QUESTIONNAIRE FOR INDIVIDUAL WOMEN MONTENEGRO

WOMAN’S INFORMATION PANEL

This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HIL7). Fill in one form for each eligible woman.

WM1. Cluster number: __ __ __

WM2. Household number: __ __ __

WM3. Woman’s name: ____________________________

WM4. Woman’s line number: __ __ __

WM5. Interviewer name and number: ________________________

WM6. Day / Month / Year of interview: __ __ / __ __ / 2 0 1 3

Repeat greeting if not already read to this woman: We are from the Statistical Office of Montenegro – MONSTAT. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. The interview will take about 15 minutes. All the information we obtain will remain strictly confidential and anonymous.

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 → Circle 03 in 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): __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ____
**FERTILITY**

All questions refer only to LIVE births.

| 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 |
| CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? | Date of first birth Month .................................... | Year .................................. 95 | 9598 | 2→CM4 |
| I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. | | | | |
| Skip to CM4 only if year of first birth is given. Otherwise, continue with CM1. | | | | |
| CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH? | Completed years since first birth............. | | | |
| 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? | Sons at home ....................................... | | | |
| HOW MANY DAUGHTERS LIVE WITH YOU? | Daughters at home .................................... | | | |
| If none, record '00'. | | | | |
| 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? | Sons elsewhere ..................................... | | | |
| HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? | Daughters elsewhere .................................... | | | |
| If none, record '00'. | | | | |
| CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? | Yes ........................................... 1 | No .......................................... 2 | 2→CM10 |
| 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? | | | | |
| CM9. HOW MANY BOYS HAVE DIED? | Boys dead ........................................... | | | |
| HOW MANY GIRLS HAVE DIED? | Girls dead ........................................... | | | |
| If none, record '00'. | | | | |
| CM10. Sum answers to CM5, CM7, and CM9. | Sum ............................................. | | | |

**CM11.** JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (total number in CM10) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?
- Yes. Check below:
- No live births → Go to CM12A
- One or more live births → Continue with CM12
- No. Check responses to CM11-CM10 and make corrections as necessary before proceeding to CM12

| CM12. OF THESE (total number in CM10) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? | Date of last birth Month ................................. | Year ..................................... | | | |
| YOU LAST PREGNANCY (LAST EARLY TERMINATION DISSOLVED)? | | | | |
| HAVE YOU EVER HAD EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) DURING YOUR LIFETIME? | Yes ........................................... 1 | No .......................................... 2 | 2→CM13 |
| CM12A. SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A BIRTH OF A CHILD. | | | | |
| HAVE YOU EVER HAD EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) DURING YOUR LIFETIME? | Yes ........................................... 1 | No .......................................... 2 | 2→CM13 |
| CM12B. HOW MANY EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) HAVE YOU HAD DURING YOUR LIFETIME? | Number (of abortions) .............................. | | | |
| CM12C. WHAT WAS THE REASON OF HAVING LAST EARLY TERMINATIONS OF PREGNANCY (ABORTIONS)? | | | | |
| Circle all reasons mentioned. | Unwanted sex of a child ......................... A | Genetic and other anomalies of a child .......... B | Health reasons (mother) ....................... C | Unwanted pregnancy ....................... D | Other reasons .................................. X |
| CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in 2011 (if the month of interview and the month of birth are the same, and the year of birth is 2011, consider this as a birth within the last 2 years)
- No live birth in last 2 years. → Go to ILLNESS SYMPTOMS Module.
- One or more live births in last 2 years. → Ask for the name of the last-born child
Name of last-born child .....................................................
| If child has died, take special care when referring to this child by name in the following modules.
Continue with the next module.
### DESIRE FOR LAST BIRTH

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check fertility module CM13 and record name of last-born child here ____________________.

Use this child’s name in the following questions, where indicated.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?</td>
<td>Yes ........................................ 1</td>
<td>No ........................................ 2</td>
</tr>
<tr>
<td>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</td>
<td>Later ........................................ 1</td>
<td>No more...................................... 2</td>
</tr>
<tr>
<td>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?</td>
<td>Months...................................... 1 __ __</td>
<td>Years...................................... 2 __ __</td>
</tr>
<tr>
<td></td>
<td>DK........................................ 998</td>
<td></td>
</tr>
</tbody>
</table>

### MATERNAL AND NEWBORN HEALTH

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check module CM – FERTILITY, question CM13 and record name of last-born child here ____________________.

Use this child’s name in the following questions where indicated.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR LAST PREGNANCY WITH (name)?</td>
<td>Yes............................................. 1</td>
<td>No ............................................. 2</td>
</tr>
<tr>
<td>MN2. WHOM DID YOU SEE?</td>
<td>Health professional:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doctor ........................................ A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse/midwife ................................ B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Auxiliary midwife ........................... C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Probe for the type of person seen and circle all answers given.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify) .............................. X</td>
<td></td>
</tr>
<tr>
<td>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</td>
<td>Number of times ..........................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DK ........................................... 998</td>
<td></td>
</tr>
<tr>
<td>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>[A] WAS YOUR BLOOD PRESSURE MEASURED?</td>
<td>Blood pressure............................ 1 2</td>
</tr>
<tr>
<td></td>
<td>[B] DID YOU GIVE A URINE SAMPLE?</td>
<td>Urine sample............................. 1 2</td>
</tr>
<tr>
<td></td>
<td>[C] DID YOU GIVE A BLOOD SAMPLE?</td>
<td>Blood sample ............................ 1 2</td>
</tr>
<tr>
<td></td>
<td>[D] DID YOU HAVE A GENETIC ANALYSIS?</td>
<td>Genetic analysis ......................... 1 2</td>
</tr>
</tbody>
</table>
MN25. **How long after birth did you first put (name) to the breast?**

Immediately ........................................... 000

Hours ................................................. 1

Days .................................................. 2

Don't know/remember .................................. 998

MN26. **In the first three days after delivery, was (name) given anything to drink other than breast milk?**

Yes .................................................................. 1

No .................................................................... 2

20% Next module

MN27. **What was (name) given to drink?**

Probe: Anything else?

Milk (other than breast milk) ................. A
Plain water ................................................. B
Sugar or glucose water ......................... C
Fruit juice .................................................. F
Infant formula ........................................... G
Tea/Infusion solution ............................... H
Honey .......................................................... I
Homemade anti-colic (cramps) solution .... J

Other (specify) ______________________ X

MN17. **Who assisted with the delivery of (name)?**

Health professional:

Doctor .................................................. A
Nurse/midwife ................................. B
Auxiliary midwife ....................... C

Other person

Relative / Friend .............................. H

Other (specify) ______________ X

No one ................................................... Y

MN18. **Where did you give birth to (name)?**

Probe to identify the type of source.

Home Respondent's home .................. 11
Other home ......................................... 12

Public sector

Government hospital .................... 21
Government clinic/health centre ..... 22
Government health post .................. 23
Other public facility (specify) ......... 26

Private medical sector

Private hospital ............................ 31
Private clinic .................................. 32
Private maternity home ................. 33
Other private medical facility (specify) 36

Other (specify) ______________________ 96

90% Next module

MN19. **Was (name) delivered by Caesarean section, i.e. did they cut your belly open to take the baby out?**

Yes ........................................................ 1

No ............................................................ 2

MN20. **When (name) was born, was he/she very large, larger than average, average, smaller than average or very small?**

Very large ........................................... 1
Larger than average ................. 2
Average ............................................. 3
Smaller than average ............ 4
Very small ........................................ 5

DK ......................................................... 8

MN21. **Was (name) weighed at birth?**

Yes ........................................................ 1

No ............................................................ 2

DK ......................................................... 8

20% Next module

MN22. **How much did (name) weigh?**

Record weight from health card/release form, if available.

From card/release form........ 1 (kg) □ □ □ □
From recall ...................... 2 (kg) □ □ □ □

DK ......................................................... 8

99998

MN23. **Has your menstrual period returned since the birth of (name)?**

Yes ........................................................ 1

No ............................................................ 2

MN24. **Did you ever breastfeed (name)?**

Yes ........................................................ 1

No ............................................................ 2

20% Next module
### POST-NATAL HEALTH CHECKS

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check fertility 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?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Days</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If less than one week, record days. Otherwise, record weeks.

#### 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 ⇒ Continue with PN4
- No ⇒ Continue with PN5

#### PN4. 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 of facility in MN18)?

- Yes ⇒ Continue with PN5
- No ⇒ Continue with PN6

#### 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 ⇒ Continue with PN7
- No ⇒ Continue with PN10

#### PN6. Check MN17: Did a health professional assist with the delivery?

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

#### PN7. You have already said that (person or persons in MN17) assisted with the birth. Now I would like to talk to you about checks on (name)’s health after delivery, for example examining (name), checking the cord, or seeing if (name) is OK.

After the delivery was over and before (person or persons in MN17) left you, did (person or persons in MN17) check on (name)’s health?

- Yes ⇒ Continue with PN8
- No ⇒ Go to PN18

#### PN8. And did (person or persons in MN17) check on your health before leaving?

- Yes ⇒ Check PN19
- No ⇒ Go to PN18

#### PN9. After the (person or persons in MN17) left you, did anyone check on the health of (name)?

- Yes ⇒ Continue with PN10
- No ⇒ Go to PN18

#### PN10. I would like to talk to you about checks on (name)’s health after delivery — for example, someone examining (name), checking the cord, or seeing if the baby is OK.

After (name) was delivered, did anyone check on his/her health?

- Yes ⇒ Continue with PN11
- No ⇒ Go to PN18

#### PN11. Did such a check happen only once, or more than once?

- Once ⇒ Continue with PN12
- More than once ⇒ Go to PN12A

#### PN12A. How long after delivery did that check happen?

- Hours ⇒ Continue with PN12B
- Days ⇒ Go to PN12C
- Weeks ⇒ Go to PN12D

#### PN12B. How long after delivery did the first of these checks happen?

If less than one week, record days. Otherwise, record weeks.

- If less than one week, record days.
- Otherwise, record weeks.

#### PN13. Who checked on (name)’s health at that time?

Health professional:
- Doctor
- Nurse / Midwife
- Auxiliary midwife
- Other person
  - Relative / Friend
  - Other (specify)

- Health professional:
  - Doctor
  - Nurse / Midwife
  - Auxiliary midwife
  - Other person
    - Relative / Friend
    - Other (specify)

- Health professional:
  - Doctor
  - Nurse / Midwife
  - Auxiliary midwife
  - Other person
    - Relative / Friend
    - Other (specify)

- Health professional:
  - Doctor
  - Nurse / Midwife
  - Auxiliary midwife
  - Other person
    - Relative / Friend
    - Other (specify)

- Health professional:
  - Doctor
  - Nurse / Midwife
  - Auxiliary midwife
  - Other person
    - Relative / Friend
    - Other (specify)
Module PN21A

PN14. WHERE DID THIS CHECK TAKE PLACE?
Probe to identify the type of source.
If unable to determine whether public or private, write the name of the place.

(Name of place)

- Home
- Respondent's home……………………11
- Other home…………………………..12
- Public sector
  - Govt. hospital…………………………….21
  - Govt. clinic / health centre………...22
  - Govt. health post……………………23
  - Other public (specify) ……………………26
- Private medical sector
  - Private hospital………………………….31
  - Private clinic…………………………….32
  - Private maternity home…………………33
  - Other private medical (specify) ………36
- Other (specify)……………………………96

Module PN21B

PN15. 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 PN16
☐ No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17

Module PN22

PN22. WHO CHECKED ON YOUR HEALTH AT THAT TIME?
Probe to identify the type of source.
If unable to determine whether public or private, write the name of the place.

(Name of place)

- Health professional
  - Doctor………………………………..A
  - Nurse / Midwife ……………………...B
  - Auxiliary midwife ……………………C
  - Other person
    - Relative / Friend ……………………H
  - Other (specify) ……………………X
- Public sector
  - Govt. hospital…………………………….21
  - Govt. clinic / health centre………...22
  - Govt. health post……………………23
  - Other public (specify) ……………………26
- Private medical sector
  - Private hospital………………………….31
  - Private clinic…………………………….32
  - Private maternity home…………………33
  - Other private medical (specify) ………36
  - Other (specify)……………………………96

Module PN23

PN23. WHERE DID THIS CHECK TAKE PLACE?
Probe to identify the type of source.
If unable to determine whether public or private, write the name of the place.

(Name of place)

- Home
  - Respondent's home……………………11
  - Other home……………………………..12
- Public sector
  - Govt. hospital…………………………….21
  - Govt. clinic / health centre………...22
  - Govt. health post……………………23
  - Other public (specify) ……………………26
- Private medical sector
  - Private hospital………………………….31
  - Private clinic…………………………….32
  - Private maternity home…………………33
  - Other private medical (specify) ………36
  - Other (specify)……………………………96

Module PN24

PN24. OTHER answering options

□ Yes, delivery assisted by a health professional (MN17=A-C) ⇒ Continue with PN18
□ No, delivery not assisted by a health professional (A-C not circled in MN17) ⇒ Go to PN19

Module PN25

PN25. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?

- Yes………………………………………….1
- No…………………………………………..2

Module PN26

PN26. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON YOUR HEALTH?
I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.

- Yes………………………………………….1
- No…………………………………………..2

Module PN27

PN27. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?

- Once………………………………………..1
- More than once…………………………2

Module PN28

PN28A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?

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

Module PN30

PN30A. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?
If less than one day, record hours.
If less than one week, record days.
Otherwise, record weeks.

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

CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.

ARE YOU PREGNANT NOW?

Yes, currently pregnant .................................................. 1

No .................................................................................. 2

Unsure or DK ................................................................. 8

CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.

ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?

Yes .................................................................................. 1

No .................................................................................. 2

CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?

Yes .................................................................................. 1

No .................................................................................. 2

CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?

Do not prompt. If more than one method is mentioned, circle each one.

Female sterilisation ......................................................... A

Male sterilisation .......................................................... 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

ILLNESS SYMPTOMS

IS1. Check List of Household Members, column HL7B and HL15 in the Household Questionnaire.

Is the respondent the mother or caretaker of any child under age 5?

☐ 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 has high temperature/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

Other (specify) ...................................................... X

Other (specify) ...................................................... Y

Other (specify) ...................................................... Z
### UNMET NEED

#### UN1. Check CP1. Currently pregnant?
- Yes, currently pregnant ✗ Continue with UN2
- No, unsure or DK ✗ Go to UN5

#### 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
  - Yes ………………………………………… 1 ➤ UN4
  - No .................................................. 2 ➤ UN9

#### UN3. Did you want to have a baby later on or did you not want any (more) children?
- Later .............................................. 1
  - No more ...................................... 2
  - Have another child …………………….. 1 ➤ UN7
  - No more / None …………………… 2 ➤ UN13
  - Undecided / Don’t know …………. 8 ➤ UN13

#### UN5. Check CP3. If response is A “Female sterilisation”?
- Yes ✗ Go to UN13
- No ✗ Continue with UN6

#### 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 ➤ UN9
  - Says she cannot get pregnant … 3 ➤ UN11
  - Undecided / Don’t know ……… 8 ➤ UN13

#### UN7. How long would you like to wait before the birth of (a/another) child?
- Months …......................... 1 __ __
- Years ….......................... 2 __ __
- Does not want to wait (soon/now) … 993
- Says she cannot get pregnant … 994
- After marriage …………………… 995
- Other ……………………………… 996
- Don’t know …………………… 998

#### UN8. Check CP1. Currently pregnant?
- Yes, currently pregnant ✗ Go to UN13
- No, unsure or DK ✗ Continue with UN9

#### UN9. Check CP2. Currently using a method (any method from CP3)?
- Yes ➤ Go to UN13
- No ➤ Continue with UN10

#### UN10. Do you think you are physically able to get pregnant at this time?
- Yes ………………………………………… 1 ➤ UN13
- No ………………………………………… 2 ➤ UN13
- DK ……………………………………….. 8 ➤ UN13

#### UN11. Why do you think you are not physically able to get pregnant?
- Infrequent sex / No sex ……………… A
- Menopausal …………………………… B
- Never menstruated …………………… C
- Hysterectomy (surgical removal of uterus) ……………… D
- Has been trying to get pregnant for 2 years or more without result … E
- Postpartum amenorrhea ………………… F
- Breastfeeding ………………………… G
- Too old ………………………………… H
- Fatalistic ……………………………… I
- Other (specify) ……………………….. X
- Don’t know …………………………… Z

#### UN12. Check UN11. “Never menstruated” mentioned?
- Mentioned ➤ Go to Next Module
- Not mentioned ➤ Continue with UN13

#### UN13. When did your last menstrual period start?
Record the answer using the same unit stated by the respondent.
- Days ago ……………………………… 1 __ __
- Weeks ago …………………………… 2 __ __
- Months ago …………………………… 3 __ __
- Years ago …………………………… 4 __ __
- In menopause /
- Has had hysterectomy ……………… 994
- Before last birth …………………… 995
- Never menstruated ………………… 996
**ATTITUDES TOWARD DOMESTIC VIOLENCE**

<table>
<thead>
<tr>
<th>DV1</th>
<th>SOMETHING 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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>IF SHE GOES OUT WITHOUT TELLING HIM? Yes, goes out without telling ..........1 No ........................................ 2 DK ................................................ 8</td>
</tr>
<tr>
<td>B</td>
<td>IF SHE NEGLECTS THE CHILDREN? Yes, neglects children ..........1 No ........................................ 2 DK ................................................ 8</td>
</tr>
<tr>
<td>C</td>
<td>IF SHE ARGUES WITH HIM? Yes, argues with him ..........1 No ........................................ 2 DK ................................................ 8</td>
</tr>
<tr>
<td>D</td>
<td>IF SHE REFUSES TO HAVE SEX WITH HIM? Yes, refuses sex ..........1 No ........................................ 2 DK ................................................ 8</td>
</tr>
<tr>
<td>E</td>
<td>IF SHE BURNS THE FOOD? Yes, burns food ..........1 No ........................................ 2 DK ................................................ 8</td>
</tr>
</tbody>
</table>

**MARRIAGE/UNION**

<table>
<thead>
<tr>
<th>MA1</th>
<th>ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED? Yes, currently married ...................... 1 No ........................................ 2 DK ................................................ 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA2</td>
<td>HOW OLD IS YOUR HUSBAND/PARTNER? Age in years ........................................ 1 98 DK ................................................ 99</td>
</tr>
<tr>
<td>MA5</td>
<td>HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED? Yes, formerly married ...................... 1 No ........................................ 2 DK ................................................ 3</td>
</tr>
<tr>
<td>MA6</td>
<td>WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED? Widowed ...................... 1 Divorced ...................... 2 Separated ...................... 3</td>
</tr>
<tr>
<td>MA7</td>
<td>HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE? Only once ...................... 1 More than once ...................... 2</td>
</tr>
<tr>
<td>MA8A</td>
<td>IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? Date of (first) marriage Month ........................................ 1 98 DK month ........................................ 98</td>
</tr>
<tr>
<td>MA8B</td>
<td>IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED? Year ........................................ 1 9998 DK year ........................................ 9998</td>
</tr>
<tr>
<td>MA9</td>
<td>HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER? Age in years ........................................ 1 9998 DK year ........................................ 9998</td>
</tr>
</tbody>
</table>
**SEXUAL BEHAVIOUR**

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

---

**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.

**SB2.** The first time you had sexual intercourse, was a condom used?

**SB3.** When was the last time you had sexual intercourse?

**SB4.** The last time you had sexual intercourse, was a condom used?

**SB5.** What was your relationship to this person with whom you last had sexual intercourse?

**SB6.** Check MA1:

- Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8
- Not married / Not in union (MA1 = 3) ⇒ Continue with SB7

**SB7.** How old is this person?

**SB8.** Have you had sexual intercourse with any other person in the last 12 months?

**SB9.** The last time you had sexual intercourse with this other person, was a condom used?

---

**SB10.** What was your relationship to this person?

Probe to ensure that the response refers to the relationship at the time of sexual intercourse.

If ‘boyfriend’ then ask:

- Were you living together as if married?
  - If ‘yes’, circle ‘2’. If ‘no’, circle ‘3’.

---

**SB11.** Check MA1 and MA7:

- 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
- Else ⇒ Continue with SB12

---

**SB12.** How old is this person?

If response is DK, probe:

**SB13.** Other than these two persons, have you had sexual intercourse with any other person in the last 12 months?

---

**SB14.** In total, with how many different people have you had sexual intercourse in your lifetime?

**SB15.** In total, with how many different people have you had sexual intercourse in your lifetime?

- If a non-numeric answer is given, probe to get an estimate.
- If number of partners is 95 or more, write ‘95’.
<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>HA</th>
</tr>
</thead>
</table>
| **HA1.** Now I would like to talk with you about something else. **Have you ever heard of an illness called AIDS?** | Yes ........................................... 1  
No ........................................... 2  
DK / Not sure / Depends  
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 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 AIDS virus? | Yes ........................................... 1  
No ........................................... 2  
DK ........................................... 8 |
| **HA6A.** Can people get the AIDS virus by hugging or shaking hands with a person who is infected with AIDS? | Yes ........................................... 1  
No ........................................... 2  
DK ........................................... 8 |
| **HA7.** Is it possible for a healthy-looking person to have the AIDS virus? | Yes ........................................... 1  
No ........................................... 2  
DK ........................................... 8 |
| **HA8.** Can the virus that causes AIDS be transmitted from a mother to her baby: | 
[A] During pregnancy? | 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 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 AIDS virus? | Yes ........................................... 1  
No ........................................... 2  
DK / Not sure / Depends ........................................... 8 |
| **HA11.** If a member of your family got infected with the 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 AIDS, would you be willing to care for her or him in your own household? | Yes ........................................... 1  
No ........................................... 2  
DK / Not sure / Depends ........................................... 8 |
| **HA13.** Check CM13: Any live birth in last 2 years? | No live birth in last 2 years (CM13 = “No” or blank) → Go to HA24  
One or more live births in last 2 years → Continue with HA14 |
| **HA14.** Check MN1: Received antenatal care? | Received antenatal care → Continue with HA15  
Did not receive antenatal care → Go to HA24 |
| **HA15.** During any of the antenatal visits for your pregnancy with [name], were you given any information about: | AIDS from mother ........................................... 1 2 8  
Things to do ........................................... 1 2 8  
Tested for AIDS ........................................... 1 2 8  
Offered a test for the AIDS virus? | Yes ........................................... 1  
No ........................................... 2  
DK ........................................... 8  
2 □ HA19  
8 □ HA19 |
| **HA16.** I don’t want to know the results, but were you tested for the AIDS virus as part of your antenatal care? | Yes ........................................... 1  
No ........................................... 2  
DK ........................................... 8  
2 □ HA22  
8 □ HA22 |
| **HA17.** I don’t want to know the results, but did you get the results of the test? | Yes ........................................... 1  
No ........................................... 2  
DK ........................................... 8  
2 □ HA22  
8 □ HA22 |
| **HA18.** Regardless of the result, all women who are tested are supposed to receive counselling after getting the result. After you were tested, did you receive counselling? | Yes ........................................... 1  
No ........................................... 2  
DK ........................................... 8  
2 □ HA22  
8 □ HA22 |
| **HA19.** Check MN17: Birth delivered by health professional (A, B or C)? | Yes, birth delivered by health professional → Continue with HA20  
No, birth not delivered by health professional → Go to HA24 |
| **HA20.** I don’t want to know the results, but were you tested for the AIDS virus between the time you went for delivery but before the baby was born? | Yes ........................................... 1  
No ........................................... 2  
2 □ HA24 |
| **HA21.** I don’t want to know the results, but did you get the results of the test? | Yes ........................................... 1  
No ........................................... 2  
2 □ HA25 |
| **HA22.** Have you been tested for the AIDS virus since that time you were tested during your pregnancy? | Yes ........................................... 1  
No ........................................... 2  
1 □ HA25 |
### PN7. You have already said that (person or persons in MN17) assisted with the birth. Now I would like to talk to you about checks on (name)’s health after delivery, for example examining (name), checking the cord, or seeing if (name) is OK.

After the delivery was over and before (person or persons in MN17) left you, did (person or persons in MN17) check on (name)’s health?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

### PN8. And did (person or persons in MN17) check on your health before leaving?

By check on your health, I mean assessing your health, for example asking questions about your health or examining you.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

### PN9. After the (person or persons in MN17) left you, did anyone check on the health of (name)?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

### PN10. I would like to talk to you about checks on (name)’s health after delivery – for example, someone examining (name), checking the cord, or seeing if the baby is OK.

After (name) was delivered, did anyone check on his/her health?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 1</td>
</tr>
<tr>
<td>No</td>
<td>2 2</td>
</tr>
</tbody>
</table>

### PN11. Did such a check happen only once, or more than once?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once</td>
<td>1</td>
</tr>
<tr>
<td>More than once</td>
<td>2</td>
</tr>
</tbody>
</table>

### PN12A. How long after delivery did that check happen?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td>1</td>
</tr>
<tr>
<td>Days</td>
<td>2</td>
</tr>
<tr>
<td>Weeks</td>
<td>3</td>
</tr>
<tr>
<td>Don't know / remember</td>
<td>998</td>
</tr>
</tbody>
</table>

### PN12B. How long after delivery did the first of these checks happen?

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

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td>1</td>
</tr>
<tr>
<td>Days</td>
<td>2</td>
</tr>
<tr>
<td>Weeks</td>
<td>3</td>
</tr>
<tr>
<td>Don't know / remember</td>
<td>998</td>
</tr>
</tbody>
</table>

### PN13. Who checked on (name)’s health at that time?

<table>
<thead>
<tr>
<th>答者</th>
<th>答案</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health professional</td>
<td>Doctor</td>
</tr>
<tr>
<td>Nurse / Midwife</td>
<td>B</td>
</tr>
<tr>
<td>Auxiliary midwife</td>
<td>C</td>
</tr>
<tr>
<td>Other person</td>
<td>Relative / Friend</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>X</td>
</tr>
</tbody>
</table>

### PN14. Where did this check take place?

Probe to identify the type of source.

If unable to determine whether public or private, write the name of the place.

(Name of place)

### PN15. 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 PN16
- No, the child was not delivered in a health facility (MN18=11-12 or 96) → Go to PN17

### PN16. After you left (name or type of facility in MN18), did anyone check on your health?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 1</td>
</tr>
<tr>
<td>No</td>
<td>2 2</td>
</tr>
</tbody>
</table>

### PN17. Check MN17: Did a health professional assist with the delivery?

- Yes, delivery assisted by a health professional (MN17=A-C) → Continue with PN18
- No, delivery not assisted by a health professional (A-C not circeled in MN17) → Go to PN19

### PN18. After the delivery was over and (person or persons in MN17) left, did anyone check on your health?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 1</td>
</tr>
<tr>
<td>No</td>
<td>2 2</td>
</tr>
</tbody>
</table>

### PN19. After the birth of (name), did anyone check on your health?

I mean someone assessing your health, for example asking questions about your health or examining you.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 1</td>
</tr>
<tr>
<td>No</td>
<td>2 2</td>
</tr>
</tbody>
</table>

### PN20. Did such a check happen only once, or more than once?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once</td>
<td>1</td>
</tr>
<tr>
<td>More than once</td>
<td>2</td>
</tr>
</tbody>
</table>

### PN21A. How long after delivery did that check happen?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td>1</td>
</tr>
<tr>
<td>Days</td>
<td>2</td>
</tr>
<tr>
<td>Weeks</td>
<td>3</td>
</tr>
<tr>
<td>Don't know / remember</td>
<td>998</td>
</tr>
</tbody>
</table>

### PN21B. How long after delivery did the first of these checks happen?

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

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td>1</td>
</tr>
<tr>
<td>Days</td>
<td>2</td>
</tr>
<tr>
<td>Weeks</td>
<td>3</td>
</tr>
<tr>
<td>Don't know / remember</td>
<td>998</td>
</tr>
</tbody>
</table>
### TOBACCO AND ALCOHOL USE

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>TA1. Have you ever tried cigarette smoking, even one or two puffs?</td>
<td>Yes ................................................. 1 No ................................................. 2</td>
</tr>
<tr>
<td>TA2. How old were you when you smoked a whole cigarette for the first time?</td>
<td>Never smoked a whole cigarette .......... 00 Age ..............................................</td>
</tr>
<tr>
<td>TA3. Do you currently smoke cigarettes?</td>
<td>Yes ................................................. 1 No ................................................. 2</td>
</tr>
<tr>
<td>TA4. In the last 24 hours, how many cigarettes did you smoke?</td>
<td>Number of cigarettes ......................... ___</td>
</tr>
<tr>
<td>TA5. During the last one month, on how many days did you smoke cigarettes?</td>
<td>Number of days .................................. 0 10 days or more but less than a month .. 10 Every day / Almost every day ........... 30</td>
</tr>
<tr>
<td>TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe?</td>
<td>Yes ................................................. 1 No ................................................. 2</td>
</tr>
<tr>
<td>TA7. During the last one month, did you use any smoked tobacco products?</td>
<td>Yes ................................................. 1 No ................................................. 2</td>
</tr>
<tr>
<td>TA8. What type of smoked tobacco product did you use or smoke during the last one month?</td>
<td>Cigars ........................................... A Water pipe .................................... B Cigarillos ....................................... C Pipe .................................................. D Other (specify) ................................ X</td>
</tr>
<tr>
<td>TA9. During the last one month, on how many days did you use smoked tobacco products?</td>
<td>Number of days .................................. 0 10 days or more but less than a month .. 10 Every day / Almost every day ........... 30</td>
</tr>
<tr>
<td>TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip?</td>
<td>Yes ................................................. 1 No ................................................. 2</td>
</tr>
<tr>
<td>TA11. During the last one month, did you use any smokeless tobacco products?</td>
<td>Yes ................................................. 1 No ................................................. 2</td>
</tr>
</tbody>
</table>
### TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?

Circle all mentioned.

<table>
<thead>
<tr>
<th>Chewing tobacco</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snuff</td>
<td>B</td>
</tr>
<tr>
<td>Dip</td>
<td>C</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>X</td>
</tr>
</tbody>
</table>

### TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?

<table>
<thead>
<tr>
<th>Number of days</th>
<th>00</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 days or more but less than a month</td>
<td>10</td>
</tr>
<tr>
<td>Everyday / Almost every day</td>
<td>30</td>
</tr>
</tbody>
</table>

### TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.

**Have you ever drunk alcohol?**

| Yes | 1 |
| No  | 2 |

### TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF BRANDY, COGNAC, VODKA, WHISKEY OR RUM.

**How old were you when you had your first drink of alcohol, other than a few sips?**

| Never had one drink of alcohol | 00 |
| Age | 00 |

### TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?

| Number of days | 00 |
| 10 days or more but less than a month | 10 |
| Everyday / Almost every day | 30 |

### TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE?

| Number of drinks | 00 |

---

### LIFE SATISFACTION

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

- Age 25-49 \( \rightarrow \) Go to WM11
- Age 15-24 \( \rightarrow \) 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.

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

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

**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.

- 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 (2012-2013) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?**

- Yes .................................................... 1
- No .................................................... 2

**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?**

If the respondent says that 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.

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither satisfied nor unsatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat unsatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very unsatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

**WM11. Record the time.**

<table>
<thead>
<tr>
<th>Hour and minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?**

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither satisfied nor unsatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat unsatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very unsatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

**LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?**

If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither satisfied nor unsatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat unsatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very unsatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

**LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?**

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither satisfied nor unsatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat unsatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very unsatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

**LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?**

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither satisfied nor unsatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat unsatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very unsatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

**LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?**

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither satisfied nor unsatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat unsatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very unsatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

**LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?**

If the respondent responds that 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.

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not have any income</td>
<td>0</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Neither satisfied nor unsatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat unsatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very unsatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

**LS14. COMPARED TO THE TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENED, OVERALL?**

<table>
<thead>
<tr>
<th>Level of Improvement</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td>1</td>
</tr>
<tr>
<td>More or less the same</td>
<td>2</td>
</tr>
<tr>
<td>Worsened</td>
<td>3</td>
</tr>
</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th>Level of Expectation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better</td>
<td>1</td>
</tr>
<tr>
<td>More or less the same</td>
<td>2</td>
</tr>
<tr>
<td>Worse</td>
<td>3</td>
</tr>
</tbody>
</table>

**WM12. Check List of Household Members, columns HL7B and HL15.**

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.