

F2 Questionnaire for Individual Women (age 15-49)



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

Multiple Indicator Cluster Survey in Kyrgyzstan

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / 2014	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM National Statistical Committee. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in WM7. Discuss this result with your supervisor.</p>	

WM7. Result of woman's interview	Completed..... 01 Not at home..... 02 Refused..... 03 Partly completed 04 Incapacitated..... 05 Other (<i>specify</i>) _____ 96
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WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____
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WM10. Record the time.	Hour and minutes : ..	
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WOMAN'S BACKGROUND		WB
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 Lower secondary 2 Upper secondary 3 Professional Primary 4 Professional Middle 5 Higher 6 DK 8	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00".</i>	Grade__ __	
WB6. Check WB4: <input type="checkbox"/> Lower secondary, Upper secondary or higher (WB4=2,3 or 4) ⇒ Go to Next Module. <input type="checkbox"/> Primary (WB4=1) ⇒ Continue with WB7.		
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 / visually impaired 5	

MT1. Check WB7:

- Question left blank (Respondent has secondary or higher education) ⇒ Continue with MT2.
- Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2.
- Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3.

<p>MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1 At least once a week2 Less than once a week.....3 Not at all 4</p>	
<p>MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1 At least once a week2 Less than once a week.....3 Not at all 4</p>	
<p>MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1 At least once a week2 Less than once a week.....3 Not at all 4</p>	
<p>MT5. Check WB2: Age of respondent?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6. <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module. 		
<p>MT6. HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes 1 No 2</p>	2⇒MT9
<p>MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No 2</p>	2⇒MT9
<p>MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1 At least once a week2 Less than once a week.....3 Not at all 4</p>	
<p>MT9. HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes 1 No 2</p>	2⇒Next Module
<p>MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i></p>	<p>Yes 1 No 2</p>	2⇒ Next Module
<p>MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1 At least once a week2 Less than once a week.....3 Not at all 4</p>	

FERTILITY/BIRTH HISTORY		CM
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record "00".</i>	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	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record "00".</i>	Sons elsewhere __ __ Daughters elsewhere __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>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?</i>	Yes 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record "00".</i>	Boys dead __ __ Girls dead __ __	
CM10. Sum answers to CM5, CM7, and CM9.	Sum __ __	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?		
<input type="checkbox"/> <i>Yes. Check below:</i>		
<input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module.</i>		
<input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module.</i>		
<input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module.</i>		

BIRTH HISTORY

BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD. Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?		BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. IS (name) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS (name) STILL ALIVE?		BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?		BH7. IS (name) LIVING WITH YOU?		BH8. Record household line number of child (from HLI) Record "00" if child is not listed.		BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (name)? <i>Record days if less than 1 month; record months if less than 2 years; or years</i>			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?							
	S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N											
01	1	2	1	2			1	2			1	2															
02	1	2	1	2			1	2			1	2															
03	1	2	1	2			1	2			1	2															
04	1	2	1	2			1	2			1	2															
05	1	2	1	2			1	2			1	2															
06	1	2	1	2			1	2			1	2															
07	1	2	1	2			1	2			1	2															

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. IS (name) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HLI) <i>Record "00" if child is not listed.</i>	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No				
		S	M	B	G	Month	Year					Y	N	Unit		Number	Y	N	
08		1	2	1	2					1	2	—	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth				
09		1	2	1	2					1	2	—	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth				
10		1	2	1	2					1	2	—	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth				
11		1	2	1	2					1	2	—	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth				
12		1	2	1	2					1	2	—	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth				
13		1	2	1	2					1	2	—	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth				
14		1	2	1	2					1	2	—	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth				
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?											Yes.....1			No.....2			1⇒Record birth(s) in Birth History		

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

- Numbers are same ⇒ Continue with CM13.
- Numbers are different ⇒ Probe and reconcile.

CM13. Check BH4 in *BIRTH HISTORY* Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2012** (if the month of interview and the month of birth are the same, and the year of birth is **2012**, consider this as a birth within the last 2 years)

- No live birth in last 2 years. ⇒ Go to *ILLNESS SYMPTOMS* Module.
- One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module.

Name of last-born child _____

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

DESIRE FOR LAST BIRTH

DB

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.*

<p>DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes 1 No 2</p>	<p>1⇒Next Module</p>
<p>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later 1 No more..... 2</p>	<p>2⇒Next Module</p>
<p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i></p>	<p>Months..... 1 __ __ Years 2 __ __ DK..... 998</p>	

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 the date of interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.</i></p>														
<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1 No..... 2</p>	2⇒MN17												
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe: ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor.....A Nurse / MidwifeB Auxiliary midwifeC Other person Traditional birth attendantF Community health workerG Other (specify)X</p>													
<p>MN2A. 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.</i></p>	<p>Weeks 1 _ _ Months 2 0 _ DK 998</p>													
<p>MN3. 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..... _ _ DK 98</p>													
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </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												

<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:</p> <p>Doctor.....A Nurse / MidwifeB Auxiliary midwifeC</p> <p>Other person</p> <p>Traditional birth attendant F Community health worker G Relative / FriendH</p> <p>Other (<i>specify</i>)X No one.....Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Home</p> <p>Respondent's home 11 Other home 12</p> <p>Public sector</p> <p>Government hospital/maternity 21 Government clinic / health centre 22 Government health post..... 23 Other public (<i>specify</i>) 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	<p>11⇒MN20 12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒MN20</p>
<p>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before..... 1 After..... 2</p>	
<p>MN20. WHEN <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1 Larger than average..... 2 Average 3 Smaller than average..... 4 Very small 5</p> <p>DK 8</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 (name) WEIGH?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>From card.....1 (kg) __ . __ __ __</p> <p>From recall2 (kg) __ . __ __ __</p> <p>DK 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒Next Module
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p><i>If less than 1 hour, record “00” hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours 1 __ __</p> <p>Days 2 __ __</p> <p>DK / Don’t remember 998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒Next Module
<p>MN27. WHAT WAS (name) GIVEN TO DRINK?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p>	<p>Milk (other than breast milk).....A</p> <p>Plain waterB</p> <p>Sugar or glucose waterC</p> <p>Gripe water.....D</p> <p>Sugar-salt-water solutionE</p> <p>Fruit juice.....F</p> <p>Infant formulaG</p> <p>Tea / Infusions.....H</p> <p>Honey.....I</p> <p>Other (<i>specify</i>) _____X</p>	

POST-NATAL HEALTH CHECKS

PN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.

PN1. Check MN18: Was the child delivered in a health facility?

- Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2.
- No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6.

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).

YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

*If less than one day, record hours.
If less than one week, record days.
Otherwise, record weeks.*

Hours..... 1 ___
Days 2 ___
Weeks 3 ___
DK / Don't remember 998

PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.

BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?

Yes 1
No..... 2

PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?

Yes 1
No..... 2

PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).

DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?

Yes 1
No..... 2

1⇒PN11
2⇒PN16

PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?

- Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN7.
- No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN10.

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes 1 No..... 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No..... 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes 1 No..... 2</p>	<p>1⇨PN11 2⇨PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1 No..... 2</p>	<p>2⇨PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once 2</p>	<p>1⇨PN12A 2⇨PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 ___</p> <p>Days 2 ___</p> <p>Weeks 3 ___</p> <p>DK / Don’t remember 998</p>	

<p>PN13. WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?</p>	<p>Health professional Doctor.....A Nurse / MidwifeB Auxiliary midwifeC Other person Traditional birth attendant F Community health worker G Relative / FriendH Other (<i>specify</i>) _____ X</p>	
<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home Respondent's home 11 Other home 12</p> <p>Public sector Government hospital 21 Government clinic / health centre 22 Government health post..... 23 Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16.</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17.</p>		
<p>PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1 No..... 2</p>	<p>1⇒PN20 2⇒Next Module</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1 No..... 2</p>	<p>1⇒PN20 2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No..... 2</p>	<p>2⇒Next Module</p>

<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once 2</p>	<p>1⇨PN21A 2⇨PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. 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>Hours..... 1 ___ Days 2 ___ Weeks 3 ___ DK / Don't remember 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional Doctor.....A Nurse / MidwifeB Auxiliary midwifeC</p> <p>Other person Traditional birth attendant F Community health worker G Relative / FriendH</p> <p>Other (<i>specify</i>)X</p>	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home Respondent's home 11 Other home 12</p> <p>Public sector Government hospital 21 Government clinic / health centre 22 Government health post..... 23 Other public (<i>specify</i>) 26</p> <p>Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	

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

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

Yes ⇒ Continue with IS2.

No ⇒ Go to 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 A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?

Probe:

ANY OTHER SYMPTOMS?

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

Circle all symptoms mentioned, but do not prompt with any suggestions

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever..... C
- Child has fast breathing..... D
- Child has difficulty breathing E
- Child has blood in stoolF
- Child is drinking poorly G

Other (*specify*) _____ X

Other (*specify*) _____ Y

Other (*specify*) _____ Z

CONTRACEPTION

CP

CP0. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.

HAVE YOU HEARD OF :

[A] FEMALE STERILIZATION?

Probe: WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.

Yes..... 1
No 2

[B] MALE STERILIZATION?

Probe: MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.

Yes..... 1
No 2

[C] IUD?

Probe: WOMEN CAN HAVE A LOOP OR COIL PLACED INSIDE THEM BY A DOCTOR OR A NURSE.

Yes..... 1
No 2

[D] INJECTABLES?

Probe: WOMEN CAN HAVE AN INJECTION BY A HEALTH PROVIDER THAT STOPS THEM FROM BECOMING PREGNANT FOR ONE OR MORE MONTHS.

Yes..... 1
No 2

[E] IMPLANTS?

Probe: WOMEN CAN HAVE ONE OR MORE SMALL RODS PLACED IN THEIR UPPER ARM BY A DOCTOR OR NURSE WHICH CAN PREVENT PREGNANCY FOR ONE OR MORE YEARS.

Yes..... 1
No 2

[F] PILL?

Probe: WOMEN CAN TAKE A PILL EVERY DAY TO AVOID BECOMING PREGNANT.

Yes..... 1
No 2

[G] CONDOM?

Probe: MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.

Yes..... 1
No 2

[H] FEMALE CONDOM?

Probe: WOMEN CAN PLACE A SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE.

Yes..... 1
No 2

[I] DIAPHRAGM?

Probe: WOMEN CAN INSERT A SOFT RUBBER CUP IN THEIR VAGINA TO BLOCK THE SPERM FROM ENTERING THEIR UTERUS OR FALLOPIAN TUBES.

Yes..... 1
No 2

[J] FOAM / JELLY?

Probe: WOMEN MAY USE SPERMICIDAL PRODUCTS (E.G. FOAM, JELLY, CREAM) THAT CAN KILL OR PREVENT THE SPERM FROM MOVING AND REACHING THE EGG.

Yes..... 1
No 2

[K] LACTATIONAL AMENORRHOEA METHOD (LAM)?

Yes..... 1
No 2

<p>[L] PERIODIC ABSTINENCE / RHYTHM METHOD? <i>Probe: TO AVOID PREGNANCY, WOMEN DO NOT HAVE SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH THEY THINK THEY CAN GET PREGNANT.</i></p> <p>[M] WITHDRAWAL? <i>Probe: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</i></p> <p>[N] EMERGENCY / POSTCOITAL CONTRACEPTION? <i>Probe: AS AN EMERGENCY MEASURE, WITHIN THREE DAYS AFTER THEY HAVE UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY.</i></p> <p>[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?</p>	<p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 _____ (specify) _____ (specify) No 2</p>	
<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1 No 2 Unsure or DK..... 8</p>	<p>1⇒CP2A</p>
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1 No 2</p>	<p>1⇒CP3</p>
<p>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1 No 2</p>	<p>1⇒Next module 2⇒Next module</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization..... A Male sterilization..... B IUD..... C Injectables D Implants E Pill F Male condom G Female condom..... H Diaphragm I Foam / Jelly J Lactational amenorrhoea method (LAM)..... K Periodic abstinence / Rhythm..... L Withdrawal M Other (specify) X</p>	

UNMET NEED		UN
UN1. Check CPI: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2. <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5.		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	
UN4. 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⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3: Currently using "Female sterilization"? <input type="checkbox"/> Yes ⇒ Go to UN13. <input type="checkbox"/> No ⇒ Continue with UN6.		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None 2 Says she cannot get pregnant 3 Undecided / DK 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i>	Months 1 ___ Years 2 ___ Does not want to wait (soon/now) 993 Says she cannot get pregnant 994 After marriage 995 Other 996 DK 998	994⇒UN11
UN8. Check CPI: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13. <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9.		

UN9. Check CP2: Currently using a method? <input type="checkbox"/> <i>Yes</i> ⇒ <i>Go to UN13.</i> <input type="checkbox"/> <i>No</i> ⇒ <i>Continue with UN10.</i>		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1 ⇒ UN13 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 amenorrhic F Breastfeeding G Too old H Fatalistic I Other (<i>specify</i>) X DK Z	
UN12. Check UN11: "Never menstruated" mentioned? <input type="checkbox"/> <i>Mentioned</i> ⇒ <i>Go to Next Module.</i> <input type="checkbox"/> <i>Not mentioned</i> ⇒ <i>Continue with UN13.</i>		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? <i>Record the answer using the same unit stated by the respondent.</i>	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

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:

- [A] IF SHE GOES OUT WITHOUT TELLING HIM?
- [B] IF SHE NEGLECTS THE CHILDREN?
- [C] IF SHE ARGUES WITH HIM?
- [D] IF SHE REFUSES TO HAVE SEX WITH HIM?
- [E] IF SHE BURNS THE FOOD?
- [F] IF SHE NEGLECTS HOUSEWORK (HOUSEKEEPING, LAUNDRY, CARE AFTER ANIMALS)

	Yes	No	DK
Goes out without telling.....	1	2	8
Neglects children.....	1	2	8
Argues with him.....	1	2	8
Refuses sex.....	1	2	8
Burns food.....	1	2	8
Neglects housework.....	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married1 Yes, living with a man.....2 No, not in union3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes1 No2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number.....__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married1 Yes, formerly lived with a man2 No3	3⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once.....2	1⇒MA8A 2⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> 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 FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER?	Age in years.....__ __	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1 No 2 DK..... 8	2⇒Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No 2 DK..... 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No 2 DK..... 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No 2 DK..... 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No 2 DK..... 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8																	
HA6A. CAN PEOPLE GET THE AIDS VIRUS THROUGH SALIVA BY KISSING SOMEONE INFECTED WITH THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8																	
HA6B. CAN PEOPLE GET THE AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH AIDS?	Yes..... 1 No 2 DK..... 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No 2 DK / Not sure / Depends..... 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No 2 DK / Not sure / Depends..... 8																	

HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No 2 DK / Not sure / Depends..... 8																					
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?	Yes..... 1 No 2 DK / Not sure / Depends..... 8																					
HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24. <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14.																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15. <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24.																						
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Things to do</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Tested for AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Offered a test</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother	1	2	8	Things to do	1	2	8	Tested for AIDS	1	2	8	Offered a test	1	2	8	
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AIDS from mother	1	2	8																			
Things to do	1	2	8																			
Tested for AIDS	1	2	8																			
Offered a test	1	2	8																			
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No 2 DK..... 8	2⇒HA19 8⇒HA19																				
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2 DK..... 8	2⇒HA22 8⇒HA22																				
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes..... 1 No 2 DK..... 8	1⇒HA22 2⇒HA22 8⇒HA22																				
HA19. Check MN17: Birth delivered by health professional (A, B or C)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or C) ⇒ Continue with HA20. <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24.																						
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS	Yes..... 1 No 2	2⇒HA24																				

BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?		
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago..... 2 2 or more years ago..... 3	1⇒Next Module 2⇒Next Module 3⇒Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	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⇒Next Module 2⇒Next Module 8⇒Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes..... 1 No 2	

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age ____ ____	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes 1 No 2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____ ____	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos C Pipe D Other (<i>specify</i>) X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes 1 No 2	2⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA14

<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco A Snuff B Dip C Other (<i>specify</i>) _____ X</p>	
<p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i></p>	<p>Number of days 0 ____ 10 days or more but less than a month..... 10 Every day / Almost every day..... 30</p>	
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol 00 Age ____ ____</p>	<p>00⇒Next Module</p>
<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i></p>	<p>Did not have one drink in last one month.. 00 Number of days 0 ____ 10 days or more but less than a month..... 10 Every day / Almost every day..... 30</p>	<p>00⇒Next Module</p>
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks ____ ____</p>	

LIFE SATISFACTION

LS

LS1. Check WB2: Age of respondent is between 15 and 24?

- Age 25-49 ⇒ Go to WM11.
- Age 15-24 ⇒ Continue with LS2.

LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.

FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.

- Very happy 1
- Somewhat happy 2
- Neither happy nor unhappy..... 3
- Somewhat unhappy 4
- Very unhappy 5

LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied..... 3
- Somewhat unsatisfied 4
- Very unsatisfied..... 5

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied..... 3
- Somewhat unsatisfied 4
- Very unsatisfied..... 5

LS5. DURING THE **current / 2013-2014** SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

- Yes 1
- No..... 2

2⇒LS7

LS6. HOW SATISFIED (*are/were*) YOU WITH YOUR SCHOOL?

- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied..... 3
- Somewhat unsatisfied 4
- Very unsatisfied..... 5

<p>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i></p>	<p>Does not have a job 0</p> <p>Very satisfied..... 1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied.....5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied.....5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied.....5</p>	
<p>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied.....5</p>	
<p>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied.....5</p>	
<p>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied.....5</p>	
<p>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i></p>	<p>Does not have any income 0</p> <p>Very satisfied..... 1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied.....5</p>	
<p>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENERED, OVERALL?</p>	<p>Improved 1</p> <p>More or less the same.....2</p> <p>Worsened3</p>	
<p>LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>Better..... 1</p> <p>More or less the same.....2</p> <p>Worse3</p>	

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

Yes ⇒ *Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

No ⇒ *End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.*

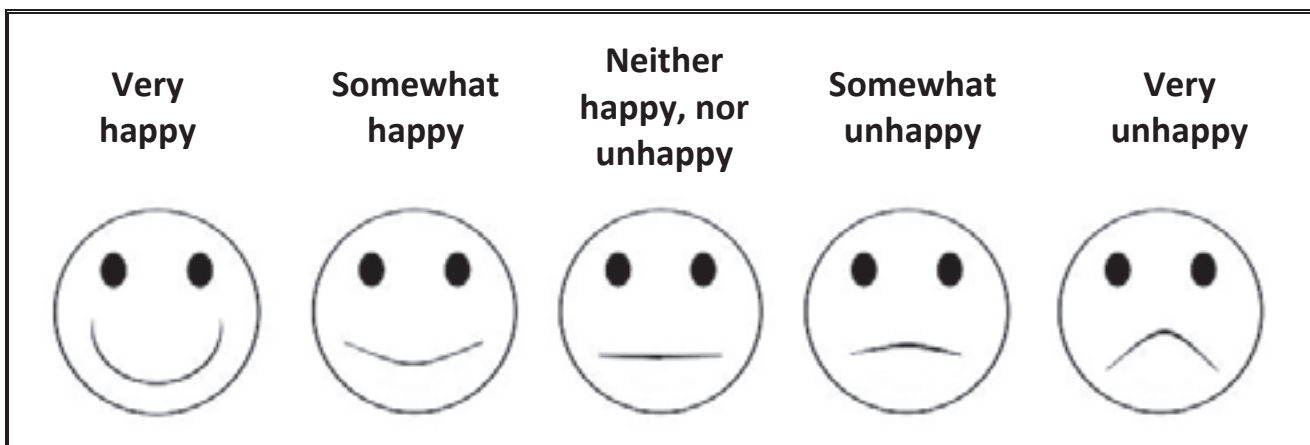
Interviewer's Observations

Field Editor's Observations

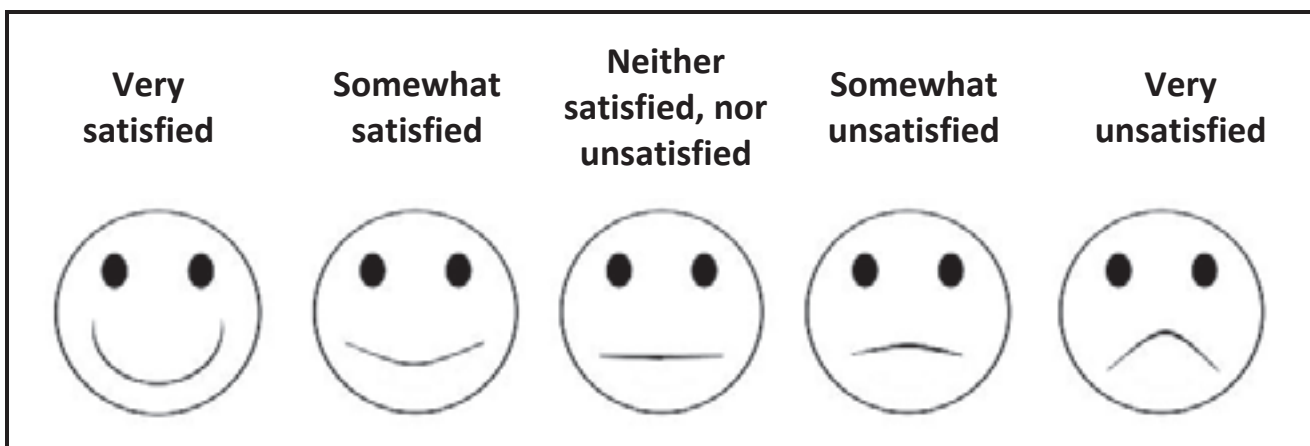
Supervisor's Observations

RESPONSE CARD:

SIDE 1



SIDE 2



Examples for reading

Бала китеп окуп жатат. Ушул жылы жаандар кеч башталды. Ата-эне өз балдарын жакшы көрүшү керек.

Ребенок читает книгу. В этом году дожди начались поздно. Родители должны любить своих детей.

Sen bilan vaqtimni yaxshi o'tkazdim. Vaqti-vaqti bilan menga yozishni unutma. Mamlakatingizga mamnuniyat bilan yana kelaman.

Агар шумо ба мо ҳамроҳ мешудед, якчоя ба Қасри санъат рафта марҳилаи хотимагии конкурса ҳаваскорони санъати халқиро тамошо мекардем (Если бы вы составили нам компанию, вместе пошли бы во Дворец искусств смотреть заключительный тур конкурса любителей народного искусства).

Вә зә бу на жә щин хуан ниди лын щә -我再不拿热心换你的冷笑