LSIS III

QUESTIONNAIRE FOR INDIVIDUAL WOMEN
LAO SOCIAL INDICATOR SURVEY III, 2023 (LSIS III, 2023)

ສຖຕ LAO STATISTICS BUREAU

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:* ___ ___ / ___ ___ / 2023

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 team member of *LAO SOCIAL INDICATOR SURVEY WHICH IS EXECUTED BY THE LAO STATISTICS BUREAU.* 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 **45** 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 45 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 (*specify*)_____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 ....06 OTHER (*specify*) _____ 96

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WOMAN'S BACKGROUND		WB
WB1. *Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?*	YES, RESPONDENT IS THE SAME, WM3=HH47.. 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	2⇨WB3
WB2. *Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:*	ED5=2, 3, 4 OR 5................................ 1 ED5=0, 1, 8 OR BLANK 2	1⇨WB15 2⇨WB14

WB3. In what month and year were you born?	DATE OF BIRTH
	   MONTH .... __ __
	   DK MONTH.. 98
	
	   YEAR .... __ __ __ __
	   DK YEAR 9998	

WB4. How old are you? *Probe:* How old were you at your last birthday? *If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.*	AGE (IN COMPLETED YEARS).................. __ __	
WB5. Have you ever attended school or any early childhood education programme?	YES .... 1 NO 2	2⇨WB14
WB6. What is the highest level and grade or year of school you have attended? *Grade*: *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
WB7. Did you complete that (grade/year)?	YES .... 1 NO 2	
WB8. *Check WB4. Age of respondent:*	AGE 15-24 .... 1 AGE 25-49 2	2⇨WB13
WB9. At any time during the 2022-23 school year did you attend school?	YES .... 1 NO 2	2⇨WB11
WB10. During 2022-23 school year, which level and grade or year are you <u>attending</u>? *Grade*: *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** __ __	

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WB11. At any time during the 2021-22 school year did you attend school?	YES .... 1 NO 2	2⇨*WB13*
WB12. During 2021-22 school year, which level and grade or year did you <u>attend</u>? *Grade*: *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** __ __	
WB13. *Check WB6. Highest level of school attended:*	WB6=2, 3, 4 OR 5.. 1 WB6=1 2	1⇨*WB15*

WB14. Now I would like you to read this sentence to me.
 	
Show sentence on the card to the respondent.
 	
If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?
	CANNOT READ AT ALL 1
	ABLE TO READ ONLY PARTS
	    OF SENTENCE 2
	ABLE TO READ WHOLE SENTENCE 3
	
	NO SENTENCE IN
	    REQUIRED LANGUAGE / BRAILLE
	    (*specify*) _____ 6	

WB15. How long have you been continuously living in (*name of current city, town or village of residence*)? *If less than one year, record '00' years.*	YEARS... __ __ ALWAYS / SINCE BIRTH 95	95⇨*WB18*

WB16. Just before you moved here, did you live in a city, in a town, or in a rural area?
 	
Probe to identify the type of place.
 	
<u>*If unable to determine whether the place is a city, a town or a rural area*</u>, *write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.*
 	
_____
          (Name of place)
	CITY... 1
	TOWN.. 2
	RURAL AREA 3
	
	UNABLE TO DETERMINE IF
	    CITY/TOWN/RURAL....................................... 5
	
	DK / DON'T REMEMBER 8	

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WB17. Before you moved here, in which province did you live in?	VIENTIANE CAPITAL .... 01 PHONGSALY.. 02 LUANGNAMTHA .... 03 OUDOMXAY .... 04 BOKEO .... 05 LUANGPRABANG... 06 HUAPHANH .... 07 XAYABOURY .... 08 XIENGKHUANG .... 09 VIENTIANE .... 10 BORIKHAMXAY .... 11 KHAMMUANE .... 12 SAVANNAKHET... 13 SARAVANE .... 14 SEKONG.. 15 CHAMPASACK .... 16 ATTAPEU... 17 XAYSOMBOON .... 18 OUTSIDE OF LAO (*specify*) _____ 96	
WB18. Are you covered by any health insurance?	YES .... 1 NO 2	2⇨*End*

WB19. What type of health insurance are you covered by?
 	
Record all mentioned.
	COMMUNITY BASED HEALTH
	  INSURANCE (CBHI).................................... A
	SOCIAL SECURITY OFFICE C
	PRIVATE/COMMERCIAL HEALTH
	  INSURANCE .... D
	NATIONAL HEALTH INSURANCE ....E
	CIVIL SERVANT SCHEME............................F
	FREE MCH .... G
	HEALTH EQUITY FUND (HEF) ....H
	
	OTHER (*specify*)_____ X	

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

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MT6. During the last 3 months, did you:		YES	NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE...................................... 1		2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT 1		2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT 1		2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA . 1		2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE 1		2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE................................. 1		2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION.......................... 1		2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE 1		2	
[I] Write a computer program in any programming language?	PROGRAMMING 1		2	
MT7. *Check MT6[C], is 'Yes' recorded?*	YES, MT6[C]=1.. 1 NO, MT6[C]=2... 2			1 ⇨MT10
MT8. *Check MT6[F], is 'Yes' recorded?*	YES, MT6[F]=1 .... 1 NO, MT6[F]=2.. 2			1 ⇨MT10
MT9. Have you ever used the internet from any location and any device?	YES .... 1 NO 2			2 ⇨MT11
MT10. During the last 3 months did you use the internet at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3. If 'No' record 2.*	NOT AT ALL.. 0 LESS THAN ONCE A WEEK .... 1 AT LEAST ONCE A WEEK.................................... 2 ALMOST EVERY DAY 3			
MT11. Do you own a mobile phone?	YES .... 1 NO 2			2 ⇨MT11
MT11A. What kind of mobile telephone you have?	SMARTPHONE..A KEYPAD MOBILE PHONE ....B DK ....Z			

MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? *Probe if necessary:* I mean have you communicated with someone using a mobile phone. *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3. If 'No' record 2.*	NOT AT ALL.. 0 LESS THAN ONCE A WEEK .... 1 AT LEAST ONCE A WEEK................................. 2 ALMOST EVERY DAY 3

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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. For stillbirths, abortion, and miscarriage, they will be administered at* MISCARRIAGE, STILLBIRTH AND ABORTION *module.*	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*

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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? 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. Line No	BH9. (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 Unit	BH9. Number	BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth? Y	N
			B	G	Day	Month	Year	Y	N	Age	Y	N					
		S M													Number		
01		1 2	1	2	— —	— —	— —	1	2 ⇨ BH9	— —	1	2	⇨ Next Birth	DAYS......1 MONTHS..2 YEARS.....3	— —		
02		1 2	1	2	— —	— —	— —	1	2 ⇨ BH9	— —	1	2	⇨ BH10	DAYS......1 MONTHS..2 YEARS.....3	— —	1 ⇨ Add Birth	2 ⇨ Next Birth
03		1 2	1	2	— —	— —	— —	1	2 ⇨ BH9	— —	1	2	⇨ BH10	DAYS......1 MONTHS..2 YEARS.....3	— —	1 ⇨ Add Birth	2 ⇨ Next Birth
04		1 2	1	2	— —	— —	— —	1	2 ⇨ BH9	— —	1	2	⇨ BH10	DAYS......1 MONTHS..2 YEARS.....3	— —	1 ⇨ Add Birth	2 ⇨ Next Birth
05		1 2	1	2	— —	— —	— —	1	2 ⇨ BH9	— —	1	2	⇨ BH10	DAYS......1 MONTHS..2 YEARS.....3	— —	1 ⇨ Add Birth	2 ⇨ Next Birth
06		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 **2021**?*
 	
*If the month of interview and the month of birth are the same, and the year of birth is **2021**, 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 _____	

MISCARRIAGE, STILLBIRTH AND ABORTION		AB
AB0A. *Check CM11: Has the woman given birth a baby?*	YES, CM11≠0.. 1 NO, CM11=0 2	1 ⇨ *AB1A*
AB0B. Have you ever been pregnant?	YES .... 1 NO... 2	2 ⇨ *End*
AB1A. For women, some pregnancies may end up with miscarriage, stillbirth, missed abortion or abortion. I would like to talk to you about this. Have you had any cases of pregnancy ending up with miscarriage, stillbirth, missed abortion or abortion?	YES .... 1 NO... 2	2 ⇨ *End*
AB1B. For your entire reproductive life and up-to-date, how many times have you terminated pregnancies by abortion or menstrual regulation? *If do not remember or do not answer, record 98*	TIMES...__ __ DK...98	
AB2. When was the last time you had miscarriage, stillbirth, missed abortion or abortion?	YEAR .... ___ ___ ___ ___ MONTH .... ___ ___ DK MONTH 98	
AB3. *Check AB2: If miscarriage, stillbirth, missed abortion or abortion occurred within the last 2 years preceding the survey, that is, since (**month of interview**) in (**year of interview minus 2**)?*	YES ....1 NO 2	2 ⇨ *End*
	PREGNANCIES RESULTED IN MISCARRIAGE, STILLBIRTH, MISSED ABORTION OR ABORTION	

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	01	02	03	04
AB4. What was the year and month of your last miscarriage, or stillbirth, or missed abortion, or abortion?	*Filled in AB2*	YEAR __ __ __ __ MONTH ...... __ __ DK 98	YEAR __ __ __ __ MONTH ...... __ __ DK 98	YEAR __ __ __ __ MONTH ...... __ __ DK 98
AB5. At how many week did your pregnancy terminate?	WEEKS .... __	WEEKS.......... __	WEEKS .... __ __	WEEKS .... __ __
AB5A. *Check the number of weeks in AB5*	WEEKS < 22 ⇨ AB6A WEEKS >= 22 ⇨ AB6B	WEEKS <22 ⇨ AB6A WEEKS >= 22 ⇨ AB6B	WEEKS < 22 ⇨ AB6A WEEKS >= 22 ⇨ AB6B	WEEKS < 22 ⇨ AB6A WEEKS >= 22 ⇨ AB6B
AB6A. Did your pregnancy end with: - Miscarriage? - Abortion? **AB6B.** Did your pregnancy end with: - Stillbirth? - Abortion?	MISCARRIAGE .1 STILLBIRTH 3 ABORTION 4	MISCARRIAGE. 1 STILLBIRTH .3 ABORTION 4	MISCARRIAGE. 1 STILLBIRTH ....3 ABORTION 4	MISCARRIAGE ... 1 STILLBIRTH .... 3 ABORTION 4
AB7. In the last two years, have you had any other cases of pregnancy which ended with miscarriage, stillbirth, missed abortion or abortion?	YES .1 ⇨*next column* NO.... 2 ⇨*AB8*	YES ..1 ⇨*next column* NO.... 2 ⇨*AB8*	YES ..1 ⇨*next column* NO.... 2 ⇨*AB8*	YES ..1 ⇨*next column* NO.... 2 ⇨*AB8*
AB8. *Check AB6A/B: Did the woman have abortion in the last two years?*	HAD ABORTION (AB6A/B = 4) .... 1 DID NOT HAVE ABORTION (AB6A/B ≠ 4) 2		2 ⇨ *End*	
AB9. Where was your last abortion performed?	NATIONAL/PROVINCIAL HOSPITAL ..01 PROVINCIAL REPRODUCTIVE HEALTH CENTRE .... 02 DISTRICT HOSPITAL/DISTRICT FAMILY PLANNING TEAM .... 03 INTERCOMMUNE CLINIC .... 04 COMMUNE HEALTH CENTRE .... 05 PRIVATE MATERNAL WARD .... 06 PRIVATE CLINICS .... 07 PRIVATE HOSPITALS .... 08 NGO-LED HEALTH FACILICITES .... 09 PHARMACIES/ SELF-MEDICATION ..... 10 NOT AT HEALTH FACILITIES .... 11 OTHERS *(specify)* _____ 96 DK 98			

AB10. Who performed your last abortion?	MEDICAL DOCTORS/OBG-YN 01
	PHYSICIAN ASSISTANT 02
	MIDWIVE.. 03
	NURSE 04
	HEALTH WORKERS IN GENERAL .... .05
	POPULATION COLLABORATOR/ VILLAGE
	   HEALTH WORKERS.................................. 06
	PHARMACIST/DRUG SELLER/
	   SELF-MEDICATION 07
	TRADDITIONAL HEALERS/TRADITIONAL
	   BIRTH ATTENDANT 08
	RELATIVES/FRIENDS 09
	
	OTHERS (specify) _____ 96
	DK _____ 98	

AB11. What method was used to perform your last abortion?	SURGICAL ABORTION .... 1 MENSTRUAL REGULATION .... 2 MEDICAL ABORTION (WITH DRUGS) .3 USING TRADDITIONAL MEDICINES ...... 4 OTHER (specify) _____ .... 6 DK 8	

AB12. Reasons for the last pregnancy termination (by abortion/menstrual regulation)?
 	
Any other reason?
Record all reasons mentioned
	FAILURE OF FAMILY PLANNING/
	   CONTRACEPTION .... A
	UNWANTED PREGNANCY .... B
	UNEXPECTED GENDER OF FETUS C
	INSUFFICIENT ECONOMIC/ INCOME TO
	   TAKE CARE A CHILD………
	   ………………………......................... D
	REQUESTED BY HUSBAND/ BOYFRIEND/
	   FAMILY OR FORCED TO GET
	   ABORTION .... …E
	HEALTH STATUS OF WOMEN .... F
	HEALTH STATUS OF FETUS/
	   DEFORMED FETUS............................G
	LEFT BY HUSBAND OR PARTNER .... H
	
	OTHERS (specify) _____ X
	DK..
	....Z	

AB13. Did you have any complications in the last abortion/menstrual regulation?	YES .... 1 NO 2	2 ⇨ *End*
AB14. What are the complications you had in the last abortion/menstrual regulation? *Any other complication?* *Record all complications mentioned*	INFECTION/FEVER: .... A ECLAMSIA .... B BLEEDING/HEMORRAGE .... C ORDOR/PUS VAGIVAL DISCHARGE .... D TEAR/PERFORATION OF UTERUS .... E OTHER (specify) _____ X DK .... Z	

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 2	

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⇨*MN7*

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
	   AUXILIARY NURSE..................................... C
	OTHER PERSON
	   TRADITIONAL BIRTH ATTENDANT............F
	   COMMUNITY HEALTH WORKER...............G
	
	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, were any of the following done at least once: [A] Was your blood pressure measured? [B] Did you give a urine sample? [C] Did you give a blood sample?	YES NO BLOOD PRESSURE .... 1 2 URINE SAMPLE....................................... 1 2 BLOOD SAMPLE 1 2	
MN7. Do you have a card or other document with your own immunizations listed? *If yes, ask*: May I see it please? *If a card is presented, use it to assist with answers to the following questions.*	YES (CARD OR OTHER DOCUMENT SEEN)..1 YES (CARD OR OTHER DOCUMENT NOT SEEN) ....2 NO ....3 DK 8	

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MN8. When you were pregnant with (*name*), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?	YES .... 1 NO .... 2 DK 8	2⇨*MN11* 8⇨*MN11*
MN9. How many times did you receive this tetanus injection during your pregnancy with (*name*)?	NUMBER OF TIMES.. __ DK 8	 8⇨*MN11*
MN10. *Check MN9: How many tetanus injections during last pregnancy were reported?*	ONLY 1 INJECTION .... 1 2 OR MORE INJECTIONS 2	 2⇨*MN14C*
MN11. At any time before your pregnancy with (*name*), did you receive any tetanus injection either to protect yourself or another baby? *Include DPT (Tetanus) vaccinations received as a child if mentioned.*	YES .... 1 NO .... 2 DK 8	 2⇨*MN14C* 8⇨*MN14C*
MN12. Before your pregnancy with (*name*), how many times did you receive a tetanus injection? *If 7 or more times, record '7'.* *Include DPT (Tetanus) vaccinations received as a child if mentioned.*	NUMBER OF TIMES...................................... __ DK 8	
MN13. *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*
MN14A. How many years ago did you receive that tetanus injection ? **MN14B**. How many years ago did you receive the last of those tetanus injections? *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'.*	YEARS AGO .... __ __ DK 98	
MN14C. During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES.. 1 NO... 2 DK.. 8	 2⇨*MN19* 8⇨*MN19*
MN14D. During the whole pregnancy, for how many days did you take the tablets or syrup? *If answer is not numeric, probe for approximate number of days*	DAYS .... __ __ __ DK... 998	

MN19. Who assisted with the delivery of (*name*)?
 	
Probe: Anyone else?
 	
Probe for the type of person assisting and record all answers given.
	HEALTH PROFESSIONAL
	    DOCTOR.. A
	    NURSE / MIDWIFE .... B
	    AUXILIARY NURSE....................................... C
	OTHER PERSON
	    TRADITIONAL BIRTH ATTENDANT............F
	    COMMUNITY HEALTH WORKER...............G
	    RELATIVE / FRIEND....................................... H
	
	    OTHER (*specify*) _____X
	    NO ONE..Y	

MN20. Where did you give birth to (*name*)?
 	
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
	    YOUR HOME 11
	    OTHER HOME 12
	
	PUBLIC SECTOR
	    GOVERNMENT HOSPITAL 21
	    GOVERNMENT HEALTH CENTRE 22
	    OTHER PUBLIC MEDICAL
	        (*specify*) _____ 26
	
	PRIVATE MEDICAL SECTOR
	    PRIVATE HOSPITAL................................31
	    PRIVATE CLINIC....................................32
	    PRIVATE MATERNITY HOME 33
	    OTHER PRIVATE
	        MEDICAL (*specify*) _____ 36
	
	DK PUBLIC OR PRIVATE 76
	
	OTHER (*specify*) _____ 96
		11 ⇨*MN23*
		12 ⇨*MN23*
		
		96⇨*MN23*

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⇨*MN23*
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	

E

MN23. Immediately after the birth, was (*name*) put directly on the bare skin of your chest? *If necessary, show the picture of skin-to-skin position.* Photo Credit: Joyce Godwin	YES ....1 NO ....2 DK/ DON'T REMEMBER 8	2⇨MN25 8⇨MN25
MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?	YES ....1 NO ....2 DK/ DON'T REMEMBER 8	
MN25. Was (*name*) dried or wiped soon after birth?	YES ....1 NO ....2 DK/ DON'T REMEMBER 8	
MN26. How long after the birth was (*name*) bathed for the first time? *If "immediately" or less than 1 hour, record '000'.* *If less than 24 hours, record hours.* *If "1 day" or "next day", probe:* About how many hours after the delivery? *If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.* *If 24 hours or more, record days.*	IMMEDIATELY/LESS THAN 1 HOUR..........000 HOURS ....**1** __ __ DAYS...**2** __ __ NEVER BATHED ....997 DK / DON'T REMEMBER 998	
MN27. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76.....................................1 NO, MN20=11-12 OR 96 2	1⇨MN30
MN28. What was used to cut the cord?	NEW BLADE ....1 BLADE USED FOR OTHER PURPOSES ....2 SCISSORS ....3 OTHER (*specify*) _____ 6 DK 8	
MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?	YES ....1 NO ....2 DK / DON'T REMEMBER 8	

MN30. After the cord was cut and until it fell off, was anything applied to the cord?	YES ....1 NO ....2 DK / DON'T REMEMBER 8	2⇨*MN32* 8⇨*MN32*
MN31. What was applied to the cord? *Probe:* Anything else?	CHLORHEXIDINE ....A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) .... B MUSTARD OIL.. C ASH.. D ANIMAL DUNG ....E TRADITIONAL MEDICINE ....F OTHER (*specify*) _____X DK / DON'T REMEMBER ....Z	
MN32. When (*name*) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE...1 LARGER THAN AVERAGE................................2 AVERAGE..3 SMALLER THAN AVERAGE ....4 VERY SMALL ....5 DK 8	
MN33. Was (*name*) weighed at birth?	YES ....1 NO ....2 DK 8	2⇨*MN35* 8⇨*MN35*
MN34. How much did (*name*) weigh? *If a card is available, record weight from card.*	FROM CARD........................**1 (KG)** __ . __ __ __ FROM RECALL ....**2 (KG)** __ . __ __ __ DK 99998	
MN35. Has your menstrual period returned since the birth of (*name*)?	YES ....1 NO 2	
MN36. Was **(name)** ever breastfed?	YES ....1 NO 2	2⇨*MN39B*
MN37. How long after birth was **(name)** first put to the breast? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	IMMEDIATELY...000 HOURS ....**1** __ __ DAYS ....**2** __ __ DK / DON'T REMEMBER 998	

E

MN38. In the first two days after delivery, was (*name*) given anything to drink other than breast milk to eat or drink? *Probe:* Anything at all like water, infant formula, honey, porridge, or milk powder that may be given to newborn infants	YES .... 1 NO 2	1⇨*MN39A* 2⇨*End*
MN39A. What was (*name*) given to drink? *Probe:* Anything else? *'Not given anything to drink' is not a valid response and response category Y cannot be recorded.* **MN39B**. In the first two days after delivery, what was (*name*) given to drink? *Probe:* Anything else? *'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.*	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 (*specify*) _____X NOT GIVEN ANYTHING TO DRINK .... Y	

E

POST-NATAL HEALTH CHECKS		PN
PN1. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* _____	YES, CM17=1.. 1 NO, CM17=0 OR BLANK 2	2⇨*End*
PN2. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76....................................... 1 NO, MN20=11-12 OR 96 2	2⇨*PN7*
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (*name).* You have said that you gave birth in (*name or type of facility in MN20*). How long did you stay there after the delivery? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS ....**1** __ __ DAYS...**2** __ __ WEEKS ....**3** __ __ DK / DON'T REMEMBER................................. 998	
PN4. I would like to talk to you about checks on (*name*)'s health after delivery – for example, someone examining (*name*), checking the cord, or seeing if (*name*) is ok. Before you left the (*name or type of facility in MN20*), did anyone check on (*name*)'s health?	YES .... 1 NO 2	
PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on <u>your</u> health before you left (*name or type 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, traditional birth attendant, or community health worker assist with the delivery?*	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED .... 1 NO, NONE OF THE CATEGORIES A TO G RECORDED 2	2⇨*PN11*

E

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
	   AUXILIARY NURSE C
	OTHER PERSON
	   TRADITIONAL BIRTH ATTENDANT ....F
	   COMMUNITY HEALTH WORKER .... G
	   RELATIVE / FRIEND .... H
	
	OTHER (*specify*)_____ X	

E

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
	  YOUR HOME 11
	  OTHER HOME 12
	
	PUBLIC SECTOR
	  GOVERNMENT HOSPITAL 21
	  GOVERNMENT HEALTH CENTRE 22
	  OTHER PUBLIC MEDICAL
	    (*specify*) _____ 26
	
	PRIVATE MEDICAL SECTOR
	  PRIVATE HOSPITAL................................. 31
	  PRIVATE CLINIC...................................... 32
	  PRIVATE MATERNITY HOME 33
	  OTHER PRIVATE
	    MEDICAL (*specify*) _____ 36
	
	DK PUBLIC OR PRIVATE 76
	
	OTHER (*specify*) _____ 96	

PN16. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76................................... 1 NO, MN20=11-12 OR 96 2	2⇨*PN18*
PN17. After you left (*name or type of facility in MN20*), did anyone check on your health?	YES .... 1 NO 2	1⇨*PN21* 2⇨*PN25*

PN18. *Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?*	YES, AT LEAST ONE OF THE CATEGORIES A
	  TO G RECORDED 1
	NO, NONE OF THE CATEGORIES A TO G
	  RECORDED 2
		2⇨*PN20*

PN19. After the delivery was over and (*person or persons in MN19*) left, did anyone check on your health?	YES .... 1 NO 2	1⇨*PN21* 2⇨*PN25*
PN20. After the birth of (*name*), did anyone check on your health, for example asking questions about your health or examining you?	YES .... 1 NO 2	 2⇨*PN25*
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	

E

PN23. Who checked on <u>your</u> health at that time?	**HEALTH PROFESSIONAL**
	    DOCTOR .... A
	    NURSE / MIDWIFE.. B
	    AUXILIARY NURSE C
	OTHER PERSON
	    TRADITIONAL BIRTH ATTENDANT ....F
	    COMMUNITY HEALTH WORKER .... G
	    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
	    YOUR HOME 11
	    OTHER HOME... 12
	
	PUBLIC SECTOR
	    GOVERNMENT HOSPITAL 21
	    GOVERNMENT HEALTH CENTRE 22
	    OTHER PUBLIC
	        (*specify*) _____26
	
	PRIVATE MEDICAL SECTOR
	    PRIVATE HOSPITAL.................................. 31
	    PRIVATE CLINIC...................................... 32
	    PRIVATE MATERNITY HOME 33
	    OTHER PRIVATE
	        MEDICAL (*specify*) _____ 36
	
	    DK PUBLIC OR PRIVATE 76
	
	    OTHER (*specify*) _____ 96	

PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:
 	
 YES NO DK
    [A] Examine (***name)***'s cord?
 	
    [B] Take the temperature of (***name***)?
 	
    [C] Counsel you on breastfeeding?
	
	 YES NO DK
	EXAMINE THE CORD........................ 1 2 8
	
	TAKE TEMPERATURE 1 2 8
	
	COUNSEL ON BREASTFEEDING 1 2 8	

PN26. *Check MN36: Was child ever breastfed?*	YES, MN36=1 .... 1 NO, MN36=2 2	 2⇨*PN28*
PN27. Observe (***name***)'s breastfeeding?	YES NO DK OBSERVE BREASTFEEDING 1 2 8	
PN28. *Check MN33: Was child weighed at birth?*	YES, MN33=1 .... 1 NO, MN33=2 .... 2 DK, MN33=8 3	1⇨*PN29A* 2⇨*PN29B* 3⇨*PN29C*

PN29A. You mentioned that (*name*) was weighed at birth. After that, was (*name*) weighed again by a health care provider within two days? **PN29B**. You mentioned that (*name*) was not weighed at birth. Was (*name*) weighed at all by a health care provider within two days after birth? **PN29C**. You mentioned that you do not know if (*name*) was weighed at birth. Was (*name*) weighed at all by a health care provider within two days after birth?	YES .... 1 NO 2	
PN30. During the first two days after (*name)*'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?	YES .... 1 NO 2	

E

CONTRACEPTION		CP
CP1. I would like to talk with you about another subject: family planning. Are you pregnant now?	YES, CURRENTLY PREGNANT..........................1 NO...2 DK OR NOT SURE...8	1⇨CP3
CP2. Couples use various ways or methods to delay or avoid getting pregnant. Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ....1 NO...2	1⇨CP4
CP3. Have you ever done something or used any method to delay or avoid getting pregnant?	YES ....1 NO...2	1⇨End 2⇨End
CP4. What are you doing to delay or avoid a pregnancy? *Do not prompt.* *If more than one method is mentioned, record each one.*	FEMALE STERILIZATION....................................A MALE STERILIZATION ....B IUD ....C INJECTABLES..D IMPLANTS...E PILL ....F MALE CONDOM ....G FEMALE CONDOM...H DIAPHRAGM ....I FOAM / JELLY ....J PERIODIC ABSTINENCE / RHYTHM..................L WITHDRAWAL...M OTHER (*specify*) _____X	

CP5. Where did you obtain (**current method in CP4**) the last time?
 	
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 '76' until you learn the appropriate category for the response.
 	
_____
(Name of place)
	PUBLIC SECTOR
	  GOVT. HOSPITAL 11
	  HEALTH CENTER 12
	  LAO YOUTH CENTER LYC............................13
	  OUTREACH TEAM 14
	  VILLAGE HEALTH VOLUNTEER VHV........15
	  OTHER PUBLIC SECTOR (*specify*)_____...16
	
	PRIVATE MEDICAL SECTOR
	  PRIVATE HOSPITAL/CLINIC.........................21
	  PHARMACY...22
	  PRIVATE DOCTOR 23
	  MOBILE CLINIC..24
	  FIELD WORKER..25
	  OTHER PRIVATE
	        MEDICAL SECTOR (*specify*) _____...26
	
	OTHER SOURCE
	  SHOP 31
	  FRIEND/RELATIVE 33
	
	DK PUBLIC OR PRIVATE 76
	
	OTHER (*specify*) _____ 96	

CP6. Who usually makes the decision on **whether or not** you should use contraception, you, your	RESPONDENT...1 HUSBAND / PARTNER..2 RESPONDENT AND HUSBAND/	

(husband/partner), you and your (husband/partner) jointly, or others?	PARTNER JOINT DECISION.......................3 OTHERS *(specify)*_____ 6	

UNMET NEED   **UN**

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*

E

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	 993 ⇨*End* 994 ⇨*End* 995 ⇨*End*
UN15. *Check UN14. Was the last menstrual period within last year?*	YES, WITHIN LAST YEAR ....1 NO, ONE YEAR OR MORE 2	 2 ⇨*End*
UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?	YES..1 NO..2 DK / NOT SURE / NO SUCH ACTIVITY..........8	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES..1 NO..2 DK..8	
UN18. Did you use any materials such as sanitary pads, tampons or cloth?	YES..1 NO..2 DK..8	 2 ⇨*End* 8 ⇨*End*
UN19. Were the materials reusable?	YES..1 NO..2 DK..8	

E

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: [A] If she goes out without telling him? [B] If she neglects the children? [C] If she argues with him? [D] If she refuses to have sex with him? [E] If she burns the food?	YES NO DK GOES OUT WITHOUT TELLING.......................................1 2 8 NEGLECTS CHILDREN..............1 2 8 ARGUES WITH HIM ....1 2 8 REFUSES SEX..............................1 2 8 BURNS FOOD 1 2 8	
DV2. If a woman or girl you knew experienced violence from an intimate partner, someone known to them or a stranger, where would you suggest they seek help? *PROBE:* Any other?	HOSPITAL OR MEDICAL FACILITY ………..A VILLAGE AUTHORITY, INCLUDING VILLAGE MEDIATION COMMITTEES .....B LAO WOMEN'S UNION…………… ………...C POLICE ……………………………………..D LEGAL AID…………………………………..E OTHER (Specify)_____ ....X DK...Z	

E

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

MA1A. Who took the decision for marriage or initiating the union?
   If someone else, probe:
     Could you tell me who(m)?
	RESPONDENT... 1
	JOINT DECISION WITH PARTNER 2
	PARENTS.. 3
	JOINT WITH PARENTS 4
	SOMEONE ELSE *(specify)_____* 5
	DK... 8	

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 partners or does he live with other women as if married?	YES .... 1 NO... 2	2 ⇨ MA7
MA4. How many other wives or 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)?
 	
MA8B. 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	

MA9. *Check MA8A/B: Is 'DK YEAR' recorded?*	YES, MA8A/B=9998..................................... 1 NO, MA8A/B≠9998 2	2 ⇨ MA13
MA10. *Check MA7: In union only once?*	YES, MA7=1 .... 1 NO, MA7=2 2	1 ⇨ MA11A 2 ⇨ MA11B
MA11A. How old were you when you started living with your (husband/partner)? **MA11B**. How old were you when you started living with your <u>first</u> (husband/partner)	AGE IN YEARS .... __ __	
MA13. Who usually makes decisions about health care for yourself: <u>you, your (husband/partner), you and your (husband/partner) jointly, jointly with others or others on your behalf?</u>	RESPONDENT... 1 HUSBAND / PARTNER.. 2 RESPONDENT AND HUSBAND/ PARTNER JOINT DECISION...................... 3 OTHERS *(specify)_____* 6	

SEXUAL BEHAVIOR		SB
SB1. *Check for the presence of others. Before continuing, make every effort to ensure privacy.* Now I would like to ask you some 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** __ __	4⇨*End*
SB3. The last time you had sexual intercourse, was a condom used?	YES..1 NO 2	
SB4. What was your relationship to this person with whom you last had sexual intercourse? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'Boyfriend', then ask:* Were you living together as if married? *If 'Yes', record '2'. If 'No', record '3'.*	HUSBAND..1 COHABITING PARTNER.................................2 BOYFRIEND ....3 CASUAL ACQUAINTANCE ....4 CLIENT/SEX WORKER..................................5 OTHER (*specify*)...6	3⇨*SB6* 4⇨*SB6* 5⇨*SB6* 6⇨*SB6*
SB5. *Check MA1: Currently married or living with a partner?*	YES, MA1=1 OR 2 ....1 NO, MA1=3...2	1⇨*SB7*
SB6. How old is this person? *If response is 'DK', probe:* About how old is this person?	AGE OF SEXUAL PARTNER................................ __ __ DK 98	
SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES..1 NO 2	2⇨*End*
SB8. The last time you had sexual intercourse with another person, was a condom used?	YES..1 NO 2	

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SB9. What was your relationship to this person? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'Boyfriend' then ask:* Were you living together as if married? *If 'Yes', record '2'. If 'No', record '3'.*	HUSBAND.. 1 COHABITING PARTNER .... 2 BOYFRIEND .... 3 CASUAL ACQUAINTANCE .... 4 CLIENT/SEX WORKER .... 5 OTHER (*specify*)... 6	 3 ⇨*SB12* 4 ⇨*SB12* 5 ⇨*SB12* 6 ⇨*SB12*
SB10. *Check MA1: Currently married or living with a partner?*	YES, MA1=1 OR 2 .... 1 NO, MA1=3.. 2	 2 ⇨*SB12*
SB11. *Check MA7: Married or living with a partner only once?*	YES, MA7=1 .... 1 NO, MA7≠1 2	1 ⇨*SB13*
SB12. How old is this person? *If response is 'DK', probe:* About how old is this person?	 AGE OF SEXUAL PARTNER................................ __ __ DK 98	
SB13. Can you say NO to your husband/partner if you do not want to have sexual intercourse?	YES .... 1 NO .... 2 DEPENDS/NOT SURE... 3 DK/NO ANSWER 8	

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HIV/AIDS		HA
HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES ....1 NO 2	2⇨*End*
HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES ....1 NO ....2 DK 8	
HA3. Can people get HIV from mosquito bites?	YES ....1 NO ....2 DK 8	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES ....1 NO ....2 DK 8	
HA5. Can people get HIV by sharing food with a person who has HIV?	YES ....1 NO ....2 DK 8	
HA6. Can people get HIV because of witchcraft or other supernatural means?	YES ....1 NO ....2 DK 8	
HA7. Is it possible for a healthy-looking person to have HIV?	YES ....1 NO ....2 DK 8	
HA8. Can HIV be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	YES NO DK DURING PREGNANCY .... 1 2 8 DURING DELIVERY .... 1 2 8 BY BREASTFEEDING..................... 1 2 8	
HA9. *Check HA8[A], [B] and [C]: At least one 'Yes' recorded?*	YES ....1 NO 2	2⇨*HA11*
HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ....1 NO ....2 DK 8	

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

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

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TOBACCO AND ALCOHOL USE		TA
TA1. Have you ever tried cigarette smoking, even one or two puffs?	YES ....1 NO...2	2⇨TA6
TA2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE......00 AGE ....___ ___	00⇨TA6
TA3. Do you currently smoke cigarettes?	YES ....1 NO...2	2⇨TA6
TA4. In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES......................___ ___	
TA5. During the last one month, on how many days did you smoke cigarettes? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	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⇨TA10
TA7. During the last one month, did you use any smoked tobacco products?	YES ....1 NO...2	2⇨TA10
TA8. What type of smoked tobacco product did you use or smoke during the last one month? *Record all mentioned.*	CIGARS..A WATER PIPE ....B CIGARILLOS..C PIPE ....D OTHER (*specify*) _____ X	
TA9. During the last one month, on how many days did you use (***names of products mentioned in TA8***)? *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'.*	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

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TA12. What type of smokeless tobacco product did you use during the last one month? *Record all mentioned.*	CHEWING TOBACCO ....A SNUFF .... B DIP .... C OTHER (*specify*) _____ X	
TA13. During the last one month, on how many days did you use (*names of products mentioned in TA12*)? *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'.*	NUMBER OF DAYS .... 0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH ....10 EVERY DAY / ALMOST EVERY DAY 30	
TA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES ....1 NO..2	2⇨*End*
TA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips?	NEVER HAD ONE DRINK OF ALCOHOL ....00 AGE ....___ ___	00⇨*End*

TA16. During the last one month, on how many days did you have at least one drink of alcohol?
 	
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'.
	DID NOT HAVE ONE DRINK IN LAST ONE
	  MONTH 00
	
	NUMBER OF DAYS .... 0 ___
	
	10 DAYS OR MORE BUT LESS THAN A
	  MONTH 10
	
	EVERY DAY / ALMOST EVERY DAY 30
		00⇨*End*

TA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS ....___ ___	

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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.*	LAO...1	
WM13. *Language of the Interview.*	LAO...1 OTHER LANGUAGE (*specify*) _____6	
WM14. *Native language of the Respondent.*	LAO...1 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	

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MICS PLUS CONSENT			

WM15B. Thank you for your participation.

The Lao Statistics Bureau will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 15 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

YES…………………………………………………………………………1 NO……………………………………………………………………...2	2⇨ *WM16*

WM15C. Do you have a personal phone number or does your household have a communal number where you can be reached?	YES……………………………………………………1 NO…………………………………………………...2	2⇨*WM16*

WM15D. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2ND NUMBER	[P3] 3RD NUMBER
WM15E. *Ask for and record phone number.*	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
WM15F. Just to confirm, the number is (**number from WM15E**)? *If no, return to WM15E and correct entry.*	YES ....1 NO..............................2↰ *WM15E*	YES ....1 NO..............................2↰ *WM15E*	YES ....1 NO .... 2↰ *WM15E*
WM15G. Is this a fixed line or a mobile phone number?	FIXED LINE.................1 MOBILE 2	FIXED LINE.................1 MOBILE 2	FIXED LINE ....1 MOBILE........................2

WM15H1. Usually, what time of the day would be best to call you on this number?	**PERIOD**
	  BETWEEN......___ ___
	  AND ....___ ___
	
	ANY TIME 95
	OTHER (*specify*) ____96
		PERIOD
		  BETWEEN......___ ___
		  AND ....___ ___
		
		ANY TIME 95
		OTHER (*specify*) ____96
			PERIOD
			  BETWEEN......___ ___
			  AND ....___ ___
			
			ANY TIME 95
			OTHER (*specify*) ____96

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WM15H2. Usually, what days of the week are best to call you on this number? *Probe:* Any other day? *If X is recorded, no other answer is possible*	MONDAY.....................A TUESDAY ....B WEDNESDAY ....C THURSDAY ....D FRIDAY.......................E SATURDAY................F SUNDAY ....G DK/NO PREF X	MONDAY.....................A TUESDAY ....B WEDNESDAY ....C THURSDAY ....D FRIDAY.......................E SATURDAY...............F SUNDAY ....G DK/NO PREF X	MONDAY ....A TUESDAY ....B WEDNESDAY.............C THURSDAY ....D FRIDAY ....E SATURDAY ....F SUNDAY ....G DK/NO PREF...............X
WM15I. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES ....1⮌ *[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 caretaker of any child age 0-4 living in this household?

☐ *Yes ⇨ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No ⇨ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?*

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

        ☐ *Yes ⇨ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.*
        ☐ *No ⇨ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.*

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

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INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS