

**QUESTIONNAIRE FOR INDIVIDUAL WOMEN  
2017 Lao Social Indicator Survey (LSIS II)**

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: _____ / _____ / <u>2</u> <u>0</u> <u>1</u> _____	
WM6A. Check HH8B (HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE): Is the household selected for anaemia testing?	YES..... 1 NO ..... 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
WM9A. Hello, my name is ( <i>your name</i> ). We are from Lao Statistics Bureau/Ministry of Health. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 60 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 60 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES, PERMISSION IS GIVEN .....1 NO, PERMISSION IS NOT GIVEN .....2	1 ⇒ WOMAN'S BACKGROUND Module 2 ⇒ WM17	

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 ( <i>specify</i> ) _____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 ..... 06  OTHER ( <i>specify</i> ) _____ 96
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WOMAN'S BACKGROUND		WB
<b>WB1.</b> Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	WM3=HH47 .....1 WM3≠HH47 .....2	2 ⇨ WB3
<b>WB2.</b> Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3, 4 OR 5 .....1 ED5=0, 1, 8 OR BLANK .....2	1 ⇨ WB15 2 ⇨ WB14
<b>WB3.</b> In what month and year were you born?	DATE OF BIRTH MONTH.....__ __ DK MONTH.....98  YEAR .....__ __ __ __ DK YEAR.....9998	
<b>WB4.</b> How old are you?  <i>Probe: How old were you at your last birthday?</i>  <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) .....__ __	
<b>WB5.</b> Have you ever attended school or any early childhood education programme?	YES.....1 NO .....2	2 ⇨ WB14
<b>WB6.</b> What is the highest level and grade or year of school you have attended? <b>Grade:</b> Primary 11 – 15 Lower Sec. 21 – 24 Upper Sec. 31 – 33 Post Sec. non tertiary 41 – 43 Tertiary Edu. 51 - 57	EARLY CHILDHOOD EDUCATION .....000 PRIMARY .....1 __ __ LOWER SECONDARY .....2 __ __ UPPER SECONDARY .....3 __ __ POST SECONDARY NON TERTIARY ..4 __ __ TERTIARY EDUCATION .....5 __ __	000 ⇨ WB14
<b>WB7.</b> Did you complete that (grade/year)?	YES.....1 NO .....2	
<b>WB8.</b> Check WB4. Age of respondent:	AGE 15-24.....1 AGE 25-49.....2	2 ⇨ WB13
<b>WB9.</b> At any time during the 2016-17 school year did you attend school?  <i>If the interview is in July – August, the school year will be 2016-17. If the interview is in September and following months, the school year will be 2017-18</i>	YES.....1 NO .....2	2 ⇨ WB11
<b>WB10.</b> During 2016-17 school year, which level and grade or year are you <u>attending</u> ? <b>Grade:</b> Primary 11 – 15 Lower Sec. 21 – 24 Upper Sec. 31 – 33 Post Sec. non tertiary 41 – 43 Tertiary Edu. 51 - 57	PRIMARY .....1 __ __ LOWER SECONDARY .....2 __ __ UPPER SECONDARY .....3 __ __ POST SECONDARY NON TERTIARY ..4 __ __ TERTIARY EDUCATION .....5 __ __	

<p><b>WB11.</b> At any time during the 2015-16 school year did you attend school?  <i>If the interview is in July – August, the school year will be 2015-16. If the interview is in September and following months, the school year will be 2016-17</i></p>	<p>YES.....1  NO .....2</p>	<p>2 ⇨ WB13</p>
<p><b>WB12.</b> During 2015-16 (2016-17) school year, which level and grade or year did you <u>attend</u>?  <b>Grade:</b>  Primary                    11 – 15  Lower Sec.                21 – 24  Upper Sec.                31 – 33  Post Sec. non tertiary   41 – 43  Tertiary Edu.            51 - 57</p>	<p>PRIMARY ..... <b>1</b> ___  LOWER SECONDARY ..... <b>2</b> ___  UPPER SECONDARY ..... <b>3</b> ___  POST SECONDARY NON TERTIARY .... <b>4</b> ___  TERTIARY EDUCATION ..... <b>5</b> ___</p>	
<p><b>WB13.</b> Check WB6. Highest level of school attended:</p>	<p>WB6=2, 3, 4 OR 5 .....1  WB6=1 .....2</p>	<p>1 ⇨ WB15</p>
<p><b>WB14.</b> Now I would like you to read this sentence to me.   <i>Show sentence on the card to the respondent.</i>   <i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p>	<p>CANNOT READ AT ALL.....1  ABLE TO READ ONLY PARTS  OF SENTENCE.....2  ABLE TO READ WHOLE SENTENCE.....3   NO SENTENCE IN  REQUIRED LANGUAGE / BRAILLE  (specify) _____ 6</p>	
<p><b>WB15.</b> How long have you been continuously living in (name of current city, town or village of residence)?   <i>If less than one year, record '00' years.</i></p>	<p>YEARS ..... ___  ALWAYS / SINCE BIRTH.....95</p>	<p>95 ⇨ WB18</p>
<p><b>WB16.</b> Just before you moved here, did you live in a city, in a town, or in a rural area?   <i>Probe to identify the type of place.</i>   <i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i>   _____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>CITY.....1  TOWN .....2  RURAL AREA.....3</p>	

<p><b>WB17.</b> Before you moved here, in which province did you live in?</p>	<p>VIENTIANE CAPITAL .....01  PHONSALY .....02  LUANGNAMTHA .....03  OUDOMXAY .....04  BOKEO .....05  LUANGPRABANG .....06  HUAPHANH .....07  XAYABURY .....08  XIENGKHUANG .....09  VIENTIANE .....10  BORIKHAMXAY .....11  KHAMMUA .....12  SAVANNAKHET .....13  SARAVANE .....14  SEKONG .....15  CHAMPASACK .....16  ATTAPEU .....17  XAYSOMBOUNE .....18</p> <p>OUTSIDE OF LAO  <i>(specify)</i> _____ 96</p>	
<p><b>WB18.</b> Are you covered by any health insurance?</p>	<p>YES .....1  NO .....2</p>	<p>2 ⇒ End</p>
<p><b>WB19.</b> What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p>	<p>CIVIL SERVANT SCHEME ..... A  SOCIAL SECURITY OFFICE ..... B  COMMUNITY BASED HEALTH INSURANCE  (CBHI) ..... C  HEALTH EQUITY FUND (HEF) ..... D  FREE MCH ..... E  PRIVATE HEALTH INSURANCE ..... F</p> <p>OTHER <i>(specify)</i> _____ X</p>	

**MASS MEDIA AND ICT**

**MT**

<p><b>MT1.</b> Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0                  LESS THAN ONCE A WEEK .....1                  AT LEAST ONCE A WEEK .....2                  ALMOST EVERY DAY .....3</p>	
<p><b>MT2.</b> Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0                  LESS THAN ONCE A WEEK .....1                  AT LEAST ONCE A WEEK .....2                  ALMOST EVERY DAY .....3</p>	
<p><b>MT3.</b> Do you watch television at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0                  LESS THAN ONCE A WEEK .....1                  AT LEAST ONCE A WEEK .....2                  ALMOST EVERY DAY .....3</p>	
<p><b>MT4.</b> Have you ever used a computer or a tablet from any location?</p>	<p>YES .....1                  NO .....2</p>	<p>2 ⇒MT9</p>
<p><b>MT5.</b> During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0                  LESS THAN ONCE A WEEK .....1                  AT LEAST ONCE A WEEK .....2                  ALMOST EVERY DAY .....3</p>	<p>0 ⇒MT9</p>

	YES	NO	
<b>MT6.</b> During the last 3 months, did you:			
[A] Copy or move a file or folder?	COPY/MOVE FILE .....1	2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT .....1	2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT .....1	2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA..1	2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE.....1	2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE .....1	2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION .....1	2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE .....1	2	
[I] Write a computer program in any programming language?	PROGRAMMING.....1	2	
<b>MT7.</b> Check MT6[C], is 'Yes' recorded?	YES, MT6[C]=1 .....1	2	1 ⇔ MT10
	NO, MT6[C]=2 .....2		
<b>MT8.</b> Check MT6[F], is 'Yes' recorded?	YES, MT6[F]=1 .....1	2	1 ⇔ MT10
	NO, MT6[F]=2 .....2		
<b>MT9.</b> Have you ever used the internet from any location and any device?	YES .....1	2	2 ⇔ MT11
	NO .....2		
<b>MT10.</b> During the last 3 months did you use the internet at least once a week, less than once a week or not at all?  <i>If 'At least once a week', probe: Would you say this happens almost every day?</i>  <i>If 'Yes' record 3. If 'No' record 2.</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK .....1 AT LEAST ONCE A WEEK .....2 ALMOST EVERY DAY .....3		
<b>MT11.</b> Do you own a mobile phone?	YES .....1	2	
	NO .....2		
<b>MT12.</b> During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?  <i>Probe if necessary: I mean have you communicated with someone using a mobile phone.</i>  <i>If 'At least once a week', probe: Would you say this happens almost every day?</i>  <i>If 'Yes' record 3. If 'No' record 2.</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK .....1 AT LEAST ONCE A WEEK .....2 ALMOST EVERY DAY .....3		

FERTILITY/BIRTH HISTORY		CM
<b>CM1.</b> Now I would like to ask about all the births you have had during your life. Have you ever given birth?  <i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i>	YES ..... 1 NO ..... 2	2 ⇒ CM8
<b>CM2.</b> 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
<b>CM3.</b> How many sons live with you?  <i>If none, record '00'.</i>	SONS AT HOME ..... __ __	
<b>CM4.</b> How many daughters live with you?  <i>If none, record '00'.</i>	DAUGHTERS AT HOME ..... __ __	
<b>CM5.</b> 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
<b>CM6.</b> How many sons are alive but do not live with you?  <i>If none, record '00'.</i>	SONS ELSEWHERE ..... __ __	
<b>CM7.</b> How many daughters are alive but do not live with you?  <i>If none, record '00'.</i>	DAUGHTERS ELSEWHERE ..... __ __	
<b>CM8.</b> Have you ever given birth to a boy or girl who was born alive but later died?  <i>If 'No' probe by asking:            I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i>	YES ..... 1 NO ..... 2	2 ⇒ CM11
<b>CM9.</b> How many boys have died?  <i>If none, record '00'.</i>	BOYS DEAD ..... __ __	
<b>CM10.</b> How many girls have died?  <i>If none, record '00'.</i>	GIRLS DEAD ..... __ __	
<b>CM11.</b> Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM ..... __ __	
<b>CM12.</b> Just to make sure that I have this right, you have had in total ( <b>total number in CM11</b> ) births during your life. Is this correct?	YES ..... 1 NO ..... 2	1 ⇒ CM14
<b>CM13.</b> Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
<b>CM14.</b> Check CM11. How many live births?	NO LIVE BIRTHS, CM11=00.....0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE..... 1	0 ⇒ CM19

**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. In what month and year was (name of birth) born?  <i>Probe: What is (his/her) birthday?</i>	BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday?  <i>Record age in completed years.</i>	BH7. Is (name of birth) living with you?	BH8. <i>Record household line number of child (from HLI)</i>  <i>Record '00' if child is not listed.</i>	BH9. How old was (name of birth) when (he/she) died?  <i>If '1 year', probe: How many months old was (name of birth)?</i>  <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth?
		S	M	G			Day	Month				Year	Y	
01		1	2	1	2					1	2	→Next Birth	DAYS.....1 MONTHS..2 YEARS.....3	
02		1	2	1	2					1	2	→BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ♀ Add Birth
03		1	2	1	2					1	2	→BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ♀ Add Birth
04		1	2	1	2					1	2	→BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ♀ Add Birth
05		1	2	1	2					1	2	→BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ♀ Add Birth
06		1	2	1	2					1	2	→BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ♀ Add Birth
07		1	2	1	2					1	2	→BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ♀ Add Birth
08		1	2	1	2					1	2	→BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ♀ Add Birth
09		1	2	1	2					1	2	→BH10	DAYS.....1	1 ♀ Add Birth



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. In what month and year was (name of birth) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (name of birth) living with you?	⇒ BH10	MONTHS..2 YEARS.....3	Add Birth	Next Birth
				Day	Month	Year	Y	N						
10		S M 1 2	B G 1 2	Day	Month	Year	Y N 1 2	BH9	Age	Y N 1 2	⇒ BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ☐ Add Birth	2 ☐ Next Birth
11		1 2	1 2	Day	Month	Year	1 2	BH9	Age	1 2	⇒ BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ☐ Add Birth	2 ☐ Next Birth
12		1 2	1 2	Day	Month	Year	1 2	BH9	Age	1 2	⇒ BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ☐ Add Birth	2 ☐ Next Birth
13		1 2	1 2	Day	Month	Year	1 2	BH9	Age	1 2	⇒ BH10	DAYS.....1 MONTHS..2 YEARS.....3	1 ☐ Add Birth	2 ☐ Next Birth
14		1 2	1 2	Day	Month	Year	1 2	BH9	Age	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)?												1 ⇒ Record birth(s) in Birth History		
YES.....1														
NO.....2														

<b>CM15.</b> 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
<b>CM16.</b> Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.		
<b>CM17.</b> Check BH4: Last birth occurred within the last 2 years, that is, since ( <b>month of interview</b> ) in 2015?  <i>If the month of interview and the month of birth are the same, and the year of birth is 2015, consider this as a birth within the last 2 years.</i>	NO LIVE BIRTHS IN THE LAST 2 YEARS..... 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS ..... 1	0 ⇒CM19
<b>CM18.</b> Copy name of the last child listed in BH1.  <i>If the child has died, take special care when referring to this child by name in the following modules.</i>	NAME OF LAST-BORN CHILD  _____	
<b>CM19.</b> Sometimes women have pregnancies that might not end with a live birth.  Have you ever had any pregnancy that was miscarried, ended in a stillbirth, or that was aborted?	YES ..... 1 NO ..... 2	2 ⇒End
<b>CM20.</b> How many miscarriages have you had during your lifetime?  By miscarriage, I mean an early and involuntary end of pregnancy within the first 5 months of pregnancy.	NONE..... 00 NUMBER OF MISCARRIAGES _____	
<b>CM21.</b> In how many cases have your pregnancies ended with a stillbirth?  By stillbirth, I mean a birth that took place after the 5th month of pregnancy, but the child did not show any signs of life.	NONE..... 00 NUMBER OF STILLBIRTHS _____	
<b>CM22.</b> And how many abortions have you had during your lifetime?  By abortion, I mean a pregnancy that was voluntarily terminated within the first 5 months of pregnancy.	NONE..... 00 NUMBER OF ABORTIONS _____	00 ⇒End
<b>CM23.</b> When did your (last) abortion take place?  <i>Month and year must be recorded.</i>	DATE OF (LAST) ABORTION  MONTH..... ____ YEAR ..... ____	

<p><b>CM24.</b> Check CM23: Last abortion occurred within the last 5 years, that is, since (<b>month of interview</b>) in 2012?</p> <p><i>If the month of interview and the month the abortion took place are the same, and the year the abortion took place is 2012, consider this as an abortion within the last 5 years.</i></p>	<p>NO ABORTION IN THE LAST 5 YEARS..... 0</p> <p>THE LAST ABORTION TOOK PLACE DURING THE LAST 5 YEARS..... 1</p>	<p>0 ⇒ End</p>
<p><b>CM25.</b> How many months (weeks) were you pregnant when your pregnancy was aborted?</p> <p><i>If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months</i></p>	<p>LENGTH OF PREGNANCY AT TIME OF ABORTION</p> <p>WEEKS..... 1 ___</p> <p>MONTHS..... 2 ___</p>	
<p><b>CM26.</b> What was the method used for that abortion?</p>	<p>MEDICAL METHOD USING PILLS.....1</p> <p>SURGICAL / INVASIVE METHOD.....2</p>	<p>1 ⇒ CM28</p>
<p><b>CM27.</b> Where did the surgical abortion take place?</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL .....21</p> <p>HEALTH CENTRE .....22</p> <p>OTHER PUBLIC (<i>specify</i>) ..... 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL .....31</p> <p>PRIVATE CLINIC .....32</p> <p>PRIVATE MATERNITY HOME .....33</p> <p>OTHER PRIVATE</p> <p>MEDICAL (<i>specify</i>) ..... 36</p> <p>OTHER (<i>specify</i>) .....96</p>	<p>21 ⇒ CM30</p> <p>22 ⇒ CM30</p> <p>26 ⇒ CM30</p> <p>31 ⇒ CM30</p> <p>32 ⇒ CM30</p> <p>33 ⇒ CM30</p> <p>36 ⇒ CM30</p> <p>96 ⇒ CM30</p>
<p><b>CM28.</b> Where did the medical abortion using pills take place?</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL .....21</p> <p>HEALTH CENTRE .....22</p> <p>OTHER PUBLIC (<i>specify</i>) ..... 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL .....31</p> <p>PRIVATE CLINIC .....32</p> <p>PRIVATE MATERNITY HOME .....33</p> <p>OTHER PRIVATE</p> <p>MEDICAL (<i>specify</i>) ..... 36</p> <p>AT HOME.....41</p> <p>OTHER (<i>specify</i>) ..... 96</p>	

<b>CM29.</b> Where did you obtain the pills?	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL .....21 HEALTH CENTRE .....22 OTHER PUBLIC ( <i>specify</i> ) _____ 26  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL .....31 PRIVATE CLINIC .....32 PRIVATE MATERNITY HOME .....33 OTHER PRIVATE MEDICAL ( <i>specify</i> ) _____ 36  PHARMACY .....41 LOCAL DRUG STORE .....41 ALREADY HAD AT HOME .....41 RELATIVE / FRIEND .....42  OTHER ( <i>specify</i> ) _____ 96	
<b>CM30.</b> Did you face any problems or complications?	YES ..... 1 NO ..... 2	2 ⇒ End
<b>CM31.</b> What kind of complications did you have?  <i>Record all mentioned.</i>	HEAVY BLEEDING ..... A SEVERE PAIN ..... B FEVER ..... C INJURY/PERFORATION ..... D FOUL-SMELLING VAGINAL DISCHARGE ..E  OTHER ( <i>specify</i> ) _____ X	
<b>CM32.</b> Did you seek treatment for this/these complication(s)?	YES ..... 1 NO ..... 2	


DESIRE FOR LAST BIRTH		DB
<b>DB1.</b> 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
<b>DB2.</b> When you got pregnant with ( <i>name</i> ), did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	1 ⇒ End
<b>DB3.</b> Check CM11: Number of births:	ONLY 1 BIRTH ..... 1 2 OR MORE BIRTHS ..... 2	1 ⇒ DB4A 2 ⇒ DB4B
<b>DB4A.</b> Did you want to have a baby later on, or did you not want any children?	LATER ..... 1 NO MORE ..... 2	
<b>DB4B.</b> Did you want to have a baby later on, or did you not want any more children?		

MATERNAL AND NEWBORN HEALTH		MN												
<p><b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 ..... 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>	2 ⇒ End												
<p><b>MN2.</b> Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	2 ⇒ MN7												
<p><b>MN3.</b> Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p><b>HEALTH PROFESSIONAL</b></p> <p>DOCTOR..... A</p> <p>NURSE / MIDWIFE..... B</p> <p>AUXILIARY NURSE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... F</p> <p>COMMUNITY HEALTH WORKER ..... G</p> <p>OTHER (<i>specify</i>) _____ X</p>													
<p><b>MN4.</b> How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p>	<p>WEEKS ..... 1 ___</p> <p>MONTHS ..... 2 <u>0</u> ___</p> <p>DK ..... 998</p>													
<p><b>MN5.</b> How many times did you receive antenatal care during this pregnancy?</p> <p>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.</p>	<p>NUMBER OF TIMES ..... ___</p> <p>DK ..... 98</p>													
<p><b>MN6.</b> As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>[A] Was your blood pressure measured?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BLOOD PRESSURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BLOOD PRESSURE.....	1	2	URINE SAMPLE .....	1	2	BLOOD SAMPLE.....	1	2	
	YES	NO												
BLOOD PRESSURE.....	1	2												
URINE SAMPLE .....	1	2												
BLOOD SAMPLE.....	1	2												
<p><b>MN7.</b> Do you have a card or other document with your own immunizations listed?</p> <p>If yes, ask: May I see it please?</p> <p>If a card is presented, use it to assist with answers to the following questions.</p>	<p>YES (CARD OR OTHER DOCUMENT SEEN).... 1</p> <p>YES (CARD OR OTHER DOCUMENT NOT SEEN)..... 2</p> <p>NO ..... 3</p> <p>DK ..... 8</p>													
<p><b>MN8.</b> When you were pregnant with (<i>name</i>), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	2 ⇒ MN11 8 ⇒ MN11												

<b>MN9.</b> How many times did you receive this tetanus injection during your pregnancy with ( <i>name</i> )?	NUMBER OF TIMES ..... _ DK ..... 8	8 ⇒ MN11
<b>MN10.</b> Check MN9: How many tetanus injections during last pregnancy were reported?	ONLY 1 INJECTION..... 1 2 OR MORE INJECTIONS..... 2	2 ⇒ MN15
<b>MN11.</b> At any time before your pregnancy with ( <i>name</i> ), did you receive any tetanus injection either to protect yourself or another baby?  <i>Include DPT (Tetanus) vaccinations received as a child if mentioned.</i>	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ MN15  8 ⇒ MN15
<b>MN12.</b> Before your pregnancy with ( <i>name</i> ), how many times did you receive a tetanus injection?  <i>If 7 or more times, record '7'. Include DPT (Tetanus) vaccinations received as a child if mentioned.</i>	NUMBER OF TIMES ..... _  DK ..... 8	
<b>MN13.</b> Check MN12: How many tetanus injections before last pregnancy were reported?	ONLY 1 INJECTION..... 1 2 OR MORE INJECTIONS OR DK ..... 2	1 ⇒ MN14A 2 ⇒ MN14B
<b>MN14A.</b> How many years ago did you receive that tetanus injection ?  <b>MN14B.</b> How many years ago did you receive the last of those tetanus injections?  <i>The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12. If less than 1 year, record '00'.</i>	YEARS AGO ..... _ _  DK ..... 98	
<b>MN14C.</b> During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ MN15  8 ⇒ MN15
<b>MN14D.</b> During the whole pregnancy, for how many days did you take the tablets or syrup?  <i>If answer is not numeric, probe for approximate number of days</i>	DAYS ..... _ _ _  DK ..... 998	
<b>MN15.</b> Check MN2: Was antenatal care received?	YES, MN2=1 ..... 1 NO, MN2=2..... 2	2 ⇒ MN19
<b>MN16.</b> During the pregnancy with ( <i>name</i> ), did you take SP/Fansidar to keep <u>you</u> from getting malaria?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ MN19  8 ⇒ MN19
<b>MN17.</b> How many times did you take SP/Fansidar during your pregnancy with ( <i>name</i> )?	NUMBER OF TIMES ..... _ _  DK ..... 98	





<p><b>MN23.</b> Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>  <p><small>Photo Credit: Joyce Baldwin</small></p>	<p>YES ..... 1  NO ..... 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	<p>2 ⇒MN25  8 ⇒MN25</p>
<p><b>MN24.</b> Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES ..... 1  NO ..... 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	
<p><b>MN25.</b> Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES ..... 1  NO ..... 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	
<p><b>MN26.</b> How long after the birth was (<i>name</i>) bathed for the first time?  <i>If "immediately" or less than 1 hour, record '000'.</i>  <i>If less than 24 hours, record hours.</i>  <i>If "1 day" or "next day", probe: About how many hours after the delivery?</i>  <i>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.</i>  <i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR ..... 000</p> <p>HOURS..... <b>1</b> ___</p> <p>DAYS ..... <b>2</b> ___</p> <p>NEVER BATHED..... 997</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p><b>MN27.</b> Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36..... 1  NO, MN20=11-12 or 96 ..... 2</p>	<p>1 ⇒MN30</p>
<p><b>MN28.</b> What was used to cut the cord?</p>	<p>NEW BLADE..... 1  BLADE USED FOR OTHER PURPOSES..... 2  SCISSORS..... 3</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK ..... 8</p>	
<p><b>MN29.</b> Was the instrument used to cut the cord boiled or sterilised prior to use?</p>	<p>YES ..... 1  NO ..... 2</p> <p>DK / DON'T REMEMBER..... 8</p>	
<p><b>MN30.</b> After the cord was cut and until it fell off, was anything applied to the cord?</p>	<p>YES ..... 1  NO ..... 2</p> <p>DK / DON'T REMEMBER..... 8</p>	<p>2 ⇒MN32  8 ⇒MN32</p>

<p><b>MN31.</b> What was applied to the cord?</p> <p><i>Probe: Anything else?</i></p>	<p>CHLORHEXIDINE.....A  OTHER ANTISEPTIC (ALCOHOL,  SPIRIT, GENTIAN VIOLET) ..... B  MUSTARD OIL ..... C  ASH.....D  ANIMAL DUNG..... E    OTHER (<i>specify</i>) _____ X  DK / DON'T REMEMBER ..... Z</p>	
<p><b>MN32.</b> When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE ..... 1  LARGER THAN AVERAGE ..... 2  AVERAGE ..... 3  SMALLER THAN AVERAGE ..... 4  VERY SMALL..... 5    DK ..... 8</p>	
<p><b>MN33.</b> Was (<i>name</i>) weighed at birth?</p>	<p>YES ..... 1  NO ..... 2    DK ..... 8</p>	<p>2 ⇨ MN35  8 ⇨ MN35</p>
<p><b>MN34.</b> How much did (<i>name</i>) weigh?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>FROM CARD..... <b>1 (KG)</b> __ . ____  FROM RECALL ..... <b>2 (KG)</b> __ . ____  DK ..... 99998</p>	
<p><b>MN35.</b> Has your menstrual period returned since the birth of (<i>name</i>)?</p>	<p>YES ..... 1  NO ..... 2</p>	
<p><b>MN36.</b> Did you ever breastfeed (<i>name</i>)?</p>	<p>YES ..... 1  NO ..... 2</p>	<p>2 ⇨ MN39B</p>
<p><b>MN37.</b> How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.</i></p>	<p>IMMEDIATELY ..... 000    HOURS..... <b>1</b> ____    DAYS ..... <b>2</b> ____    DK / DON'T REMEMBER..... 998</p>	
<p><b>MN38.</b> In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p>	<p>YES ..... 1  NO ..... 2</p>	<p>1 ⇨ MN39A  2 ⇨ End</p>

<p><b>MN39A.</b> What was (<i>name</i>) given to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p> <p><b>MN39B.</b> In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p>	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 / TRADITIONAL HERBAL PREPARATIONS..... H HONEY .....I PRESCRIBED MEDICINE.....J OTHER ( <i>specify</i> ) _____ X NOT GIVEN ANYTHING TO DRINK..... Y	
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POST-NATAL HEALTH CHECKS		PN
<p><b>PN1.</b> Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK..... 2	2 ⇒ End
<p><b>PN2.</b> Check MN20: Was the child delivered in a health facility?</p>	YES, MN20=21-36..... 1 NO, MN20=11-12 OR 96..... 2	2 ⇒ PN7
<p><b>PN3.</b> Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>).</p> <p>You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery?</p> <p>If less than one day, record hours.            If less than one week, record days.            Otherwise, record weeks.</p>	HOURS..... 1 ___ DAYS ..... 2 ___ WEEKS ..... 3 ___ DK / DON'T REMEMBER..... 998	
<p><b>PN4.</b> I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?</p>	YES..... 1 NO ..... 2	
<p><b>PN5.</b> 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?</p> <p>Did anyone check on <u>your</u> health before you left (<i>name or type or facility in MN20</i>)?</p>	YES..... 1 NO ..... 2	
<p><b>PN6.</b> Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?</p>	YES..... 1 NO ..... 2	1 ⇒ PN12 2 ⇒ PN17
<p><b>PN7.</b> Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED..... 1 NO, NONE OF THE CATEGORIES A TO G RECORDED..... 2	2 ⇒ PN11

<p><b>PN8.</b> You have already said that <i>(person or persons in MN19)</i> assisted with the birth. Now I would like to talk to you about checks on <i>(name)</i>'s health after delivery, for example examining <i>(name)</i>, checking the cord, or seeing if <i>(name)</i> is ok.</p> <p>After the delivery was over and before <i>(person or persons in MN19)</i> left you, did <i>(person or persons in MN19)</i> check on <i>(name)</i>'s health?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
<p><b>PN9.</b> And did <i>(person or persons in MN19)</i> check on <u>your</u> health before leaving for example asking questions about your health or examining you?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
<p><b>PN10.</b> After the <i>(person or persons in MN19)</i> left you, did anyone check on the health of <i>(name)</i>?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	<p>1 ⇨PN12</p> <p>2 ⇨PN19</p>
<p><b>PN11.</b> I would like to talk to you about checks on <i>(name)</i>'s health after delivery – for example, someone examining <i>(name)</i>, checking the cord, or seeing if the baby is ok.</p> <p>After <i>(name)</i> was delivered, did anyone check on (his/her) health?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	<p>2 ⇨PN20</p>
<p><b>PN12.</b> Did such a check happen only once, or more than once?</p>	<p>ONCE ..... 1</p> <p>MORE THAN ONCE..... 2</p>	<p>1 ⇨PN13A</p> <p>2 ⇨PN13B</p>
<p><b>PN13A.</b> How long after delivery did that check happen?</p> <p><b>PN13B.</b> How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i>  <i>If less than one week, record days.</i>  <i>Otherwise, record weeks.</i></p>	<p>HOURS..... 1 ___</p> <p>DAYS ..... 2 ___</p> <p>WEEKS ..... 3 ___</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p><b>PN14.</b> Who checked on <i>(name)</i>'s health at that time?</p>	<p><b>HEALTH PROFESSIONAL</b></p> <p>DOCTOR..... A</p> <p>NURSE / MIDWIFE..... B</p> <p>AUXILIARY NURSE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... F</p> <p>COMMUNITY HEALTH WORKER ..... G</p> <p>RELATIVE / FRIEND ..... H</p> <p>OTHER (<i>specify</i>) ..... X</p>	

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

<p><b>PN23.</b> Who checked on <u>your</u> health at that time?</p>	<p><b>HEALTH PROFESSIONAL</b>  DOCTOR..... A  NURSE / MIDWIFE..... B  AUXILIARY NURSE ..... C  <b>OTHER PERSON</b>  TRADITIONAL BIRTH ATTENDANT ..... F  COMMUNITY HEALTH WORKER ..... G  RELATIVE / FRIEND ..... H    OTHER (<i>specify</i>) _____ X</p>																	
<p><b>PN24.</b> Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>HOME</b>  YOUR HOME ..... 11  OTHER HOME ..... 12    <b>PUBLIC SECTOR</b>  GOVERNMENT HOSPITAL .....21  GOVERNMENT HEALTH CENTRE .....22  OTHER PUBLIC  (<i>specify</i>) _____ 26    <b>PRIVATE MEDICAL SECTOR</b>  PRIVATE HOSPITAL .....31  PRIVATE CLINIC ..... 32  PRIVATE MATERNITY HOME .....33  OTHER PRIVATE  MEDICAL (<i>specify</i>) _____ 36    OTHER (<i>specify</i>) _____ 96</p>																	
<p><b>PN25.</b> During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)'s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>EXAMINE THE CORD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TAKE TEMPERATURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>COUNSEL ON BREASTFEEDING ....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	EXAMINE THE CORD .....	1	2	8	TAKE TEMPERATURE.....	1	2	8	COUNSEL ON BREASTFEEDING ....	1	2	8	
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COUNSEL ON BREASTFEEDING ....	1	2	8															
<p><b>PN26.</b> Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1 ..... 1  NO, MN36=2..... 2</p>	<p>2 ⇒PN28</p>																
<p><b>PN27.</b> Observe (<i>name</i>)'s breastfeeding?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>OBSERVE BREASTFEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	OBSERVE BREASTFEEDING	1	2	8									
	YES	NO	DK															
OBSERVE BREASTFEEDING	1	2	8															
<p><b>PN28.</b> Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1 ..... 1  NO, MN33=2..... 2  DK, MN33=8..... 3</p>	<p>1 ⇒PN29A  2 ⇒PN29B  3 ⇒PN29C</p>																

<p><b>PN29A.</b> You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days?</p> <p><b>PN29B.</b> You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> <p><b>PN29C.</b> You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
<p><b>PN30.</b> During the first two days after (<i>name</i>)’s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	



CONTRACEPTION		CP
<p><b>CP1.</b> I would like to talk with you about another subject: family planning.</p> <p>Are you pregnant now?</p>	<p>YES, CURRENTLY PREGNANT .....1  NO.....2  DK OR NOT SURE.....8</p>	1 ⇨ CP3
<p><b>CP2.</b> Couples use various ways or methods to delay or avoid getting pregnant.</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES.....1  NO.....2</p>	1 ⇨ CP4
<p><b>CP3.</b> Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES.....1  NO.....2</p>	1 ⇨ End 2 ⇨ End
<p><b>CP4.</b> What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.  If more than one method is mentioned, record each one.</i></p>	<p>FEMALE STERILIZATION .....A  MALE STERILIZATION.....B  IUD .....C  INJECTABLES.....D  IMPLANTS.....E  PILL.....F  MALE CONDOM.....G  FEMALE CONDOM.....H  DIAPHRAGM .....I  FOAM / JELLY .....J  PERIODIC ABSTINENCE / RHYTHM .....L  WITHDRAWAL.....M</p> <p>OTHER (<i>specify</i>) _____ X</p>	
<p><b>CP5.</b> Where did you obtain (current method) the last time?</p> <p><i>Probe to identify the type of source.  If unable to determine if public or private sector, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>PUBLIC SECTOR  GOVT. HOSPITAL ..... 11  HEALTH CENTER ..... 12  LAO YOUTH CENTER LYC ..... 13  OUTREACH TEAM..... 14  VILLAGE HEALTH VOLUNTEER VHV ..... 15  OTHER PUBLIC SECTOR _____ 16  (<i>specify</i>)</p> <p>PRIVATE MEDICAL SECTOR  PRIVATE HOSPITAL/CLINIC ..... 21  PHARMACY ..... 22  PRIVATE DOCTOR ..... 23  MOBILE CLINIC ..... 24  FIELD WORKER..... 25</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26  (<i>specify</i>)</p> <p>OTHER SOURCE  SHOP ..... 31  FRIEND/RELATIVE..... 33  OTHER (<i>specify</i>) _____ 96</p>	

UNMET NEED		UN
<b>UN1.</b> Check CP1. Currently pregnant?	YES, CP1=1 ..... 1 NO, DK OR NOT SURE, CP1= 2 OR 8 ..... 2	2 ⇨ UN6
<b>UN2.</b> 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
<b>UN3.</b> Check CM11. Any births?	NO BIRTHS ..... 0 ONE OR MORE BIRTHS ..... 1	0 ⇨ UN4A 1 ⇨ UN4B
<b>UN4A.</b> Did you want to have a baby later on or did you not want any children?  <b>UN4B.</b> Did you want to have a baby later on or did you not want any more children?	LATER ..... 1 NONE / NO MORE ..... 2	
<b>UN5.</b> 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
<b>UN6.</b> Check CP4. Currently using 'Female sterilization'?	YES, CP4=A ..... 1 NO, CP4≠A ..... 2	1 ⇨ UN14
<b>UN7.</b> 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
<b>UN8.</b> How long would you like to wait before the birth of (a/another) child?  <i>Record the answer as stated by respondent.</i>	MONTHS ..... 1 ___  YEARS ..... 2 ___  DOES NOT WANT TO WAIT (SOON/NOW) ..... 993 SAYS SHE CANNOT GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995 OTHER ..... 996  DK ..... 998	994 ⇨ UN12
<b>UN9.</b> Check CP1. Currently pregnant?	YES, CP1=1 ..... 1 NO, DK OR NOT SURE, CP1= 2 OR 8 ..... 2	1 ⇨ UN14
<b>UN10.</b> Check CP2. Currently using a method?	YES, CP2=1 ..... 1 NO, CP2= 2 ..... 2	1 ⇨ UN14
<b>UN11.</b> Do you think you are physically able to get pregnant at this time?	YES ..... 1 NO ..... 2  DK ..... 8	1 ⇨ UN14 8 ⇨ UN14

<p><b>UN12.</b> Why do you think you are not physically able to get pregnant?</p>	<p>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 (<i>specify</i>) _____ X    DK.....Z</p>	
<p><b>UN13.</b> Check UN12. 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C ..... 1  NOT MENTIONED, UN12≠C ..... 2</p>	<p>1 ⇒End</p>
<p><b>UN14.</b> When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:  How many months ago?</i></p>	<p>DAYS AGO ..... <b>1</b> __ __  WEEKS AGO ..... <b>2</b> __ __  MONTHS AGO ..... <b>3</b> __ __  YEARS AGO..... <b>4</b> __ __    IN MENOPAUSE / HAS HAD HYSTERECTOMY ..... 993  BEFORE LAST BIRTH ..... 994  NEVER MENSTRUATED..... 995</p>	<p>993 ⇒End  994 ⇒End  995 ⇒End</p>
<p><b>UN15.</b> Check UN14. Was the last menstrual period within last year?</p>	<p>YES, WITHIN LAST YEAR ..... 1  NO, ONE YEAR OR MORE ..... 2</p>	<p>2 ⇒End</p>
<p><b>UN16.</b> Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p>	<p>YES..... 1  NO.....2    DK / NOT SURE / NO SUCH ACTIVITY ..... 8</p>	
<p><b>UN17.</b> During your last menstrual period were you able to wash and change in privacy while at home?</p>	<p>YES..... 1  NO.....2    DK.....8</p>	
<p><b>UN18.</b> Did you use any materials such as sanitary pads, tampons or cloth?</p>	<p>YES..... 1  NO.....2    DK.....8</p>	<p>2 ⇒End  8 ⇒End</p>
<p><b>UN19.</b> Were the materials reusable?</p>	<p>YES..... 1  NO.....2    DK.....8</p>	

**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

MARRIAGE/UNION		MA
<b>MA1.</b> 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
<b>MA2.</b> How old is your (husband/partner)?  <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS..... ____  DK ..... 98	
<b>MA3.</b> Besides yourself, does your (husband/partner) have any other wives or partners or does he live with other women as if married?	YES ..... 1 NO ..... 2	2 ⇨MA7
<b>MA4.</b> How many other wives or partners does he have?	NUMBER ..... ____  DK ..... 98	⇨MA7  98 ⇨MA7
<b>MA5.</b> 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
<b>MA6.</b> What is your marital status now: are you widowed, divorced or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	
<b>MA7.</b> 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
<b>MA8A.</b> In what month and year did you start living with your (husband/partner)?  <b>MA8B.</b> In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH..... ____ DK MONTH..... 98  YEAR ..... ____ DK YEAR..... 9998	
<b>MA9.</b> Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 ..... 1 NO, MA8A/B≠9998 ..... 2	2 ⇨End
<b>MA10.</b> Check MA7: In union only once?	YES, MA7=1 ..... 1 NO, MA7=2..... 2	1 ⇨MA11A 2 ⇨MA11B
<b>MA11A.</b> How old were you when you started living with your (husband/partner)?  <b>MA11B.</b> How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS..... ____	

**SEXUAL BEHAVIOR**

**SE**

<p><b>SB1.</b> <i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i> Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>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.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE .....00</p> <p>AGE IN YEARS ..... __ __</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER .....95</p>	<p>00 ⇒End</p>
<p><b>SB2.</b> I would like to ask you about your recent sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p><i>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.</i></p>	<p>DAYS AGO .....1 __ __</p> <p>WEEKS AGO .....2 __ __</p> <p>MONTHS AGO .....3 __ __</p> <p>YEARS AGO .....4 __ __</p>	<p>4 ⇒End</p>
<p><b>SB3.</b> The last time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>SB4.</b> What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND ..... 1</p> <p>COHABITING PARTNER ..... 2</p> <p>BOYFRIEND ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER (specify) _____ 6</p>	<p>3 ⇒SB6</p> <p>4 ⇒SB6</p> <p>5 ⇒SB6</p> <p>6 ⇒SB6</p>
<p><b>SB5.</b> <i>Check MA1: Currently married or living with a partner?</i></p>	<p>YES, MA1=1 OR 2 ..... 1</p> <p>NO, MA1=3 ..... 2</p>	<p>1 ⇒SB7</p>
<p><b>SB6.</b> How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER ..... __ __</p> <p>DK ..... 98</p>	
<p><b>SB7.</b> Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>2 ⇒End</p>
<p><b>SB8.</b> The last time you had sexual intercourse with another person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

<p><b>SB9.</b> What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend' then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND ..... 1  COHABITING PARTNER ..... 2  BOYFRIEND ..... 3  CASUAL ACQUAINTANCE ..... 4  CLIENT/SEX WORKER ..... 5    OTHER (specify) _____ 6</p>	<p>3 ⇒ SB12  4 ⇒ SB12  5 ⇒ SB12    6 ⇒ SB12</p>
<p><b>SB10.</b> Check MA1: Currently married or living with a partner?</p>	<p>YES, MA1=1 OR 2 ..... 1  NO, MA1=3 ..... 2</p>	<p>2 ⇒ SB12</p>
<p><b>SB11.</b> Check MA7: Married or living with a partner only once?</p>	<p>YES, MA7=1 ..... 1  NO, MA7≠1 ..... 2</p>	<p>1 ⇒ End</p>
<p><b>SB12.</b> How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER ..... _ _    DK ..... 98</p>	

HIV/AIDS		HA																
<b>HA1.</b> Now I would like to talk with you about something else.  Have you ever heard of HIV or AIDS?	YES..... 1 NO ..... 2  DK ..... 8	2⇒End																
<b>HA2.</b> HIV is the virus that can lead to AIDS.  Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA3.</b> Can people get HIV from mosquito bites?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA4.</b> Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA5.</b> Can people get HIV by sharing food with a person who has HIV?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA6.</b> Can people get HIV because of witchcraft or other supernatural means?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA7.</b> Is it possible for a healthy-looking person to have HIV?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA8.</b> Can HIV be transmitted from a mother to her baby:  [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BY BREASTFEEDING .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREGNANCY .....	1	2	8	DURING DELIVERY .....	1	2	8	BY BREASTFEEDING .....	1	2	8	
	YES	NO	DK															
DURING PREGNANCY .....	1	2	8															
DURING DELIVERY .....	1	2	8															
BY BREASTFEEDING .....	1	2	8															
<b>HA9.</b> Check HA8[A], [B] and [C]: At least one 'Yes' recorded?	YES..... 1 NO ..... 2	2⇒HA11																
<b>HA10.</b> Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA11.</b> Check CM17: Was there a live birth in the last 2 years?  Copy name of last birth listed in the birth history (CM18) to here and use where indicated:  Name _____	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK..... 2	2⇒HA24																



<b>HA12.</b> Check MN2: Was antenatal care received?	YES, MN2=1 ..... 1 NO, MN2=2..... 2	2 ⇨ HA17
<b>HA13.</b> During any of the antenatal visits for your pregnancy with ( <i>name</i> ), were you given any information about:	YES NO DK	
[A] Babies getting HIV from their mother?	HIV FROM MOTHER ..... 1 2 8	
[B] Things that you can do to prevent getting HIV?	THINGS TO DO ..... 1 2 8	
[C] Getting tested for HIV?	TESTED FOR HIV..... 1 2 8	
Were you:		
[D] Offered a test for HIV?	OFFERED A TEST FOR HIV ..... 1 2 8	
<b>HA14.</b> I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES..... 1 NO ..... 2 DK ..... 8	2 ⇨ HA17 8 ⇨ HA17
<b>HA15.</b> I don't want to know the results, but did you get the results of the test?	YES..... 1 NO ..... 2 DK ..... 8	2 ⇨ HA17 8 ⇨ HA17
<b>HA16.</b> After you received the result, were you given any health information or counselling related to HIV?	YES..... 1 NO ..... 2 DK ..... 8	
<b>HA17.</b> Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36..... 1 NO, MN20=11-12 OR 96..... 2	2 ⇨ HA21
<b>HA18.</b> Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES..... 1 NO ..... 2	
<b>HA19.</b> I don't want to know the results, but were you tested for HIV at that time?	YES..... 1 NO ..... 2	2 ⇨ HA21
<b>HA20.</b> I don't want to know the results, but did you get the results of the test?	YES..... 1 NO ..... 2	1 ⇨ HA22 2 ⇨ HA22
<b>HA21.</b> Check HA14. Was the respondent tested for HIV as part of antenatal care?	YES, HA14=1 ..... 1 NO OR NO ANSWER, HA14≠1 ..... 2	2 ⇨ HA24
<b>HA22.</b> Have you been tested for HIV since that time you were tested during your pregnancy?	YES..... 1 NO ..... 2	1 ⇨ HA25
<b>HA23.</b> How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO ..... 1 12-23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO..... 3	1 ⇨ HA28 2 ⇨ HA28 3 ⇨ HA28
<b>HA24.</b> I don't want to know the results, but have you ever been tested for HIV?	YES..... 1 NO ..... 2	2 ⇨ HA27

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

TOBACCO AND ALCOHOL USE		TA
TA1. Have you ever tried cigarette smoking, even one or two puffs?	YES .....1 NO .....2	2 ⇒ TA6
TA2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE.....00 AGE.....	00 ⇒ TA6
TA3. Do you currently smoke cigarettes?	YES .....1 NO .....2	2 ⇒ TA6
TA4. In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES.....	
TA5. During the last one month, on how many days did you smoke cigarettes?  <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS ..... <u>0</u> _____  10 DAYS OR MORE BUT LESS THAN A MONTH ..... 10  EVERY DAY / ALMOST EVERY DAY .....30	
TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe?	YES .....1 NO .....2	2 ⇒ TA10Z
TA7. During the last one month, did you use any smoked tobacco products?	YES .....1 NO .....2	2 ⇒ TA10
TA8. What type of smoked tobacco product did you use or smoke during the last one month?  <i>Record all mentioned.</i>	CIGARS .....A WATER PIPE.....B CIGARILLOS .....C PIPE.....D  OTHER ( <i>specify</i> ) _____ X	
TA9. During the last one month, on how many days did you use ( <i>names of products mentioned in TA8</i> )?  <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS ..... <u>0</u> _____  10 DAYS OR MORE BUT LESS THAN A MONTH ..... 10  EVERY DAY / ALMOST EVERY DAY .....30	
TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip?	YES .....1 NO .....2	2 ⇒ TA14
TA11. During the last one month, did you use any smokeless tobacco products?	YES .....1 NO .....2	2 ⇒ TA14

<p><b>TA12.</b> What type of smokeless tobacco product did you use during the last one month?</p> <p><i>Record all mentioned.</i></p>	<p>CHEWING TOBACCO .....A          SNUFF.....B          DIP.....C          OTHER (<i>specify</i>) _____X</p>	
<p><b>TA13.</b> During the last one month, on how many days did you use (<i>names of products mentioned in TA12</i>)?</p> <p><i>If less than 10 days, record the number of days.          If 10 days or more but less than a month, record '10'.          If 'Every day' or 'Almost every day', record '30'.</i></p>	<p>NUMBER OF DAYS ..... <u>0</u> ____          10 DAYS OR MORE BUT LESS THAN A MONTH .....10          EVERY DAY / ALMOST EVERY DAY .....30</p>	
<p><b>TA14.</b> Now I would like to ask you some questions about drinking alcohol.</p> <p>Have you ever drunk alcohol?</p>	<p>YES .....1          NO .....2</p>	<p>2 ⇒End</p>
<p><b>TA15.</b> We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum.</p> <p>How old were you when you had your first drink of alcohol, other than a few sips?</p>	<p>NEVER HAD ONE DRINK OF ALCOHOL .....00          AGE..... ____ ____</p>	<p>00 ⇒End</p>
<p><b>TA16.</b> During the last one month, on how many days did you have at least one drink of alcohol?</p> <p><i>If respondent did not drink, record '00'.          If less than 10 days, record the number of days.          If 10 days or more but less than a month, record '10'.          If 'Every day' or 'Almost every day', record '30'.</i></p>	<p>DID NOT HAVE ONE DRINK IN LAST ONE MONTH .....00          NUMBER OF DAYS ..... <u>0</u> ____          10 DAYS OR MORE BUT LESS THAN A MONTH .....10          EVERY DAY / ALMOST EVERY DAY .....30</p>	<p>00 ⇒End</p>
<p><b>TA17.</b> In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS ..... ____ ____</p>	

<b>WM10.</b> Record the time.	HOURS AND MINUTES ..... _ _ : _ _	
<b>WM11.</b> 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	
<b>WM12.</b> Language of the Questionnaire.	LAO ..... 1	
<b>WM13.</b> Language of the Interview.	LAO ..... 1 OTHER LANGUAGE (specify) ..... 6	
<b>WM14.</b> Native language of the Respondent.	LAO ..... 1 OTHER LANGUAGE (specify) ..... 6	
<b>WM15.</b> 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	
<b>WM15A.</b> Check WM6A in WOMAN'S INFORMATION PANEL: Is the household selected for anaemia testing?	YES ..... 1 NO ..... 2	2 ⇒ WM16
<p><b>WM15B.</b> Tell the respondent that you will need to measure her haemoglobin level before you leave the household and a colleague will come to lead the measurements. Issue the ANAEMIA MODULE FORM for this woman and complete the Information Panel on that Form.</p> <p><b>WM16.</b> Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p style="padding-left: 80px;"><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> <p style="padding-left: 40px;"><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p>		

ANAEMIA TESTING INFORMATION PANEL (WOMAN)		ATW
ATW1. Cluster number: _____ _____	ATW2. Household number: _____	
ATW3. Woman's name and line number: NAME _____	ATW4. Interviewer's name and number: NAME .....	
ATW4A. Measurer's name and number NAME _____		
ATW5. Woman's age from WB4:	AGE (IN COMPLETED YEARS)..... _____	
ATW6. Check ATW5 (Age)	15-17 YEARS..... 1	2 ⇒ ATW11
	18-49 YEARS..... 2	
ATW7. Check Woman's marital status from MA5 in QUESTIONNAIRE FOR INDIVIDUAL WOMEN:	MA5=3 (NEVER IN UNION) ..... 1	2 ⇒ ATW11
	OTHER..... 2	
ATW8. Check HL20. Name and line number of the Minor's Parent / Responsible adult. NAME _____		

**ATW9. Parental / responsible adult consent for anaemia test.**

As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.

For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you and (**name of minor**) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

You can say yes or no. It is up to you to decide.

Will you allow (**name of minor**) to take the anaemia test?

<b>ATW10. Record the code and sign your name.</b>	GRANTED ..... 1 (Sign) _____	
	REFUSED ..... 2 (Sign) _____	2 ⇒ ATW18
	NOT PRESENT/OTHER ..... 3	3 ⇒ ATW18

**ATW11. Respondent consent for anaemia test.**

As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.

For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

You can say yes or no. It is up to you to decide.

Will you take the anaemia test?

<b>ATW12. Record the code and sign your name.</b>	GRANTED ..... 1 (Sign) _____	
	REFUSED ..... 2 (Sign) _____	2 ⇒ ATW18
	NOT PRESENT/OTHER ..... 3	3 ⇒ ATW18

**ATW13. Prepare equipment and supplies for the test and proceed with the test.**

<b>ATW14. Record haemoglobin level here and in the anaemia pamphlet.</b>	G/DL ..... ____ . ____	
	OTHER..... 99.6	99.6 ⇒ ATW18

<b>ATW15. Informational brochure.</b>	<i>Write the woman's Hb level on the informational brochure. Give her the brochure. Inform her of the results and briefly explain what the Hb reading means, using the Anaemia Brochure as a guide.</i>	
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<b>ATW16.</b> Check ATW14: Haemoglobin result	BELOW 7.0 G/DL/SEVERE ANAEMIA..... 1 7.0 G/DL OR ABOVE ..... 2	2 ⇒ ATW18
<b>ATW17.</b> Referral for severe anaemia.	<p>Provide a written referral to a health facility for medical treatment for any woman with severe anaemia. Inform the woman about the effects of severe anaemia and recommend her to visit a health facility for follow-up medical attention. Fill out an Anaemia Referral Slip, on which you have recorded the Hb level.</p> <p>The anaemia test shows that you have severe anaemia. You are seriously ill and must visit a health facility immediately.</p>	
<b>ATW18.</b> Is there another woman/child to be tested in the household who has not yet been tested?	YES ..... 1 NO ..... 2	1 ⇒ Next Woman or Child
<b>ATW19.</b> Thank the respondent for her cooperation and inform your Supervisor that the Measurer and you have completed all anaemia tests in this household.		



**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**