

WOMAN'S INFORMATION PANEL	WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>	
WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman's name: Name _____	WM4. Woman's line number: _____
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / _____

Repeat greeting if not already read to this woman:

WE ARE FROM National Centre of Public Health. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.*
- No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.*

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
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WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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WM10. Record the time.	Hour and minutes :	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month.....98 Year DK year.....9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)	
WB2A. TO WHAT ETHNIC GROUP DO YOU BELONG?	Moldovan/Romanian 1 Russian 2 Ukrainian 3 Roma(Gypsy) 4 Gagauz..... 5 Other ethnic group (<i>specify</i>) 6	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Gymnasium 2 Lyceum/middle school..... 3 Polyvalent/PTS..... 4 College/technical school 5 University/Post-Grad 6	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade/year	
WB6. Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> 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 4 <i>(specify language)</i> Blind / visually impaired..... 5	

<p>MT1. <i>Check WB7:</i></p> <p><input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3</p>		
<p>MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4</p>	
<p>MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4</p>	
<p>MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4</p>	
<p>MT5. <i>Check WB2: Age of respondent 15-24 years?</i></p> <p><input type="checkbox"/> Yes, 15-24 years ⇒ Continue with MT6</p> <p><input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module</p>		
<p>MT6. HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes 1 No 2</p>	2⇒MT9
<p>MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No 2</p>	2⇒MT9
<p>MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4</p>	
<p>MT9. HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes 1 No 2</p>	2⇒Next Module
<p>MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>	<p>Yes 1 No 2</p>	2⇒ Next Module
<p>MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4</p>	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home __ __ Daughters at home __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere __ __ Daughters elsewhere __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead __ __ Girls dead __ __	
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum __ __	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <ul style="list-style-type: none"> <input type="checkbox"/> <i>Yes. Check below:</i> <ul style="list-style-type: none"> <input type="checkbox"/> <i>No live births ⇒ Go to CM12A</i> <input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module</i> <input type="checkbox"/> <i>No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or CM12A</i> 		

BIRTH HISTORY
BH

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 LINE. IF THERE ARE MORE THAN 14 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE.

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (FIRST/NEXT) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE	BH3. IS (NAME) A BOY OR A GIRL? 1 BOY 2 GIRL	BH4. IN WHAT MONTH AND YEAR WAS (NAME) BORN? PROBE: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (NAME) STILL ALIVE? 1 YES 2 NO	BH6. HOW OLD WAS (NAME) AT HIS/HER LAST BIRTHDAY? RECORD AGE IN COMPLETED YEARS.	BH7. IS (NAME) LIVING WITH YOU? 1 YES 2 NO	BH8. RECORD HOUSEHOLD LINE NUMBER OF CHILD (FROM HL1) RECORD "00" IF CHILD IS NOT LISTED.	BH9. IF DEAD: HOW OLD WAS (NAME) WHEN HE/SHE DIED? IF "1 YEAR", PROBE: HOW MANY MONTHS OLD WAS (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 YES 2 NO
				MONTH	YEAR					UNIT	NUMBER	Y	
01		1 2	1 2			1 2 ⇒ BH9		1 2			DAYS 1 MONTHS 2 YEARS 3		
02		1 2	1 2			1 2 ⇒ BH9		1 2		⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH	
03		1 2	1 2			1 2 ⇒ BH9		1 2		⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH	
04		1 2	1 2			1 2 ⇒ BH9		1 2		⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH	
05		1 2	1 2			1 2 ⇒ BH9		1 2		⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH	
06		1 2	1 2			1 2 ⇒ BH9		1 2		⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH	
07		1 2	1 2			1 2 ⇒ BH9		1 2		⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH	

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (FIRST/NEXT) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE	BH3. IS (NAME) A BOY OR A GIRL? 1 BOY 2 GIRL	BH4. IN WHAT MONTH AND YEAR WAS (NAME) BORN? <i>PROBE: WHAT IS HIS/HER BIRTHDAY?</i>	BH5. IS (NAME) STILL ALIVE? 1 YES 2 NO	BH6. HOW OLD WAS (NAME) AT HIS/HER LAST BIRTHDAY? <i>RECORD AGE IN COMPLETED YEARS.</i>	BH7. IS (NAME) LIVING WITH YOU? 1 YES 2 NO	BH8. RECORD HOUSEHOLD LINE NUMBER OF CHILD (FROM HL1) <i>RECORD "00" IF CHILD IS NOT LISTED.</i>	BH9. <i>IF DEAD:</i> HOW OLD WAS (NAME) WHEN HE/SHE DIED? <i>IF "1 YEAR", PROBE: HOW MANY MONTHS OLD WAS (NAME)?</i> <i>RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS</i>	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 YES 2 NO					
08		1 2	1 2	— — — — —	1 2 ⇒ BH9	— — — — —	1 2	— — — — — ⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH					
09		1 2	1 2	— — — — —	1 2 ⇒ BH9	— — — — —	1 2	— — — — — ⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH					
10		1 2	1 2	— — — — —	1 2 ⇒ BH9	— — — — —	1 2	— — — — — ⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH					
11		1 2	1 2	— — — — —	1 2 ⇒ BH9	— — — — —	1 2	— — — — — ⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH					
12		1 2	1 2	— — — — —	1 2 ⇒ BH9	— — — — —	1 2	— — — — — ⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH					
13		1 2	1 2	— — — — —	1 2 ⇒ BH9	— — — — —	1 2	— — — — — ⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH					
14		1 2	1 2	— — — — —	1 2 ⇒ BH9	— — — — —	1 2	— — — — — ⇒ BH10	DAYS 1 MONTHS 2 YEARS 3	1 2 ADD NEXT BIRTH					
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (NAME OF LAST BIRTH IN BIRTH HISTORY)?				Yes				1				1 ⇒ RECORD BIRTH(S) IN BIRTH HISTORY			
				No				2							

<p>CM12. Compare number in CM10 with number of births in the Birth History above and check:</p> <p><input type="checkbox"/> Numbers are same ⇒ Continue with CM12A</p> <p><input type="checkbox"/> Numbers are different ⇒ Probe and reconcile</p>		
<p>CM12A. SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A LIVE BIRTH.</p> <p>HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN A STILLBIRTH, OR THAT WAS TERMINATED EARLY (ABORTED)?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒CM13</p>
<p>CM12B. HOW MANY MISCARRIAGES HAVE YOU HAD DURING YOUR LIFETIME?</p> <p>BY MISCARRIAGE, I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5TH MONTH OF PREGNANCY.</p>	<p>None..... 00</p> <p>Number of miscarriages..... __ __</p>	
<p>CM12C. IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH?</p> <p>BY STILLBIRTH, I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5TH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.</p>	<p>None..... 00</p> <p>Number of stillbirths __ __</p>	
<p>CM12D. AND HOW MANY EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) HAVE YOU HAD DURING YOUR LIFETIME?</p> <p>BY EARLY TERMINATION OF PREGNANCY (ABORTION), I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	<p>None..... 00</p> <p>Number of early terminations of pregnancy (abortions)..... __ __</p>	<p>00⇒CM13</p>
<p>CM12E. WHEN DID YOUR (LAST) EARLY TERMINATION OF PREGNANCY (ABORTION) TAKE PLACE?</p> <p><i>Month and year must be recorded.</i></p>	<p>Date of (last) early termination of pregnancy (abortion)</p> <p>Month __ __</p> <p>Year __ __ __ __</p>	
<p>CM12F. Check in CM12E when the last abortion took place and if:</p> <p><input type="checkbox"/> There are no abortions during the last 2 years. ⇒ Go to CM13</p> <p><input type="checkbox"/> The last abortion took place during the last 2 years, that is, since (the month of interviewing) in 2010, ⇒ Continue with CM12G</p>		
<p>CM12G. If the respondent has mentioned more than one early termination (abortion), i.e. CM12D is higher than 1, then ask her for the exact month and year of each mentioned early termination (abortion) that took place during the last 2 years, i.e. since (the month of interviewing) 2010. Write down month and year for each early termination (abortion) in CM12H, starting from the last, and for each recorded early termination (abortion) ask the respondent to tell you how many weeks/months she was pregnant when she had the early termination (abortion) and record this appropriately.</p>		

	Last early termination (abortion)	Previous to the last early termination (abortion)	Second last from the last early termination (abortion)	Third last from the last early termination (abortion)
CM12H. WHAT MONTH AND YEAR DID YOUR (LAST) EARLY TERMINATION (ABORTION) TAKE PLACE?	<i>Don't ask, it is given in CM12E</i>	Month __ __ Year... __ __ __ __	Month..... __ __ Year .. __ __ __ __	Month __ __ Year... __ __ __ __
CM12I. HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED? <i>If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months</i>	Weeks.....1 __ __ Months.....2 __ __	Weeks 1 __ __ Months 2 __ __	Weeks..... 1 __ __ Months 2 __ __	Weeks 1 __ __ Months.....2 __ __
<p>CM13. Check BH4 in BIRTH HISTORY: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2010</p> <p><input type="checkbox"/> No live birth in last 2 years or no live birth in general. ⇒ Go to ILLNESS SYMPTOMS Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Record name of last live born child Name of child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with the next module.</i></p>				

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months 1 __ __ Years 2 __ __ DK 998	

MATERNAL AND NEWBORN HEALTH
MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN 1.A. WHY YOU DID NOT SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	I was out of the country throughout pregnancy 1 I did not think it was necessary 2 I do not trust physicians 3 I did not have money 4 The insurance does not cover the full costs of antenatal care 5 Other reasons 6	1⇒MN4A 2⇒MN4A 3⇒MN4A 4⇒MN4A 5⇒MN4A 6⇒MN4A												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Other person Traditional birth attendant F Other (specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample.....	1	2												
MN4A. HAVE YOU HEARD ABOUT PILLS OR SYRUP WITH IRON RECOMMENDED FOR WOMEN?	Yes 1 No 2	2⇒MN4F												
MN4B. DURING THIS PREGNANCY HAVE YOU BEEN GIVEN OR HAVE YOU PURCHASED PILLS OR SYRUP WITH IRON? SHOW THE PILLS OR SYRUP.	Yes, have been given 1 Yes, have purchased..... 2 No 3 DK..... 8	3⇒MN4E 8⇒MN4E												
MN4C. DURING YOUR PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE IRON PILLS OR SYRUP? <i>If the answer is not numeric, ask the approximate number of days.</i>	Number of days..... DK..... 998													
MN4D. WHO RECOMMENDED YOU TO TAKE THE IRON PILLS OR SYRUP?	Physician/nurse 1 Pharmacist 2 Other person (specify)..... 6													

MN4E. DO YOU THINK THE IRON SUPPLEMENTS: (A) STRENGTHEN THE BONES? (B) PREVENT CONGENITAL ANOMALIES? (C) PREVENT BLOOD PRESSURE? (D) PREVENT ANAEMIA?	Yes 1 1 1 1	No 2 2 2 2	DK 8 8 8 8	
MN4F. HAVE YOU HEARD ABOUT FOLIC ACID?	Yes 1 No 2			2⇒MN4L
MN4G. DURING THIS PREGNANCY HAVE YOU BEEN GIVEN OR HAVE YOU PURCHASED PILLS OR SYRUP WITH FOLIC ACID? SHOW THE PILLS OR SYRUP.	Yes, have been given..... 1 Yes, have purchased..... 2 No 3 DK..... 8			3⇒MN4K 8⇒MN4K
MN4H. HAVE YOU RECEIVED FOLIC ACID DURING THE FIRST THREE MONTHS OF YOUR PREGNANCY?	Yes 1 No 2			2⇒MN4J
MN4I. HAVE YOU RECEIVED FOLIC ACID DURING AT LEAST 45 DAYS DURING THE FIRST QUARTER OF YOUR PREGNANCY?	Yes 1 No 2 DK..... 8			
MN4J. WHO RECOMMENDED YOU TO TAKE THE FOLIC ACID DURING PREGNANCY?	Physician/nurse 1 Pharmacist 2 Other person (<i>specify</i>)..... 6			
MN4K. DO YOU THINK THE FOLIC ACID SUPPLEMENTS: (E) STRENGTHEN THE BONES? (F) PREVENT CONGENITAL ANOMALIES? (G) PREVENT BLOOD PRESSURE? (H) PREVENT ANAEMIA?	Yes 1 1 1 1	No 2 2 2 2	DK 8 8 8 8	
MN4L. DURING THIS PREGNANCY, HAVE YOU HAD PROBLEMS WITH THE DAYTIME VISION?	Yes 1 No 2 DK..... 8			
MN4M. DURING THIS PREGNANCY, HAVE YOU HAD PROBLEMS WITH THE NIGHT VISION?	Yes 1 No 2 DK..... 8			
MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor A Nurse / Midwife B Other person Traditional birth attendant..... F Relative / Friend H Other (<i>specify</i>) X No one Y			

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Health Centre 24</p> <p>Office of Family Doctor, Health Office .. 25</p> <p>Other public (<i>specify</i>) _____ 26</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⇒MN20</p> <p>12⇒MN20</p> <p>24⇒MN20</p> <p>25⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>MN20. 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</p> <p>Larger than average..... 2</p> <p>Average..... 3</p> <p>Smaller than average..... 4</p> <p>Very small 5</p> <p>DK 8</p>	
<p>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kg) __ . ____</p> <p>From recall 2 (kg) __ . ____</p> <p>DK 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>
<p>MN25. 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.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours 1 __ __</p> <p>Days 2 __ __</p> <p>Don't know / remember 998</p>	

<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk).....A Plain waterB Sugar or glucose waterC Gripe water.....D Water with sugar and saltE Fruit juice.....F Infant formulaG Tea / Infusions.....H Honey.....I Other (<i>specify</i>) _____X</p>	

POST-NATAL HEALTH CHECKS

PN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.

PN1. Check MN18: Was the child delivered in a health facility?

- Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2
- No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).

YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

*If less than one day, record hours.
If less than one week, record days.
Otherwise, record weeks.*

Hours..... 1 __ __
Days 2 __ __
Weeks 3 __ __
Don't know / remember..... 998

PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.

BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?

Yes 1
No..... 2

GPN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?

Yes 1
No..... 2

PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).

DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?

Yes 1
No..... 2
1⇒PN11
2⇒PN16

PN6. Check MN17: Did a health professional, traditional birth attendant assist with the delivery?

- Yes, delivery assisted by a health professional, traditional birth attendant (MN17=A-F) ⇒ Continue with PN7
- No, delivery not assisted by a health professional, traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN10

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</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 MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes 1 No 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes 1 No 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1 No 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once 1 More than once 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours 1 ___</p> <p>Days 2 ___</p> <p>Weeks 3 ___</p> <p>Don’t know / remember 998</p>	
<p>PN13. WHO CHECKED ON (<i>name</i>)’S HEALTH AT THAT TIME?</p>	<p>Health professional Doctor A Nurse / Midwife B Other person Traditional birth attendant F Relative / Friend H Other (<i>specify</i>) X</p>	

<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Health Centre..... 24</p> <p>Office of Family Doctor, Health Office.....25</p> <p>Other public (<i>specify</i>) _____ 26</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>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p>PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant (MN17=A-F) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1</p> <p>More than once 2</p>	<p>1⇒PN21A</p> <p>2⇒PN21B</p>

<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 __ __</p> <p>Days 2 __ __</p> <p>Weeks 3 __ __</p> <p>Don't know / remember 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>Doctor.....A</p> <p>Nurse / MidwifeB</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Relative / FriendH</p> <p>Other (<i>specify</i>) _____X</p>	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Health Centre 24</p> <p>Office of Family Doctor, Health Office .. 25</p> <p>Other public (<i>specify</i>) _____ 26</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>	

IS1. Check Household Listing, column HL9

Is the respondent the mother or caretaker of any child under the age of five?

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:
ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever C
- Child has fast breathing D
- Child has difficult breathing E
- Child has blood in stool F
- Child is drinking poorly G
- Child is restless H
- Child is crying I
- Child is sleeping poorly J
- Other (*specify*) _____ X
- Other (*specify*) _____ Y
- Other (*specify*) _____ Z

CP0. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.

COUPLES USE DIFFERENT WAYS OR METHODS IN ORDER TO POSTPONE OR AVOID PREGNANCY.

HAVE YOU HEARD OF :

[A] FEMALE STERILIZATION?

Probe: AN OPERATION WOMEN UNDERTAKE IN ORDER TO AVOID PREGNANCY.

Yes 1
No 2

[B] MALE STERILIZATION?

Probe: AN OPERATION MEN UNDERTAKE IN ORDER TO AVOID PREGNANCY.

Yes 1
No 2

[C] IUD?

Probe: WOMEN CAN HAVE A COIL PLACED INSIDE THE UTERUS BY A DOCTOR.

Yes 1
No 2

[D] INJECTABLES?

Probe: WOMEN CAN RECEIVE INJECTIONS THAT HAVE AN EFFECT ON THEIR HORMONES AND PREVENT PREGNANCY OVER A PERIOD OF A FEW MONTHS.

Yes 1
No 2

[E] IMPLANTS?

Probe: WOMEN CAN HAVE ONE OR MORE SMALL IMPLANTS (RODS) IMPLANTED IN THEIR UPPER ARM BY A DOCTOR THAT PREVENT PREGNANCY FOR A NUMBER OF YEARS.

Yes 1
No 2

[F] PILL?

Probe: WOMEN CAN TAKE PILLS ON AN EVERYDAY BASIS TO AVOID GETTING PREGNANT.

Yes 1
No 2

[G] MALE CONDOM?

Probe: MEN CAN PUT A RUBBER COVER ON THEIR PENIS BEFORE OR DURING SEXUAL INTERCOURSE.

Yes 1
No 2

[H] FEMALE CONDOM?

Probe: WOMEN CAN PUT A COVER INSIDE THEIR VAGINA BEFORE SEXUAL INTERCOURSE.

Yes 1
No 2

[I] DIAPHRAGM?

Probe: WOMEN CAN INSERT A SOFT RUBBER CUP IN THEIR VAGINA TO BLOCK THE SPERM FROM ENTERING THEIR UTERUS OR FALLOPIAN TUBES.

Yes 1
No 2

[J] FOAM / JELLY?

Probe: WOMEN MAY USE SPERMICIDAL PRODUCTS (E.G. FOAM, JELLY, CREAM) THAT CAN KILL OR PREVENT THE SPERM FROM

Yes 1
No 2

<p>MOVING AND REACHING THE EGG.</p> <p>[K] LACTATIONAL AMENORRHOEA METHOD (LAM)?</p> <p>[L] PERIODIC ABSTINENCE / RHYTHM METHOD? <i>Probe: THE WOMAN CAN AVOID PREGNANCY BY NOT HAVING SEXUAL INTERCOURSE DURING FERTILE DAYS IN THE MONTH, I.E. DAYS SHE IS MOST LIKELY TO GET PREGNANT.</i></p> <p>[M] WITHDRAWAL? <i>Probe: MEN CAN PULL OUT DIRECTLY BEFORE EJACULATING.</i></p> <p>[N] EMERGENCY / POSTCOITAL CONTRACEPTION? <i>Probe: AS AN EMERGENCY MEASURE, WITHIN A PERIOD OF 3 DAYS, AFTER HAVING UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY.</i></p> <p>[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT MEN OR WOMEN CAN UTILISE IN ORDER TO AVOID PREGNANCY?</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 _____ (specify) _____ (specify) No 2</p>	
<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1 No 2 Unsure or DK 8</p>	<p>1 ⇒ Next Module</p>
<p>CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID PREGNANCY?</p>	<p>Yes 1 No 2</p>	<p>2 ⇒ CP4</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt. If more than one method is mentioned, circle 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 Lactational amenorrhoea method (LAM) K Periodic abstinence / Rhythm L Withdrawal M Other (specify) X</p>	<p>A ⇒ Next M B ⇒ Next M C ⇒ Next M D ⇒ Next M E ⇒ Next M F ⇒ Next M G ⇒ Next M H ⇒ Next M I ⇒ Next M J ⇒ Next M K ⇒ Next M L ⇒ Next M M ⇒ Next M X ⇒ Next M</p>
<p>CP4. HAVE YOU EVER DONE ANYTHING OR USED A METHOD TO DELAY OR AVOID A PREGNANCY?</p>	<p>Yes 1 No 2</p>	

UNMET NEED		UN
UN1. <i>Check CP1. Currently pregnant?</i> <input type="checkbox"/> <i>Yes, currently pregnant ⇒ Continue with UN2</i> <input type="checkbox"/> <i>No, unsure or DK ⇒ Go to UN5</i>		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No..... 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child..... 1 No more / None..... 2 Undecided / Don't know..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. <i>Check CP3. Currently using "Female sterilization"?</i> <input type="checkbox"/> <i>Yes ⇒ Go to UN13</i> <input type="checkbox"/> <i>No ⇒ Continue with UN6</i>		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child..... 1 No more / None..... 2 Says she cannot get pregnant..... 3 Undecided / Don't know..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months 1 __ __ Years..... 2 __ __ Soon / Now 993 Says she cannot get pregnant..... 994 After marriage 995 Other 996 Don't know 998	994⇒UN11
UN8. <i>Check CP1. Currently pregnant?</i> <input type="checkbox"/> <i>Yes, currently pregnant ⇒ Go to UN13</i> <input type="checkbox"/> <i>No, unsure or DK ⇒ Continue with UN9</i>		

<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>1 ⇒UN13</p> <p>8 ⇒UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex..... A</p> <p>Menopausal..... B</p> <p>Never menstruated..... C</p> <p>Hysterectomy (surgical removal of uterus)..... D</p> <p>Has been trying to get pregnant for 2 years or more without result..... E</p> <p>Postpartum amenorrheic..... F</p> <p>Breastfeeding..... G</p> <p>Too old..... H</p> <p>Fatalistic..... I</p> <p>Other (<i>specify</i>)..... X</p> <p>Don't know..... Z</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago..... 1 __ __</p> <p>Weeks ago..... 2 __ __</p> <p>Months ago..... 3 __ __</p> <p>Years ago..... 4 __ __</p> <p>In menopause / Has had hysterectomy..... 994</p> <p>Before last birth..... 995</p> <p>Never menstruated..... 996</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him.....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man..... 2 No, not in union 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years.....__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

SEXUAL BEHAVIOUR
SB
Check for the presence of others. Before continuing, ensure privacy.

<p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years __ __</p> <p>First time when started living with (first) husband/partner 95</p>	<p>00⇒Next Module</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago 1 __ __</p> <p>Weeks ago 2 __ __</p> <p>Months ago 3 __ __</p> <p>Years ago 4 __ __</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Other (specify) _____ 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>
<p>SB6. Check MAI:</p> <p><input type="checkbox"/> Currently married or living with a man (MAI = 1 or 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in a union (MAI = 3) ⇒ Continue with SB7</p>		
<p>SB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner __ __</p> <p>DK 98</p>	
<p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒SB15</p>
<p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband..... 1 Cohabiting partner 2 Boyfriend..... 3 Casual acquaintance 4 Other (specify)_____ 6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner..... _ _ DK 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... _ _</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners _ _ DK 98</p>	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED HIV/AIDS?	Yes..... 1 No 2 DK..... 8	2 ⇒ Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No 2 DK..... 8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No 2 DK..... 8	
HA5. CAN PEOPLE GET THE HIV/AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No 2 DK..... 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE HIV/AIDS VIRUS?	Yes..... 1 No 2 DK..... 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV/AIDS VIRUS?	Yes..... 1 No 2 DK..... 8	
HA7A. CAN A PERSON GET HIV/AIDS BY HUGGING OR SHAKING WITH A PERSON WHO IS INFECTED?	Yes..... 1 No 2 DK8	
HA8. CAN THE VIRUS THAT CAUSES HIV/AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy 1 2 8 During delivery..... 1 2 8 By breastfeeding..... 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV/AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV/AIDS VIRUS?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	

<p>HA13. Check CMI3: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p>		
<p>HA14. Check MNI: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>		
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE HIV/AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE HIV/AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE HIV/AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE HIV/AIDS VIRUS?</p>	<p style="text-align: right;">Y N DK</p> <p>HIV/AIDS from mother 1 2 8</p> <p>Things to do 1 2 8</p> <p>Tested for HIV/AIDS 1 2 8</p> <p>Offered a test 1 2 8</p>	
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒HA19</p> <p>8⇒HA19</p>
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA19. Check MNI7: Birth delivered by health professional (A, B or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>		
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HA24</p>
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>HA22. HAVE YOU BEEN TESTED FOR THE HIV/AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒HA25</p>

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE HIV/AIDS VIRUS?	Less than 12 months ago1 12-23 months ago.....2 2 or more years ago3	1 ⇒Next Module 2 ⇒Next Module 3 ⇒Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE HIV/AIDS VIRUS?	Yes.....1 No2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago.....2 2 or more years ago3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No2 DK.....8	1 ⇒Next Module 2 ⇒Next Module 8 ⇒Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE HIV/AIDS VIRUS?	Yes.....1 No2	

TUBERCULOSIS		WTB
<p>TB1. NOW I WOULD LIKE TO ASK YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD ABOUT A DISEASE NAMED TUBERCULOSIS OR TBC?</p>	<p>Yes 1 No 2</p>	2⇒Next Module
<p>TB2. HOW DO YOU THINK IS TUBERCULOSIS TRANSMITTED FROM ONE PERSON TO ANOTHER?</p> <p><i>Probe: IN WHICH WAYS?</i></p> <p><i>Record all the mentioned variants.</i></p>	<p>Through the air during coughing or sneezing A When you share the same objects B When touching the person with TB C Through food D Sexually E Through mosquito bites F</p> <p>Others (specify) _____ X DK Z</p>	
<p>TB3. WHAT ARE THE SIGNS OR SYMPTOMS INDICATING THAT A PERSON HAS TB?</p> <p>OTHER?</p> <p><i>Record all the mentioned variants.</i></p>	<p>Cough A Cough with sputum B Cough during several weeks C Fever D Blood in sputum E Loss of appetite F Night sweats G Chest pains H Tiredness I Weight loss J Weakness K</p> <p>Others (specify) _____ X DK Z</p>	
<p>TB4. CAN TUBERCULOSIS BE CURED?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>TB5. IF A MEMBER OF YOUR FAMILY BECAME SICK OF TUBERCULOSIS, WOULD YOU WANT IT TO REMAIN A SECRET?</p>	<p>Yes 1 No 2 DK 8</p>	

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, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos C Pipe D Other (<i>specify</i>) X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	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>Circle 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 SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i></p>	<p>Number of days 0 ____ 10 days or more but less than a month..... 10 Everyday / 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⇒Next Module</p>
<p>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.</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⇒Next Module</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, circle "00".</i></p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "everyday" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month.. 00 Number of days 0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day..... 30</p>	<p>00⇒Next Module</p>
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE?</p>	<p>Number of drinks ____ ____</p>	

LIFE SATISFACTION

LS

LS1. Check WB2: Age of respondent is between 15 and 24?

- Age 25-49 ⇒ Go to WM11
- aged 15-24 years ⇒ Continue with LS2

LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.

FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.

- Very happy 1
- Somewhat happy 2
- Neither happy nor unhappy 3
- Somewhat unhappy 4
- Very unhappy 5

LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions LS3 to LS13.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

- Very satisfied 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

- Very satisfied 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

LS5. DURING THE (**current / 2011-2012**) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

- Yes 1
- No 2

2⇒LS7

LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?	Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he/she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job 0 Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent responds that he/she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved 1 More or less the same 2 Worsened..... 3	

LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better..... 1 More or less the same 2 Worse..... 3	
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WM11. <i>Record the time.</i>	Hour and minutes :	
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HAEMOGLOBIN LEVEL MEASUREMENT

HB

Record the haemoglobin level below, taking care to record the measurements on the correct questionnaire for each woman. Check the woman's name and the line number on the household listing before recording measurements.

HB1. Measurer's name and number:

NAME _____ No. ____ _

HB2. CHECK WOMAN'S AGE:

- 15-17 years ⇒ Check MA1:
- code 1 or 2 is circled ⇒ Go to HB6.
- code 1 or 2 is not circled ⇒ Check HL8 from the household listing form:
- mother/caretaker is identified in HL8 from the household listing form ⇒ Go to HB3.
- mother/caretaker is not identified in HL8 from the household listing form ⇒ Go to HB6.
- 18 years and older ⇒ Go to HB6.

HB3. Check the line number of the mother/caretaker in HL8 from the household listing form.

Line number ____ _

HB4. Read the consent message to the mother/caretaker identified in HB3:

WITHIN THIS SURVEY, WE EVALUATE THE ANAEMIA IN WOMEN AND CHILDREN. ANAEMIA IS A VERY IMPORTANT HEALTH ISSUE THAT IS USUALLY CAUSED BY INSUFFICIENT NUTRITION, INFECTIONS OR CHRONIC DISEASES. THIS SURVEY WILL HELP THE MINISTRY OF HEALTH TO DEVELOP PROGRAMMES FOR PREVENTING AND TREATING ANAEMIA.

WE WOULD LIKE THAT YOU AND ALL CHILDREN BORN IN 2007 OR LATER PARTICIPATE IN ANAEMIA TESTING BY ALLOWING US TO TAKE SOME DROPS OF BLOOD FROM THE FINGER.

THE TEST USES ONLY DISPOSABLE INSTRUMENTS THAT ARE STERILE AND ABSOLUTELY SAFE.

THE TEST WILL BE EFFECTED USING A SPECIAL MODERN EQUIPMENT AND THE RESULTS WILL BE READY IMMEDIATELY AFTER BLOOD TAKING. THE RESULTS WILL BE STRICTLY CONFIDENTIAL.

DO YOU HAVE ANY QUESTIONS?

NOW I WOULD LIKE TO REQUEST YOU TO PARTICIPATE IN THE ANAEMIA TEST. HOWEVER, IF YOU DECIDE NOT TO PERFORM THIS TEST, IT IS YOUR RIGHT TO DO SO AND WE WILL COMPLY WITH YOUR DECISION. PLEASE TELL ME YOUR DECISION ON ACCEPTING THIS TEST.

HB5. Circle the respective code and ask the mother/caretaker to sign.

Consent received	1	1⇒HB8
Signature _____		
Refusal on the part of the parent/caretaker	2	2⇒WM12
Mother/caretaker is not present	3	3⇒WM12

HB6. Read the informed consent to the respondent:

WITHIN THIS SURVEY, WE EVALUATE THE ANAEMIA IN WOMEN AND CHILDREN. ANAEMIA IS A VERY IMPORTANT HEALTH ISSUE THAT IS USUALLY CAUSED BY INSUFFICIENT NUTRITION, INFECTIONS OR CHRONIC DISEASES. THIS SURVEY WILL HELP THE MINISTRY OF HEALTH TO DEVELOP PROGRAMMES FOR PREVENTING AND TREATING ANAEMIA.

WE WOULD LIKE THAT YOU AND ALL CHILDREN BORN IN 2007 OR LATER PARTICIPATE IN ANAEMIA TESTING BY ALLOWING US TO TAKE SOME DROPS OF BLOOD FROM THE FINGER.

THE TEST USES ONLY DISPOSABLE INSTRUMENTS THAT ARE STERILE AND ABSOLUTELY SAFE. THE TEST WILL BE EFFECTED USING A SPECIAL MODERN EQUIPMENT AND THE RESULTS WILL BE READY IMMEDIATELY AFTER BLOOD TAKING. THE RESULTS WILL BE STRICTLY CONFIDENTIAL.

DO YOU HAVE ANY QUESTIONS?

NOW I WOULD LIKE TO REQUEST YOU TO PARTICIPATE IN THE ANAEMIA TEST. HOWEVER, IF YOU DECIDE NOT TO PERFORM THIS TEST, IT IS YOUR RIGHT TO REFUSE AND WE WILL COMPLY WITH YOUR DECISION. PLEASE TELL ME WHETHER YOU ACCEPT TO DO THIS TEST.

<p>HB7. Circle the respective code and ask the respondent to sign.</p>	<p>Consent received 1</p> <p>Signature _____</p> <p>Refusal on the part of the respondent..... 2</p>	<p>2⇒WM12</p>
<p>HB8. Register the haemoglobin level (g/dl).</p>	<p>Haemoglobin level (g/dl).....</p> <p>_____</p> <p>Not measured due to other reasons (specify) 996</p>	

WM12. Check Household Listing Form, column HL9.

Is the respondent the mother or caretaker of any child age 0-4 living in this household?

- Yes ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.
- No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman, man or child under-5 in the household.