

## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

<b>WOMAN'S INFORMATION</b>		<b>WM</b>
This module should be completed for each woman aged 15 – 49 years (see column HL6 of the Household Listing). Complete separate Questionnaire for each eligible woman. Write down cluster number, household number, name and line number of woman in correspondent cell. Write down your name, number and date of interview		
WM1. Cluster number:	WM2. Household number:	
-----	-----	
WM3. Name woman:	WM4. Line number of woman:	
-----	-----	
WM5. Name and number of interviewer:	WM6. Interview day/month /year:	
-----	____ / ____ / _____	
WM7. Outcome of interview with woman:	Interviewed	1
	Missing	2
	Refused	3
	Partially interviewed	4
	Recognized not eligible	5
	Other (Specify)	6
Repeat welcoming if not read for woman earlier: WE ARE FROM THE STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN. WE WORK WITHIN THE FAMILY HEALTH AND EDUCATION PROJECT. I WANT TO DISCUSS THIS WITH YOU. ALL RECEIVED INFORMATION IS STRICTLY CONFIDENTIAL; NO ONE WILL LEARN BELOW ANSWERS ARE YOURS. SHALL I START? If agreed start interview. If woman disagrees with interview, thank her, finish with WM7, and go to the next interview. Discuss the result with your supervisor for further additional visit to household for interviewing the woman.		
WM8. WHAT MONTH WERE YOU BORN?	Date of Birth:	-----
	month	-----
	DK months	98
	year	-----
	DK year	9998
WM9. HOW OLD WERE YOU AT YOUR PREVIOUS BIRTHDAY?	Age (full years)	--- --
WM10. HAVE YOU EVER STUDIED IN ANY EDUCATIONAL INSTITUTION?	Yes	1
	No	2
WM11. WHAT HIGHEST LEVEL DID YOU ATTEND: PRIMARY, SECONDARY, SPECIALIZED SECONDARY OR HIGHER?	Primary	1
	Secondary	2
	Specialized secondary	3
	Higher	4
	DK	8
WM12. WHAT HIGHEST GRADE/COURSE HAVE YOU COMPLETED AT THIS LEVEL?	Grade/course	--- --

CHILD MORTALITY		CM	
This module should be completed for each woman aged 15-49 years. All questions should be asked only about LIVE BIRTHS.			
CM1. NOW I WILL ASK YOU ABOUT BIRTHS YOU GAVE DURING YOUR LIFE. DID YOU EVER GIVE BIRTH? If "NO", try to clarify: I MEAN BABY WHO WAS BREATHING, CRYING OR HAVING OTHER SIGNS OF LIFE, EVEN THOUGH (S)HE LIVED FOR SEVERAL MINUTES OR HOURS?	Yes	1	
	No	2	2 ↗ MODULE MA
CM2A. WHEN DID YOU GIVE BIRTH FOR THE FIRST TIME? I MEAN THE VERY FIRST BIRTH, EVEN IF THE BABY DIED LATER OR WAS BORN TO A MAN WHO DOES NOT LIVE WITH YOU ANYMORE. Go to CM3 only if the year of first birth is specified. Otherwise, continue with CM2B.	Date of first delivery		
	Day	----	
	DK day	98	
	Month	----	
	DK month	98	
	Year	----	↗ CM3
CM2B. HOW MANY YEARS AGO DID YOU GIVE BIRTH FIRST TIME?	DK year	9998	↓ CM2B
	Full years after first birth	----	
CM3. DO ANY OF YOUR OWN SONS OR DAUGHTERS RESIDE WITH YOU CURRENTLY?	Yes	1	
	No	2	2 ↗ CM5
CM4. HOW MANY OF YOUR OWN SONS RESIDE WITH YOU? HOW MANY OF YOUR OWN DAUGHTERS RESIDE WITH YOU?	Sons residing with mother	----	
	Daughters residing with mother	----	
CM5. ARE THERE ANY OF YOUR LIVING SONS AND DAUGHTER WHO DO NOT RESIDE WITH YOU?	Yes	1	
	No	2	2 ↗ CM7
CM6. HOW MANY OF YOUR LIVING SONS DO NOT RESIDE WITH YOU? HOW MANY OF YOUR LIVING DAUGHTERS DO NOT RESIDE WITH YOU?	Sons residing separately	----	
	Daughters residing separately	----	
CM7. HAVE YOU EVER GIVEN BIRTH TO A LIVE BOY OR GIRL WHO DIED LATER?	Yes	1	
	No	2	2 ↗ CM9
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Number of dead boys	----	
	Number of dead girls	----	
CM9. SUM UP ANSWERS FOR CM4, CM6, CM8.	Total	----	
CM10. TO CHECK MY NOTES, DURING YOUR LIFE YOU GAVE BIRTH (total number) OF TIMES. IS IT TRUE? <input type="checkbox"/> Yes. ↗ Go to CM11 <input type="checkbox"/> No. ↗ Check answers and make corrections before going to CM11			
CM11. WHEN DID YOU GIVE LAST BIRTH OUT OF (total number) BIRTHS (EVEN IF THIS BABY DIED LATER)? If day is unknown, enter '98' for the date.	Date of last birth		
	Day/Month/Year ___/___/_____		
CM12. Check CM11: Did you give last birth during past 2 years, namely from « _____ » _____ 2004 and later? If the child died, pay special attention to the questions about this child in the next module. <input type="checkbox"/> No births during 2 years preceding interview. ↗ Go to MARITAL/UNION STATUS MODULE. <input type="checkbox"/> Yes, birth during 2 years preceding interview. ↗ Continue with CM13 Name of the child _____			
CM13. WHEN YOU BECAME PREGNANT WITH (NAME), WAS IT WANTED PREGNANCY, YOU WANTED IT COME LATER OR YOU WANTED NO (MORE) CHILDREN?	Wanted pregnancy	1	
	Wanted later	2	
	Unwanted pregnancy	3	

**MATERNAL AND NEWBORN HEALTH**
**MN**

This module should be completed for each woman who gave live birth during two years preceding the interview.

Check the Child Mortality Module CM12 and write down the name of the last child \_\_\_\_\_

Use the name of this child in the following questions

MN2. DID YOU SEEK ANTENATAL CARE DURING THIS PREGNANCY? If yes: WHO PROVIDED ANTENATAL CARE TO YOU? ANY OTHER STAFF? Ask additional questions to clarify personnel providing antenatal care and circle all mentioned persons.	Health staff:			
	Medical doctor	A		
	Nurse/midwife	B		
	Auxiliary midwife	C		
	Feldsher	D		
	Other			
	Traditional birth attendant	F		
	Public health worker	G		
	Relative/friend	H		
	Other (specify)	X		
No one	Y		Y ↗ MN7	
MN2A. HOW MANY TIMES DID YOU SEEK ANTENATAL CARE DURING THIS PREGNANCY?	Regularly	1		
	1 time	2		
	2-3 times	3		
	Did not seek	4		4 ↗ MN7
MN3. AS A PART OF YOUR ANTENATAL CARE, HAVE YOU RECEIVED ONE OF THE FOLLOWING SPECIFIC CARE, AT LEAST, ONCE?		Yes	No	
MN3A. WEIGHT MEASURED	Weight	1	2	
MN3B. BLOOD PRESSURE MEASURED	Blood pressure	1	2	
MN3C. URINE TESTED	Urine test	1	2	
MN3D. BLOOD TESTED	Blood test	1	2	
MN4. DURING ANTENATAL VISITS, DID ANYBODY SPEAK WITH ABOUT AIDS AND HIV?	Yes		1	
	No		2	
	DK		8	
MN5. I DO NOT WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR AIDS AS A PART OF ANTENATAL CARE?	Yes		1	
	No		2	2 ↗ MN7
	DK		8	8 ↗ MN7
MN6. I DO NOT WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes		1	
	No		2	
	DK		8	
MN7. WHO ASSISTED YOU DURING DELIVERY OF YOUR LAST CHILD (name)? ANYBODY ELSE? Ask additional questions to clarify the person assisted during delivery and circle all mentioned persons.	Health staff:			
	Medical doctor	A		
	Nurse/midwife	B		
	Auxiliary midwife	C		
	Feldsher	D		
	Other			
	Traditional birth attendant	F		
	Public health worker	G		
	Relative/friend	H		
	Other (specify)	X		
No one	Y			

<p>MN8. WHERE DID YOU GIVE BIRTH TO (NAME)?</p> <p>If the source is hospital, health center or clinic, write down the name of institution on below line. Ask type of institution and circle correspondent code.</p> <p>-----</p> <p>-----</p> <p>(name of institution)</p>	Home			
	At her home		11	
	Not at her home		12	
	Public sector			
	Public hospital/maternity		21	
	Public clinic/Health center		22	
	Other health facility (specify)		26	
	Private health sector			
	Private hospital		31	
	Private clinic		32	
	Private maternity		33	
Other health facility (specify)		36		
Other (specify)		96		
<p>MN9. WHEN YOU GAVE BIRTH TO YOUR LAST BABY (NAME), WAS HE LARGE, MORE THAN AVERAGE, AVERAGE, BELOW AVERAGE OR VERY LITTLE?</p>	Large		1	
	More than average		2	
	Average		3	
	Below average		4	
	Very little		5	
	DK		8	
<p>MN10. WAS (name) WEIGHTED IMMEDIATELY AFTER BIRTH?</p>	Yes		1	
	No		2	2 ↗ MN12
	DK		8	8 ↗ MN12
<p>MN11. WHAT WAS (name) WEIGHT?</p> <p>Copy weight from child development card if available.</p>	Card (grams)	1	___	
	From memory (grams)	2	___	
	DK	8	99998	
<p>MN12. HAVE YOU EVER BREASTFED (name)?</p>	Yes		1	
	No		2	2 ↗ next module
<p>MN13. HOW MUCH TIME AFTER BIRTH YOU BREASTFED (NAME) FOR THE FIRST TIME?</p> <p>If &lt; 1 hour, write down '00' hours.</p> <p>If &lt; 24 hours, write down number of hours.</p> <p>If other write down days.</p>	Immediately		000	
	Hours	1	___	
	or Days	2	___	
	DK/does not remember		998	
<p>MN14. DO YOU SMOKE?</p>	Yes		1	
	No		2	2 ↗ MN16
<p>MN14A. WERE YOU SMOKING DURING THE PREGNANCY?</p>	Yes		1	
	No		2	
<p>MN15. HOW MANY TIMES DID YOU SMOKE DURING LAST 24 HOUR?</p>	1-2 times		1	
	3-5 times		2	
	5 +		3	
<p>MN16. HAVE YOU EVER CONSUMED ALCOHOL BEVERAGES?</p>	Yes		1	
	No		2	2 ↗ next module
<p>MN17. HAVE YOU EVER BECOME DRUNK WHEN CONSUMING ALCOHOL BEVERAGES?</p>	Yes		1	
	No		2	
<p>MN18. HOW MANY DAYS HAVE YOU CONSUMED ALCOHOL BEVERAGES DURING LAST 3 MONTHS</p>	Days		___	
	No/never		0_0	
<p>MN19. HOW MANY TIMES WERE YOU DRUNK DURING LAST 3 MONTHS?</p>	Days		___	
	No/never		0_0	

MARRIAGE AND UNION			MA
MA1. ARE YOU CURRENTLY MARRIED/IN UNION?	Yes, married	1	
	Yes, in union	2	
	Not in union	3	3 ↗ MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER AT HIS LAST BIRTHDAY?	Age in years		↗ MA5
	DK	98	↗ MA5
MA3. HAVE YOU EVER BEEN MARRIED/IN UNION?	Yes, was married	1	
	Yes, was in union	2	
	No.	3	3 ↗ next module
MA4. WHAT IS YOUR MARITAL STATUS AT PRESENT: WIDOW, DIVORCED OR SEPARATED?	Widow	1	
	Divorced	2	
	Separated	3	
MA5. HAVE YOU BEEN MARRIED/IN UNION ONLY ONCE OR MORE THAN ONCE?	Only once	1	
	More than once	2	
MA6. WHAT MONTH AND YEAR YOU MARRIED OR STARTED LIVING IN UNION FIRST TIME?	Month	---	
	DK month	98	
	Year	---	
	DK year	9998	
MA7. Check MA6:			
<input type="checkbox"/> Month and year of marriage/union is known? ↗ go to the next Module.			
<input type="checkbox"/> Or month and year of marriage/union is not known? ↗ continue with MA8			
MA8. AT WHAT AGE HAVE YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years	---	

REPRODUCTIVE BEHAVIOR		RP
RP1. I WANT TO DISCUSS YOUR REPRODUCTIVE BEHAVIOR. IF YOU HAVE CHOICE, HOW MANY CHILDREN WOULD YOU HAVE DURING YOUR LIFE?	One	A
	Two	B
	Three	C
	Four	D
	Five-nine	E
	Ten +	F
	None	G
RP2. YOUR DECISION TO HAVE NO CHILDREN OR RESTRICT THEIR NUMBER WOULD DEPEND ON:	Health status	A
	Fear to lose job	B
	Uncertainty in children's future	C
	Low level of health service	D
	Lack of preschool institutions	E
	No housing	F
	No utilities in dwelling	G
	No regular job	H
	Low salary	I
	No job in general	J
Other (specify)	K	
RP3. YOUR DECISION TO HAVE (MORE) CHILDREN WOULD DEPEND ON:	Sufficient family allowances	A
	Sufficient maternity leave	B
	Availability of mortgage and credits	C
	Short working day for breastfeeding mothers	D
	Younger retirement age for mothers (of how many children?)	E
	Other (specify)	F
RP4. WHAT IS PREFERABLE BIRTH INTERVAL BEFORE YOU WOULD HAVE (ANOTHER) BABY?	One year	A
	Two years	B
	Three years	C
	Four years	D
	Five +	E
	No more kids	F

CONTRACEPTION			CP
CP1. I WANT TO CHANGE SUBJECT. I WANT TO DISCUSS WITH YOU FAMILY PLANNING AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, pregnant	1	1 ↗ NEXT MODULE
	No	2	
	No sure/DK	8	
CP2. SOME PEOPLE USE DIFFERENT METHODS TO DELAY OR AVOID PREGNANCY. ARE YOU DOING ANYTHING OR DO YOU USE ANY METHOD TO DELAY OR AVOID PREGNANCY?	Да	1	
	Нет	2	2 ↗ NEXT MODULE
CP3. WHAT METHOD DO YOU USE? DO NOT SUGGEST ANSWERS TO RESPONDENT. If several methods are mentioned, circle each.	Female sterilization	A	
	Male sterilization	B	
	Pills	C	
	Intrauterine device	D	
	Injections	E	
	Implants	F	
	Condoms	G	
	Female condom	H	
	Diaphragm	I	
	Foam/jelly	J	
	Lactation amenorrhea	K	
	Periodic abstinence	L	
	Withdrawal	M	
Other (specify)	X		

ATTITUDES TOWARDS DOMESTIC VIOLENCE				DV
DV1. SOMETIMES HUSBAND IS ANGRY WITH HIS WIFE. DO YOU BELIEVE HE CAN HIT HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK
DV1A. WHEN SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling him	1	2	8
DV1B. WHEN SHE NEGLECTS THE CHILDREN?	Neglects the children	1	2	8
DV1C. WHEN SHE ARGUES WITH HIM?	Argues with him	1	2	8
DV1D. WHEN SHE REFUSES SEX WITH HIM?	Refuses sex with him	1	2	8
DV1E. WHEN SHE BURNS THE FOOD?	Burns food	1	2	8

TUBERCULOSIS			HT
HT1. HAVE YOU EVER HEARD ABOUT TUBERCULOSIS?	Yes	1	2 ↗ NEXT MODULE
	No	2	
HT2. DO YOU KNOW ABOUT FULL RECOVERY AFTER TUBERCULOSIS IF PROPER TREATMENTS RECEIVED?	Yes	1	
	No	2	
	DK	8	
HT3. HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER HAD TUBERCULOSIS?	Yes	1	
	No	2	
	DK	8	
HT4. IN ADDITION TO YOUR FAMILY MEMBERS DO YOU OFTEN COMMUNICATE TO ANYBODY (NEIGHBORS, COLLEAGUES OR CLOSE FRIENDS) SUFFERING FROM TUBERCULOSIS?	Yes	1	
	No	2	
	DK	8	
HT5. WHAT SYMPTOMS HELP TO IDENTIFY TUBERCULOSIS?	Cough	1	
	Cough with phlegm	2	
	Cough over 3 weeks	3	
	Fever	4	
	Blood with phlegm	5	
	Appetite loss	6	
	Sweating at night	7	
	Chest pain	8	
	Fatigue, tirelessness	9	
	Weight loss	10	
	Apathy, inertia	11	
	Other (specify)	96	
DK	98		
HT6. WHICH TB SYMPTOMS REQUIRE SEEING A DOCTOR?	Cough	1	
	Cough with phlegm	2	
	Cough over 3 weeks	3	
	Fever	4	
	Blood with phlegm	5	
	Appetite loss	6	
	Sweating at night	7	
	Chest pain	8	
	Fatigue, tirelessness	9	
	Weight loss	10	
	Apathy, inertia	11	
	Other (specify)	96	
DK	98		
HT7. WHAT TREATMENT SHOULD HAVE THE PERSON WITH TB DIAGNOSED FIRST TIME?	Hospital	1	
	Home	2	
	Initially in the hospital, later at home	3	
	Other (specify)	6	
	DK	8	
HT8. HOW IS TB TRANSMITTED BETWEEN PEOPLE?	By air when coughing	1	
	Other (specify)	6	
	DK	8	
HT9. WHERE WOULD YOU TAKE YOUR CHILD WITH SUSPECTED TB?	Hospital	1	
	Policlinic	2	
	Feldsher	3	
	NB dispensary	4	
	Other (specify)	6	
DK	8		
HT10. WOULD YOU TAKE CARE OF YOUR FAMILY MEMBER, WHO, LET US ASSUME, HAD TB TREATMENT IN THE HOSPITAL, DURING FURTHER TREATMENT AT HOME?	Yes	1	
	No	2	
	DK/not sure	8	

HIV/AIDS					HA
HA1. LET US DISCUSS DIFFERENT STUFF.	Yes			1	
HAVE YOU EVER HEARD OF HUMAN IMMUNODEFICIENCY VIRUS OR THE DISEASE CALLED AIDS?	No			2	2→ next quest-re
HA2. CAN YOU PREVENT THIS DISEASE IF YOU HAVE ONLY ONE UNINFECTED SEX PARTNER, WHO HAS NO OTHER PARTNERS?	Yes			1	
	No			2	
	DK			8	
HA3. DO YOU BELIEVE THAT AIDS CAN BE TRANSMITTED BY SUPERNATURAL MEANS?	Yes			1	
	No			2	
	DK			8	
HA4. CAN YOU PREVENT AIDS BY PROPERLY USING CONDOMS AT EACH INTERCOURSE?	Yes			1	
	No			2	
	DK			8	
HA5. CAN AIDS BE TRANSMITTED THROUGH MOSQUITO BITES?	Yes			1	
	No			2	
	DK			8	
HA6. IS IT POSSIBLE TO PROTECT AGAINST AIDS ABSTAINING FROM SEX?	Yes			1	
	No			2	
	DK			8	
HA7. CAN PERSON GET AIDS THROUGH SHARING FOOD WITH AIDS-INFECTED PERSON?	Yes			1	
	No			2	
	DK			8	
HA7A. CAN PERSON GET AIDS THROUGH NEEDLE USED BY SOMEBODY ELSE?	Yes			1	
	No			2	
	DK			8	
HA8. CAN A HEALTHY LOOKING PERSON BE INFECTED WITH AIDS?	Yes			1	
	No			2	
	DK			8	
HA9. CAN AIDS BE TRANSMITTED FROM MOTHER TO CHILD?	Yes			1	
	No			2	
	DK			8	
		Yes	No	DK	
HA9A. DURING PREGNANCY?	During pregnancy	1	2	8	
HA9B. DURING DELIVERY?	During delivery	1	2	8	
HA9C. DURING BREASTFEEDING?	Through breastmilk	1	2	8	
HA10. CAN THE TEACHER INFECTED BUT NOT SICK WITH THIS VIRUS CONTINUE WORKING IN THE SCHOOL?	Yes			1	
	No			2	
	DK			8	



HA11. WOULD YOU BUY FRESH VEGETABLES FROM THE SELLER KNOWING (S)HE IS SICK OR INFECTED WITH VIRUS?	Yes	1	
	No	2	
	DK	8	
HA12. WOULD YOU KEEP IN A SECRET IF ONE OF YOUR FAMILY MEMBERS WOULD BE INFECTED WITH AIDS?	Yes	1	
	No	2	
	DK	8	
HA13. WOULD YOU TAKE CARE OF YOUR FAMILY MEMBER AT HOME KNOWING (S)HE IS SICK WITH AIDS?	Yes	1	
	No	2	
	DK	8	
HA14. Check MN5: WAS THE WOMAN TESTED FOR AIDS AS A PART OF ANTENATAL CARE? <input type="checkbox"/> Yes. ↗ Go to HA18A <input type="checkbox"/> No. ↗ Continue with HA15			
HA15. I DO NOT WANT TO KNOW A RESULT, BUT HAVE YOU EVER BEEN TESTED FOR AIDS?	Yes	1	
	No	2	2↗ HA18
	DK	8	8↗ HA18
HA16. I DO NOT WANT TO KNOW A RESULT, BUT WERE YOU INFORMED ON THE RESULTS OF YOUR TEST?	Yes	1	
	No	2	
HA17. DID YOU REQUEST TEST OR IT WAS PROPOSED TO YOU AND AGREED OR IT WAS OBLIGATORY?	Requested test	1	1↗ next quest-re
	Proposed and agreed	2	2↗ next quest-re
	Obligatory	3	3↗ next quest-re
HA18. AT PRESENT TIME, ARE YOU AWARE OF PLACE WHERE YOU CAN GET TESTED FOR AIDS?	Yes	1	
	No	2	
HA18A. If was tested for AIDS virus as a part of antenatal care: DO YOU KNOW ABOUT ANY PLACE IN ADDITION TO ANC PLACE WHERE YOU CAN BE TESTED FOR AIDS?	Yes	1	
	No	2	