

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: ____ / ____ / 2 0 2 3	

<p>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</p>		<p>WM7. Record the time:</p> <p>HOURS : MINUTES ____ : ____</p>	
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	<p>YES, INTERVIEWED ALREADY 1</p> <p>NO, FIRST INTERVIEW 2</p>	<p>1 ⇨ WM9B</p> <p>2 ⇨ WM9A</p>	
WM9A. Hello, my name is (your name). We are from the National Statistical Committee. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 35 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	<p>WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 35 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>		
<p>YES 1</p> <p>NO / NOT ASKED 2</p>	<p>1 ⇨ WOMAN'S BACKGROUND Module</p> <p>2 ⇨ WM17</p>		

WM17. Result of woman's interview. Discuss any result not completed with Supervisor.	<p>COMPLETED 01</p> <p>NOT AT HOME 02</p> <p>REFUSED 03</p> <p>PARTLY COMPLETED 04</p> <p>INCAPACITATED (specify) 05</p> <p>NO ADULT CONSENT FOR RESPONDENT AGE 15-17 06</p> <p>OTHER (specify) 96</p>
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WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, WM3=HH47 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	2 ⇨ WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3, 4 OR 5..... 1 ED5=0, 1, 8 OR BLANK..... 2	1 ⇨ WB15 2 ⇨ WB15
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? Probe: How old were you at your last birthday? If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.	AGE (IN COMPLETED YEARS)..... __ __	
WB5. Have you ever attended school or any preschool ?	YES 1 NO..... 2	2 ⇨ WB15
WB6. What is the highest level and grade or year of school you have attended?	PRE-SCHOOL 000 PRIMARY 1 __ __ BASIC SECONDARY 2 __ __ COMPLETE SECONDARY 3 __ __ PROFESSIONAL PRIMARY/MIDDLE..... 4 __ __ HIGHER 5 __ __	000 ⇨ WB15
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 ⇨ WB15
WB9. At any time during the current school year did you attend school?	YES 1 NO..... 2	2 ⇨ WB11
WB10. During this current school year, which level and grade or year are you <u>attending</u> ?	PRIMARY 1 __ __ BASIC SECONDARY 2 __ __ COMPLETE SECONDARY 3 __ __ PROFESSIONAL PRIMARY/MIDDLE..... 4 __ __ HIGHER 5 __ __	
WB11. At any time during the previous school year did you attend school?	YES 1 NO..... 2	2 ⇨ WB15

WB12. During that previous school year, which level and grade or year did you <u>attend</u> ?	PRIMARY 1 __ __ BASIC SECONDARY 2 __ __ COMPLETE SECONDARY 3 __ __ PROFESSIONAL PRIMARY/MIDDLE 4 __ __ HIGHER 5 __ __	
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 ⇒ End
WB16. Just before you moved here, did you live in a city, in a town, or in a rural area? <i>Probe to identify the type of place.</i> <u>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</u> _____ (Name of place)	CITY 1 TOWN..... 2 RURAL AREA 3 UNABLE TO DETERMINE IF CITY/TOWN/RURAL 5 DK / DON'T REMEMBER 8	
WB17. Before you moved here, in which oblast did you live in?	BATKEN 01 JALAL-ABAD 02 ISSYK-KUL 03 NARYN 04 OSH 05 TALAS..... 06 CHUI..... 07 BISHKEK C..... 08 OSH C. 09 OUTSIDE OF KYRGYZSTAN (specify) 96	

MASS MEDIA AND ICT		MT
MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL0 LESS THAN ONCE A WEEK.....1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY3	
MT2. Do you listen to the radio at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL0 LESS THAN ONCE A WEEK.....1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY3	
MT3. Do you watch television at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL0 LESS THAN ONCE A WEEK.....1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY3	
MT4. Have you ever used a computer or a tablet from any location?	YES.....1 NO2	2 ⇒ MT9
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? <i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL0 LESS THAN ONCE A WEEK.....1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY3	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]=11 NO, MT6[C]=22	1 ⇒ MT10
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=11 NO, MT6[F]=22	1 ⇒ MT10
MT9. Have you ever used the internet from any location and any device?	YES.....1 NO2	2 ⇒ MT11
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? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL0 LESS THAN ONCE A WEEK.....1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY3	
MT11. Do you own a mobile phone?	YES.....1 NO2	
MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? <i>Probe if necessary: I mean have you communicated with someone using a mobile phone. If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL0 LESS THAN ONCE A WEEK.....1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY3	

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? <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>	YES.....1 NO2	2 ⇒ CM8
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO2	2 ⇒ CM5
CM3. How many sons live with you? <i>If none, record '00'.</i>	SONS AT HOME _ _	
CM4. How many daughters live with you? <i>If none, record '00'.</i>	DAUGHTERS AT HOME _ _	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO2	2 ⇒ CM8
CM6. How many sons are alive but do not live with you? <i>If none, record '00'.</i>	SONS ELSEWHERE _ _	
CM7. How many daughters are alive but do not live with you? <i>If none, record '00'.</i>	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 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>	YES.....1 NO2	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 (total number in CM11) births during your life. Is this correct?	YES.....1 NO2	1 ⇒ CM14
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=000 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE1	0 ⇒ CM16A

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. <i>Record names of all of the births in BH1. Record twins and triplets on separate lines.</i>														
BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins? 1 SINGLE 2 MULTIPLE	BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. On what day, month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive? 1 YES 2 NO	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you? 1 YES 2 NO	BH8. <i>Record household line number of child (from HL1) Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)? Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth? 1 YES 2 NO	
		S M	B G	Day	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N	
01		1 2	1 2	___	___	___	1 2 BH9	___	1 2	⇒ Next Birth	DAYS.....1 MONTHS...2 YEARS3	___		
02		1 2	1 2	___	___	___	1 2 BH9	___	1 2	⇒ BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 Add Next Birth Birth	
03		1 2	1 2	___	___	___	1 2 BH9	___	1 2	⇒ BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 Add Next Birth Birth	
04		1 2	1 2	___	___	___	1 2 BH9	___	1 2	⇒ BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 Add Next Birth Birth	
05		1 2	1 2	___	___	___	1 2 BH9	___	1 2	⇒ BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 Add Next Birth Birth	
06		1 2	1 2	___	___	___	1 2 BH9	___	1 2	⇒ BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 Add Next Birth Birth	
07		1 2	1 2	___	___	___	1 2 BH9	___	1 2	⇒ BH10	DAYS..... 1 MONTHS.. 2 YEARS3	___	1 2 Add Next Birth Birth	
08		1 2	1 2	___	___	___	1 2 BH9	___	1 2	⇒ BH10	DAYS..... 1 MONTHS.. 2 YEARS3	___	1 2 Add Next Birth Birth	


BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins? 1 SINGLE 2 MULTIPLE	BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. On what day, month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive? 1 YES 2 NO	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you? 1 YES 2 NO	BH8. <i>Record household line number of child (from HL1) Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)? Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth? 1 YES 2 NO	
		S M	B G	Day	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N	
09		1 2	1 2	___	___	___	1 2	___	1 2	BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 <i>Add Next Birth Birth</i>	
10		1 2	1 2	___	___	___	1 2 BH9	___	1 2	BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 <i>Add Next Birth Birth</i>	
11		1 2	1 2	___	___	___	1 2 BH9	___	1 2	BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 <i>Add Next Birth Birth</i>	
12		1 2	1 2	___	___	___	1 2 BH9	___	1 2	BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 <i>Add Next Birth Birth</i>	
13		1 2	1 2	___	___	___	1 2 BH9	___	1 2	BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 <i>Add Next Birth Birth</i>	
14		1 2	1 2	___	___	___	1 2 BH9	___	1 2	BH10	DAYS..... 1 MONTHS.. 2 YEARS 3	___	1 2 <i>Add Next Birth Birth</i>	
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?								YES..... 1 NO..... 2		1 Record birth(s) in Birth History				

CM15. Compare number in CM11 with number of births listed in the birth history above and check:	NUMBERS ARE THE SAME1 NUMBERS ARE DIFFERENT2	1 ⇒ CM16A
CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.		
CM16A. Sometimes women have pregnancies that might not end with a live birth. Have you ever had any pregnancy that was miscarried, ended in a stillbirth, or that was aborted?	YES..... NO.....	2 ⇒ CM17
CM16B. How many miscarriages have you had during your lifetime? By miscarriage, I mean an involuntary end of pregnancy within the first 5 months.	NONE00 NUMBER OF MISCARRIAGES..... _ _	
CM16C. In how many cases have your pregnancies ended with a stillbirth? By stillbirth, I mean a birth that took place after the 5th month of pregnancy, but the child did not show any signs of life.	NONE00 NUMBER OF STILLBIRTHS _ _	
CM16D. And how many abortions have you had during your lifetime? By abortion, I mean a pregnancy that was voluntarily terminated within the first 5 months of pregnancy.	NONE00 NUMBER OF ABORTIONS..... _ _	
CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in (year of interview minus 2)? <i>If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.</i>	NO LIVE BIRTHS IN THE LAST 2 YEARS0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS.....1	0 ⇒ End
CM18. Copy name of the last child listed in BH1. <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⇒End
DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time?	YES 1 NO 2	1⇒End
DB3. Check CM11: Number of births:	ONLY 1 BIRTH..... 1 2 OR MORE BIRTHS..... 2	1⇒DB4A 2⇒DB4B
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 / NONE 2	

MATERNAL AND NEWBORN HEALTH		MN
MN1. 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 ⇒ End
MN2. Did you see anyone for antenatal care during your pregnancy with (name)?	YES..... 1 NO 2	2 ⇒ MN19
MN3. Whom did you see? Probe: Anyone else? Probe for the type of person seen and record all answers given.	HEALTH PROFESSIONAL DOCTOR..... A NURSE / MIDWIFE.....B FELDSHERC OTHER PERSON TRADITIONAL BIRTH ATTENDANT F OTHER (specify) _____ X	
MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? Record the answer as stated by respondent. If “9 months” or later, record 9.	WEEKS 1 ____ MONTHS 2 0 ____ DK 998	
MN4A During registration (in a clinic) for antenatal treatment, did any health worker offer you pregnancy insurance policy allowing benefits and privileges for provision of medicines?	YES..... 1 NO 2 DK 8	
MN5. How many times did you receive antenatal care during this pregnancy? 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.	NUMBER OF TIMES ____ DK 98	
MN6. 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?	<div style="text-align: right;">YES NO</div> BLOOD PRESSURE.....1 2 URINE SAMPLE1 2 BLOOD SAMPLE.....1 2	
MN6A. Check MN6[B]: Was a urine sample given?	YES, MN6B=1 1 NO, MN6B=2 2	2 ⇒ MN19
MN6B. Was a urine analysis for a hidden bacteriuria infection conducted?	YES..... 1 NO 2 DK 8	

<p>MN19. Who assisted with the delivery of <i>(name)</i>?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE / MIDWIFE.....B</p> <p>FELDSHERC</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANTF</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p> <p>NO ONE Y</p>	
<p>MN20. Where did you give birth to <i>(name)</i>?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL / MATERNITY HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE..... 22</p> <p>GOVERNMENT HEALTH POST/FAP 23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE MATERNITY HOME 33</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇨ MN23</p> <p>12 ⇨ MN23</p> <p>96 ⇨ MN23</p>
<p>MN21. Was <i>(name)</i> delivered by caesarean section?</p> <p>That is, did they cut your belly open to take the baby out?</p>	<p>YES..... 1</p> <p>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</p> <p>AFTER LABOUR PAINS..... 2</p>	

<p>MN23. Immediately after the birth, was (name) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>  <p><small>Photo Credit: Joyce Godwin</small></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK / DON'T REMEMBER..... 8</p>	<p>2 ⇒ MN25</p> <p>8 ⇒ MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK / DON'T REMEMBER..... 8</p>	
<p>MN25. Was (name) dried or wiped soon after birth?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK / DON'T REMEMBER..... 8</p>	
<p>MN26. How long after the birth was (name) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i></p> <p><i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR 000</p> <p>HOURS..... 1 ____</p> <p>DAYS 2 ____</p> <p>NEVER BATHED..... 997</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p>MN32. When (name) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE..... 1</p> <p>LARGER THAN AVERAGE 2</p> <p>AVERAGE 3</p> <p>SMALLER THAN AVERAGE..... 4</p> <p>VERY SMALL..... 5</p> <p>DK 8</p>	
<p>MN33. Was (name) weighed at birth?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ MN35</p> <p>8 ⇒ MN35</p>
<p>MN34. How much did (name) weigh?</p> <p><i>If a child’s card, bracelet or release letter is available, record weight from the card.</i></p>	<p>FROM RECORD.....1 (KG) ____ . ____</p> <p>FROM RECALL2 (KG) ____ . ____</p> <p>DK 99998</p>	

MN35. Has your menstrual period returned since the birth of <i>(name)</i> ?	YES..... 1 NO 2	
MN36. Was <i>(name)</i> ever breastfed?	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.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	IMMEDIATELY 000 HOURS..... 1 ____ DAYS 2 ____ DK / DON'T REMEMBER..... 998	
MN38. In the first two days after delivery, was <i>(name)</i> given anything other than breast milk to eat or drink? <i>Probe: Anything at all like water or infant formula?</i>	YES..... 1 NO 2	1 ⇒ MN39A 2 ⇒ End
MN39A. What was <i>(name)</i> given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i>	MILK (OTHER THAN BREAST MILK)..... A PLAIN WATERB SUGAR OR GLUCOSE WATER.....C GRIPE WATER D SUGAR-SALT-WATER SOLUTIONE FRUIT JUICEF INFANT FORMULA G TEA / TRADITIONAL HERBAL PREPARATIONS..... H HONEYI PRESCRIBED MEDICINE.....J	
MN39B. In the first two days after delivery, what was <i>(name)</i> given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i>	OTHER (<i>specify</i>) _____ X NOT GIVEN ANYTHING TO DRINK..... Y	

POST-NATAL HEALTH CHECKS		PN
PN1. 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 ⇒ End
PN2. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 76 1 NO, MN20=11-12 OR 96..... 2	2 ⇒ PN7
PN3. 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 MN20) . 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	
PN4. 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 MN20) , did anyone check on (name) 's health?	YES 1 NO 2	
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? Did anyone check on <u>your</u> health before you left (name or type of facility in MN20) ?	YES 1 NO 2	
PN6. Now I would like to talk to you about what happened after you left (name or type of facility in MN20) . Did anyone check on (name) 's health after you left (name or type of facility in MN20) ?	YES 1 NO 2	1 ⇒ PN12 2 ⇒ PN17
PN7. Check MN19: Did a health professional or traditional birth attendant assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED 1 NO, NONE OF THE CATEGORIES A TO F RECORDED..... 2	2 ⇒ PN11

<p>PN8. You have already said that <i>(person or persons in MN19)</i> assisted with the birth. Now I would like to talk to you about checks on <i>(name)</i>'s health after delivery, for example examining <i>(name)</i>, checking the cord, or seeing if <i>(name)</i> is ok.</p> <p>After the delivery was over and before <i>(person or persons in MN19)</i> left you, did <i>(person or persons in MN19)</i> check on <i>(name)</i>'s health?</p>	<p>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>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</p> <p>NO 2</p>	<p>1 ⇒PN12</p> <p>2 ⇒PN19</p>
<p>PN11. I would like to talk to you about checks on <i>(name)</i>'s health after delivery – for example, someone examining <i>(name)</i>, checking the cord, or seeing if the baby is ok.</p> <p>After <i>(name)</i> was delivered, did anyone check on (his/her) health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇒PN13A</p> <p>2 ⇒PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ____</p> <p>DAYS 2 ____</p> <p>WEEKS 3 ____</p> <p>DK / DON'T REMEMBER 998</p>	
<p>PN14. Who checked on <i>(name)</i>'s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE / MIDWIFEB</p> <p>FELDSHERC</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANTF</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL / MATERNITY HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>GOVERNMENT HEALTH POST/FAP 23</p> <p>OTHER PUBLIC (specify) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE MATERNITY HOME 33</p> <p>OTHER PRIVATE MEDICAL (specify) 36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (specify) 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76 1</p> <p>NO, MN20=11-12 OR 96..... 2</p>	<p>2 ⇒PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN18. Check MN19: Did a health professional or traditional birth attendant assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED 1</p> <p>NO, NONE OF THE CATEGORIES A TO F RECORDED..... 2</p>	<p>2 ⇒PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE..... 2</p>	<p>1 ⇒PN22A</p> <p>2 ⇒PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ____</p> <p>DAYS 2 ____</p> <p>WEEKS 3 ____</p> <p>DK / DON'T REMEMBER 998</p>	

PN23. Who checked on <u>your</u> health at that time?	HEALTH PROFESSIONAL DOCTOR..... A NURSE / MIDWIFEB FELDSHER.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE / FRIEND H OTHER (<i>specify</i>) X	
PN24. Where did this check take place? <i>Probe to identify the type of place.</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i> <hr/> <div style="text-align: center;">(Name of place)</div>	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL / MATERNITY HOSPITAL..... 21 GOVERNMENT CLINIC / HEALTH CENTRE 22 GOVERNMENT HEALTH POST/FAP 23 OTHER PUBLIC (<i>specify</i>) 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PRIVATE MATERNITY HOME 33 OTHER PRIVATE MEDICAL (<i>specify</i>) 36 DK PUBLIC OR PRIVATE..... 76 OTHER (<i>specify</i>) 96	
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: [A] Examine (<i>name</i>)'s cord? [B] Take the temperature of (<i>name</i>)? [C] Counsel you on breastfeeding?	<div style="text-align: right;">YES NO DK</div> EXAMINE THE CORD 1 2 8 TAKE TEMPERATURE..... 1 2 8 COUNSEL ON BREASTFEEDING.... 1 2 8	
PN26. Check MN36: Was child ever breastfed?	YES, MN36=1 1 NO, MN36=2..... 2	2 ⇒PN28
PN27. Observe (<i>name</i>)'s breastfeeding?	<div style="text-align: right;">YES NO DK</div> OBSERVE BREASTFEEDING.....1 2 8	
PN28. Check MN33: Was child weighed at birth?	YES, MN33=11 NO, MN33=2.....2 DK, MN33=8.....3	1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C

<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>YES1</p> <p>NO2</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>YES1</p> <p>NO2</p>	

CONTRACEPTION
CP

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

Couples use various ways or methods to delay or avoid
getting pregnant.

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

<p>[L] Periodic abstinence / Rhythm method? <i>Probe:</i> To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p> <p>[M] Withdrawal? <i>Probe:</i> Men can be careful and pull out before climax.</p> <p>[N] Emergency / postcoital contraception? <i>Probe:</i> As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</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>	
CP1. Are you pregnant now?	YES, CURRENTLY PREGNANT..... 1 NO 2 DK OR NOT SURE 8	1 ⇒ CP3
CP2. Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO 2	1 ⇒ CP4
CP3. Have you ever done something or used any method to delay or avoid getting pregnant?	YES..... 1 NO 2	1 ⇒ End 2 ⇒ End
CP4. What are you doing to delay or avoid a pregnancy? Do not prompt. If more than one method is mentioned, record each one.	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 PERIODIC ABSTINENCE / RHYTHM..... L WITHDRAWAL M EMERGENCY / POSTCOITAL CONTRACEPTION N OTHER (specify) _____ X	
CP4A. Check CP4: Currently using 'IUD'?	YES, CP4=C 1 NO, CP4≠C..... 2	2 ⇒ End
CP4B. Is the IUD you are currently using a postpartum IUD? By postpartum IUD, I mean a loop or coil placed inside you by a doctor or a nurse immediately after childbirth.	YES..... 1 NO 2 DK 8	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=11 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?	YES1 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?	LATER1 NONE / NO MORE.....2	
UN4B. Did you want to have a baby later on or did you not want any more children?		
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 CHILD1 NO MORE / NONE.....2 UNDECIDED / DK8	1⇒UN8 2⇒UN14 8⇒UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A1 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) CHILD1 NO MORE / NONE.....2 SAYS SHE CANNOT GET PREGNANT3 UNDECIDED / DK8	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>	MONTHS1 __ __ YEARS2 __ __ DOES NOT WANT TO WAIT (SOON/NOW)993 SAYS SHE CANNOT GET PREGNANT994 AFTER MARRIAGE995 OTHER.....996 DK998	994⇒UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=11 NO, DK OR NOT SURE, CP1=2 OR 8.....2	1⇒UN14
UN10. Check CP2: Currently using a method?	YES, CP2=11 NO, CP2=22	1⇒UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES1 NO2 DK8	1⇒UN14 8⇒UN14

UN12. Why do you think you are not physically able to get pregnant?	INFREQUENT SEX / NO SEXA MENOPAUSALB NEVER MENSTRUATEDC HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS).....D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT..... E POSTPARTUM AMENORRHEIC..... F BREASTFEEDING.....G TOO OLD.....H FATALISTIC I OTHER (<i>specify</i>) X DK Z	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C.....1 NOT MENTIONED, UN12≠C.....2	1 ⇒End
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 AGO4 __ __ IN MENOPAUSE / HAS HAD HYSTERECTOMY993 BEFORE LAST BIRTH.....994 NEVER MENSTRUATED995	993 ⇒End 994 ⇒End 995 ⇒End
UN15. Check UN14: Was the last menstrual period within last year?	YES, WITHIN LAST YEAR1 NO, ONE YEAR OR MORE2	2 ⇒End
UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?	YES1 NO2 DK / NOT SURE / NO SUCH ACTIVITY.....8	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES1 NO2 DK8	
UN18. Did you use any materials such as sanitary pads, tampons or cloth?	YES1 NO2 DK8	2 ⇒End 8 ⇒End
UN19. Were the materials reusable?	YES1 NO2 DK8	

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 she neglects the housework?	NEGLECTS HOUSEWORK	1	2	8

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

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

VT14A. At the time of the incident, did you recognize the person?	YES..... 1 NO 2	
VT14B. At the time of the incident, did you recognize at least one of the persons?	DK / DON'T REMEMBER..... 8	
VT17. Did the person(s) have a weapon, such as a knife, stick, or any other item?	YES..... 1 NO 2 DK / NOT SURE 8	2⇒VT19 8⇒VT19
VT18. Was a knife, a gun or something else used as a weapon? <i>Record all that apply.</i>	YES, A KNIFE A YES, A GUN B YES, SOMETHING ELSE..... X	
VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe: Was the incident reported by you or someone else?</i>	YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED..... 3 DK / NOT SURE 8	
VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE..... 1 SAFE 2 UNSAFE..... 3 VERY UNSAFE..... 4 NEVER WALK ALONE AFTER DARK..... 7	
VT21. How safe do you feel when you are at home alone after dark?	VERY SAFE..... 1 SAFE 2 UNSAFE..... 3 VERY UNSAFE..... 4 NEVER ALONE AFTER DARK..... 7	
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] Ethnic or immigration origin?	ETHNIC / IMMIGRATION..... 1 2 8	
[B] Sex?	SEX..... 1 2 8	
[C] Sexual orientation?	SEXUAL ORIENTATION 1 2 8	
[D] Age?	AGE..... 1 2 8	
[E] Religion or belief?	RELIGION / BELIEF..... 1 2 8	
[F] Disability?	DISABILITY 1 2 8	
[X] For any other reason?	OTHER REASON 1 2 8	

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION..... 3	3 ⇒MA5
MA2. How old is your (husband/partner)? <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS__ __ DK98	⇒MA7 98 ⇒MA7
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER . 2 NO 3	3 ⇒End
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED..... 1 DIVORCED 2 SEPARATED..... 3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE..... 1 MORE THAN ONCE 2	1 ⇒MA8A 2 ⇒MA8B
MA8A. In what month and year did you start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH__ __ DK MONTH98 YEAR__ __ __ __ DK YEAR9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998..... 2	2 ⇒End
MA10. Check MA7: In union only once?	YES, MA7=1..... 1 NO, MA7=2 2	1 ⇒MA11A 2 ⇒MA11B
MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS__ __	

ADULT FUNCTIONING		AF
AF1. Check WB4: Age of respondent?	AGE 15-17 YEARS..... 1 AGE 18-49 YEARS..... 2	1 ⇒ End
AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES..... 1 NO 2	
AF3. Do you use a hearing aid?	YES..... 1 NO 2	
AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers. You may say that you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
AF5. Check AF2: Respondent uses glasses or contact lenses?	YES, AF2=1 1 NO, AF2=2 2	1 ⇒ AF6A 2 ⇒ AF6B
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL..... 4	
AF7. Check AF3: Respondent uses a hearing aid?	YES, AF3=1 1 NO, AF3=2 2	1 ⇒ AF8A 2 ⇒ AF8B
AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL..... 4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4	
AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	

HIV/AIDS		HA																
HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES..... 1 NO 2 DK 8	2⇒End																
HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES..... 1 NO 2 DK 8																	
HA3. Can people get HIV from mosquito bites?	YES..... 1 NO 2 DK 8																	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES..... 1 NO 2 DK 8																	
HA5. Can people get HIV by sharing food with a person who has HIV?	YES..... 1 NO 2 DK 8																	
HA6A. Can people get HIV by kissing a person who has HIV?	YES..... 1 NO 2 DK 8																	
HA6B. Can people get HIV by hugging or shaking hands with a person who has HIV?	YES..... 1 NO 2 DK 8																	
HA7. Is it possible for a healthy-looking person to have HIV?	YES..... 1 NO 2 DK 8																	
HA8. Can HIV be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>DURING PREGNANCY</td><td>1</td><td>2</td><td>8</td></tr><tr><td>DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr><tr><td>BY BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr></table>		YES	NO	DK	DURING PREGNANCY	1	2	8	DURING DELIVERY	1	2	8	BY BREASTFEEDING	1	2	8	
	YES	NO	DK															
DURING PREGNANCY	1	2	8															
DURING DELIVERY	1	2	8															
BY BREASTFEEDING	1	2	8															
HA9. Check HA8[A], [B] and [C]: At least one ‘Yes’ recorded?	YES..... 1 NO 2	2⇒HA11																
HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES..... 1 NO 2 DK 8																	

HA11. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK..... 2	2 ⇨ HA24
HA12. Check MN2: Was antenatal care received?	YES, MN2=1 1 NO, MN2=2..... 2	2 ⇨ HA17
HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about: [A] Babies getting HIV from their mother? [B] Things that you can do to prevent getting HIV? [C] Getting tested for HIV? Were you: [D] Offered a test for HIV?	<p style="text-align: right;">YES NO DK</p> HIV FROM MOTHER..... 1 2 8 THINGS TO DO 1 2 8 TESTED FOR HIV 1 2 8 OFFERED A TEST FOR HIV 1 2 8	
HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES..... 1 NO 2 DK 8	2 ⇨ HA17 8 ⇨ HA17
HA15. I don't want to know the results, but did you get the results of the test?	YES..... 1 NO 2 DK 8	2 ⇨ HA17 8 ⇨ HA17
HA16. After you received the result, were you given any health information or counselling related to HIV?	YES..... 1 NO 2 DK 8	
HA17. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 76 1 NO, MN20=11-12 OR 96..... 2	2 ⇨ HA21
HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES..... 1 NO 2	
HA19. I don't want to know the results, but were you tested for HIV at that time?	YES..... 1 NO 2	2 ⇨ HA21
HA20. I don't want to know the results, but did you get the results of the test?	YES..... 1 NO 2	1 ⇨ HA22 2 ⇨ HA22
HA21. Check HA14: Was the respondent tested for HIV as part of antenatal care?	YES, HA14=1..... 1 NO OR NO ANSWER, HA14≠1 2	2 ⇨ HA24
HA22. Have you been tested for HIV since that time you were tested during your pregnancy?	YES..... 1 NO 2	1 ⇨ HA25

HA23. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	1 ⇨ HA28 2 ⇨ HA28 3 ⇨ HA28
HA24. I don't want to know the results, but have you ever been tested for HIV?	YES..... 1 NO 2	2 ⇨ HA27
HA25. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
HA26. I don't want to know the results, but did you get the results of the test?	YES..... 1 NO 2 DK 8	1 ⇨ HA28 2 ⇨ HA28 8 ⇨ HA28
HA27. Do you know of a place where people can go to get an HIV test?	YES..... 1 NO 2	
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES..... 1 NO 2	2 ⇨ HA30
HA29. Have you ever tested yourself for HIV using a self-test kit?	YES..... 1 NO 2	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES..... 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES..... 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES..... 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES..... 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES..... 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV.	AGREE..... 1 DISAGREE 2 DK / NOT SURE / DEPENDS 8	
HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES..... 1 NO 2 SAYS SHE HAS HIV 7 DK / NOT SURE / DEPENDS 8	

PULMONARY TUBERCULOSIS		TB
TB1. Now I would like to ask you about something else. Have you ever heard of an illness called pulmonary tuberculosis or TB?	YES 1 NO 2 DK 8	2 ⇒ End
TB2. In your understanding, how does pulmonary tuberculosis spread from one person to another? <i>Probe: Any other ways?</i> <i>Record all mentioned.</i>	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER (<i>specify</i>) X DK Z	
TB3. In your understanding, what signs or symptoms would lead you to think that a person has pulmonary tuberculosis? <i>Probe: Any other?</i> <i>Record all mentioned.</i>	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHT SWEATING G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS J LETHARGY K OTHER (<i>specify</i>) X DK Z	
TB4. In your understanding, can pulmonary tuberculosis be cured?	YES 1 NO 2 DK 8	
TB5. If a member of your family got pulmonary tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK / NOT SURE / DEPENDS 8	

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>	KYRGYZ 1 RUSSIAN 2	
WM13. <i>Language of the Interview.</i>	KYRGYZ 1 RUSSIAN 2 OTHER LANGUAGE (specify) 6	
WM14. <i>Native language of the Respondent.</i>	KYRGYZ 01 RUSSIAN 02 UZBEK 03 KAZAKH 04 TAJIK 05 DUNGAN 06 UYGUR 07 OTHER LANGUAGE (specify) 96	
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	
WM15A. <i>Check the name and line number of this questionnaire's respondent (WM3). Check the names and line numbers of the respondents to all other questionnaires that have been completed in this household: HOUSEHOLD QUESTIONNAIRE (HH47), 5 TO 17 QUESTIONNAIRE (FS4) or UNDER 5 QUESTIONNAIRE (UF4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?</i>	YES, ALREADY INTERVIEWED (WM3=HH47 OR WM3=FS4 OR WM3=UF4) 1 NO, FIRST INTERVIEW (WM3≠HH47 AND WM3≠FS4 AND WM3≠UF4) 2	1 ⇒ WM16
WM15B. <i>Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household have a mobile phone?</i>	YES, HC7[A]=1 OR HC12=1 1 NO, HC7[A]=2 AND HC12=2 2	2 ⇒ WM16

WM15C. Thank you for your participation.

The National Statistical Committee will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 5 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

YES..... 1	2 ⇒ WM16
NO..... 2	

WM15D. Do you have a personal phone number or does your household have a communal number where you can be reached?	YES 1 NO 2	2 ⇒ WM16
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WM15E. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
WM15F. Ask for and record phone number.	_____	_____	_____
WM15G. Just to confirm, the number is (<i>number recorded in WM15F</i>)? <i>If no, return to WM15F and correct entry.</i>	YES 1 NO 2 ⇔ <i>WM15F</i>	YES 1 NO 2 ⇔ <i>WM15F</i>	YES 1 NO 2 ⇔ <i>WM15F</i>
WM15H. Is this a fixed line or a mobile phone number?	FIXED LINE 1 MOBILE 2	FIXED LINE 1 MOBILE 2	FIXED LINE 1 MOBILE 2
WM15I1. Usually, what time of the day would be best to call you on this number?	PERIOD BETWEEN AND ANY TIME 95 OTHER (specify) 96	PERIOD BETWEEN AND ANY TIME 95 OTHER (specify) 96	PERIOD BETWEEN AND ANY TIME 95 OTHER (specify) 96
WM15I2. Usually, what days of the week are best to call you on this number? <i>Probe: Any other day?</i> <i>If X is recorded, no other answer is possible.</i>	MONDAY A TUESDAY B WEDNESDAY C THURSDAY D FRIDAY E SATURDAY F SUNDAY G DK/NO PREF X	MONDAY A TUESDAY B WEDNESDAY C THURSDAY D FRIDAY E SATURDAY F SUNDAY G DK/NO PREF X	MONDAY A TUESDAY B WEDNESDAY C THURSDAY D FRIDAY E SATURDAY F SUNDAY G DK/NO PREF X

WM15J. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES 1 ✎ <div style="text-align: right;">[P2]</div>	YES 1 ✎ <div style="text-align: right;">[P3]</div>	YES 1 ✎ <div style="text-align: right;">[P4]</div>
	NO 2 ✎ <div style="text-align: right;">WM16</div>	NO 2 ✎ <div style="text-align: right;">WM16</div>	NO 2 ✎ <div style="text-align: right;">WM16</div>
			Tick here if additional questionnaire used: <input type="checkbox"/>

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 the QUESTIONNAIRE FOR CHILDREN AGE 5-17?


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

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

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

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

INTERVIEWER'S OBSERVATIONS

**SUPERVISOR'S OBSERVATIONS**