F2. Questionnaire for Individual Women

QUESTIONNAIRE FOR INDIVIDUAL WOMEN
Multiple Indicator Cluster Survey

WOMAN'S INFORMATION PANEL	WM

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.

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: ___ ___ /___ ___ / **2015**

Repeat greeting if not already read to this woman: WE ARE FROM THE STATISTICS COMMITTEE OF THE MINISTRY OF NATIONAL ECONOMY OF THE REPUBLIC OF KAZAKHSTAN. 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.	*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:* NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to WM10 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Circle "03" in WM7. Discuss this result with your supervisor.*

WM7. Result of woman's interview	Completed .... 01 Not at home .... 02 Refused .... 03 Partly completed .... 04 Incapacitated .... 05 Other (*specify*) 96

WM8. Field editor's name and number: Name_____ ___ ___ ___	**WM9**. Main data entry clerk's name and number: Name_____ ___ ___

WM10. *Record the time.*	Hour and minutes ....__ __ : __ __	

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..__ __ DK month..98 Year ....__ __ __ __ DK year...............................9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent.*	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 (1-4) ....1 Lower secondary (5-9) ....2 Upper secondary (10-11) ....3 Technical and Professional ....4 Higher 5	0⇨WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? *If the first grade at this level is not completed, enter "00".*	Grade ....__ __	
WB6. *Check WB4:* ☐ *Lower secondary, upper secondary, technical and professional or higher (WB4=2, 3, 4 or 5)* ⇨ *Go to Next Module.* ☐ *Primary (WB4= 1)* ⇨ *Continue with WB7.*		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to the respondent.* *If respondent cannot read whole sentence, probe:* CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ....1 Able to read only parts or words of sentence ....2 Able to read whole sentence ....3 No sentence in required language _____ 4 *(specify language)* Blind / visually impaired..............................5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY   MT

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?	Almost every day...1 At least once a week ....2 Less than once a week................................3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day...1 At least once a week ....2 Less than once a week................................3 Not at all 4	
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?	Almost every day...1 At least once a week ....2 Less than once a week................................3 Not at all 4	

MT6. HAVE YOU EVER USED A COMPUTER?	Yes ....1 No...2	2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ....1 No...2	2⇨MT9
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?	Almost every day...1 At least once a week ....2 Less than once a week................................3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes ....1 No...2	2⇨Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ....1 No...2	2⇨Next Module
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?	Almost every day...1 At least once a week ....2 Less than once a week................................3 Not at all 4	

FERTILITY		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
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR THE FATHER IS NOT YOUR CURRENT PARTNER. *Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.*	Date of first birth Month .... __ __ DK month ....98 Year ....__ __ __ __ DK year 9998	⇨CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth..........__ __	
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? *If none, record '00'.*	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? *If none, record '00'.*	Sons elsewhere....................................__ __ Daughters elsewhere ....__ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *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?	YES ....1 NO..2	2⇨CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	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 (*total number in CM10)* LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

    ☐ *No live births ⇨ Go to CM12B*
    ☐ *One or more live births ⇨ Continue with CM12*

☐ *No. ⇨ Check responses to CM1–CM10 and make corrections as necessary before proceeding to CM12*

CM12. OF THESE (*total number in CM10*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Date of last birth Month .... __ __ Year ....__ __ __ __	
CM12B. SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A BIRTH. HAVE YOU EVER HAD ANY PREGNANCY THAT WAS ABORTED? BY ABORTION, I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.	Yes ....1 No………………………………………… 2	2⇨CM13
CM12E. HOW MANY ABORTIONS HAVE YOU HAD DURING YOUR LIFETIME?	Number of abortions............................ __ __	
CM12F. WHEN DID YOUR (LAST) ABORTION TAKE PLACE? *Month and year must be recorded.*	Date of (last) abortion Month.................................. __ __ Year ....__ __ __ __	

CM12G. *Check CM12F: Last abortion occurred within the last 2 years, that is, since (month of interview) in **2013** (if the month of interview and the month the abortion took place are the same, and the year the abortion took place is **2013**, consider this as an abortion within the last 2 years)*

☐ *No abortion in last 2 years. ⇨ Go to CM13*

☐ *The last abortion took place during the last 2 years, that is, since (the month of interviewing) in 2013, ⇨ Continue with CM12H*

CM12H. HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED? *If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months*	Length of pregnancy at time of abortion Weeks...1 __ __ Month..2 __ __	

CM12I. *Check CM12E.*

☐ *1 abortion (CM12E = 1) ⇨ Go to CM13*

☐ *2 or more abortions (CM12E = 2 or more) ⇨ Continue with CM12J and ask questions CM12J to CM12L for each abortion at a time.*

	PREVIOUS TO THE LAST ABORTION	SECOND LAST FROM THE LAST ABORTION	THIRD LAST FROM THE LAST ABORTION
CM12J. WHAT MONTH AND YEAR DID THE ABORTION PREVIOUS TO THIS LAST ONE YOU MENTIONED TAKE PLACE?	MONTH……….__ __ YEAR…. __ __ __ __	MONTH……….__ __ YEAR…. __ __ __ __	MONTH……….__ __ YEAR…. __ __ __ __
CM12K. *Check CM12J. Abortion occurred within the last 2 years, that is, since (month of interview) in* **2013**.	Yes.................1 No ....2 *If "No", go to CM13.*	Yes.................1 No...................2 *If "No", go to CM13.*	Yes ....1 No...................2 *If "No", go to CM13.*
CM12L. HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED? *the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months*	Weeks ....1 __ __ Months ...2 __ __	Weeks ....1 __ __ Months .. 2 __ __	Weeks .... 1 __ __ Months.... 2 __ __
CM12M.	*Go back to CM12J for next abortion. If no more abortion, continue with CM13.*	*Go back to CM12J for next abortion. If no more abortion, continue with CM13.*	*Go back to CM12J for next abortion. If no more abortion, continue with CM13.*
CM13. *Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in* **2013** *(if the month of interview and the month of birth are the same, and the year of birth is* **2013**, *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.* ⇨ *Ask for the name of the 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.

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

MATERNAL AND NEWBORN HEALTH		MN
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.*		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes .... 1 No... 2	2⇨MN17

MN2. WHOM DID YOU SEE?
 	
 Probe:
 ANYONE ELSE?
 	
 Probe for the type of person seen and circle all answers given.
	Health professional:
	    Doctor..A
	    Nurse/Midwife ....B
	    Feldsher ....D
	 Other person
	    Traditional birth attendant ....F
	
	 Other (*specify*)_____X	

MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? *Record the answer as stated by respondent.*	Weeks ....1 __ __ Months ....2 0 __ DK 998	
MN3. 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	
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	Yes No Blood pressure ....1 2 Urine sample ....1 2 Blood sample 1 2	

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)?
 	
 Probe:
 ANYONE ELSE?
 	
 Probe for the type of person assisting and circle all answers given.
 	
 If respondent says no one assisted, probe to determine whether any adults were present at the delivery.
	Health professional:
	    Doctor..A
	    Nurse / Midwife ....B
	    Feldsher ....D
	 Other person
	    Traditional birth attendant ....F
	    Relative / Friend ....H
	
	 Other (*specify*)_____X
	 No one...Y	

MN18. Where did you give birth to (*name*)?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(*Name of place*)
	Home
	   Respondent's home 11
	   Other home 12
	
	Public sector
	   Government hospital 21
	   Government clinic/health centre 22
	   Government health post 23
	   Rural health post /
	   Rural outpatient clinic 24
	   Government maternity home/perinatal
	   centre 25
	   Other public (*specify*) _____ 26
	
	Private Medical Sector
	   Private hospital.................................... 31
	   Private clinic/health centre 32
	   Private maternity home 33
	   Other private medical (*specify*) _____ 36
	
	Other (*specify*)_____ 96
		11⇨MN20
		12⇨MN20
		
		96⇨MN20

MN19. Was (*name*) delivered by caesarean section? That is, did they cut your belly open to take the baby out?	Yes .... 1 No.. 2	 2⇨MN20
MN19A. When was the decision made to have the caesarean section? Was it before or after your labour pains started?	Before.. 1 After.. 2	
MN20. When (*name*) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large.. 1 Larger than average.................................... 2 Average .... 3 Smaller than average .... 4 Very small .... 5 DK 8	
MN21. Was (*name*) weighed at birth?	Yes .... 1 No.. 2 DK 8	 2⇨MN23 8⇨MN23
MN21A. How long after delivery was (*name*) weighed?	Immediately after birth (less than 2 hours). 1 2 hours or more after the birth .... 2 DK/Don't remember 8	
MN22. How much did (*name*) weigh? *If a card is available, record weight from card.*	From card......................1 (kg) __ . __ __ __ From recall ....2 (kg) __ . __ __ __ DK 99998	
MN23. Has your menstrual period returned since the birth of (*name*)?	Yes .... 1 No.. 2	
MN24. Did you ever breastfeed (*name*)?	Yes .... 1 No.. 2	 2⇨Next Module
MN25. How long after birth did you first put (*name*) to the breast? *If less than 1 hour, record "00" hours.*	Immediately .... 000 Hours ....1 __ __	

If less than 24 hours, record hours. *Otherwise, record days.*	Days ....2 __ __ DK/Don't remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes .... 1 No.. 2	2⇨Next Module
MN27. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE?	Milk (other than breast milk).........................A Plain water ....B Sugar or glucose water ....C Gripe water...D Sugar-salt-water solution ....E Fruit juice..F Infant formula .... G Tea / Infusions...H Other (*specify*)_____X	

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 <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 or 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 or traditional birth attendant assist with the delivery?*

☐ *Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F)* ⇨ *Continue with PN7.*

☐ *No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17)* ⇨ *Go to PN10.*

PN7. YOU HAVE ALREADY SAID THAT (*person or persons in MN17*) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. AFTER THE DELIVERY WAS OVER AND BEFORE (*person or persons in MN17*) LEFT YOU, DID (*person or persons in MN17*) CHECK ON (*name*)'S HEALTH?	Yes .... 1 No... 2	
PN8. AND DID (*person or persons in MN17*) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING? BY CHECK ON <u>YOUR</u> HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes .... 1 No... 2	
PN9. AFTER THE (*person or persons in MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*name*)?	Yes .... 1 No... 2	1⇨PN11 2⇨PN18
PN10. 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 THE BABY IS OK. AFTER (*name*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes .... 1 No... 2	2⇨PN19
PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once... 1 More than once 2	1⇨PN12A 2⇨PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN12B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *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	

PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME?	Health professional
	    Doctor..A
	    Nurse / Midwife ....B
	    Feldsher ....D
	Other person
	    Traditional birth attendant ....F
	    Relative / Friend ....H
	
	Other (*specify*)_____X	

PN14. WHERE DID THIS CHECK TAKE PLACE?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Home
	    Respondent's home 11
	    Other home 12
	
	Public sector
	    Government hospital 21
	    Government clinic/health centre 22
	    Government health post........................ 23
	    Rural health post /
	    Rural outpatient clinic........................... 24
	    Government maternity home/perinatal
	    centre 25
	    Other public (*specify*) _____ 26
	
	Private Medical Sector
	    Private hospital..................................... 31
	    Private clinic/health centre 32
	    Private maternity home 33
	    Other private medical (*specify*) _____ 36
	
	Other (*specify*)_____ 96	

PN15. *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 PN16.* ☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96)* ⇨ *Go to PN17.*		
PN16. AFTER YOU LEFT (*name or type of facility in MN18*), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes .... 1 No... 2	1⇨PN20 2⇨Next Module
PN17. *Check MN17: Did a health professional or traditional birth attendant assist with the delivery?* ☐ *Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F)* ⇨ *Continue with PN18* ☐ *No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17)* ⇨ *Go to PN19*		
PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes .... 1 No... 2	1⇨PN20 2⇨Next Module
PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING <u>YOUR</u> HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes .... 1 No... 2	2⇨Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once... 1 More than once 2	1⇨PN21A 2⇨PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN21B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *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	

PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional
	    Doctor..A
	    Nurse / Midwife ....B
	    Feldsher ....D
	Other person
	    Traditional birth attendant ....F
	    Relative / Friend ....H
	
	    Other (*specify*)_____X	

PN23. WHERE DID THIS CHECK TAKE PLACE?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
    _____
        (Name of place)
	Home
	    Respondent's home 11
	    Other home 12
	
	Public sector
	    Government hospital 21
	    Government clinic/health centre 22
	    Government health post........................ 23
	    Rural health post /
	    Rural outpatient clinic 24
	    Government maternity home/perinatal
	    centre 25
	    Other public (*specify*) _____ 26
	
	Private Medical Sector
	    Private hospital..................................... 31
	    Private clinic/health centre 32
	    Private maternity home 33
	    Other private medical (*specify*) _____ 36
	
	Other (*specify*)_____ 96	

ILLNESS SYMPTOMS IS

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 stool ....F Child is drinking poorly ....G Child has a convulsion .... H Child has low body temperature……………………..…………I Child has change of skin integuments (cyanosis or jaundice, pallor, rash) ....J Child has blood from an umbilical wound... K Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

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 A PREGNANCY. 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)	YES .... 1 NO 2	

THAT CAN KILL OR PREVENT THE SPERM FROM MOVING AND REACHING THE EGG.		
[K] LACTATION AMENORRHOEA METHOD (LAM)?	YES .... 1 NO 2	
[L] PERIODIC ABSTINENCE / RHYTHM METHOD? *Probe:* TO AVOID PREGNANCY, WOMEN DO NOT HAVE SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH THEY THINK THEY CAN GET PREGNANT.	YES .... 1 NO 2	
[M] WITHDRAWAL? *Probe:* MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.	YES .... 1 NO 2	
[N] EMERGENCY / POSTCOITAL CONTRACEPTION? *Probe:* AS AN EMERGENCY MEASURE, WITHIN THREE DAYS AFTER THEY HAVE UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY.	YES .... 1 NO 2	
[O] TRANSDERMAL PATCH? *Probe:* WOMEN CAN STICK THIS PATCH THAT DISCHARGES HORMONES, WHICH AFTER ATTACHING THE PATCH PENETRATE THROUGH THE SKIN INTO THE BLOODSTREAM AND BLOCK OVULATION.	YES .... 1 NO 2	
[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?	YES .... 1 _____ (*specify*) _____ (*specify*) NO 2	
CP1. ARE YOU PREGNANT NOW?	Yes, currently pregnant .... 1 No.. 2 Unsure or DK 8	1⇨CP2A
CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .... 1 No.. 2	1⇨CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .... 1 No.. 2	1⇨ Next Module 2⇨Next Module

| CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?

Do not prompt.
If more than one method is mentioned, circle 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
Lactational amenorrhoea method (LAM) ....K
Periodic abstinence/Rhythm L
Withdrawal .... M
Transdermal patch………………………… N

Other (*specify*)_____X | |

UNMET NEED		UN

UN1. *Check CP1: Currently pregnant?*		
☐ *Yes, currently pregnant ⇨ Continue with UN2.*		
☐ *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"?*		
☐ *Yes ⇨ Go to UN13.*		
☐ *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? *Record the answer as stated by respondent.*	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 CP1: Currently pregnant?*		
☐ *Yes, currently pregnant ⇨ Go to UN13.*		
☐ *No, unsure or DK ⇨ Continue with UN9.*		

UN9. *Check CP2: Currently using a method?*		
☐ *Yes ⇨ Go to UN13.*		
☐ *No ⇨ Continue with UN10.*		

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 amenorrheic ....F
	Breastfeeding...G
	Too old ....H
	Fatalistic
	   mood…………………………………..I
	
	Other (*specify*) _____ X
	
	DK ....Z

<table>
<tr><td colspan="2">UN12. Check UN11: "Never menstruated" mentioned?

   □ Mentioned ⇨ Go to Next Module.

   □ Not mentioned ⇨ Continue with UN13.</td></tr>
</table>

UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? *Record the answer using the same unit stated by the respondent.*	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

		Yes	No	DK
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?	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 HOUSEWORK?	Neglects housework 1		2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ....1 Yes, living with a man..................................2 No, not in union 3	3⇨MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? *Probe*: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years... __ __ DK.. 98	⇨MA7 ⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ....1 Yes, formerly lived with a man ....2 No 3	3⇨Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed...1 Divorced ....2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ....1 More than once...2	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... __ __	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. *Before continuing, ensure privacy.*		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse .... 00 Age in years.............................. __ __ First time when started living with (first)husband/partner 95	00⇨Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes...1 No ....2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record answers in days, weeks or months if less than 12 months (one year).* *If 12 months (one year) or more, answer must be recorded in years.*	Days ago......................... 1 __ __ Weeks ago................................. 2 __ __ Months ago .... 3 __ __ Years ago .... 4 __ __	4⇨SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes...1 No 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If "boyfriend", then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If "yes", circle "2".If "no", circle "3".*	Husband ....1 Cohabiting partner ....2 Boyfriend...3 Casual acquaintance ....4 Other (*specify*) _____6	3⇨SB7 4⇨SB7 6⇨SB7
SB6. *Check MA1:* ☐ *Currently married or living with a man (MA1 = 1 or 2) ⇨ Go to SB8.* ☐ *Not married / Not in union (MA1 = 3) ⇨ Continue with SB7.*		
SB7. HOW OLD IS THIS PERSON? *If response is "DK", probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner........................... __ __ DK.. 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes...1 No 2	2⇨SB15

SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes...1 No 2	
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If "boyfriend" then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If "yes", circle "2".If "no", circle "3".*	Husband ....1 Cohabiting partner ....2 Boyfriend..3 Casual acquaintance ....4 Other (*specify*) _____6	3⇨SB12 4⇨SB12 6⇨SB12

SB11. *Check MA1 and MA7:*
 	
☐   *Currently married or living with a man (MA1 = 1 or 2)*
       AND
    Married only once or lived with a man only once (MA7 = 1) ⇨ *Go to SB13.*
 	
☐ *Else* ⇨ *Continue with SB12.*		

SB12. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner........................... __ __ DK 98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes...1 No 2	2⇨SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners.............................. __ __	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write "95".*	Number of lifetime partners .... __ __ DK 98	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED HIV/AIDS?	Yes ....1 No...2	2⇨Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/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 HIV/AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ....1 No...2 DK 8	
HA3A. CAN PEOPLE GET THE HIV/AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH THE HIV/AIDS VIRUS?	Yes ....1 No...2 DK 8	
HA3B. CAN PEOPLE GET THE HIV/AIDS VIRUS THROUGH SALIVA BY KISSING SOMEONE WHO IS INFECTED WITH THE HIV/AIDS VIRUS?	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 HIV/AIDS VIRUS THROUGH MOSQUITO BITES?	Yes ....1 No...2 DK 8	
HA6. CAN PEOPLE GET THE HIV/AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE HIV/AIDS VIRUS?	Yes ....1 No...2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV/AIDS VIRUS?	Yes ....1 No...2 DK 8	
HA8. CAN THE VIRUS THAT CAUSES HIV/AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	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 HIV/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 HIV/AIDS VIRUS?	Yes ....1 No...2 DK/Not sure/Depends 8	

HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/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 HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ....1 No..2 DK/Not sure/Depends 8	
HA12A. DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?	Yes ....1 No..2 DK/Not sure/Depends 8	

<table>
<tr><td colspan="3" style="background-color:#bde0e8">HA13. Check CM13: Any live birth in last 2 years?

☐ No live birth in last 2 years (CM13= "No" or blank) ⇨ Go to HA24.

☐ One or more live births in last 2 years ⇨ Continue with HA14.</td></tr>
<tr><td colspan="3" style="background-color:#bde0e8">HA14. Check MN1: Received antenatal care?

☐ Received antenatal care⇨ Continue with HA15.

☐ Did not receive antenatal care ⇨ Go to HA24.</td></tr>
</table>

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE HIV/ AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE HIV/AIDS VIRUS? [C] GETTING TESTED FOR THE HIV/AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE HIV/AIDS VIRUS?	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	
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/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 D)?* ☐ *Yes, birth delivered by health professional (MN17 = A, B or D)* ⇨ *Continue with HA20.* ☐ *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 HIV/AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes ....1 No 2	2⇨HA24
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 HIV/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 HIV/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 HIV/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 HIV/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? *If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30".*	Number of days .... 0 ___ 10 days or more but less than a month.... 10 Everyday / 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? *Circle all mentioned.*	Cigars ....A Water pipe ....B Cigarillos...C Pipe ....D Other (*specify*) _____X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30".*	Number of days .... 0 ___ 10 days or more but less than a month.... 10 Everyday / Almost every day.................... 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP OR NASWAR?	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
TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco..A Snuff ....B Dip/naswar ....C Other (*specify*) _____X	

TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30".*	Number of days .... 0 ___ 10 days or more but less than a month.... 10 Everyday / Almost every day.................... 30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes .... 1 No.. 2	2⇨Next Module
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. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol .... 00 Age .... ___ ___	00⇨Next Module
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *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 "everyday" or "almost every day", circle "30".*	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	00⇨Next Module
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks.............................. ___ ___	

LIFE SATISFACTION		LS
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 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	

LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? *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.*	Does not have a job ....0 Very satisfied ....1 Somewhat satisfied....................................2 Neither satisfied nor unsatisfied.................3 Somewhat unsatisfied................................4 Very unsatisfied 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied ....1 Somewhat satisfied....................................2 Neither satisfied nor unsatisfied.................3 Somewhat unsatisfied................................4 Very unsatisfied 5	
LS9. HOW SATISFIED ARE YOU WITH THE PLACE WHERE YOU LIVE? *If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.*	Very satisfied ....1 Somewhat satisfied....................................2 Neither satisfied nor unsatisfied.................3 Somewhat unsatisfied................................4 Very unsatisfied 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied ....1 Somewhat satisfied....................................2 Neither satisfied nor unsatisfied.................3 Somewhat unsatisfied................................4 Very unsatisfied 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied ....1 Somewhat satisfied....................................2 Neither satisfied nor unsatisfied.................3 Somewhat unsatisfied................................4 Very unsatisfied 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied ....1 Somewhat satisfied....................................2 Neither satisfied nor unsatisfied.................3 Somewhat unsatisfied................................4 Very unsatisfied 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? *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.*	Does not have any income ....0 Very satisfied ....1 Somewhat satisfied....................................2 Neither satisfied nor unsatisfied.................3 Somewhat unsatisfied................................4 Very unsatisfied 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENED, OVERALL?	Improved ....1 More or less the same ....2 Worsened..3	
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?	Better..1 More or less the same ....2 Worse..3	

WM11. *Record the time*.	Hour and minutes ....__ __ : __ __

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

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied