

3. QUESTIONNAIRE FOR INDIVIDUAL WOMEN



QUESTIONNAIRE FOR INDIVIDUAL WOMEN
Iraq, 2018



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: _____ / _____ / 2018	

<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</p>	<p>MINUTES</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 NO, FIRST INTERVIEW2</p>	<p>1 ⇨ WM9B 2 ⇨ WM9A</p>
<p>WM9A. HELLO, MY NAME IS (YOUR NAME). WE ARE FROM CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. WE ARE ALSO INTERVIEWING MOTHERS ABOUT THEIR CHILDREN. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU DO NOT WISH TO ANSWER A QUESTION OR 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. 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 No / NOT ASKED..... 2</p>	<p>1 ⇨ WOMAN'S BACKGROUND MODULE 2 ⇨ WM17</p>	

WM17. Result of woman's interview. <i>Discuss any result not completed with Supervisor.</i>	COMPLETED.....01
	NOT AT HOME02
	REFUSED.....03
	PARTLY COMPLETED04
	INCAPACITATED (<i>specify</i>)..... 05
	NO ADULT CONSENT FOR RESPONDENT AGE 15-1706
	OTHER (<i>specify</i>) 96

WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	WM3=HH47 1 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, 4,5,6 OR 7..... 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 GRADE OR YEAR OF SCHOOL YOU HAVE ATTENDED?	EARLY CHILDHOOD EDUCATION..... 000 PRIMARY..... 1 __ __ INTERMEDIATE 2 __ __ DIPLOMA (5 YRS AFTER INTERMEDIATE) 3 __ __ SECONDARY 4 __ __ DIPLOMA.....5 __ __ BACHELOR6 __ __ HIGHER EDUCATION.....7 __ __	000 ⇔ WB1 4

WB7. DID YOU COMPLETE THAT (GRADE/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 CURRENT SCHOOL YEAR (2017-18) DID YOU ATTEND SCHOOL?	YES 1 NO 2	2 ⇒ WB11
WB10. DURING THIS CURRENT SCHOOL YEAR (2017-18), WHICH LEVEL AND GRADE OR YEAR ARE YOU <u>ATTENDING</u> ?	PRIMARY 1 ___ INTERMEDIATE 2 ___ DIPLOMA (5 YRS AFTER INTERMEDIATE) 3 ___ SECONDARY 4 ___ DIPLOMA 5 ___ BACHELOR 6 ___ HIGHER EDUCATION 7 ___	
WB11. AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR (2016-17) DID YOU ATTEND SCHOOL?	YES 1 NO 2	2 ⇒ WB13
WB12. DURING THAT PREVIOUS SCHOOL YEAR (2016-17), WHICH LEVEL AND GRADE OR YEAR DID YOU <u>ATTEND</u> ?	PRIMARY 1 ___ INTERMEDIATE 2 ___ DIPLOMA (5 YRS AFTER INTERMEDIATE) 3 ___ SECONDARY 4 ___ DIPLOMA 5 ___ BACHELOR 6 ___ HIGHER EDUCATION 7 ___	
WB13. Check WB6: Highest level of school attended:	WB6=2, 3, 4,5,6 OR 7 1 WB6=1 OR 1 2	1 ⇒ WB15
WB14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i>	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) 4	
WB15. HOW LONG HAVE YOU BEEN CONTINUOUSLY LIVING IN (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? <i>If less than one year, record '00' years.</i>	YEARS ___ ALWAYS / SINCE BIRTH 95	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 '9' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>CITY (GOVERNORATE CENTER)..... 1 TOWN (DISTRICT) 2 RURAL AREA (VILLAGE)..... 3 OUTSIDE IRAQ.....4</p>	
<p>WB17. BEFORE YOU MOVED HERE, IN WHICH REGION DID YOU LIVE IN?</p>	<p>DUHOK 11 NAINAWA 12 SULAIMANIYA..... 13 KIRKUK..... 14 ERBIL..... 15 DIALA..... 21 ANBAR 22 BAGHDAD 23 BABIL 24 KERBALA 25 WASIT 26 SALAHADDIN 27 NAJAF 28 QADISSIYAH..... 31 MUTHANA 32 THIQAR 33 MISSAN..... 34 BASRA 35</p> <p>OUTSIDE OF COUNTRY <i>(specify)</i> _____ 96</p>	
<p>WB18. ARE YOU COVERED BY ANY HEALTH INSURANCE?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ NEXT MODULE</p>
<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 HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER <i>(specify)</i> _____ X</p>	

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:</i> WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY? <i>IF 'YES' RECORD 3, IF 'NO' RECORD 2.</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3</p>	
<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:</i> WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY? <i>IF 'YES' RECORD 3, IF 'NO' RECORD 2</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3</p>	
<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:</i> WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY? <i>IF 'YES' RECORD 3, IF 'NO' RECORD 2</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3</p>	
<p>MT4. HAVE YOU EVER USED A COMPUTER OR A TABLET FROM ANY LOCATION?</p>	<p>YES 1 NO 2</p>	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:</i> WOULD YOU SAY THIS HAPPENED ALMOST EVERY DAY? <i>IF 'YES' RECORD 3, IF 'NO' RECORD 2</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3</p>	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 DEVICE 1 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 FILE 1 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 NO, MT6[C]=2 2	1 ⇒ MT10
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1 1 NO, MT6[F]=2 2	1 ⇒ MT10
MT9. HAVE YOU EVER USED THE INTERNET FROM ANY LOCATION AND ANY DEVICE?	YES 1 NO 2	2 ⇒ MT11

<p>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?</p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i></p> <p><i>IF 'YES' RECORD 3, IF 'NO' RECORD 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY..... 3</p>	
<p>MT10A: DO YOU HAVE ACCOUNT ON SOCIAL MEDIA (LIKE FACEBOOK OR OTHERS) AND YOU CAN COMMUNICATE THROUGH IT A LEASR ONE TIME A WEEK</p>	<p>YES 1</p> <p>NO 2</p>	
<p>MT11. DO YOU OWN A MOBILE PHONE?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>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?</p> <p><i>PROBE IF NECESSARY: I MEAN HAVE YOU COMMUNICATED WITH SOMEONE USING A MOBILE PHONE.</i></p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i></p> <p><i>IF 'YES' RECORD 3, IF 'NO' RECORD 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY..... 3</p>	

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

CM9. HOW MANY BOYS HAVE DIED? <i>IF NONE, RECORD '00'.</i>	BOYS DEAD _ _	
CM10. HOW MANY GIRLS HAVE DIED? <i>IF NONE, RECORD '00'.</i>	GIRLS DEAD _ _	
CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM _ _	
CM12. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>TOTAL NUMBER IN CM11</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?	YES 1 NO 2	1 ⇒ <i>CM14</i>
CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
CM14. Check CM11: How many live births?	NO LIVE BIRTHS, CM11=00 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE 1	0 ⇒ <i>NEXT MODULE</i>

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? A girl?			BH3. Is (name of birth) a boy or a girl?	BH4. In what day, month and year was (name of birth) born? Probe: What is (his/her) birthday?			BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday? Record age in completed years.	BH7. Is (name of birth) living with you?	BH8. Record household line number of child (from HL1) Record '00' if child is not listed.	BH9. How old was (name of birth) when (he/she) died? If '1 year', probe: How many months old was (name of birth)? Record 00 if died in the same day or less 24 hrs, days if less than 1 month; Record months if less than 2 years, or years			BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth? 1 Yes 2 No	
		S	M	B		G	Day	Month	Year	Y				N	Line No	Unit	Number	Y
01		1	2	1	2				1	2								
02		1	2	1	2				1	2								
03		1	2	1	2				1	2								
04		1	2	1	2				1	2								
05		1	2	1	2				1	2								
06		1	2	1	2				1	2								
07		1	2	1	2				1	2								
08		1	2	1	2				1	2								
09		1	2	1	2				1	2								

BH0. BH Line Number	BH1. WHAT NAME WAS GIVEN TO YOUR (FIRST/NEXT) BABY?	BH2. WERE ANY OF THESE BIRTHS TWIN? A GIRL?		BH3. IS (NAME OF BIRTH) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (NAME OF BIRTH) BORN? PROBE: WHAT IS (HIS/HER) BIRTHDAY?			BH5. IS (NAME OF BIRTH) STILL ALIVE?		BH6. HOW OLD WAS (NAME OF BIRTH) AT (HIS/HER) LAST BIRTHDAY? RECORD AGE IN COMPLETED YEARS.		BH7. IS (NAME OF BIRTH) LIVING WITH YOU?		BH8. RECORD HOUSEHOLD LINE NUMBER OF CHILD (FROM HLL) RECORD '00' IF CHILD IS NOT LISTED.	BH9. HOW OLD WAS (NAME OF BIRTH) WHEN (HE/SHE) DIED? IF '1 YEAR', PROBE: HOW MANY MONTHS OLD WAS (NAME OF BIRTH)? RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME OF BIRTH), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
		S	M	B	G	DAY	MONTH	YEAR	Y	N	AGE	Y	N	LINE No		UNIT	NUMBER	Y	N	
10		1	2	1	2	---	---	---	1	2	---	---	1	2	---	---	---	1	2	
11		1	2	1	2	---	---	---	1	2	---	---	1	2	---	---	---	1	2	
12		1	2	1	2	---	---	---	1	2	---	---	1	2	---	---	---	1	2	
13		1	2	1	2	---	---	---	1	2	---	---	1	2	---	---	---	1	2	
14		1	2	1	2	---	---	---	1	2	---	---	1	2	---	---	---	1	2	
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (NAME OF LAST BIRTH LISTED)?																				
YES.....1																				
NO.....2																				

CM15. Compare number in CM11 with number of births listed in the birth history above and check:	NUMBERS ARE THE SAME..... 1 NUMBERS ARE DIFFERENT 2	1 ⇒ <i>CM17</i>
CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.		
CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in 2016 (year of interview minus 2)? 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.	NO LIVE BIRTHS IN THE LAST 2 YEARS..... 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1	0 ⇒ <i>NEXT MODULE</i>
CM18. <i>COPY NAME OF THE LAST CHILD LISTED IN BH1.</i> <i>IF THE CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES.</i>	NAME OF LAST-BORN CHILD _____	

DESIRE FOR LAST BIRTH	DB	
DB1. 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 ⇒ <i>NEXT MODULE</i>
DB2. WHEN YOU GOT PREGNANT WITH (<i>NAME</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	YES..... 1 NO 2	1 ⇒ <i>NEXT MODULE</i>
DB3. Check CM11: Number of births:	ONLY 1 BIRTH 1 2 OR MORE BIRTHS 2	1 ⇒ <i>DB4A</i> 2 ⇒ <i>DB4B</i>
DB4A. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY CHILDREN? DB4B. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY MORE CHILDREN?	LATER 1 NO MORE..... 2	
DB5 WHAT IS THE PERIOD THAT YOU WANT TO WAIT?	MONTHS 1 ___ YRS 2 ___ DON'T KNOW 998	

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 ⇒ NEXT MODULE
<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><i>PROBE: ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR (GOVERNMENT)..... A</p> <p>NURSE / MIDWIFE B</p> <p>PRIVATE DOCTOR..... C</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><i>RECORD THE ANSWER AS STATED BY RESPONDENT. IF "9 MONTHS" OR LATER, RECORD 9.</i></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><i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i></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>YES NO</p> <p>BLOOD PRESSURE 1 2</p> <p>URINE SAMPLE..... 1 2</p> <p>BLOOD SAMPLE 1 2</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>	

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?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ MN11 8 ⇒ MN11
MN9. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (<i>NAME</i>)? (MAX 2 SHOT)	NUMBER OF TIMES..... _ DK..... 8	8 ⇒ MN11
MN10. Check MN9: How many tetanus injections during last pregnancy were reported?	ONLY 1 INJECTION 1 2 OR MORE INJECTIONS 2	2 ⇒ MN16
MN11. AT ANY TIME BEFORE YOUR PREGNANCY WITH (<i>NAME</i>), DID YOU RECEIVE ANY TETANUS INJECTION EITHER TO PROTECT YOURSELF OR ANOTHER BABY? <i>INCLUDE DPT (TETANUS) VACCINATIONS RECEIVED AS A CHILD IF MENTIONED.</i>	YES..... 1 NO..... 2 DK..... 8	2 ⇒ MN16 8 ⇒ MN16
MN12. BEFORE YOUR PREGNANCY WITH (<i>NAME</i>), HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION? <i>If 7 or more times, record '7'. Include DPT (Tetanus) vaccinations received as a child if mentioned.</i>	NUMBER OF TIMES..... _ DK..... 8	
MN13. Check MN12: How many tetanus injections before last pregnancy were reported?	ONLY 1 INJECTION 1 2 OR MORE INJECTIONS OR DK..... 2	1 ⇒ MN14A 2 ⇒ MN14B
MN14A. HOW MANY YEARS AGO DID YOU RECEIVE THAT TETANUS INJECTION MN14B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST OF THOSE TETANUS INJECTIONS? <i>THE REFERENCE IS TO THE LAST INJECTION RECEIVED PRIOR TO THIS PREGNANCY, AS RECORDED IN MN12. If less than 1 year, record '00'.</i>	YEARS AGO..... _ _ DK..... 98	
MN15. CHECK MN2, DID YOU RECEIVE MEDICAL CARE DURING THE PREGNANCY?	YES..... 1 NO..... 2	2 ⇒ MN19
MN15A. SINCE THE 4 TH MONTHS DURING PREGNANCY DID YOU TAKE FERROFOL CAPSULE THAT PREVENT DISTORTION AND ANIMIA?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ MN19 8 ⇒ MN19
MN15B. DID YOU TAKE FERROFOL CAPSULE CONTINUOUS OR NOT, SHOW THE RESPONDENT SAMPLE OF FERRO FOL CAPSULE THAT PREVENT DISTORTION AND ANIMIA.	CONTINUOUS..... 1 NOT CONTINUOUS 2	

<p>MN19. WHO ASSISTED WITH THE DELIVERY OF (NAME)?</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 DOCTOR (GOVERNMENT)..... A NURSE / MIDWIFE B PRIVATE DOCTOR..... C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT F COMMUNITY HEALTH WORKER..... G</p> <p>OTHER (<i>specify</i>)..... X NO ONE..... Y</p>	
<p>MN20. WHERE DID YOU GIVE BIRTH TO (NAME)?</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 '96' 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 MIDWIFE HOME 13 RELATIVES' HOME..... 14 OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC / HEALTH CENTRE WITH DELIVERY ROOM..... 22 OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 PRIVATE CLINIC..... 32 OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇒MN23 13 ⇒MN23 14 ⇒MN23 12 ⇒MN23</p> <p>96 ⇒MN23</p>
<p>MN21. WAS (NAME) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>YES 1 NO..... 2</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 AFTER LABOUR PAINS 2</p>	
<p>MN23. IMMEDIATELY AFTER THE BIRTH, WAS (NAME) PUT DIRECTLY ON THE BARE SKIN OF YOUR CHEST?</p> <p>IF NECESSARY, SHOW THE PICTURE OF SKIN-TO-SKIN POSITION.</p>  <p><small>Photo Credit: Joyce Gaidwin</small></p>	<p>YES 1 NO..... 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	<p>2 ⇒MN25 8 ⇒MN25</p>

MN24. BEFORE BEING PLACED ON THE BARE SKIN OF YOUR CHEST, WAS THE BABY WRAPPED UP?	YES..... 1 NO..... 2 DK/ DON'T REMEMBER..... 8	
MN25. WAS (<i>NAME</i>) DRIED OR WIPED SOON AFTER BIRTH?	YES..... 1 NO..... 2 DK/ DON'T REMEMBER..... 8	
MN26. HOW LONG AFTER THE BIRTH WAS (<i>NAME</i>) BATHED FOR THE FIRST TIME? <i>If "immediately" or less than 1 hour, record '000'. If less than 24 hours, record hours. If "1 day" or "next day", probe: About how many hours after the delivery? If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day. If 24 hours or more, record days.</i>	IMMEDIATELY/LESS THAN 1 HOUR..... 000 HOURS 1 ___ DAYS..... 2 ___ NEVER BATHED 997 DK / DON'T REMEMBER 998	
MN30. AFTER THE CORD WAS CUT AND UNTIL IT FELL OFF, WAS ANYTHING APPLIED TO THE CORD?	YES..... 1 NO..... 2 DK / DON'T REMEMBER 8	2 ⇒MN32 8 ⇒MN32
MN31. WHAT WAS APPLIED TO THE CORD? <i>PROBE: ANYTHING ELSE?</i>	CHLORHEXIDINE A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) B MUSTARD OIL C ASH D ANIMAL DUNG..... E ZARAKYON (LOCAL MATERIAL)..... F ANTIBIOTIC (CAPSULE) G OTHER (<i>specify</i>) X DK / DON'T REMEMBER..... Y	
MN32. WHEN (<i>NAME</i>) WAS BORN, WAS (HE/SHE) VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	VERY LARGE 1 LARGER THAN AVERAGE..... 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DK..... 8	

MN33. WAS (<i>NAME</i>) WEIGHED AT BIRTH?	YES..... 1 NO..... 2 DK..... 8	2 ⇒MN35 8 ⇒MN35
MN34. HOW MUCH DID (<i>NAME</i>) WEIGH? <i>If a card is available, record weight from card.</i>	FROM CARD 1 (KG) __ . ____ FROM RECALL..... 2 (KG) __ . ____ DK..... 99998	
MN35. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>NAME</i>)?	YES..... 1 NO..... 2 CURRENTLY IN MENSTRUATION AFTER DELIVERY 3	
MN36. DID YOU EVER BREASTFEED (<i>NAME</i>)?	YES..... 1 NO..... 2	2 ⇒MN39B
MN37. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>NAME</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	IMMEDIATELY 000 HOURS 1 ____ DAYS..... 2 ____ DK / DON'T REMEMBER 998	
MN38. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>NAME</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	YES..... 1 NO..... 2	1 ⇒MN39A 2 ⇒NEXT MODULE
MN39A. WHAT WAS (<i>NAME</i>) GIVEN TO DRINK? <i>PROBE: ANYTHING ELSE?</i> ' <i>NOT GIVEN ANYTHING TO DRINK</i> ' IS NOT A VALID RESPONSE AND RESPONSE CATEGORY Y CANNOT BE RECORDED. MN39B. IN THE FIRST THREE DAYS AFTER DELIVERY, WHAT WAS (<i>NAME</i>) GIVEN TO DRINK? <i>PROBE: ANYTHING ELSE?</i> ' <i>NOT GIVEN ANYTHING TO DRINK</i> ' (CATEGORY Y) CAN ONLY BE RECORDED IF NO OTHER RESPONSE CATEGORY IS RECORDED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER..... B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION..... E FRUIT JUICE F INFANT FORMULA G TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONS H HONEY.....I PRESCRIBED MEDICINE J OTHER (<i>specify</i>) X NOT GIVEN ANYTHING TO DRINK Y	

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=1 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>	<p>2 ⇨ NEXT MODUL E</p>
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36..... 1</p> <p>NO, MN20=11-14 OR 96..... 2</p>	<p>2 ⇨ PN7</p>
<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><i>IF LESS THAN ONE DAY, RECORD HOURS.</i> <i>IF LESS THAN ONE WEEK, RECORD DAYS.</i> <i>OTHERWISE, RECORD WEEKS.</i></p>	<p>HOURS1 ___</p> <p>DAYS2 ___</p> <p>WEEKS3 ___</p> <p>DK / DON'T REMEMBER..... 998</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>YES 1</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>YES 1</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>YES 1</p> <p>NO 2</p>	<p>1 ⇨PN12</p> <p>2 ⇨PN17</p>
<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 RECORDED 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED..... 2</p>	<p>2 ⇨PN11</p>
<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>YES 1</p> <p>NO 2</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>YES 1</p> <p>NO 2</p>	
<p>PN9A PART OF PN CARE DID ANYONE CHECK THE FOLLOWING AT LEAST ONE TIME:</p> <p>[A] MEASURE BLOOD PRESSURE</p> <p>[B] CHECK BLEEDING</p> <p>[C] CHECK BELLY</p> <p>[D] HIGH POSTPARTUM UTERUS</p> <p>[E] ELSE , PLEASE SPECIFY</p>	<p style="text-align: right;">YES</p> <p>NO</p> <p>BLOOD PRESSURE 1 2</p> <p>BLEEDING 1 2</p> <p>BELLY 1 2</p> <p>uterus 1 2</p> <p>ELSE (SPECIFY)..... 1 2</p>	
<p>PN9B DID ANYONE LISTED IN QUESTION MN19 TO PROVIDE CONSULTATION TO YOU BEFORE LEAVING ABOUT DANGER SIGNS FOR MOTHER AFTER PREGNANCY</p> <p>[A] INCREASED VAGINAL BLEEDING AFTER BIRTH</p> <p>[B] EPILEPTIC SEIZURES</p> <p>[C] SPEED OR DIFFICULTY BREATHING</p> <p>[D] FEVER OR SEVERE WEAKNESS</p> <p>[E] SEVERE HEADACHE</p> <p>[F] ELSE</p>	<p style="text-align: right;">YES NO</p> <p>INCREASED VAGINAL BLEEDING AFTER BIRTH 1 2</p> <p>EPILEPTIC SEIZURES..... 1 2</p> <p>SPEED OR DIFFICULTY BREATHING..... 1 2</p> <p>FEVER OR SEVERE WEAKNESS..... 1 2</p> <p>SEVERE HEADACHE 1 2</p> <p>ELSE (SPECIFY).....1 2</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>YES 1 NO 2</p>	<p>1 ⇨PN12 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>YES 1 NO 2</p>	<p>2 ⇨PN20</p>
<p>PN12. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>ONCE 1 MORE THAN ONCE..... 2</p>	<p>1 ⇨PN13A 2 ⇨PN13B</p>
<p>PN13A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN13B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. OTHERWISE, RECORD WEEKS.</i></p>	<p>HOURS1 ___ DAYS2 ___ WEEKS3 ___ DK / DON’T REMEMBER..... 998</p>	
<p>PN14. WHO CHECKED ON (<i>NAME</i>)’S HEALTH AT THAT TIME?</p>	<p>HEALTH PROFESSIONAL DOCTOR.....A NURSE / MIDWIFE.....B PRIVATE DOCTOR.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT ...F COMMUNITY HEALTH WORKERG RELATIVE / FRIENDH OTHER (<i>specify</i>) _____X NO ONE _____Y</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 ‘96’ 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 MIDWIFE HOME 13 RELATIVES’ HOME 14 OTHER HOME 12 PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC / HEALTH CENTRE 22 OTHER PUBLIC (<i>specify</i>) _____ 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36 OTHER (<i>specify</i>)..... 96</p>	

PN16. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 76 1 NO, MN20=11-14 OR 96..... 2	2 ⇨ PN18
PN17. AFTER YOU LEFT (<i>NAME OR TYPE OF FACILITY IN MN20</i>), DID ANYONE CHECK ON <u>YOUR HEALTH</u> ?	YES 1 NO 2	1 ⇨ PN21 2 ⇨ PN25
PN18. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED 1 NO, NONE OF THE CATEGORIES A TO G RECORDED..... 2	2 ⇨ PN20
PN19. AFTER THE DELIVERY WAS OVER AND (<i>PERSON OR PERSONS IN MN19</i>) LEFT, DID ANYONE CHECK ON <u>YOUR HEALTH</u> ?	YES 1 NO 2	1 ⇨ PN21 2 ⇨ PN25
PN20. AFTER THE BIRTH OF (<i>NAME</i>), DID ANYONE CHECK ON <u>YOUR HEALTH</u> , FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?	YES 1 NO 2	2 ⇨ PN25
PN21. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	ONCE 1 MORE THAN ONCE..... 2	1 ⇨ PN22 A 2 ⇨ PN22 B
PN22A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN22B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. OTHERWISE, RECORD WEEKS.</i>	HOURS1 ___ DAYS2 ___ WEEKS3 ___ DK / DON'T REMEMBER..... 998	
PN23. WHO CHECKED ON <u>YOUR HEALTH</u> AT THAT TIME?	HEALTH PROFESSIONAL DOCTOR.....A NURSE / MIDWIFE.....B PRIVATE DOCTOR.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... F COMMUNITY HEALTH WORKERG OTHER (<i>specify</i>) _____ X	

<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 '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>MIDWIFE HOME 13</p> <p>RELATIVES' HOME 14</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>OTHER PUBLIC (specify) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL (specify) _____ 36</p> <p>OTHER (specify) _____ 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 (NAME)'S CORD?</p> <p>[B] TAKE THE TEMPERATURE OF (NAME)?</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 (NAME)'S BREASTFEEDING?</p>	<p>YES 1</p> <p>NO 2</p> <p>OBSERVE BREASTFEEDING..... 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 ⇨ PN29</p> <p>A</p> <p>2 ⇨ PN29</p> <p>B</p> <p>3 ⇨ PN29</p> <p>C</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>	
<p>PN31 Now I would like to ask you about the following symptoms <i>PRESENT ALL SYMPTOMS EXPLAINED IN THE QUESTION AND SELECT THE ONE ACCORDING TO RESPONDENT ANSWER</i></p>	<p>STOP BREASTFEEDING OR UNABLE TO BREASTFEED..... A</p> <p>HIGH BODY TEMPERATURE OR BODY TEMPERATURE..... B</p> <p>CONVULSIONS (FENNEL).....C</p> <p>JAUNDICE..... D</p> <p>WEIGHT (LESS THAN 2500 G).....E</p> <p>BREATHING PROBLEMS BREATHING SPEED.....F</p> <p>INFLAMMATION OF THE NAVEL, SKIN OR EYE.....G</p> <p>OTHER (PLEASE SPECIFY).....X</p>	

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT: FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>YES, CURRENTLY PREGNANT..... 1</p> <p>NO2</p> <p>DK OR NOT SURE..... 8</p>	1 ⇨ CP3
<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>	1 ⇨ CP4
<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>	1 ⇨ NEXT MODULE 2 ⇨ NEXT MODULE
<p>CP4. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, record each one.</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 NO2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS0 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≠A2	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 PREGNANT3 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 ___ YEARS2 ___ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 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
UN12. 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 TOO OLD H FATALISTIC I INFERTILITY WIFE J INFERTILITY HUSBAND K OTHER (<i>specify</i>) X DK Z	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2	1 ⇨ NEXT MODULE
UN14. WHEN DID YOUR LAST MENSTRUAL PERIOD START? Record the answer using the same unit stated by the respondent. If '1 year', probe: HOW MANY MONTHS AGO?	DAYS AGO 1 ___ WEEKS AGO 2 ___ MONTHS AGO 3 ___ YEARS AGO 4 ___ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED 995	993 ⇨ NEXT MODULE 994 ⇨ NEXT MODULE 995 ⇨ NEXT MODULE
UN15. CHECK UN14: WAS THE LAST MENSTRUAL PERIOD WITHIN LAST YEAR?	YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2	2 ⇨ NEXT MODULE

UN16. DUE TO YOUR LAST MENSTRUATION, WERE THERE ANY SOCIAL ACTIVITIES, SCHOOL OR WORK DAYS THAT YOU DID NOT ATTEND?	YES 1 NO 2 DK / NOT SURE / NO SUCH ACTIVITY... 8	2 ⇨ NEXT MODULE 8 ⇨ NEXT MODULE
UN17. DURING YOUR LAST MENSTRUAL PERIOD WERE YOU ABLE TO WASH AND CHANGE IN PRIVACY WHILE AT HOME?	YES 1 NO 2 DK 8	
UN18. DID YOU USE ANY MATERIALS SUCH AS SANITARY PADS, TAMPONS OR CLOTH?	YES 1 NO 2 DK 8	2 ⇨ NEXT MODULE 8 ⇨ NEXT MODULE
UN19. WERE THE MATERIALS REUSABLE?	YES 1 NO 2 DK 8	

FEMALE GENITAL MUTILATION/CUTTING		FG
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 DK 8	2 ⇨ NEXT MODULE
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	YES 1 NO 2	2 ⇨ FG9
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	YES 1 NO 2 DK 8	1 ⇨ FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	YES 1 NO 2 DK 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED? <i>IF NECESSARY, PROBE: WAS IT SEALED?</i>	YES 1 NO 2 DK 8	

<p>FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED?</p> <p><i>IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.</i></p>	<p>AGE AT CIRCUMCISION..... _ _</p> <p>DK / DON'T REMEMBER..... 98</p>	
<p>FG8. WHO PERFORMED THE CIRCUMCISION?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... 11</p> <p>NURSE/MIDWIFE 12</p> <p>PRIVATE DOCTOR13</p> <p>OTHER HEALTH PROFESSIONAL (specify) _____ 16</p> <p>TRADITIONAL PERSONS</p> <p>TRADITIONAL 'CIRCUMCISER' 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>OTHER TRADITIONAL COMMUNITY HEALTH WORKER 23</p> <p>RELATIVE / FRIEND 24</p> <p>OTHERS _____ (specify) y) _____ 26</p> <p>DK 98</p>	
<p>FG9. SUM CM4 FOR NUMBER OF DAUGHTERS AT HOME AND CM7 FOR NUMBER OF DAUGHTERS ELSEWHERE:</p>	<p>TOTAL NUMBER OF LIVING DAUGHTERS _ _</p>	
<p>FG10. Just to make sure that I have this right, you have (<i>total number in FG9</i>) living daughters. Is this correct?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>1 ⇒FG12</p>
<p>FG11. Check responses to CM1-CM11 and make corrections as necessary until response in FG10 is 'Yes'.</p>		
<p>FG12. CHECK FG9: NUMBER OF LIVING DAUGHTERS?</p>	<p>NO LIVING DAUGHTERS..... 0</p> <p>AT LEAST ONE LIVING DAUGHTER..... 1</p>	<p>0 ⇒FG24</p>

FG13. ASK THE RESPONDENT TO TELL YOU THE NAME(S) OF HER DAUGHTER(S), BEGINNING WITH THE YOUNGEST DAUGHTER (IF MORE THAN ONE DAUGHTER). WRITE DOWN THE NAME OF EACH DAUGHTER IN FG14. THEN, ASK QUESTIONS FG15 TO FG22 FOR EACH DAUGHTER AT A TIME.

THE TOTAL NUMBER OF DAUGHTERS IN FG14 SHOULD BE EQUAL TO THE NUMBER IN FG9.

IF MORE THAN 4 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES.

	[D1] YOUNGEST	[D2] 2 ND YOUNGEST	[D3] 3 RD YOUNGEST	[D4] 4 TH YOUNGEST
FG14. Name of daughter	_____	_____	_____	_____
FG15. How OLD IS (<i>name</i>)?	AGE.. ____	AGE ____	AGE ____	AGE ____
FG16. Is (<i>name</i>) YOUNGER THAN 15 YEARS OF AGE?	YES..... 1 NO 2 2 2 FG23	YES..... 1 NO..... 2 FG23	YES..... 1 NO..... 2 FG23	YES..... 1 NO 2 FG23
FG17. Is (<i>name</i>) CIRCUMCISED?	YES..... 1 NO 2 2 2 FG23	YES..... 1 NO..... 2 FG23	YES..... 1 NO..... 2 FG23	YES..... 1 NO 2 FG23
FG18. How OLD WAS (<i>NAME</i>) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i>	AGE... ____ DK 98	AGE ____ DK..... 98	AGE ____ DK..... 98	AGE ____ DK 98
FG19. Now I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (<i>NAME</i>) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	YES..... 1 1 2 FG21 NO 2 DK 8	YES..... 1 FG21 NO..... 2 DK..... 8	YES..... 1 FG21 NO..... 2 DK..... 8	YES..... 1 FG21 NO 2 DK 8

FG20. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	YES..... 1 NO 2 DK 8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES..... 1 NO2 DK 8
FG21. WAS HER GENITAL AREA SEWN CLOSED? <i>If NECESSARY, PROBE: WAS IT SEALED?</i>	YES..... 1 NO 2 DK 8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES..... 1 NO2 DK 8
FG22. WHO PERFORMED THE CIRCUMCISION?	HEALTH PROFESSIONAL DOCTOR..... 11 NURSE/MIDWIFE 12 PRIVATE DOCTOR13 OTHER HEALTH PROFESSIONAL (specify)____ 16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER 23 RELATIVE / FRIEND 24 OTHERS (specify)____ 26 DK 98	HEALTH PROFESSIONAL DOCTOR 11 NURSE/MIDWIFE 12 PRIVATE DOCTOR13 OTHER HEALTH PROFESSIONAL (specify) _____ 16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT 22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER 23 RELATIVE / FRIEND 24 OTHERS (specify) _____ 26 DK98	HEALTH PROFESSIONAL DOCTOR.....11 NURSE/MIDWIFE12 PRIVATE DOCTOR13 OTHER HEALTH PROFESSIONAL (specify) _____ 16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER'21 TRADITIONAL BIRTH ATTENDANT22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER23 RELATIVE / FRIEND 24 OTHERS (specify) _____ 26 DK 98	HEALTH PROFESSIONAL DOCTOR.....11 NURSE/MIDWIFE12 PRIVATE DOCTOR13 OTHER HEALTH PROFESSIONAL (specify) _____ 16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER'21 TRADITIONAL BIRTH ATTENDANT22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER23 RELATIVE / FRIEND 24 OTHERS (specify) _____ 26 DK 98
FG23. Is THERE ANOTHER DAUGHTER?	YES..... 1 1 2 NO 2 2 2 FG24	YES1 2 [D3] NO.....2 2 FG24	YES..... 1 2 [D4] NO.....2 2 FG24	YES..... 1 2 [D5] NO2 2 FG24

TICK HERE IF
ADDITIONAL
QUESTIONNAIRE
USED:

FG24. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	CONTINUED.....	1
	DISCONTINUED	2
	DEPENDS	3
	DK	8

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
[F] IF HE FEELS SHE IS WASTEFUL	WASTEFUL	1	2	8
[G] IF SHE LEAKS HOUSE SECRETS	LEAK SECRETS	1	2	8

VICTIMISATION

VT

<p>VT1. CHECK FOR THE PRESENCE OF OTHERS. <i>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 2015 (<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>YES1 NO2 DK8</p>	<p>2 ⇒VT9B 8 ⇒VT9B</p>
<p>VT2. DID THIS LAST HAPPEN DURING THE LAST 12 MONTHS, THAT IS, SINCE 2017 (<i>MONTH OF INTERVIEW</i>) (<i>YEAR OF INTERVIEW MINUS 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS1 NO, MORE THAN 12 MONTHS AGO2 DK / DON'T REMEMBER8</p>	<p>2 ⇒VT5B 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 TIME1 TWO TIMES2 THREE OR MORE TIMES3 DK / DON'T REMEMBER8</p>	
<p>VT4. Check VT3: One or more times?</p>	<p>ONE TIME, VT3=11 MORE THAN ONCE OR DK, VT3=2, 3 OR 82</p>	<p>1 ⇒VT5A 2 ⇒VT5B</p>
<p>VT5A. WHEN THIS HAPPENED, WAS ANYTHING STOLEN FROM YOU?</p>	<p>YES1 NO2</p>	
<p>VT5B. THE LAST TIME THIS HAPPENED, WAS ANYTHING STOLEN FROM YOU?</p>	<p>DK / NOT SURE8</p>	

<p>VT6. DID THE PERSON(S) HAVE A WEAPON?</p>	<p>YES1 NO2 DK / NOT SURE.....8</p>	<p>2 ⇒VT8 8 ⇒VT8</p>
<p>VT7. WAS A KNIFE, A GUN OR SOMETHING ELSE USED AS A WEAPON?</p> <p><i>RECORD ALL THAT APPLY.</i></p>	<p>YES, A KNIFE.....A YES, A GUN.....B YES, SOMETHING ELSEX</p>	
<p>VT8. 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 REPORTED1 YES, SOMEONE ELSE REPORTED2 NO, NOT REPORTED3 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 2015 (<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 2015 (<i>MONTH OF INTERVIEW</i>) (<i>YEAR OF INTERVIEW MINUS 3</i>), HAVE YOU BEEN PHYSICALLY ATTACKED?</p> <p><i>IF 'NO', PROBE: 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.</i></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 VTI.</i></p>	<p>YES1 NO2 DK8</p>	<p>2 ⇒VT20 8 ⇒VT20</p>
<p>VT10. DID THIS LAST HAPPEN DURING THE LAST 12 MONTHS, THAT IS, SINCE 2017 (<i>MONTH OF INTERVIEW</i>) (<i>YEAR OF INTERVIEW MINUS 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS1 NO, MORE THAN 12 MONTHS AGO2 DK / DON'T REMEMBER8</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: DID IT HAPPEN ONCE, TWICE, OR AT LEAST THREE TIMES?</i></p>	<p>ONE TIME.....1 TWO TIMES.....2 THREE OR MORE TIMES3 DK / DON'T REMEMBER8</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 HOME12</p> <p>IN THE STREET21 ON PUBLIC TRANSPORT.....22 PUBLIC RESTAURANT / CAFÉ / BAR.....23 OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p>AT SCHOOL.....31 AT WORKPLACE.....32</p> <p>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: WAS IT ONE, TWO, OR AT LEAST THREE PEOPLE?</i></p>	<p>ONE PERSON1 TWO PEOPLE2 THREE OR MORE PEOPLE3</p> <p>DK / DON'T REMEMBER8</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>YES1 NO2</p> <p>DK / DON'T REMEMBER8</p>	
<p>VT17. DID THE PERSON(S) HAVE A WEAPON?</p>	<p>YES1 NO2</p> <p>DK / NOT SURE.....8</p>	<p>2 ⇨VT19 8 ⇨VT19</p>
<p>VT18. WAS A KNIFE, A GUN OR SOMETHING ELSE USED AS A WEAPON?</p> <p><i>RECORD ALL THAT APPLY.</i></p>	<p>YES, A KNIFE.....A YES, A GUN.....B YES, SOMETHING ELSEX</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 REPORTED1 YES, SOMEONE ELSE REPORTED2 NO, NOT REPORTED3</p> <p>DK / NOT SURE.....8</p>	
<p>VT20. HOW SAFE DO YOU FEEL WALKING ALONE IN YOUR NEIGHBOURHOOD AFTER DARK?</p>	<p>VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4</p> <p>NEVER WALK ALONE AFTER DARK7</p>	
<p>VT21. HOW SAFE DO YOU FEEL WHEN YOU ARE AT HOME ALONE AFTER DARK?</p>	<p>VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4</p> <p>NEVER ALONE AFTER DARK7</p>	

VT22. IN THE PAST 12 MONTHS, HAVE YOU <u>PERSONALLY</u> FELT DISCRIMINATED AGAINST OR HARASSED ON THE BASIS OF THE FOLLOWING GROUNDS?		YES	NO	DK
[A] DISPLACEMENT OR IMMIGRATION?	DISPLACEMENT OR IMMIGRATION.....	1	2	8
[B] GENDER?	GENDER	1	2	8
[D] AGE?	AGE	1	2	8
[F] DISABILITY?	DISABILITY	1	2	8
[X] FOR ANY OTHER REASON?	OTHER REASON	1	2	8

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH SOMEONE AS IF MARRIED?	YES, CURRENTLY MARRIED 1 NO, NOT IN UNION 3	3 ⇨ MA5
MA2. HOW OLD IS YOUR HUSBAND? <i>PROBE:</i> HOW OLD WAS YOUR (HUSBAND/PARTNER) ON HIS LAST BIRTHDAY?	AGE IN YEARS..... __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	YES 1 NO 2	2 ⇨ MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	NUMBER __ __ DK 98	⇨ MA7 98 ⇨ MA7
MA5. HAVE YOU EVER BEEN MARRIED?	YES, FORMERLY MARRIED..... 1 NO 3	3 ⇨ NEXT MODULE
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
MA7. HAVE YOU BEEN MARRIED 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? MA8B. IN WHAT MONTH AND YEAR DID YOU START LIVING WITH YOUR <u>FIRST</u> HUSBAND?	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 ⇨ MA12
MA10. CHECK MA7: IN MARRIED 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? MA11B. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR <u>FIRST</u> HUSBAND?	AGE IN YEARS..... __ __	

MA12 WAS YOUR FIRST HUSBAND FROM YOUR RELATIVES?	YES 1 NO 2	2 ⇒NEXT MODULE
MA13 WHAT WAS THE DEGREE OF YOUR FIRST HUSBAND?	A COUSIN OR A FIRST-DEGREE AUNT (FATHER'S SIDE).....1 MY COUSIN OR FIRST-CLASS AUNT (MOTHER'S SIDE) 2 A COUSIN OR A SECOND CLASS UNCLE....3 OTHER RELATIVES4 RELATIVES DUE TO MARRIAGE 5	

ADULT FUNCTIONING		AF
AF1. CHECK WB4: AGE OF RESPONDENT?	AGE 15-17 YEARS1 AGE 18-49 YEARS2	1 ⇒NEXT MODULE
AF2. DO YOU USE GLASSES OR MEDICAL CONTACT LENSES? <i>INCLUDE THE USE OF GLASSES FOR READING.</i>	YES1 NO2	
AF3. DO YOU USE A HEARING AID?	YES1 NO2	
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: PLEASE TELL ME IF 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 MEDICAL CONTACT LENSES?	YES, AF2=11 NO, AF2=2.....2	1 ⇒AF6A 2 ⇒AF6B

<p>AF6A. WHEN USING YOUR GLASSES OR MEDICAL CONTACT LENSES, DO YOU HAVE DIFFICULTY SEEING?</p> <p>AF6B. DO YOU HAVE DIFFICULTY SEEING?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT SEE AT ALL4</p>	
<p>AF7. CHECK AF3: RESPONDENT USES A HEARING AID?</p>	<p>YES, AF3=11 NO, AF3=2.....2</p>	<p>1 ⇒AF8A 2 ⇒AF8B</p>
<p>AF8A. WHEN USING YOUR HEARING AID(S), DO YOU HAVE DIFFICULTY HEARING?</p> <p>AF8B. DO YOU HAVE DIFFICULTY HEARING?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT HEAR AT ALL4</p>	
<p>AF9. DO YOU HAVE DIFFICULTY WALKING OR CLIMBING STEPS?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK/ CLIMB STEPS AT ALL.....4</p>	
<p>AF10. DO YOU HAVE DIFFICULTY REMEMBERING OR CONCENTRATING?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT REMEMBER/ CONCENTRATE AT ALL.....4</p>	
<p>AF11. DO YOU HAVE DIFFICULTY WITH SELF-CARE, SUCH AS WASHING ALL OVER OR DRESSING?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT CARE FOR SELF AT ALL.....4</p>	
<p>AF12. USING YOUR USUAL LANGUAGE, DO YOU HAVE DIFFICULTY COMMUNICATING, FOR EXAMPLE UNDERSTANDING OR BEING UNDERSTOOD?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3</p>	

HIV/AIDS		HA
<p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF HIV OR AIDS?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇒ NEXT MODULE
<p>HA2. HIV IS THE VIRUS THAT CAN LEAD TO AIDS.</p> <p>CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>HA3. CAN PEOPLE GET HIV FROM MOSQUITO BITES?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>HA5. CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>HA6. CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>HA8. CAN HIV BE TRANSMITTED FROM A MOTHER TO HER BABY:</p> <p>[A] DURING PREGNANCY?</p> <p>[B] DURING DELIVERY?</p> <p>[C] BY BREASTFEEDING?</p>	<p>YES NO</p> <p>DK</p> <p>DURING PREGNANCY 1 2 8</p> <p>DURING DELIVERY 1 2 8</p> <p>BY BREASTFEEDING 1 2 8</p>	
<p>HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇒ HA24
<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	

HA24. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU 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	
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	

MATERNAL MORTALITY

MM

MM1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BROTHERS AND SISTERS BORN TO YOUR NATURAL MOTHER, INCLUDING THOSE WHO ARE LIVING WITH YOU, THOSE LIVING ELSEWHERE AND THOSE WHO HAVE DIED. FROM OUR EXPERIENCE IN PRIOR SURVEYS, WE KNOW IT MAY SOMETIMES BE DIFFICULT TO ESTABLISH A COMPLETE LIST OF ALL THE CHILDREN BORN TO YOUR NATURAL MOTHER. WE WILL WORK TOGETHER TO DRAW THE MOST COMPLETE LIST AND WORK TO RECALL ALL YOUR SIBLINGS. COULD YOU PLEASE NOW GIVE ME THE NAMES OF ALL OF YOUR BROTHERS AND SISTERS BORN TO YOUR NATURAL MOTHER?

LIST ALL NAMES ON LINES [A] TO [H] BELOW. DO NOT FILL IN THE ORDER NUMBER YET. IF MORE THAN 8 SIBLINGS, USE ADDITIONAL QUESTIONNAIRES.

[A] _____ [B] _____ [C] _____ [D] _____
 [E] _____ [F] _____ [G] _____ [H] _____

MM2. Check MM1: How many siblings?	NO SIBLINGS..... 1 ONE OR MORE SIBLINGS 2	1 ⇨MM4
MM3. READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT. AFTER THE LAST ONE, ASK: ARE THERE ANY OTHER BROTHERS AND SISTERS FROM THE SAME MOTHER THAT YOU HAVE NOT MENTIONED?	YES 1 NO 2	1 ⇨Record sibling(s) in MM1
MM4. SOMETIMES PEOPLE FORGET TO MENTION CHILDREN BORN TO THEIR NATURAL MOTHER BECAUSE THEY DO NOT LIVE WITH THEM OR THEY DO NOT SEE THEM VERY OFTEN. ARE THERE ANY BROTHERS OR SISTERS WHO DO NOT LIVE WITH YOU THAT YOU HAVE NOT MENTIONED?	YES 1 NO 2	1 ⇨Record sibling(s) in MM1
MM5. SOMETIMES PEOPLE FORGET TO MENTION CHILDREN BORN TO THEIR NATURAL MOTHER BECAUSE THEY HAVE DIED. ARE THERE ANY BROTHERS OR SISTERS WHO DIED THAT YOU HAVE NOT MENTIONED?	YES 1 NO 2	1 ⇨Record sibling(s) in MM1
MM6. SOME PEOPLE HAVE BROTHERS OR SISTERS FROM THE SAME MOTHER BUT A DIFFERENT FATHER. ARE THERE ANY BROTHERS OR SISTERS BORN TO YOUR NATURAL MOTHER, BUT WHO HAVE A DIFFERENT NATURAL FATHER, THAT YOU HAVE NOT MENTIONED?	YES 1 NO 2	1 ⇨Record sibling(s) in MM1
MM7. Count the number of siblings listed in MM1.	SUM..... ____	
MM8. JUST TO MAKE SURE THAT I HAVE THIS RIGHT: YOUR NATURAL MOTHER HAD (TOTAL NUMBER IN MM7) LIVE BIRTHS, EXCLUDING YOU, DURING HER LIFETIME. IS THAT CORRECT?	YES 1 NO 2	1 ⇨MM10

MM9. Probe and check sum in MM7 and list of siblings in MM1. Make corrections as necessary until response in MM8 is 'Yes'.				
MM10. Check MM7: How many siblings?	NO SIBLINGS..... 1	1 ⇒NEXT MODULE	ONE OR MORE SIBLINGS 2	
MM11. PLEASE TELL ME, WHICH BROTHER OR SISTER WAS BORN FIRST? AND WHICH WAS BORN NEXT? <i>RECORD '01' FOR THE ORDER NUMBER IN MM1 FOR THE FIRST-BORN BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.</i>				
MM12. HOW MANY OF THESE BIRTHS DID YOUR MOTHER HAVE BEFORE YOU WERE BORN?	NUMBER OF PRECEDING BIRTHS ____			
MM13. WRITE DOWN THE NAMES OF THE BROTHERS AND SISTERS IN MM14 ACCORDING TO THE ORDER NUMBER IN MM1. ASK MM15 TO MM27 FOR ONE BROTHER OR SISTER AT A TIME (VERTICALLY). IF THERE ARE MORE THAN 8 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.				
	[S1] FIRST-BORN	[S2] SECOND	[S3] THIRD	[S4] FOURTH
MM14. COPY NAME OF INDIVIDUAL SIBLINGS TO INDIVIDUAL COLUMNS.	_____	_____	_____	_____
MM15. IS (<i>NAME</i>) MALE OR FEMALE?	MALE 1 FEMALE.. 2	MALE 1 FEMALE . 2	MALE..... 1 FEMALE.. 2	MALE 1 FEMALE . 2
MM16. IS (<i>NAME</i>) STILL ALIVE?	YES 1 NO..... 2 ♡ MM18 DK..... 8 ♡ MM28	YES..... 1 NO..... 2 ♡ MM18 DK..... 8 ♡ MM28	YES 1 NO 2 ♡ MM18 DK..... 8 ♡ MM28	YES..... 1 NO 2 ♡ MM18 DK 8 ♡ MM28
MM17. HOW OLD IS (<i>NAME</i>)?	____ ♡ MM28	____ ♡ MM28	____ ♡ MM28	____ ♡ MM28
MM18. HOW MANY YEARS AGO DID (<i>NAME</i>) DIE?	____	____	____	____
MM19. HOW OLD WAS (<i>NAME</i>) WHEN (HE/SHE) DIED?	____	____	____	____
MM20. CHECK MM15: WAS THE SIBLING MALE?	YES 1 ♡ MM26 NO..... 2	YES..... 1 ♡ MM26 NO..... 2	YES 1 ♡ MM26 NO 2	YES..... 1 ♡ MM26 NO 2

MM21. CHECK MM19: DID THE SISTER DIE BEFORE AGE 12 YEARS?	YES 1 ☺ MM26 NO 2	YES 1 ☺ MM26 NO 2	YES 1 ☺ MM26 NO 2	YES 1 ☺ MM26 NO 2
MM22. WAS (NAME) PREGNANT WHEN SHE DIED?	YES 1 ☺ MM26 NO 2	YES 1 ☺ MM26 NO 2	YES 1 ☺ MM26 NO 2	YES 1 ☺ MM26 NO 2
MM23. DID (NAME) DIE DURING CHILDBIRTH?	YES 1 ☺ MM28 NO 2	YES 1 ☺ MM28 NO 2	YES 1 ☺ MM28 NO 2	YES 1 ☺ MM28 NO 2
MM24. DID (NAME) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	YES 1 NO 2 ☺ MM26	YES 1 NO 2 ☺ MM26	YES 1 NO 2 ☺ MM26	YES 1 NO 2 ☺ MM26
MM25. HOW MANY DAYS AFTER THE END OF THE PREGNANCY OR CHILDBIRTH DID (NAME) DIE?	_____	_____	_____	_____
MM26. WAS (NAME)'S DEATH DUE TO AN ACT OF VIOLENCE?	YES 1 ☺ MM28 NO 2	YES 1 ☺ MM28 NO 2	YES 1 ☺ MM28 NO 2	YES 1 ☺ MM28 NO 2
MM27. WAS (NAME)'S DEATH DUE TO AN ACCIDENT?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
MM28. CHECK MM14: IS THERE A YOUNGER SIBLING?	YES 1 ☺ [S2] NO 2 ☺ END	YES 1 ☺ [S3] NO 2 ☺ END	YES 1 ☺ [S4] NO 2 ☺ END	YES 1 ☺ [S5] NO 2 ☺ END

	[S5] FIFTH	[S6] SIXTH	[S7] SEVENTH	[S8] EIGHTH
MM14. COPY NAME OF INDIVIDUAL SIBLINGS TO EACH COLUMN.	_____	_____	_____	_____
MM15. IS (NAME) MALE OR FEMALE?	MALE 1 FEMALE..2	MALE 1 FEMALE..2	MALE 1 FEMALE..2	MALE 1 FEMALE..2
MM16. IS (NAME) STILL ALIVE?	YES 1 NO 2 ☺ MM18 DK 8 ☺ MM28	YES 1 NO 2 ☺ MM18 DK 8 ☺ MM28	YES 1 NO 2 ☺ MM18 DK 8 ☺ MM28	YES 1 NO 2 ☺ MM18 DK 8 ☺ MM28

MM17. HOW OLD IS (<i>NAME</i>)?	— — MM28	— — MM28	— — MM28	— — MM28
MM18. HOW MANY YEARS AGO DID (<i>NAME</i>) DIE?	— —	— —	— —	— —
MM19. HOW OLD WAS (<i>NAME</i>) WHEN (HE/SHE) DIED?	— —	— —	— —	— —
MM20. CHECK MM15: WAS THE SIBLING MALE?	YES 1 MM26 NO 2	YES 1 MM26 NO 2	YES 1 MM26 NO 2	YES..... 1 MM26 NO 2
MM21. CHECK MM19: DID THE SISTER DIE BEFORE AGE 12 YEARS?	YES 1 MM26 NO 2	YES 1 MM26 NO 2	YES 1 MM26 NO 2	YES..... 1 MM26 NO 2
MM22. WAS (<i>NAME</i>) PREGNANT WHEN SHE DIED?	YES 1 MM26 NO 2	YES 1 MM26 NO 2	YES 1 MM26 NO 2	YES..... 1 MM26 NO 2
MM23. DID (<i>NAME</i>) DIE DURING CHILDBIRTH?	YES 1 MM28 NO 2	YES 1 MM28 NO 2	YES 1 MM28 NO 2	YES..... 1 MM28 NO 2
MM24. DID (<i>NAME</i>) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	YES 1 NO 2 MM26	YES 1 NO 2 MM26	YES 1 NO 2 MM26	YES..... 1 NO 2 MM26
MM25. HOW MANY DAYS AFTER THE END OF THE PREGNANCY OR CHILDBIRTH DID (<i>NAME</i>) DIE?	— —	— —	— —	— —
MM26. WAS (<i>NAME</i>)'S DEATH DUE TO AN ACT OF VIOLENCE?	YES 1 MM28 NO 2	YES 1 MM28 NO 2	YES 1 MM28 NO 2	YES..... 1 MM28 NO 2
MM27. WAS (<i>NAME</i>)'S DEATH DUE TO AN ACCIDENT?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2
MM28. CHECK MM14: IS THERE A YOUNGER SIBLING?	YES 1 [S6] NO 2 END	YES 1 [S7] NO 2 END	YES 1 [S8] NO 2 END	YES..... 1 [S9] NO 2 END

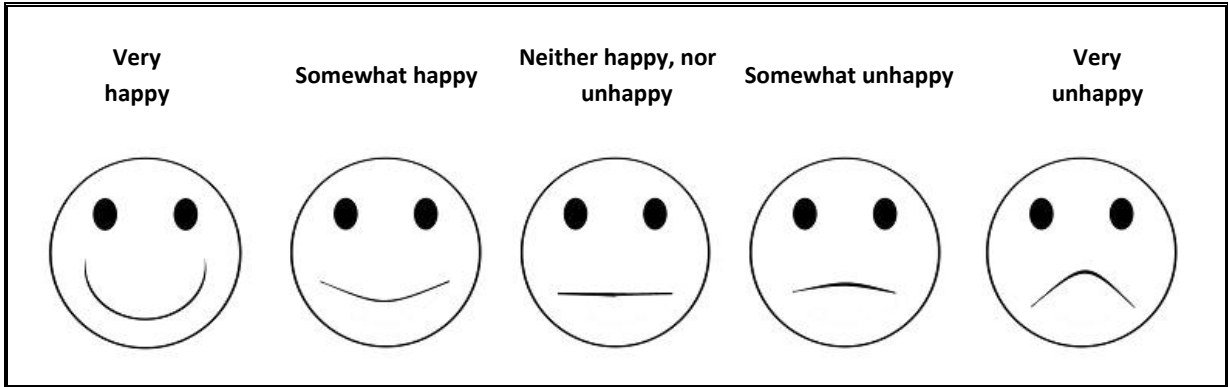
TICK HERE IF
ADDITIONAL
QUESTIONNAIRE
USED:.....

TOBACCO 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 DAY30	
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 ⇒ NEXT MODULE
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	YES.....1 NO.....2	2 ⇒ NEXT MODULE
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	
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE TYPES IN TA8? <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 DAY30	00 ⇒ NEXT MODULE

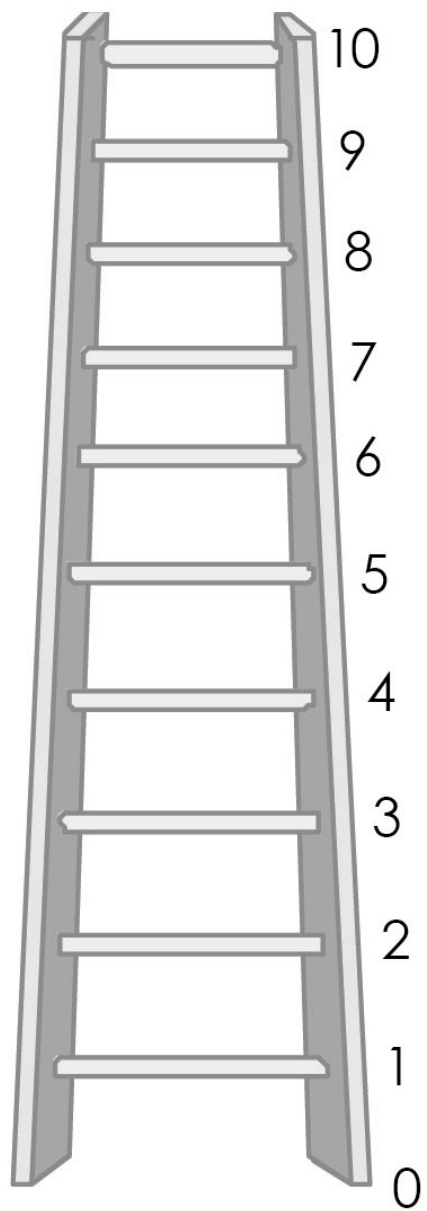
LIFE SATISFACTION

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 HAPPY1 SOMEWHAT HAPPY2 NEITHER HAPPY NOR UNHAPPY3 SOMEWHAT UNHAPPY4 VERY UNHAPPY5</p>	
<p>LS2. <i>Show the picture of the ladder.</i></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: Which step comes closest to the way you feel?</i></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 WORSENER, OVERALL?</p>	<p>IMPROVED1 MORE OR LESS THE SAME2 WORSENER3</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>BETTER1 MORE OR LESS THE SAME2 WORSE3</p>	



Best Possible Life



Worst Possible Life

WM10. <i>RECORD THE TIME.</i>	HOURS AND MINUTES.....__ : __	
WM11. <i>WAS THE ENTIRE INTERVIEW COMPLETED IN PRIVATE OR WAS THERE ANYONE ELSE DURING THE ENTIRE INTERVIEW OR PART OF IT?</i>	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. <i>LANGUAGE OF THE QUESTIONNAIRE.</i>	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3	
WM13. <i>LANGUAGE OF THE INTERVIEW.</i>	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (specify)..... 6	
WM14. <i>NATIVE LANGUAGE OF THE RESPONDENT.</i>	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (specify)..... 6	
WM15. <i>WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?</i>	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE..... 2 NO, NOT USED 3	

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

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

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

No ⇒ Check HH26-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

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SUPERVISOR'S OBSERVATIONS

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