



QUESTIONNAIRE FOR INDIVIDUAL WOMEN
LESOTHO MICS 2018



WOMAN'S INFORMATION PANEL		WM
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____	
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / 2 0 1 8	

<p>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.</p>	WM7. Record the time:	
	HOURS : MINUTES _____ : _____	
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 ⇒ WM9B 2 ⇒ WM9A
WM9A. Hello, my name is (your name). We are from the Bureau of Statistics. 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 1 NO / NOT ASKED 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):	WM3=HH47..... 1 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 OR 4..... 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? <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) __ __	
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 form or year of school you have attended?	EARLY CHILDHOOD EDUCATION 000 PRIMARY 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __ VOCATIONAL 4 __ __	000 ⇨ WB14
WB7. Did you complete that (grade/form/year)?	YES 1 NO 2	
WB7A. Check WB6: Highest level of school attended:	WB6=1, 2 OR 3..... 1 WB6= 4 2	1 ⇨ WB8
WB7B. Before going to vocational school, what was the highest level and grade or form or year of school you attended?	PRIMARY 1 __ __ SECONDARY 2 __ __ OTHER..... 6 __ __	
WB7C. Did you complete that (grade/form/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 current school year did you attend school? <i>Current refers to "2018" for Primary/ Secondary/ LCE and "2017-2018" for Tertiary</i>	YES 1 NO 2	2 ⇨ WB11
WB10. During this current school year, which level and grade or form or year are you <u>attending</u> ?	PRIMARY 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __ VOCATIONAL 4 __ __	
WB11. At any time during the previous school year did you attend school? <i>Previous refers to "2017" for Primary/ Secondary/ LCE and "2016-2017" for Tertiary</i>	YES 1 NO 2	2 ⇨ WB13

<p>WB12. During that previous school year, which level and grade or form or year did you <u>attend</u>?</p>	<p>PRIMARY..... 1 ___</p> <p>SECONDARY..... 2 ___</p> <p>HIGHER..... 3 ___</p> <p>VOCATIONAL..... 4 ___</p>	
<p>WB13. Check WB6: Highest level of school attended:</p>	<p>WB6=2, 3 OR 4..... 1</p> <p>WB6=1 2</p>	<p>1 ⇒WB15</p>
<p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i> Can you read part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE..... 2</p> <p>ABLE TO READ WHOLE SENTENCE..... 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify) _____ 4</p>	
<p>WB15. How long have you been continuously living in (name of current city, town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS..... ___</p> <p>ALWAYS / SINCE BIRTH 95</p>	<p>95 ⇒End</p>
<p>WB16. Just before you moved here, did you live in a city, in a town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><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>_____</p> <p>(Name of place)</p>	<p>CITY..... 1</p> <p>TOWN..... 2</p> <p>RURAL AREA..... 3</p>	
<p>WB17. Before you moved here, in which district did you live in?</p>	<p>BOTHA-BOTHE..... 01</p> <p>LERIBE..... 02</p> <p>BEREA..... 03</p> <p>MASERU 04</p> <p>MAFETENG 05</p> <p>MOHALE'S HOEK 06</p> <p>QUTHING..... 07</p> <p>QACHA'S NEK 08</p> <p>MOKHOTLONG 09</p> <p>THABA-TSEKA 10</p> <p>OUTSIDE OF LESOTHO (specify) _____ 96</p>	

MASS MEDIA AND ICT

MT

MT1. Do you read a newspaper or magazine 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

	YES	NO	
MT6. 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	
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1.....1	2	1 ⇔ MT10
	NO, MT6[C]=2.....2		
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1.....1	2	1 ⇔ MT10
	NO, MT6[F]=2.....2		
MT9. Have you ever used the internet from any location and any device?	YES.....1	2	2 ⇔ MT11
	NO.....2		
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? <i>If 'At least once a week', probe: Would you say this happens almost every day? 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		
MT11. Do you own a mobile phone?	YES.....1	2	
	NO.....2		
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? <i>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.</i>	NOT AT ALL.....0		0 ⇔ End
	LESS THAN ONCE A WEEK.....1		
	AT LEAST ONCE A WEEK.....2		
	ALMOST EVERY DAY.....3		

MT13. During the last 3 months, did you use a mobile telephone to read an SMS, access Facebook or WhatsApp?	YES 1 NO 2	
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FERTILITY/BIRTH HISTORY		CM
<p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><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></p>	YES 1 NO 2	2 ⇒ CM8
<p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	YES 1 NO 2	2 ⇒ CM5
<p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p>	SONS AT HOME..... __ __	
<p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS AT HOME..... __ __	
<p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	YES 1 NO 2	2 ⇒ CM8
<p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	SONS ELSEWHERE __ __	
<p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS ELSEWHERE __ __	
<p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><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></p>	YES 1 NO 2	2 ⇒ CM11
<p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p>	BOYS DEAD __ __	
<p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p>	GIRLS DEAD __ __	
<p>CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</p>	SUM __ __	
<p>CM12. Just to make sure that I have this right, you have had in total (<i>total number in CM11</i>) births during your life. Is this correct?</p>	YES 1 NO 2	1 ⇒ CM14
<p>CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.</p>		

CM14. <i>Check CM11: How many live births?</i>	NO LIVE BIRTHS, CM11=00..... 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE..... 1	0 ⇒ <i>End</i>
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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 (<i>name of birth</i>) a boy or a girl?	BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you?		BH8. Record <i>household line number of child (from HLI)</i> <i>Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) 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 (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?			
		S	M		B	G	Day			Month	Year		Y	N	Age	Y	N	Line No
01		1	2	1	2	___	___	___	___	___	1	2	___	DAYS.....1 MONTHS.....2 YEARS.....3	___	___		
													⇒ Next Birth					
02		1	2	1	2	___	___	___	___	___	1	2	___	DAYS.....1 MONTHS.....2 YEARS.....3	___	___	1	2
													⇒ BH10				Add	Next
																	Birth	Birth
03		1	2	1	2	___	___	___	___	___	1	2	___	DAYS.....1 MONTHS.....2 YEARS.....3	___	___	1	2
													⇒ BH10				Add	Next
																	Birth	Birth
04		1	2	1	2	___	___	___	___	___	1	2	___	DAYS.....1 MONTHS.....2 YEARS.....3	___	___	1	2
													⇒ BH10				Add	Next
																	Birth	Birth
05		1	2	1	2	___	___	___	___	___	1	2	___	DAYS.....1 MONTHS.....2 YEARS.....3	___	___	1	2
													⇒ BH10				Add	Next
																	Birth	Birth
06		1	2	1	2	___	___	___	___	___	1	2	___	DAYS.....1 MONTHS.....2 YEARS.....3	___	___	1	2
													⇒ BH10				Add	Next
																	Birth	Birth
07		1	2	1	2	___	___	___	___	___	1	2	___	DAYS.....1 MONTHS.....2 YEARS.....3	___	___	1	2
													⇒ BH10				Add	Next
																	Birth	Birth
08		1	2	1	2	___	___	___	___	___	1	2	___	DAYS.....1 MONTHS.....2 YEARS.....3	___	___	1	2
													⇒ BH10				Add	Next
																	Birth	Birth
09		1	2	1	2	___	___	___	___	___	1	2	___	DAYS.....1 MONTHS.....2 YEARS.....3	___	___	1	2
													⇒ BH10				Add	Next
																	Birth	Birth

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) 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 (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)?</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 (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?				
				S	M	B					G	Day	Month	Year	Y	N	Age
10		1 2	1 2	___	___	___	1	2 ☺ BH9	___	1 2	___	___	___	DAYS.....1 MONTHS.....2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
11		1 2	1 2	___	___	___	1	2 ☺ BH9	___	1 2	___	___	___	DAYS.....1 MONTHS.....2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
12		1 2	1 2	___	___	___	1	2 ☺ BH9	___	1 2	___	___	___	DAYS.....1 MONTHS.....2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
13		1 2	1 2	___	___	___	1	2 ☺ BH9	___	1 2	___	___	___	DAYS.....1 MONTHS.....2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
14		1 2	1 2	___	___	___	1	2 ☺ BH9	___	1 2	___	___	___	DAYS.....1 MONTHS.....2 YEARS3	___	___	1 ☺ 2 ☺ Add Next Birth Birth
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?									YES..... 1		NO..... 2		1 ⇒Record birth(s) in Birth History				

<p>CM15. Compare number in CM11 with number of births listed in the birth history above and check:</p>	<p>NUMBERS ARE THE SAME 1 NUMBERS ARE DIFFERENT 2</p>	<p>1 ⇒ CM17</p>
<p>CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.</p>		
<p>CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in 2016?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is 2016, consider this as a birth within the last 2 years.</i></p>	<p>NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1</p>	<p>0 ⇒ End</p>
<p>CM18. Copy name of the last child listed in BH1.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p>	<p>NAME OF LAST-BORN CHILD</p> <p>_____</p>	

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


MATERNAL AND NEWBORN HEALTH

MN

<p>MN1. 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=11</p> <p>NO, CM17=0.....2</p>	<p>2 ⇒End</p>
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇒MN7</p>
<p>MN3. 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>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE GENERAL/ CLINICIAN/ MIDWIFE ...B</p> <p>OTHER PERSON</p> <p>COMMUNITY HEALTH WORKERG</p> <p>NURSE ASSISTANTJ</p> <p>OTHER (<i>specify</i>) _____X</p>	
<p>MN4. 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>WEEKS1 __ __</p> <p>MONTHS2 <u>0</u> __</p> <p>DK998</p>	
<p>MN5. 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>DK98</p>	
<p>MN6. 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>	<p>YES NO</p> <p>BLOOD PRESSURE1 2</p> <p>URINE SAMPLE1 2</p> <p>BLOOD SAMPLE1 2</p>	
<p>MN7. Do you have an ANC card/ Bukana or other document with your own immunizations listed?</p> <p>If yes, ask: May I see it please?</p> <p>If any document is presented, use it to assist with answers to the following questions.</p>	<p>YES (ANC CARD OR OTHER DOCUMENT SEEN).....1</p> <p>YES (ANC CARD OR OTHER DOCUMENT NOT SEEN)2</p> <p>NO3</p> <p>DK8</p>	
<p>MN8. 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>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇒MN11</p> <p>8 ⇒MN11</p>

<p>MN9. How many times did you receive this tetanus injection during your pregnancy with (<i>name</i>)?</p>	<p>NUMBER OF TIMES__</p> <p>DK8</p>	<p>8 ⇒MN11</p>
<p>MN10. Check MN9: How many tetanus injections during last pregnancy were reported?</p>	<p>ONLY 1 INJECTION1</p> <p>2 OR MORE INJECTIONS2</p>	<p>2 ⇒MN19</p>
<p>MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby?</p> <p><i>Include DPT (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇒MN19</p> <p>8 ⇒MN19</p>
<p>MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>Include DPT (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>NUMBER OF TIMES__</p> <p>DK8</p>	
<p>MN13. Check MN12: How many tetanus injections before last pregnancy were reported?</p>	<p>ONLY 1 INJECTION1</p> <p>2 OR MORE INJECTIONS OR DK2</p>	<p>1 ⇒MN14A</p> <p>2 ⇒MN14B</p>
<p>MN14A. How many years ago did you receive that tetanus injection</p> <p>MN14B. How many years ago did you receive the last of those tetanus injections?</p> <p><i>The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12.</i></p> <p><i>If less than 1 year, record '00'.</i></p>	<p>YEARS AGO __ __</p> <p>DK 98</p>	

<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE GENERAL/ CLINICIAN/ MIDWIFE ...B</p> <p>OTHER PERSON</p> <p>COMMUNITY HEALTH WORKERG</p> <p>RELATIVE / FRIENDH</p> <p>COMMUNITY MEMBER..... I</p> <p>NURSE ASSISTANTJ</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>NO ONE..... Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</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>(<i>Name of place</i>)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>GOVERNMENT MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>GOVERNMENT HEALTH POST.....23</p> <p>OTHER GOVERNMENT (<i>specify</i>) _____ 26</p> <p>CHAL MEDICAL SECTOR</p> <p>CHAL HOSPITAL 41</p> <p>CHAL CLINIC / HEALTH CENTRE 42</p> <p>CHAL HEALTH POST43</p> <p>OTHER CHAL (<i>specify</i>) _____ 46</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE MATERNITY HOME 33</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇨MN23</p> <p>12 ⇨MN23</p> <p>41 ⇨MN21</p> <p>42 ⇨MN21</p> <p>43 ⇨MN21</p> <p>46 ⇨MN21</p> <p>96 ⇨MN23</p>
<p>MN20A. In which country was (<i>name</i>) delivered?</p>	<p>LESOTHO.....1</p> <p>SOUTH AFRICA2</p> <p>ELSEWHERE6</p>	
<p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇨MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS1</p> <p>AFTER LABOUR PAINS2</p>	
<p>MN23. 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>YES1</p> <p>NO2</p> <p>DK/ DON'T REMEMBER8</p>	<p>2 ⇨MN25</p> <p>8 ⇨MN25</p>

 <p><small>Photo Credit: Joyce Godwin</small></p>		
MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?	YES1 NO2 DK/ DON'T REMEMBER8	
MN25. Was (<i>name</i>) dried or wiped soon after birth?	YES1 NO2 DK/ DON'T REMEMBER8	
MN26. 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>	IMMEDIATELY/LESS THAN 1 HOUR000 HOURS 1 __ __ DAYS 2 __ __ NEVER BATHED997 DK / DON'T REMEMBER998	
MN27. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-461 NO, MN20=11-12 or 96.....2	1 ⇒MN30
MN28. What was used to cut the cord?	NEW BLADE1 BLADE USED FOR OTHER PURPOSES2 SCISSORS3 OTHER (<i>specify</i>) _____ 6 DK8	
MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?	YES1 NO2 DK / DON'T REMEMBER8	
MN30. After the cord was cut and until it fell off, was anything applied to the cord?	YES1 NO2 DK / DON'T REMEMBER8	2 ⇒MN32 8 ⇒MN32

<p>MN31. What was applied to the cord?</p> <p><i>Probe: Anything else?</i></p>	<p>CHLORHEXIDINE A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET, LIQUID DETTOL/ SAVLON) B MUSTARD OIL..... C ASH D ANIMAL DUNG E VICKS F SOAP AND WATER (INCLUDING DETTOL/ SAVLON BAR SOAP)..... G OTHER (<i>specify</i>) X DK / DON'T REMEMBER..... Z</p>	
<p>MN32. 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 AVERAGE4 VERY SMALL5 DK.....8</p>	
<p>MN33. Was (<i>name</i>) weighed at birth?</p>	<p>YES1 NO2 DK8</p>	<p>2 ⇒ MN35 8 ⇒ MN35</p>
<p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If an ANC card or bukana is available, record weight from card or bukana.</i></p>	<p>FROM CARD / BUKANA 1 (KG) __ . __ __ __ FROM RECALL 2 (KG) __ . __ __ __ DK99998</p>	
<p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p>	<p>YES1 NO2</p>	
<p>MN36. Did you ever breastfeed (<i>name</i>)?</p>	<p>YES1 NO2</p>	<p>2 ⇒ MN39B</p>
<p>MN37. 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 HOURS1 __ __ DAYS.....2 __ __ DK / DON'T REMEMBER998</p>	
<p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p>	<p>YES1 NO2</p>	<p>1 ⇒ MN39A 2 ⇒ End</p>

<p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p>	MILK (OTHER THAN BREAST MILK)A PLAIN WATERB SUGAR OR GLUCOSE WATERC GRIPE WATERD SUGAR-SALT-WATER/ ORS SOLUTION (MOTSOAKO).....E FRUIT JUICEF INFANT FORMULA.....G TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONSH HONEYI PRESCRIBED MEDICINEJ OTHER (<i>specify</i>) _____X NOT GIVEN ANYTHING TO DRINKY	
<p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p>		

POST-NATAL HEALTH CHECKS		PN
<p>PN1. 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=11 NO, CM17=0 OR BLANK2	2 ⇒ End
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	YES, MN20=21-461 NO, MN20=11-12 OR 96.....2	2 ⇒ PN7
<p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (name).</p> <p>You have said that you gave birth in (name or type of facility in MN20). 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>	HOURS1 __ __ DAYS.....2 __ __ WEEKS.....3 __ __ DK / DON'T REMEMBER998	
<p>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.</p> <p>Before you left the (name or type of facility in MN20), did anyone check on (name)'s health?</p>	YES1 NO.....2	
<p>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?</p> <p>Did anyone check on <u>your</u> health before you left (name or type or facility in MN20)?</p>	YES1 NO.....2	
<p>PN6. Now I would like to talk to you about what happened after you left (name or type of facility in MN20).</p> <p>Did anyone check on (name)'s health after you left (name or type of facility in MN20)?</p>	YES1 NO.....2	1 ⇒ PN12 2 ⇒ PN17
<p>PN7. Check MN19: Did a health professional or community health worker assist with the delivery?</p>	YES, AT LEAST ONE OF THE CATEGORIES A TO G OR J RECORDED1 NO, NONE OF THE CATEGORIES A TO G OR J RECORDED2	2 ⇒ PN11

<p>PN8. 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>YES1</p> <p>NO2</p>	
<p>PN9. 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>YES1</p> <p>NO2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	<p>1 ⇒PN12</p> <p>2 ⇒PN19</p>
<p>PN11. 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>YES1</p> <p>NO2</p>	<p>2 ⇒PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE1</p> <p>MORE THAN ONCE2</p>	<p>1 ⇒PN13A</p> <p>2 ⇒PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. 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>HOURS1 __ __</p> <p>DAYS2 __ __</p> <p>WEEKS3 __ __</p> <p>DK / DON’T REMEMBER998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE GENERAL/ CLINICIAN/ MIDWIFE ...B</p> <p>OTHER PERSON</p> <p>COMMUNITY HEALTH WORKER.....G</p> <p>RELATIVE / FRIENDH</p> <p>COMMUNITY MEMBER..... I</p> <p>NURSE ASSISTANT J</p> <p>OTHER (<i>specify</i>)X</p>	

<p>PN15. 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;">(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>GOVERNMENT MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>GOVERNMENT HEALTH POST23</p> <p>OTHER GOVERNMENT (<i>specify</i>) _____ 26</p> <p>CHAL MEDICAL SECTOR</p> <p>CHAL HOSPITAL..... 41</p> <p>CHAL CLINIC / HEALTH POST 42</p> <p>CHAL HEALTH POST43</p> <p>OTHER CHAL (<i>specify</i>) _____ 46</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL.....31</p> <p>PRIVATE CLINIC.....32</p> <p>PRIVATE MATERNITY HOME.....33</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-46 1</p> <p>NO, MN20=11-12 OR 96..... 2</p>	<p>2 ⇒PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), 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>PN18. Check MN19: Did a health professional or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G OR J RECORDED1</p> <p>NO, NONE OF THE CATEGORIES A TO G OR J RECORDED 2</p>	<p>2 ⇒PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) 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>PN20. After the birth of (<i>name</i>), 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>PN21. 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>PN22A. How long after delivery did that check happen?</p> <p>PN22B. 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>HOURS1 ___</p> <p>DAYS.....2 ___</p> <p>WEEKS.....3 ___</p> <p>DK / DON'T REMEMBER 998</p>	

<p>PN23. Who checked on <u>your</u> health at that time?</p>	<p>HEALTH PROFESSIONAL DOCTORA NURSE GENERAL/ CLINICIAN/ MIDWIFE ...B</p> <p>OTHER PERSON COMMUNITY HEALTH WORKER.....G RELATIVE / FRIENDH COMMUNITY MEMBER..... I NURSE ASSISTANTJ</p> <p>OTHER (<i>specify</i>) _____ X</p>	
<p>PN24. 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>(Name of place)</p>	<p>HOME RESPONDENT’S HOME..... 11 OTHER HOME..... 12</p> <p>GOVERNMENT MEDICAL SECTOR GOVERNMENT HOSPITAL..... 21 GOVERNMENT CLINIC / HEALTH CENTRE22 GOVERNMENT HEALTH POST23 OTHER GOVERNMENT (<i>specify</i>) _____ 26</p> <p>CHAL MEDICAL SECTOR CHAL HOSPITAL..... 41 CHAL CLINIC / HEALTH CENTRE 42 CHAL HEALTH POST43 OTHER CHAL (<i>specify</i>) _____ 46</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 PRIVATE CLINIC..... 32 PRIVATE MATERNITY HOME..... 33 OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>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:</p> <p>[A] Examine (name)’s cord?</p> <p>[B] Take the temperature of (name)?</p> <p>[C] Counsel you on breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>EXAMINE THE CORD..... 1 2 8</p> <p>TAKE TEMPERATURE 1 2 8</p> <p>COUNSEL ON BREASTFEEDING..... 1 2 8</p>	
<p>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1..... 1 NO, MN36=2 2</p>	<p>2 ⇒PN28</p>
<p>PN27. Observe (name)’s breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING 1 2 8</p>	

<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1.....1 NO, MN33=22 DK, MN33=83</p>	<p>1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C</p>
<p>PN29A. 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>PN29B. 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>PN29C. 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>YES1 NO.....2</p>	
<p>PN30. 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>YES1 NO.....2</p>	

CONTRACEPTION

CP

<p>CP1. 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>	<p>1 ⇒ CP3</p>
<p>CP2. 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>	<p>1 ⇒ CP4</p>
<p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒ End 2 ⇒ End</p>
<p>CP4. What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.</i> <i>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>	

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

<p>UN12. 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 RESULTE POSTPARTUM AMENORRHEIC F BREASTFEEDING G TOO OLD H FATALISTIC.....I OTHER (<i>specify</i>)..... X DK.....Z</p>	
<p>UN13. Check UN12: 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2</p>	<p>1 ⇒End</p>
<p>UN14. 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:</i> How many months ago?</p>	<p>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</p>	<p>993 ⇒End 994 ⇒End 995 ⇒End</p>
<p>UN15. 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>UN16. 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>UN17. 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>UN18. 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>UN19. 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
[F] If she is cheating on him with another partner?	CHEATING	1	2	8

VICTIMISATION

VT

VT1. *Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you personally were the victim.*

Let me assure you again that your answers are completely confidential and will not be told to anyone.

In the last three years, that is since (**month of interview**) 2015, has anyone taken or tried taking something from you, by using force or threatening to use force?

Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.

If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.

YES 1
 NO 2
 DK 8

2 ⇒VT9B
 8 ⇒VT9B

VT2. Did this last happen during the last 12 months, that is, since (**month of interview**) 2017?

YES, DURING THE LAST 12 MONTHS..... 1
 NO, MORE THAN 12 MONTHS AGO 2
 DK / DON'T REMEMBER 8

2 ⇒VT5B
 8 ⇒VT5B

VT3. How many times did this happen in the last 12 months?

If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?

ONE TIME 1
 TWO TIMES 2
 THREE OR MORE TIMES 3
 DK / DON'T REMEMBER 8

VT4. *Check VT3: One or more times?*

ONE TIME, VT3=1 1
 MORE THAN ONCE OR DK, VT3=2, 3 OR 8 2

1 ⇒VT5A
 2 ⇒VT5B

VT5A. When this happened, was anything stolen from you?

YES 1
 NO 2

VT5B. The last time this happened, was anything stolen from you?

DK / NOT SURE..... 8

VT6. Did the person(s) have a weapon?

YES 1
 NO 2
 DK / NOT SURE..... 8

2 ⇒VT8
 8 ⇒VT8

VT7. Was a knife, a gun or something else used as a weapon?

Record all that apply.

YES, A KNIFE..... A
 YES, A GUN B
 YES, SOMETHING ELSE X

<p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe:</i> Was the incident reported by you or someone else?</p>	<p>YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE..... 8</p>	<p>1 ⇒VT9A 2 ⇒VT9A 3 ⇒VT9A 8 ⇒VT9A</p>
<p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) 2015, been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) 2015, have you been physically attacked?</p> <p><i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒VT20 8 ⇒VT20</p>
<p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) 2017?</p>	<p>YES, DURING THE LAST 12 MONTHS..... 1 NO, MORE THAN 12 MONTHS AGO 2 DK / DON'T REMEMBER 8</p>	<p>2 ⇒VT12B 8 ⇒VT12B</p>
<p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p>	<p>ONE TIME 1 TWO TIMES 2 THREE OR MORE TIMES 3 DK / DON'T REMEMBER 8</p>	<p>1 ⇒VT12A 2 ⇒VT12B 3 ⇒VT12B 8 ⇒VT12B</p>
<p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p>	<p>AT HOME 11 IN ANOTHER HOME 12 IN THE STREET 21 ON PUBLIC TRANSPORT 22 PUBLIC RESTAURANT / CAFÉ / BAR 23 OTHER PUBLIC (<i>specify</i>) 26 AT SCHOOL 31 AT WORKPLACE 32 OTHER PLACE (<i>specify</i>) 96</p>	
<p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?</p>	<p>ONE PERSON 1 TWO PEOPLE 2 THREE OR MORE PEOPLE 3 DK / DON'T REMEMBER 8</p>	<p>1 ⇒VT14A 2 ⇒VT14B 3 ⇒VT14B 8 ⇒VT14B</p>

VT14A. At the time of the incident, did you recognize the person?	YES 1 NO 2	
VT14B. At the time of the incident, did you recognize at least one of the persons?	DK / DON'T REMEMBER 8	
VT17. Did the person(s) have a weapon?	YES 1 NO 2 DK / NOT SURE 8	2 ⇒ VT19 8 ⇒ VT19
VT18. Was a knife, a gun or something else used as a weapon? <i>Record all that apply.</i>	YES, A KNIFE A YES, A GUN B YES, SOMETHING ELSE X	
VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe: Was the incident reported by you or someone else?</i>	YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE 8	
VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE 4 NEVER WALK ALONE AFTER DARK 7	
VT21. How safe do you feel when you are at home alone after dark?	VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE 4 NEVER ALONE AFTER DARK 7	
VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?		
		YES NO DK
[A] Ethnic or immigration origin?	ETHNIC / IMMIGRATION 1	2 8
[B] Gender?	GENDER 1	2 8
[C] Sexual orientation?	SEXUAL ORIENTATION 1	2 8
[D] Age?	AGE 1	2 8
[E] Religion or belief?	RELIGION / BELIEF 1	2 8
[F] Disability?	DISABILITY 1	2 8
[X] For any other reason?	OTHER REASON 1	2 8

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A PARTNER.....2 NO, NOT IN UNION.....3	3 ⇒MA5
MA2. How old is your (husband/partner)? <i>Probe:</i> 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 DIVORCED2 SEPARATED3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE.....1 MORE THAN ONCE2	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 MONTH98 YEAR.....__ __ __ __ DK YEAR9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998.....1 NO, MA8A/B≠9998.....2	2 ⇒End
MA10. Check MA7: In union only once?	YES, MA7=11 NO, MA7=22	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__ __	

ADULT FUNCTIONING		AF
AF1. Check WB4: Age of respondent?	AGE 15-17 YEARS 1 AGE 18-49 YEARS 2	1 ⇒End
AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES 1 NO 2	
AF3. Do you use a hearing aid?	YES 1 NO 2	
AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
AF5. Check AF2: Respondent uses glasses or contact lenses?	YES, AF2=1 1 NO, AF2=2 2	1 ⇒AF6A 2 ⇒AF6B
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
AF7. Check AF3: Respondent uses a hearing aid?	YES, AF3=1 1 NO, AF3=2 2	1 ⇒AF8A 2 ⇒AF8B
AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4	
AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	

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 BBs, cigars, water pipe 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? <i>Record all mentioned.</i>	CIGARS A WATER PIPE B PIPE D BB E 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>TA12. 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>TA13. 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>TA14. 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>TA15. We count one drink of alcohol as one sekala sa joala, one can or bottle of beer, one glass of wine, or one shot/tot 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>TA16. 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>TA17. 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>	

LIFE SATISFACTION

LS

LS1. I would like to ask you some simple questions on happiness and satisfaction.

First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?

I am now going to show you pictures to help you with your response.

Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.

- VERY HAPPY 1
- SOMEWHAT HAPPY..... 2
- NEITHER HAPPY NOR UNHAPPY 3
- SOMEWHAT UNHAPPY 4
- VERY UNHAPPY 5

LS2. *Show the picture of the ladder.*

Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.

Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder do you feel you stand at this time?

Probe if necessary: Which step comes closest to the way you feel?

LADDER STEP ____ ____

LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?

- IMPROVED..... 1
- MORE OR LESS THE SAME..... 2
- WORSENERD 3

LS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?

- BETTER 1
- MORE OR LESS THE SAME..... 2
- WORSE..... 3

**Very
happy**



Somewhat happy



**Neither happy,
nor unhappy**



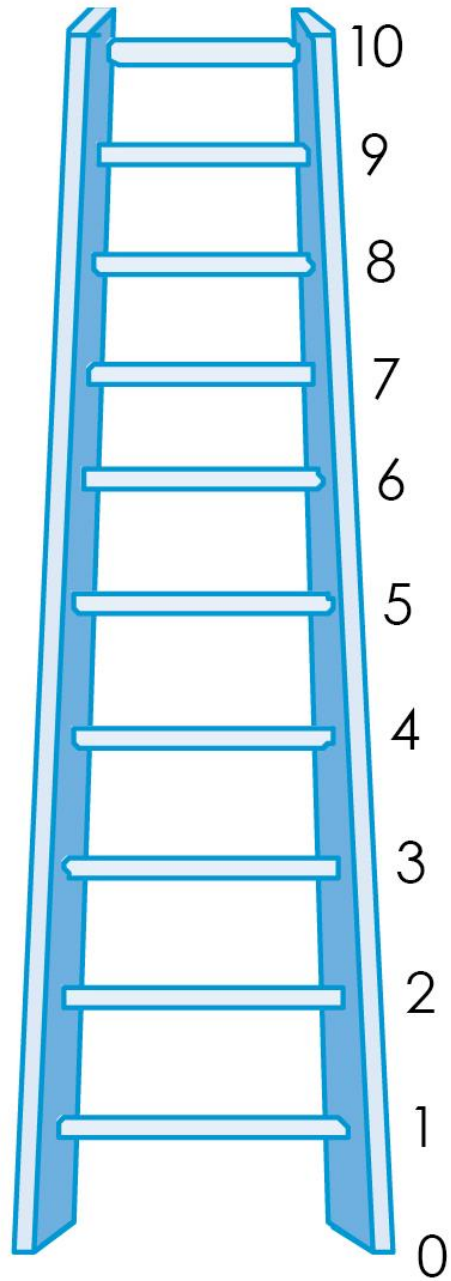
**Somewhat
unhappy**



**Very
unhappy**



Best Possible Life



Worst Possible Life

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.	SESOTHO 1 ENGLISH 2	
WM13. Language of the Interview.	SESOTHO 1 ENGLISH 2 OTHER LANGUAGE (specify) 6	
WM14. Native language of the Respondent.	SESOTHO 1 XHOSA/SETHEPU 2 SEPHUTI 3 ENGLISH 4 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	
<p>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?</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><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><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><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><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>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS