................................</td>
</tr>
<tr>
<td></td>
<td>No ...............................................................</td>
</tr>
<tr>
<td></td>
<td>DK / Not sure / Depends .................</td>
</tr>
<tr>
<td><strong>HA12A: Check MAI and MA5: Is the woman unmarried (MAI=3 and MA5=3)</strong></td>
<td>Yes, go to WMII</td>
</tr>
<tr>
<td></td>
<td>No ⇒ Continue with HA13</td>
</tr>
<tr>
<td><strong>HA13. Check CM13: Any live birth in last 2 years?</strong></td>
<td>No live birth in last 2 years ⇒ Go to HA24</td>
</tr>
<tr>
<td></td>
<td>One or more live births in last 2 years ⇒ Continue with HA14</td>
</tr>
<tr>
<td><strong>HA14. Check MN1: Received antenatal care?</strong></td>
<td>Received antenatal care ⇒ Continue with HA15</td>
</tr>
<tr>
<td></td>
<td>Did not receive antenatal care ⇒ Go to HA24</td>
</tr>
<tr>
<td><strong>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</strong></td>
<td><strong>Y</strong></td>
</tr>
<tr>
<td>WERE YOU GIVEN ANY INFORMATION ABOUT:</td>
<td>AIDS from mother .................</td>
</tr>
<tr>
<td>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</td>
<td>Things to do .................</td>
</tr>
<tr>
<td>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</td>
<td>Tested for AIDS .................</td>
</tr>
<tr>
<td>[C] GETTING TESTED FOR THE AIDS VIRUS?</td>
<td>Offered a test .................</td>
</tr>
<tr>
<td>WERE YOU:</td>
<td></td>
</tr>
<tr>
<td>[D] OFFERED A TEST FOR THE AIDS VIRUS?</td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>HA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes .......................................................... 1</td>
<td></td>
</tr>
<tr>
<td>No .......................................................... 2</td>
<td>2⇒HA19</td>
</tr>
<tr>
<td>DK .......................................................... 8</td>
<td>8⇒HA19</td>
</tr>
<tr>
<td><strong>HA16A. DID YOU REQUEST FOR THIS AIDS VIRUS TEST YOURSELF, OR WAS IT OFFERED TO YOU AND THEN YOU ACCEPTED IT OR WAS IT REQUIRED?</strong></td>
<td></td>
</tr>
<tr>
<td>Based on my request ........................................... 1</td>
<td></td>
</tr>
<tr>
<td>Offered and accepted ........................................... 2</td>
<td></td>
</tr>
<tr>
<td>Required .................................................... 3</td>
<td></td>
</tr>
<tr>
<td>DK .......................................................... 8</td>
<td></td>
</tr>
<tr>
<td><strong>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes .......................................................... 1</td>
<td></td>
</tr>
<tr>
<td>No .......................................................... 2</td>
<td>2⇒HA22</td>
</tr>
<tr>
<td>DK .......................................................... 8</td>
<td>8⇒HA22</td>
</tr>
<tr>
<td><strong>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes .......................................................... 1</td>
<td></td>
</tr>
<tr>
<td>No .......................................................... 2</td>
<td>1⇒HA22</td>
</tr>
<tr>
<td>DK .......................................................... 8</td>
<td>2⇒HA22</td>
</tr>
<tr>
<td><strong>HA19. Check MN17: Birth delivered by health professional (A, B or C)?</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Yes, birth delivered by health professional ⇒ Continue with HA20</td>
<td></td>
</tr>
<tr>
<td>☐ No, birth not delivered by health professional ⇒ Go to HA24</td>
<td></td>
</tr>
<tr>
<td><strong>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes .......................................................... 1</td>
<td></td>
</tr>
<tr>
<td>No .......................................................... 2</td>
<td>2⇒HA24</td>
</tr>
<tr>
<td>DK .......................................................... 8</td>
<td></td>
</tr>
<tr>
<td><strong>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes .......................................................... 1</td>
<td></td>
</tr>
<tr>
<td>No .......................................................... 2</td>
<td></td>
</tr>
<tr>
<td>DK .......................................................... 8</td>
<td></td>
</tr>
<tr>
<td><strong>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes .......................................................... 1</td>
<td>1⇒HA25</td>
</tr>
<tr>
<td>No .......................................................... 2</td>
<td></td>
</tr>
<tr>
<td>DK .......................................................... 8</td>
<td></td>
</tr>
<tr>
<td><strong>HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?</strong></td>
<td></td>
</tr>
<tr>
<td>Less than 12 months ago ....................................... 1</td>
<td>1⇒WM11</td>
</tr>
<tr>
<td>12-23 months ago ........................................... 2</td>
<td>2⇒WM11</td>
</tr>
<tr>
<td>2 or more years ago ......................................... 3</td>
<td>3⇒WM11</td>
</tr>
<tr>
<td><strong>HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes .......................................................... 1</td>
<td>1⇒HA27</td>
</tr>
<tr>
<td>No .......................................................... 2</td>
<td></td>
</tr>
<tr>
<td>DK .......................................................... 8</td>
<td></td>
</tr>
<tr>
<td><strong>HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</strong></td>
<td></td>
</tr>
<tr>
<td>Less than 12 months ago ....................................... 1</td>
<td>1⇒WM11</td>
</tr>
<tr>
<td>12-23 months ago ........................................... 2</td>
<td>2⇒WM11</td>
</tr>
<tr>
<td>2 or more years ago ......................................... 3</td>
<td>3⇒WM11</td>
</tr>
<tr>
<td><strong>HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes .......................................................... 1</td>
<td>1⇒WM11</td>
</tr>
<tr>
<td>No .......................................................... 2</td>
<td></td>
</tr>
<tr>
<td>DK .......................................................... 8</td>
<td>2⇒WM11</td>
</tr>
<tr>
<td><strong>HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes .......................................................... 1</td>
<td></td>
</tr>
<tr>
<td>No .......................................................... 2</td>
<td></td>
</tr>
</tbody>
</table>
WM11. Record the time.

<table>
<thead>
<tr>
<th>1.............AM</th>
<th>2.............PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hour and minutes</td>
<td></td>
</tr>
</tbody>
</table>

WM12. Check Household Listing Form, column HL9.

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

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

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