



WOMAN'S INFORMATION PANEL	WM
<i>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.</i>	
WM1. Parish ..... ____ Constituency ..... ____ Enumeration Division ..... ____	WM2. Dwelling Number ..... ____ Household number ..... ____
WM3. Woman's name: Name _____	WM4. Woman's line number: ____
WM5. Interviewer name and number:  Name _____	WM6. Day/Month/Year of interview:  _____ / _____ / _____

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

I AM FROM THE STATISTICAL INSTITUTE OF JAMAICA. 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 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, 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
WM8. Field Editor (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____

WM10. <i>Record the time.</i>	Hour and minutes ..... : ..	
-------------------------------	-----------------------------	--

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month..... 98  Year ..... DK year..... 9998	
WB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) .....	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Secondary ..... 2 Higher ..... 3	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "00"</i>	Grade .....	
WB6. <i>Check WB4:</i>  <input type="checkbox"/> <i>Secondary above grade nine or higher. ⇒ Go to Next Module</i>  <input type="checkbox"/> <i>Primary or Secondary below grade ten ⇒ Continue with WB7</i>		
WB7. 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:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3  No sentence in required language ..... 4 <i>(specify language)</i>  Blind/mute, visually/speech impaired ..... 5	

**CHILD MORTALITY**

**CM**

*All questions refer only to LIVE births.*

<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>2 ⇒ DOMESTIC VIOLENCE</p>
<p>CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p>	<p>Date of first birth                  Day .....                  DK day ..... 98</p> <p>Month .....                  DK month ..... 98</p> <p>Year .....                  DK year ..... 9998</p>	
<p>CM12. OF THESE BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>Month and year must be recorded.</i></p>	<p>Date of last birth                  Day .....                  DK day ..... 98</p> <p>Month .....                  Year .....</p>	

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 ATTITUDES TOWARD DOMESTIC VIOLENCE Module.
- One or more live births in last 2 years. ⇒ Ask for the name of the child

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

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

*Continue with the next module.*

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p> <p><i>Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH ( <i>name</i> ), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No ..... 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years ..... 2 __ __ DK..... 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary midwife ..... C  Other person Traditional birth attendant ..... F Community health worker ..... G  Other (specify) ..... X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... DK ..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure .....	1	2												
Urine sample .....	1	2												
Blood sample .....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  MAY I SEE IT PLEASE?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK ..... 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN9 8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times ..... DK ..... 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN17  <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9														

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i>, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes ..... 1  No ..... 2  DK..... 8</p>	<p>2⇒MN17  8⇒MN17</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times .....  DK..... 8</p>	<p>8⇒MN17</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p>	<p>Years ago ..... _ _</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i>  ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:  Doctor ..... A  Nurse/ Midwife..... B  Auxiliary midwife..... C</p> <p>Other person  Traditional birth attendant..... F  Community health worker..... G  Relative/Friend ..... H</p> <p>Other (<i>specify</i>) ..... X  No one ..... Y</p>	

<p>MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>	<p>2⇒MN23  8⇒MN23</p>
<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1  ___ • ___ (kg)..... 1  ___ (lbs) ___ (ozs.) ..... 2</p> <p>From recall ..... 2  ___ • ___ (kg)..... 1  ___ (lbs) ___ (ozs.) ..... 2</p> <p>DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes ..... 1  No ..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>2⇒Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.</i></p>	<p>Immediately ..... 000  Hours..... 1 ___  Days ..... 2 ___  Don't know/remember ..... 998</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE			DV
DV1. SOMETIMES A HUSBAND/PARTNER IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE/PARTNER DOES. IN YOUR OPINION, IS A HUSBAND/PARTNER JUSTIFIED IN HITTING OR BEATING HIS WIFE /PARTNER IN THE FOLLOWING SITUATIONS:	Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	1	2	8
[C] IF SHE ARGUES WITH HIM?	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	1	2	8
[E] IF SHE BURNS THE FOOD?	1	2	8
[F] IF SHE IS UNFAITHFUL?	1	2	8
DV2. PLEASE TELL ME IF YOU THINK A HUSBAND/PARTNER IS EVER JUSTIFIED IN DOING ANY OF THE FOLLOWING TO HIS WIFE/PARTNER	Yes	No	DK
[A] EMBARRASSING HER IN FRONT OF OTHERS?	1	2	8
[B] THREATENING HER OR SOMEONE CLOSE TO HER WITH HARM?	1	2	8
[C] RESTRICTING HER CONTACT WITH FRIENDS OR FAMILY?	1	2	8



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

LIFE SATISFACTION		LS
LS1. <i>Check WB2: Age of respondent is between 15 and 24?</i> <input type="checkbox"/> Age 25-49 ⇒Go to WM11 <input type="checkbox"/> Age 15-24 ⇒ Continue with LS2		
LS2. NOW I WOULD LIKE TO ASK YOU SOME VERY SIMPLE QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.  IN EACH CASE, I WOULD LIKE TO KNOW WHERE YOU WOULD PLACE YOURSELF: WHETHER YOU ARE VERY OR SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, OR SOMEWHAT OR VERY UNSATISFIED.  YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.  <i>Give response card to respondent and prompt her to look at the card while and after you ask each question from LS2 to LS10.</i>  HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Does not have family ..... 0  Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	

<p>LS3. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Does not have friends ..... 0</p> <p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS4. HOW SATISFIED ARE YOU WITH YOUR SCHOOL?</p>	<p>Does not go to school..... 0</p> <p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS5. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p>	<p>Does not have a job ..... 0</p> <p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS6. HOW SATISFIED ARE YOU WITH YOURSELF?</p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS7. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p>IF NECESSARY, EXPLAIN THAT THE QUESTION REFERS TO THE LIVING ENVIRONMENT, INCLUDING THE NEIGHBOURHOOD AND THE DWELLING.</p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p>	<p>Does not have any income..... 0</p> <p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS10. TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY OR SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, OR SOMEWHAT OR VERY UNHAPPY?</p>	<p>Very happy ..... 1</p> <p>Somewhat happy..... 2</p> <p>Neither happy nor unhappy ..... 3</p> <p>Somewhat unhappy..... 4</p> <p>Very unhappy ..... 5</p>	
<p>LS11. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED OR WORSENERED, OVERALL?</p>	<p>Improved ..... 1</p> <p>More or less the same..... 2</p> <p>Worsened ..... 3</p>	

LS12. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER OR WORSE, OVERALL?	Better .....	1
	More or less the same .....	2
	Worse .....	3

WM11. <i>Record the time.</i>	Hour and minutes ..... : .....
-------------------------------	--------------------------------

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.*

**RESPONSE CARD**

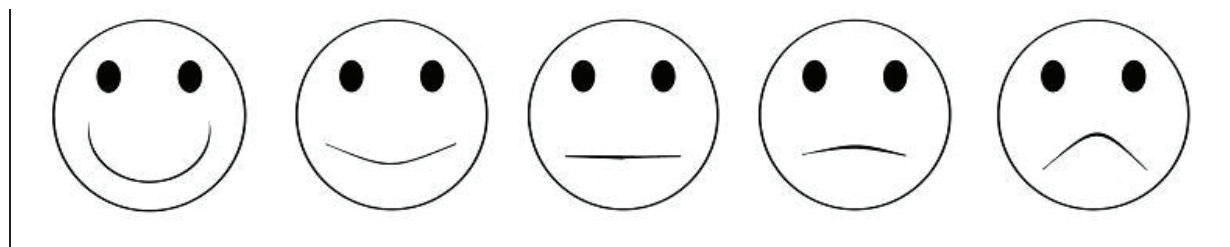
**Very Satisfied**

**Somewhat satisfied**

**Neither satisfied, nor unsatisfied**

**Somewhat unsatisfied**

**Very unsatisfied**



Interviewer's Observations