QUESTIONNAIRE FOR WOMEN AGE 15-49
2024 Kazakhstan MICS

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 ___

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.	**WM7**. *Record the time:* HOURS : MINUTES ___ ___ : ___ ___

WM8. *Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?*	YES, INTERVIEWED ALREADY ....1 NO, FIRST INTERVIEW 2	1⇨*WM9B* 2⇨*WM9A*

WM9A. Hello, my name is (your name). We are from the Bureau of National Statistics. We are conducting a survey about the situation of children, families, and households. I would like to talk to you about these subjects. We are also interviewing mothers about their children. Participation is voluntary and unpaid. We guarantee that the information received from you will be strictly confidential and used only for statistical purposes. However, this survey will help the government and the general public better understand the situation and needs of women. This interview usually takes about 15 minutes. Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know. If you have any questions about the survey, please use the information on this card to contact the Bureau of National Statistics. May I start the interview?	**WM9B**. Now I would like to talk to you about some subjects in more detail. Again, participation is voluntary and unpaid. We guarantee that the information received from you will be strictly confidential and used only for statistical purposes. However, this survey will help the government and the general public better understand the situation and needs of women. This interview usually takes about 15 minutes. Again, should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know. If you have any questions about the survey, please use the information on this card to contact the Bureau of National Statistics. May I start the interview?
YES ....1 NO / NOT ASKED 2	1⇨*WOMAN'S BACKGROUND Module* 2⇨*WM17*

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	1⇨*WB5*

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. Where were you born? In Kazakhstan or in another country?	KAZAKHSTAN ....1 OTHER COUNTRY....................................2 DK 8	2⇨*WB6* 8⇨*WB7*
WB5A. In which region were you born? *Probe to determine the region according to present borders.*	REGION ....__ __ DK 98	⇨*WB7* 98⇨*WB7*
WB6. In which country were you born? *Probe to determine country according to present borders and record the code of the country* <u>*If unable to find or determine the name of the country*</u>, write the name of the place below and then temporarily record '976' until you learn the appropriate code. _____ *(Name of country)*	COUNTRY .... __ __ __ UNABLE TO DETERMINE COUNTRY..............976	

WB7. Do you have the citizenship of Kazakhstan?	YES, CITIZEN OF KAZAKHSTAN .... 1 NO, ANOTHER COUNTRY .... 2 NO, NO CITIZENSHIP... 3	1 ⇨*End* 3 ⇨*End*
WB7B. Which (other) country or countries do you have the citizenship of? *Probe to determine country according to present borders and record the code of the country.* <u>*If unable to find or determine the name of the country*</u>, *write the name of the place below and then temporarily record '976' until you learn the appropriate code.* _____ *(Name of country)*	COUNTRY #1 .... __ __ __ COUNTRY #2 .... __ __ __ COUNTRY #3 .... __ __ __ UNABLE TO DETERMINE COUNTRY.............. 976	

NE1. *Check WB4/HL6: Age 15-24?*	YES (WB4/HL6=15-24) .... 1 NO (WB4/HL6=25-49) 2	2 ⇨End
NE2. *Check ED9: Currently attending school?*	YES (ED9=1) .... 1 NO (ED9=2) 2	2 ⇨NE4
NE3. In the past 4 weeks, that is, since (*date of interview minus 4 weeks*), did you attend school at any time?	YES .... 1 NO 2	1 ⇨End
NE4. In the past 4 weeks, that is, since (*date of interview minus 4 weeks*), did you participate in any unpaid apprenticeship, internship, or similar training in a workplace?	YES .... 1 NO 2	1 ⇨End
NE5. How about within the last one year, that is, since (*date of interview minus 1 year*)?	YES .... 1 NO 2	
NE6. In the past 4 weeks, that is, since (*date of interview minus 4 weeks*), did you attend any courses, seminars, or other training to develop specific skills, for example languages, computer skills, entrepreneurship or life skills?	YES .... 1 NO 2	1 ⇨End
NE7. How about within the last one year, that is, since (*date of interview minus 1 year*)?	YES .... 1 NO 2	
NE8. The next questions are about any work that you may have done during the last week. By last week, I mean from Monday to Sunday. Last week, did you do any work for someone else for pay, even if only for one hour?	YES .... 1 NO 2	1 ⇨End
NE9. Still thinking about last week, Monday to Sunday, did you run or do any kind of business, farming or other activity to generate income, even if only for one hour? *Probe:* Examples of activities include making things for sale, growing produce for sale, buying and reselling things, providing services for pay, raising animals, or catching fish for sale.	YES .... 1 NO 2	1 ⇨NE18
NE10. Last week, Monday to Sunday, did you help in a family business or farm?	YES .... 1 NO 2	1 ⇨NE18
NE11. Even though you did not work last week, did you have a paid job or a business? *Probe:* Absence could be due to leave, illness, seasonality of agricultural activities, strike, or similar.	YES .... 1 NO 2	2 ⇨NE20

NE12. Was the reason for your absence last week any of the following?
 	
    [A]   That you have shift work, flexi time, or similar nature of work?
 	
    [B]   That you were on vacation or holidays?
 	
    [C]   That you were sick, ill, or suffered an accident?
 	
    [D]   That you were on maternity leave?
	YES NO
	
	SHIFT WORK 1 2
	
	VACATION 1 2
	
	SICK 1 2
	
	PARENTAL LEAVE 1 2
		
		1⇨*NE18*
		
		1⇨*NE18*
		
		1⇨*NE18*
		
		1⇨*NE18*

NE13. Was the reason for your absence last week that you are waiting to start new job or business?	YES .... 1 NO... 2	1⇨*NE20*
NE14. Was the reason for your absence last week that your paid job or business was in low or off-season?	YES .... 1 NO... 2	 2⇨*NE16*
NE15. During the low or off-season, do you continue to do some work for that job or business?	YES .... 1 NO... 2	1⇨*NE18* 2⇨*NE20*
NE16. Including the time that you have been absent, will you return to that same job or business in 3 months or less?	YES .... 1 NO... 2 DK 8	1⇨*NE18*
NE17. Do you continue to receive an income from your job or business during this absence?	YES .... 1 NO... 2 DK 8	 2⇨*NE20* 8⇨*NE20*

NE18. Was this work that you mentioned in:
 	
    [A]   Farming or rearing farm animals?
 	
    [B]   Fishing or fish farming?
 	
    [X]   Another type of job or business?
 	
At least one 'yes' must be recorded in question [A], [B] or [X].
	YES NO
	
	FARMING 1 2
	
	FISHING 1 2
	
	OTHER 1 2	

NE19. *Check NE18: Is [X]=1?*	YES (NE18[X]=1) .... 1 NO (NE18[X]=2) 2	1⇨*End* 2⇨*NE21*
NE20. Last week did you do any work in farming, rearing animals, fishing or fish farming?	YES .... 1 NO... 2	 2⇨*End*
NE21. Thinking about the products from (*farming and/or fishing*) you worked on, are they intended only for sale, mainly for sale, mainly for family use or only for family use?	ONLY FOR SALE .... 1 MAINLY FOR SALE .... 2 MAINLY FOR FAMILY USE .... 3 ONLY FOR FAMILY USE .... 4 DK 8	1⇨*End* 2⇨*End* 3⇨*NE23* 4⇨*NE23*
NE22. In general, in the past have these products been only sold, mainly sold, mainly kept or only kept for family use?	ONLY SOLD .... 1 MAINLY SOLD .... 2 MAINLY KEPT FOR FAMILY USE .... 3 ONLY KEPT FOR FAMILY USE 4	1⇨*End* 2⇨*End*
NE23. Were you hired by someone else to do this work?	YES .... 1 NO... 2	

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? *This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.*	YES..1 NO 2	2⇨*CM8*
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES..1 NO 2	2⇨*CM5*
CM3. How many sons live with you? *If none, record '00'.*	SONS AT HOME ....__ __	
CM4. How many daughters live with you? *If none, record '00'.*	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 NO 2	2⇨*CM8*
CM6. How many sons are alive but do not live with you? *If none, record '00'.*	SONS ELSEWHERE ....__ __	
CM7. How many daughters are alive but do not live with you? *If none, record '00'.*	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 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?	YES..1 NO 2	2⇨*CM11*
CM9. How many boys have died? *If none, record '00'.*	BOYS DEAD ....__ __	
CM10. How many girls have died? *If none, record '00'.*	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 NO 2	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=00.....................................0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE...1	0⇨*End*

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.

Record names of all of the births in BH1. Record twins and triplets on separate lines.

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (name of birth) a boy or a girl?		BH4. On what day, month and year was (name of birth) born? *Probe:* What is (his/her) birthday?				BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday? *Record age in completed years.*	BH7. Is (name of birth) living with you?		BH8. *Record household line number of child (from HL1). Record '00' if child is not listed.*	BH9. How old was (he/she) when (name of birth) died? *If '1 year', probe:* How many months old was (name of birth)? *Record days if less than 1 month; record months if less than 2 years; or years*		BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth?
		1 SINGLE 2 MULTI.		1 BOY 2 GIRL						1 YES 2 NO		*Record age in completed years.*	1 YES 2 NO		Line No	Unit	Number	1 YES 2 NO
		S	M	B	G	Day	Month	Year		Y	N	Age	Y	N				Y / N
01		1	2	1	2	— —	— —	— — — —		1	2➚ BH9	— —	1	2	⇦ Next Birth	DAYS........1 MONTHS ..2 YEARS 3	— —	(shaded)
02		1	2	1	2	— —	— —	— — — —		1	2➚ BH9	— —	1	2	⇨ BH10	DAYS........1 MONTHS ..2 YEARS 3	— —	Y 1➚ Add Birth N 2➚ Next Birth
03		1	2	1	2	— —	— —	— — — —		1	2➚ BH9	— —	1	2	⇨ BH10	DAYS........1 MONTHS ..2 YEARS 3	— —	Y 1➚ Add Birth N 2➚ Next Birth
04		1	2	1	2	— —	— —	— — — —		1	2➚ BH9	— —	1	2	⇨ BH10	DAYS........1 MONTHS ..2 YEARS 3	— —	Y 1➚ Add Birth N 2➚ Next Birth
05		1	2	1	2	— —	— —	— — — —		1	2➚ BH9	— —	1	2	⇨ BH10	DAYS........1 MONTHS ..2 YEARS 3	— —	Y 1➚ Add Birth N 2➚ Next Birth
06		1	2	1	2	— —	— —	— — — —		1	2➚ BH9	— —	1	2	⇨ BH10	DAYS........1 MONTHS ..2 YEARS 3	— —	Y 1➚ Add Birth N 2➚ Next Birth
07		1	2	1	2	— —	— —	— — — —		1	2➚ BH9	— —	1	2	⇨ BH10	DAYS........1 MONTHS ..2 YEARS 3	— —	Y 1➚ Add Birth N 2➚ Next Birth
08		1	2	1	2	— —	— —	— — — —		1	2➚ BH9	— —	1	2	⇨ BH10	DAYS........1 MONTHS ..2 YEARS 3	— —	Y 1➚ Add Birth N 2➚ Next Birth
09		1	2	1	2	— —	— —	— — — —		1	2➚ BH9	— —	1	2	⇨ BH10	DAYS........1 MONTHS ..2 YEARS 3	— —	Y 1➚ Add Birth N 2➚ Next 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 MULTI.	BH3. Is (name of birth) a boy or a girl? 1 BOY 2 GIRL	BH4. In what month and year was (name of birth) born? Probe: What is (his/her) birthday?			BH5. Is (name of birth) still alive? 1 YES 2 NO		BH6. How old was (name of birth) at (his/her) last birthday? Record age in completed years.	BH7. Is (name of birth) living with you? 1 YES 2 NO		BH8. Record household line number of child (from HL1) Record '00' if child is not listed.	BH9. How old was (name of birth) when (he/she) died? If '1 year', probe: How many months old was (name of birth)? Record days if less than 1 month; record months if less than 2 years; or years		BH10. Were there any other live births between (name of previous birth) and (name of birth), 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
10		1 2	1 2	— —	— —	— — — —	1	2 →BH9	— —	1	2 →BH10		DAYS ......1 MONTHS ..2 YEARS 3	— —	1 Add Birth	2 Next Birth
11		1 2	1 2	— —	— —	— — — —	1	2 →BH9	— —	1	2 →BH10		DAYS ......1 MONTHS ..2 YEARS 3	— —	1 Add Birth	2 Next Birth
12		1 2	1 2	— —	— —	— — — —	1	2 →BH9	— —	1	2 →BH10		DAYS ......1 MONTHS ..2 YEARS 3	— —	1 Add Birth	2 Next Birth
13		1 2	1 2	— —	— —	— — — —	1	2 →BH9	— —	1	2 →BH10		DAYS ......1 MONTHS ..2 YEARS 3	— —	1 Add Birth	2 Next Birth
14		1 2	1 2	— —	— —	— — — —	1	2 →BH9	— —	1	2 →BH10		DAYS ......1 MONTHS ..2 YEARS 3	— —	1 Add Birth	2 Next Birth

BH11. Have you had any live births since the birth of (*name of last birth listed*)?

YES .... 1 ⇨ *Record birth(s) in Birth History*

NO 2

CM15. *Compare number in CM11 with number of births listed in the birth history above and check:*	NUMBERS ARE THE SAME .... 1 NUMBERS ARE DIFFERENT 2	1 ⇨*CM17*
CM16. *Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.*		

CM17. *Check BH4: Last birth occurred within the last 2 years, that is, since (**month of interview**) in (**year of interview minus 2**)?*
 	
*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.*
	NO LIVE BIRTHS IN THE LAST
	  2 YEARS 0
	ONE OR MORE LIVE BIRTHS IN
	  THE LAST 2 YEARS 1
		0 ⇨*End*

CM18. *Copy name of the last child listed in BH1.* *If the child has died, take special care when referring to this child by name in the following modules.*	NAME OF LAST-BORN CHILD _____	

RC: 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 (*name*), 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	

ANTENATAL CARE		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⇨*End*

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
	    FELDSHER..C
	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	
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, did a healthcare provider do any of the following: [A] Measure your blood pressure? [B] Take a urine sample? [C] Take a blood sample? [D] Listen to your baby's heartbeat? [E] Talk with you about which food or how much food you should eat? [F] Talk with you about breastfeeding? [G] Ask if you had vaginal bleeding?	YES NO BLOOD PRESSURE ....1 2 URINE SAMPLE.......................................1 2 BLOOD SAMPLE ....1 2 HEARTBEAT ....1 2 FOOD...1 2 BREASTFEED...1 2 BLEEDING..1 2	

DELIVERY CARE		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*

MN19. Who assisted with the delivery of (*name*)?
 	
Probe: Anyone else?
 	
Probe for the type of person assisting and record 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...C
	OTHER PERSON
	  TRADITIONAL BIRTH ATTENDANT .... F
	  RELATIVE / FRIEND ....H
	
	  OTHER (*specify*) _____X
	  NO ONE...Y	

MN20. Where did you give birth to (*name*)?
 	
Probe to identify the type of place.
 	
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.
 	
_____
      (Name of place)
	HOME
	  RESPONDENT'S HOME.................................. 11
	  OTHER HOME.. 12
	
	PUBLIC MEDICAL SECTOR
	  GOVERNMENT HOSPITAL / MATERNITY
	    HOSPITAL/MATERNITY WARD /
	    PERINATAL CENTER 21
	  GOVERNMENT CLINIC /
	    HEALTH CENTRE 22
	  PARAMEDIC OBSTETRIC CENTER /
	    RURAL OUTPATIENT CLINIC 23
	  OTHER PUBLIC (*specify*) _____ 26
	
	PRIVATE MEDICAL SECTOR
	  PRIVATE HOSPITAL / MATERNITY
	  HOSPITAL... 31
	  PRIVATE CLINIC... 32
	  OTHER PRIVATE (*specify*) _____ 36
	
	  DK PUBLIC OR PRIVATE................................. 76
	
	  OTHER (*specify*) _____ 96
		11⇨*End*
		12⇨*End*
		
		96⇨*End*

MN21. Was (*name*) delivered by caesarean section, that is, did they cut your belly open to take the baby out?	YES ....1 NO 2	2⇨*End*
MN22. When was the decision made to have the caesarean section? *Probe if necessary:* Was it before or after your labour pains started?	BEFORE LABOUR PAINS......................................1 AFTER LABOUR PAINS 2	

RC: PERIOD RETURN		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*
MN35. Has your menstrual period returned since the birth of (*name*)?	YES ....1 NO 2	

PN&NC: PNC FOR NEWBORNS AND MOTHERS		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=21-46 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 or 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*

PN8. You have already said that (*person or persons in MN19*) 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 MN19*) left you, did (*person or persons in MN19*) check on (*name*)'s health?	YES ....1 NO..2	

PN9. And did (*person or persons in MN19*) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?	YES ....1 NO..2	
PN10. After the (*person or persons in MN19*) left you, did anyone check on the health of (*name*)?	YES ....1 NO..2	1 ⇨*PN12* 2 ⇨*PN19*
PN11. 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 ⇨*PN20*
PN12. Did such a check happen only once, or more than once?	ONCE..1 MORE THAN ONCE 2	1 ⇨*PN13A* 2 ⇨*PN13B*
PN13A. How long after delivery did that check happen? **PN13B**. 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	

PN14. Who checked on (*name*)'s health at that time?	**HEALTH PROFESSIONAL**
	    DOCTOR ....A
	    NURSE / MIDWIFE ....B
	    FELDSHER...C
	 OTHER PERSON
	    TRADITIONAL BIRTH ATTENDANT............. F
	    RELATIVE / FRIEND ....H
	
	 OTHER (*specify*) _____ X	

PN15. Where did this check take place?
 	
Probe to identify the type of place.
 	
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.
 	
_____
(Name of place)
	HOME
	    RESPONDENT'S HOME....................................11
	    OTHER HOME.......................................12
	
	PUBLIC MEDICAL SECTOR
	GOVERNMENT HOSPITAL / MATERNITY
	    HOSPITAL/MATERNITY WARD /
	    PERINATAL CENTER 21
	GOVERNMENT CLINIC /
	    HEALTH CENTRE 22
	PARAMEDIC OBSTETRIC CENTER /
	    RURAL OUTPATIENT CLINIC 23
	OTHER PUBLIC (*specify*) _____ 26
	
	PRIVATE MEDICAL SECTOR
	PRIVATE HOSPITAL / MATERNITY
	HOSPITAL..31
	PRIVATE CLINIC...32
	OTHER PRIVATE (*specify*) _____ 36
	
	DK PUBLIC OR PRIVATE 76
	
	OTHER (*specify*) _____ 96	

PN16. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-46 OR 76...................................... 1 NO, MN20=11-12 OR 96... 2	2⇨*PN18*
PN17. After you left (***name or type of facility in MN20***), did anyone check on <u>your</u> health?	YES .... 1 NO.. 2	1⇨*PN21* 2⇨*End*

PN18. *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⇨*PN20*

PN19. After the delivery was over and (***person or persons in MN19***) left, did anyone check on <u>your</u> health?	YES .... 1 NO.. 2	1⇨*PN21* 2⇨*End*
PN20. After the birth of (***name***), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?	YES .... 1 NO.. 2	 2⇨*End*
PN21. Did such a check happen only once, or more than once?	ONCE... 1 MORE THAN ONCE 2	1⇨*PN22A* 2⇨*PN22B*
PN22A. How long after delivery did that check happen? **PN22B**. 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	

PN23. Who checked on <u>your</u> health at that time?	**HEALTH PROFESSIONAL**
	   DOCTOR ....A
	   NURSE / MIDWIFE ....B
	   FELDSHER...C
	OTHER PERSON
	   TRADITIONAL BIRTH ATTENDANT .... F
	   RELATIVE / FRIEND ....H
	
	   OTHER (*specify*) _____X	

PN24. Where did this check take place?
 	
Probe to identify the type of place.
 	
<u>*If unable to determine whether public or private*</u>, *write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.*
 	
_____
(*Name of place*)
	HOME
	   RESPONDENT'S HOME....................................11
	   OTHER HOME...12
	
	PUBLIC MEDICAL SECTOR
	   GOVERNMENT HOSPITAL / MATERNITY
	      HOSPITAL/MATERNITY WARD /
	      PERINATAL CENTER 21
	   GOVERNMENT CLINIC /
	      HEALTH CENTRE 22
	   PARAMEDIC OBSTETRIC CENTER /
	      RURAL OUTPATIENT CLINIC 23
	   OTHER PUBLIC (*specify*) _____ 26
	
	PRIVATE MEDICAL SECTOR
	   PRIVATE HOSPITAL / MATERNITY
	   HOSPITAL...31
	   PRIVATE CLINIC...32
	   OTHER PRIVATE (*specify*) _____ 36
	
	   DK PUBLIC OR PRIVATE 76
	
	   OTHER (*specify*) _____ 96	

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 which can prevent pregnancy for one or more years.

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

[N] Patch?
Probe: Women can have a patch placed on the skin of their belly, upper arm, buttocks or back by a doctor or nurse which can prevent pregnancy.

YES 1
NO 2

[G] Condom?
Probe: Men can put a rubber sheath on their penis before sexual intercourse.

YES 1
NO 2

[H] Female condom?
Probe: Women can place a sheath in their vagina before sexual intercourse.

YES 1
NO 2

[I] Diaphragm?
Probe: Women can insert a soft rubber cup in their vagina to block the sperm from entering their uterus or fallopian tubes.

YES 1
NO 2

[J] Foam / Jelly? *Probe*: Women may use spermicidal products (e.g. foam, jelly, cream) that can kill or prevent the sperm from moving and reaching the egg.	YES .... 1 NO 2	
[K] Lactational amenorrhoea method (LAM)?	YES .... 1 NO 2	
[L] Rhythm method / periodic abstinence? *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	
[O] Emergency 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	
[X] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES (*specify*) _____ 1 NO 2	
CP2. 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 PATCH.. N MALE CONDOM.. G FEMALE CONDOM .... H DIAPHRAGM.. I FOAM / JELLY .... J LACTATIONAL AMENORRHOEA METHOD (LAM) .... K PERIODIC ABSTINENCE / RHYTHM .... L WITHDRAWAL .... M OTHER (*specify*)_____ X	

UN1. *Check CP1: Currently pregnant?*	YES, CP1=1 ....1 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?	YES ....1 NO 2	1 ⇨*UN5*
UN3. Check CM11: Any births?	NO BIRTHS ....0 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? **UN4B**. Did you want to have a baby later on or did you not want any more children?	LATER ....1 NONE / NO MORE 2	
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 CHILD..................................1 NO MORE / NONE ....2 UNDECIDED / DK..8	1 ⇨*UN8* 2 ⇨*UN14* 8 ⇨*UN14*
UN6. *Check CP4: Currently using 'Female sterilization'?*	YES, CP4=A ....1 NO, CP4≠A 2	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) CHILD ....1 NO MORE / NONE ....2 SAYS SHE CANNOT GET PREGNANT..3 UNDECIDED / DK...8	 2 ⇨*UN10* 3 ⇨*UN12* 8 ⇨*UN10*

UN8. 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 ⇨*UN12*

UN9. *Check CP1: Currently pregnant?*	YES, CP1=1 ....1 NO, DK OR NOT SURE, CP1=2 OR 8 2	1 ⇨*UN14*
UN10. *Check CP2: Currently using a method?*	YES, CP2=1 ....1 NO, CP2=2 2	1 ⇨*UN14*
UN11. Do you think you are physically able to get pregnant at this time?	YES ....1 NO ....2 DK 8	1 ⇨*UN14* 8 ⇨*UN14*

UN12. 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 I
	
	OTHER (*specify*)_____ 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 AGO ....**4** __ __ IN MENOPAUSE / HAS HAD HYSTERECTOMY..993 BEFORE LAST BIRTH....................................994 NEVER MENSTRUATED 995	

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 does not respect her husband's relatives?	DOES NOT RESPECT HER HUSBAND'S RELATIVES.......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***)? *Probe*: How old was your (***husband/partner***) on his last birthday?	AGE IN YEARS ....__ __ DK...98	
MA3. Besides yourself, does your (***husband/partner***) have any other wives or does he live with someone else as if married?	YES...1 NO...2	2 ⇨*MA7*
MA4. How many other wives or live-in partners does he have?	NUMBER ....__ __ DK...98	⇨*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***)?
 	
If respondent says that she is married but not yet living together with her husband, ask: In what month and year did you get married to your husband?
 	
MA8B. In what month and year did you start living with your <u>first</u> husband or partner?
 	
If respondent says that she was married before but never lived with her first husband, ask: In what month and year did you get married to your <u>first</u> husband?
	DATE OF (FIRST) UNION
	  MONTH ....__ __
	  DK MONTH 98
	
	  YEAR.......................................__ __ __ __
	  DK YEAR 9998	

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***)? *If respondent says that she is married but not yet living together with her husband, ask:* How old were you when you got married to your husband? **MA11B**. How old were you when you started living with your <u>first</u> husband or partner? *If respondent says that she was married before but never lived with her first husband, ask:* How old were you when you got married to your <u>first</u> husband?	AGE IN YEARS ....__ __	

SB0. *Check MA1: Is woman currently married or living together with someone as if married?*	YES, MA1=1 OR 2 .... 1 NO, MA1=3 OR BLANK 2	1 ⇨*End*
SB1. *Check for the presence of others. Before continuing, make every effort to ensure privacy.* Now I would like to ask you one or two questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. 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 ⇨*End*
SB2. I would like to ask you about your recent sexual activity. 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** __ __	

RC: DECISION-MAKING ON REPRODUCTIVE HEALTH		DM
DM1. *Check MA1: Is woman currently married or living together with someone as if married?*	YES, MA1=1 OR 2 ....1 NO, MA1=3 OR BLANK 2	2⇨End
DM2. Can you say no to your (***husband/partner***) if you do not want to have sexual intercourse?	YES ....1 NO..2 NOT SURE / DEPENDS 8	
DM3. Now, I would like to ask you some questions about health care. Who usually makes decisions about health care for yourself: you, your (***husband/partner***), you and your (***husband/partner***) jointly, or someone else? *If someone else or together, probe:* Could you tell me (with) who(m)?	RESPONDENT...1 HUSBAND / PARTNER ....2 JOINT DECISION ....3 OTHER (*specify*)_____6	
DM4. Can you also please tell me, who takes the decision on when you can go to seek reproductive health care; for example, if you experience a painful or burning sensation when urinating? *If someone else or together, probe:* Could you tell me (with) who(m)?	MAINLY RESPONDENT ....1 MAINLY HUSBAND / PARTNER ....2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER ....3 OTHER (*specify*)_____6	
DM5A. *Check CP1: Currently pregnant?*	YES, CP1=1 ....1 NO, NOT SURE, CP1=2 OR 8 2	1⇨End
DM5B. *Check CP2: Is woman currently doing something or using any method to delay or avoid getting pregnant?*	YES, CP2=1 ....1 NO, CP2=2..2	1⇨DM6A
DM5C. *Check UN12: Is there at least one answer category (A to Z) recorded?*	YES, AT LEAST ONE ....1 NO, NONE RECORDED 2	1⇨End 2⇨DM6B
DM6A. You mentioned that you currently use contraception. Would you say that using contraception is mainly your decision, mainly your (***husband/partner***)'s decision, did you both decide together, or it is the decision of a health care worker? **DM6B**. You have mentioned that you currently do not use contraception. Would you say that not using contraception is mainly your decision, mainly your (***husband/partner***)'s decision, or did you both decide together, or it is the decision of a health care worker?	MAINLY RESPONDENT ....1 MAINLY HUSBAND / PARTNER ....2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER ....3 HEALTH CARE WORKER ....4 OTHER (*specify*)_____6	

MENTAL HEALTH		MH
MH0. *Check WB4: Age of respondent?*	AGE 15-24 YEARS ....1 AGE 25-49 YEARS 2	2⇨*End*
MH1. *Check for presence of others. No one should be within hearing distance. Do not continue until privacy is ensured.* *If privacy cannot be obtained at the time of the interview, ask respondent for another time when you can interview her in private and reschedule the interview.*	PRIVACY OBTAINED ....1 PRIVACY NOT POSSIBLE 2	2⇨*End*

MH2. Now I would like to ask you some questions to better understand the feelings of people your age. There are no right or wrong answers. Many people your age experience some of the things that I will ask you about.

Let me assure you again that your answers are confidential. This means that I will not share anything you tell me with other people and I will not mention you by name. The only exception to this is if there is a need to assist you in getting help in an emergency for your safety and wellbeing.

If we should come to any question that you don't want to answer, just let me know and we will go to the next question.

When answering these questions, I need you to think about the last 2 weeks. I will ask you how often you have been bothered by different problems during the past two weeks.

For each of the situations I will describe, there are four possible answers. You may say that you have experienced that problem: never, sometimes, often, or always.

Repeat the categories whenever the respondent does not use an answer category: Remember, the four possible answers are: never, sometimes, often, and always.

MH3. During the past two weeks, how often have you been feeling very sad or depressed?	NEVER...0 SOMETIMES..1 OFTEN ....2 ALWAYS...3	
MH4. During the past two weeks, how often have you felt easily annoyed or irritable at small things?	NEVER...0 SOMETIMES ....1 OFTEN ....2 ALWAYS...3	
MH5. During the past two weeks, how often have you not enjoyed doing things you used to enjoy, such us playing sports, singing and dancing, spending time with friends, watching videos?	NEVER...0 SOMETIMES ....1 OFTEN ....2 ALWAYS...3	
MH6. During the past two weeks, how often have you felt hopeless about the future?	NEVER...0 SOMETIMES ....1 OFTEN ....2 ALWAYS...3	
MH7. During the past two weeks, how often have you felt nervous, anxious, or on edge?	NEVER...0 SOMETIMES ....1 OFTEN ....2 ALWAYS...3	
MH8. During the past two weeks, how often have you worried you can't do anything right or are doing things poorly?	NEVER...0 SOMETIMES ....1 OFTEN ....2 ALWAYS...3	

MH9. During the past two weeks, how often have you worried about what others think of you?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH10. During the past two weeks, how often have you worried something bad will happen to you or your family?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH11. During the past two weeks, how often have you worried too much about different things?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH12. During the past two weeks, how often have you felt unable to stop or control your worries?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH13. *Check MH3–MH6: Is any MH3–MH6=2 or 3?*	YES, AT LEAST ONE MH3–MH6=2 OR 3...............................1 NO, NO MH3–MH6=2 OR 3 2	1⇨*MH15*
MH14. *Check MH7–MH12: Is any MH7–MH12=2 or 3?*	YES, AT LEAST ONE MH7–MH12=2 OR 3.............................1 NO, NO MH7–MH12=2 OR 3 2	1⇨*MH23* 2⇨*MH36*
MH15. During the past two weeks, how often have you not wanted to eat even when food was available, or have you eaten too much?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH16. During the past two weeks, how often have you had problems falling asleep, problems sleeping well, or problems with sleeping too much?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH17. During the past two weeks, how often have you felt that you got tired easily or did not have the energy to do daily activities?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH18. During the past two weeks, how often have you had trouble concentrating on things, such as doing homework, household chores, or other activities, such as watching videos or using social media, for example, TikTok, Instagram, Telegram, or WhatsApp?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH19. During the past two weeks, how often have you felt lonely?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH20. During the past two weeks, how often have you felt like a failure or like you have let yourself or your family down?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH21. During the past two weeks, how often have you had thoughts that you would rather be dead or thoughts of hurting yourself?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	

MH22. During the past two weeks, how often have others said that you have been moving more slowly than usual?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH23. During the past two weeks, how often have others said that you are restless or that you can't sit still?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH24. During the past two weeks, how often have you felt that it was difficult to breathe?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH25. During the past two weeks, how often have you felt dizzy or faint?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH26. *Check MH7–MH12: Is any MH7–MH12=2 or 3?*	YES, AT LEAST ONE MH7–MH12=2 OR 3.............................1 NO, NO MH7–MH12=2 OR 3 2	*2 ⇨MH31*
MH27. During the past two weeks, how often have you suddenly gotten scared for no reason or without knowing what made you scared?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH28. During the past two weeks, how often have you had difficulty relaxing or difficulty feeling calm?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH29. During the past two weeks, how often have you felt like your heart was pounding or beating too fast?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH30. During the past two weeks, how often have you had headaches or muscle tension?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH31. *Check MH3–MH12: Is any MH3–MH12=2 or 3?*	YES, AT LEAST ONE MH3–MH12=2 OR 3.............................1 NO, NO MH3–MH12=2 OR 3 2	*2 ⇨MH36*
MH32. I would like to ask you a few more questions about the feelings and experiences that you mentioned in earlier questions. *Repeat the categories whenever the respondent does not use an answer category.*		
MH33. During the past two weeks, how often did any of these feelings and experiences negatively affect your ability to perform your daily activities or your relationships at home?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH34. During the past two weeks, how often did any of these feelings and experiences negatively affect your ability to perform your activities at school or work? *If respondent does not attend school and does not work, record '5'.*	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS ....3 NOT APPLICABLE..................................5	

MH35. During the past two weeks, how often did any of these feelings and experiences negatively affect your relationships with your peers?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	
MH36. From the start of this interview, we have been talking about different feelings, experiences and problems that people your age may go through. I would like to know how often you talk to someone else about these sorts of feelings and experiences. Would you say: never, sometimes, often, or always?	NEVER..0 SOMETIMES ....1 OFTEN ....2 ALWAYS 3	 1⇨*MH37* 2⇨*MH37* 3⇨*MH37*
MH36A. Do you ever speak about these feelings to anyone, for example, someone in your family, a friend or perhaps a teacher, a counsellor, a health care professional, hot line or an online counselling service? *If 'Yes', probe:* Would you say: Sometimes, often, or always?	NO, NEVER .... 0 YES, SOMETIMES .... 1 YES, OFTEN .... 2 YES ALWAYS 3	0⇨*MH40*
MH37. In the past month, have you talked to anybody about these kinds of problems or worries?	YES... 1 NO 2	1⇨*MH38*
MH37A. I just want to confirm: During the past month, have you met or contacted anyone about these sorts of problems or worries, for example, someone in your family, a friend, a teacher, school psychologists, counsellor from a hotline or a health care professional?	YES ....1 NO 2	 2⇨*MH40*

MH38. Who have you talked to?
 	
Probe: Anyone else? *Do not read options. Record all mentioned.*
	PROFESSIONALS
	   COUNSELLOR ....A
	   DOCTOR / NURSE / HEALTH AID....B
	   SCHOOL COUNSELLOR C
	   SCHOOL SOCIAL WORKER
	      (SOCIAL PEDAGOGY) ....D
	   HOT LINE... E
	   ONLINE MENTAL
	      HEALTH SERVICES........................K
	
	FAMILY
	   PARENT.. F
	   OTHER RELATIVE (ADULT) ....G
	   OTHER RELATIVE (<18)....................H
	
	OTHER PERSON
	   TEACHER.. I
	   FRIEND..J
	
	OTHER (*specify*) _____ X	

MH40. *The following questions are extremely sensitive. Carefully check again for presence of others. No one should be within hearing distance.* *Do not continue until privacy is ensured.*	PRIVACY OBTAINED......................................1 PRIVACY NOT POSSIBLE..............................2	2⇨*MH49D*
MH41. Now, I would like to ask you a few more questions. If I ask you any question you do not want to answer or if you wish to stop the interview at any moment, please let me know.		
MH42. In the past 12 months, did you try to harm yourself with the intention or desire to end your life? For example, by cutting yourself on purpose, taking poison or too much medicine, or trying to hang yourself?	YES ....1 NO..2	
MH43. In the past 2 weeks, have you thought about doing something to end your life?	YES ....1 NO..2	2⇨*MH46*
MH44. *Check if MH42=1?*	YES, MH42=1 ....1 NO, MH42≠1 2	2⇨*MH48*
MH45. *Initiate High Suicidal Risk Emergency Referral Protocol.* It sounds like you are struggling at the moment, and I would like to help you find someone who can support you. My supervisor can call a professional counsellor, from the governmental or private provider, with whom you can talk about anything that worries you, and who will be able to contact or visit you as soon as possible. Counsellors help young people with their feelings and emotions and the conversation with them is always confidential. This counselling service is free of charge. Would you like us to contact a counsellor?		
Permission for referral?	YES, PERMISSION FOR REFERRAL..............1 NO PERMISSION FOR REFERRAL 2	1⇨*MH49A* 2⇨*MH49C*
MH46. *Add the response category values (0, 1, 2 or 3) of MH3–MH6 and MH15–MH25: Is the sum >17?*	YES, THE SUM IS >17.......................................1 NO, THE SUM IS NOT ≥17...............................2	1⇨*MH48*
MH47. *Add the response category values (0, 1, 2 or 3) of MH7-MH12, MH24–MH25 and MH27–MH30: Is the sum >19?*	YES, THE SUM IS >19.......................................1 NO, THE SUM IS NOT ≥19...............................2	2⇨*MH49D*
MH48. *Initiate Low/Moderate Risk Referral Protocol.* It sounds like you are struggling at the moment, and I would like to help you find someone who can support you. My supervisor can call a professional counsellor, from the governmental or private provider, with whom you can talk about anything that worries you. Counsellors help young people with their feelings and emotions and the conversation with them is always confidential. This counselling service is free of charge. Would you like us to contact a counsellor?		
Permission for referral?	YES, PERMISSION FOR REFERRAL..............1 NO PERMISSION FOR REFERRAL 2	1⇨*MH49B* 2⇨*MH49C*

MH49A. Okay, I need you o tell me how you prefer the counsellor to contact you. If you wish, you can give me a phone number where the counsellor can reach you. You can also tell me a place where the counsellor can safely meet you. We will provide the counsellor with your contact details so that she or he can contact you directly. Please be assured that we will not share any other information you have shared with me during the interview with the counsellor. Expect to hear from the counsellor within 24 hours.

While you wait for the counsellor to reach you, it would be important for you to talk about your worries with an adult you trust, like a parent, a relative, or teacher/school/college/university counsellor so that they can support you. I encourage you to do that.

Once you finish the interview, contact your supervisor
immediately to alert them that the respondent needs a high-risk
emergency referral. It is critical that the counsellor contacts the
respondent immediately, and in any case no later than within 24
hours.

MH49B. Okay, I need you to tell me how you prefer the counsellor to contact you. If you wish, you can give me a phone number where the counsellor can reach you. You can also tell me a place where the counsellor can safely meet you, and the best time and day of the week to contact you. We will provide the counsellor with your contact details so that she or he can contact you directly. Please be assured that we will not share any other information you have shared with me during the interview with the counsellor. Expect to hear from the counsellor within a few days.

The respondent can provide a phone number if she feels
comfortable, or indicate a place where she can be safely reached
(e.g., her home, a relative's or neighbour's home, a local school,
mosque, church, health care or shopping mall). If she prefers to be
met in person, ask her to provide the address and other details
that will allow the counsellor to find the location. Record all this
information and reassure her that her information will be kept
confidential and only used for the purpose of the referral.

INFORMATION FOR REFERRAL TO SUPPORT SERVICE PROVIDER
CASE ID ....__ __ __ __ __ __ __ __
REFERRAL TYPE 　HIGH RISK .... 1 　LOW/MODERATE RISK 2
NAME _____
SEX 　MALE .... 1 　FEMALE 2
AGE .... __ __
BEST AND SAFEST WAY FOR COUNSELOR TO FIND RESPONDENT (E.G. BY PHONE, IN PERSON AT HOME/ANOTHER LOCATION): 　BY PHONE...A 　IN PERSON ....B 　OTHER...X
PHONE NUMBER (IF APPLICABLE): 　—— ——— ——— ————
MEET UP LOCATION (IF APPLICABLE)
REGION NAME AND NUMBER _____ __ __
DISTRICT NAME AND NUMBER _____ __ __ __
NAME OF VILLAGE/TOWN
DESCRIPTION OF LOCATION
NEARBY LANDMARK (E.G. MOSQUE/CHURCH, SCHOOL, HEALTH CARE, SHOPPING MALL)
TIME TO CONTACT (IF APPLICABLE)
BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTACT RESPONDENT

⇨MH50

MH49C. I understand. Let me give you some information about counselling services available in your area that can be used free of charge in case you want to reach out to a counsellor. *Although the respondent has not given permission to contact a counsellor, you must leave the information card and contact details for the nearest mental health services available in the area as provided to you by your supervisor.* In any case, it would be important for you to talk about your worries with an adult you trust, like a parent, a relative, or teacher, so that they can support you. I encourage you to do that.	⇨*MH50*
MH49D. Thank you for your time and cooperation. Here is some information about counselling services in your area that can be used free of charge in case you ever need to contact them. I wish you the best. *Leave the information card and contact details for the nearest support services available in the area as provided to you by your supervisor.*	
MH50. *After thanking the respondent for her cooperation, reassure her about the confidentiality of her answers. Fill out question MH51 with reference to the Mental Health module only.*	
MH51. *Interviewer's observations about the administration of the Mental Health module (e.g., any emotional reactions by respondent that made it difficult or impossible to answer any questions, etc.).*	_____ _____	

WM10. *Record the time.*	HOURS AND MINUTES.................. __ __ : __ __	
WM11. *Was the entire interview completed in private or was there anyone else during the entire interview or part of it?*	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. *Language of the Questionnaire.*	KAZAKH.. 1 RUSSIAN 2	
WM13. *Language of the Interview.*	KAZAKH.. 1 RUSSIAN .... 2 OTHER LANGUAGE (*specify*) _____ 6	
WM14. What is your native language?	KAZAKH.. 1 RUSSIAN .... 2 UZBEK .... 3 UKRAINIAN .... 4 UYGHUR .... 5 OTHER LANGUAGE (*specify*) _____ 6	
WM15. *Was a translator used for any parts of this questionnaire?*	YES, THE ENTIRE QUESTIONNAIRE .... 1 YES, PARTS OF THE QUESTIONNAIRE .... 2 NO, NOT USED 3	
WM15A. *Check WB4: Respondent's age?*	AGE 15-17 .... 1 AGE 18 OR ABOVE 2	1⇨*WM16*
WB15B. *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	1⇨*WM16*
WM15C. *Has this respondent already been interviewed with any individual questionnaires?*	YES, ALREADY INTERVIEWED .... 1 NO, NOT ALREADY INTERVIEWED............... 2	1⇨*WM16*
WM15D. *Check IC1, and check HC7[A] and HC12 in HOUSEHOLD QUESTIONNAIRE: Does this respondent have a mobile phone, or does the household have a fixed telephone line or any member of the household have a mobile phone?*	YES, IC1 = 1 OR HC7[A]=1 OR HC12=1 .... 1 NO, IC1 = 2 AND HC7[A]=2 AND HC12=2 2	2⇨*WM15F*

WM15E. Thank you for your participation. The Bureau of National Statistics will be conducting a phone survey about the situation of children, families, and households in the future. We may call a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team. Would you like to participate?	YES .... 1 1⇨*WM15H* NO .... 2 2⇨*WM16*
WM15F. Thank you for your participation. The Bureau of National Statistics will be conducting a follow-up survey about the situation of children, families, and households in the future. We may contact you a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. All the information you share during these interviews will not be shared with anyone outside our team. Would you like to participate?	YES .... 1 NO .... 2 2⇨*WM16*
WM15G. I have previously recorded that there are no phones in your household. Just to confirm, do you have a personal telephone number or is there a phone number for the household?	YES .... 1 1⇨*WM15I* NO .... 2 2⇨*WM16*
WM15H. Do you have a personal phone number or is there a phone number for the household?	YES .... 1 NO .... 2 2⇨*WM16*

WM15I. You may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call.

	[P1] BEST NUMBER	[P2] 2ᴺᴰ NUMBER	[P3] 3ᴿᴰ NUMBER
WM15J. *Ask for and record phone number.*	——————————	——————————	——————————
WM15K. Just to confirm, the number is (***number recorded in WM15J***)? *If no, return to WM15J and correct entry.*	YES .... 1 NO .... 2 ↺ *WM15J*	YES .... 1 NO .... 2 ↺ *WM15J*	YES .... 1 NO .... 2 ↺ *WM15J*
WM15L. Remember, you may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Do you have another personal or shared phone number where you can be reached?	YES .... 1 ↺ *[P2]* NO .... 2 ↺ *WM16*	YES .... 1 ↺ *[P3]* NO .... 2 ↺ *WM16*	YES .... 1 ↺ *[P4]* NO .... 2 ↺ *WM16*

Tick here if additional questionnaire used: .... ☐

WM16. *Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:*
Is the respondent the mother or caregiver of any child age 0-4 living in this household?

☐ *Yes* ⇨ *Proceed to WM17 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 QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17?*

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

        ☐ *Yes* ⇨ *Proceed to WM17 and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 for that child and start the interview with this respondent.*
        ☐ *No* ⇨ *Proceed to WM17 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* ⇨ *Proceed to WM17 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.*

WM17. *Result of woman's interview.* *Discuss any result not completed with Supervisor.*	COMPLETED..01 NOT AT HOME ....02 REFUSED...03 PARTLY COMPLETED ....04 INCAPACITATED (*specify*) _____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 ....06 OTHER (*specify*)_____ 96

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS