

QUESTIONNAIRE FOR INDIVIDUAL WOMEN MONTENEGRO

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). Fill in one form 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: _____	WM6. Day / Month / Year of interview: ____ / ____ / 2 0 1 3	

Repeat greeting if not already read to this woman:

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

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.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **15** MINUTES. AGAIN, 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) _____ 96
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WM8. Field editor name and number: _____	WM9. Main data entry clerk name and number: _____
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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)__ __	
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 Secondary 2 Higher 3	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade.....__ __	
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	

FERTILITY		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
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? 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. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Month..... __ __ DK month 98 Year __ __ __ __ DK year..... 9998	⇒CM4
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? 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. Sum answers to CM5, CM7, and CM9.	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?		
<input type="checkbox"/> <i>Yes. Check below:</i> <input type="checkbox"/> <i>No live births ⇒ Go to CM12A</i> <input type="checkbox"/> <i>One or more live births ⇒ Continue with CM12</i> <input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</i>		
CM12. OF THESE (<i>total number in CM10</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? <i>Month and year must be recorded.</i>	Date of last birth Month..... __ __ Year __ __ __ __	
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? BY EARLY TERMINATION OF PREGNANCY (ABORTION), I MEAN A PREGNANCY THAT WAS TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.	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)? <i>Circle all reasons mentioned.</i>	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) <input type="checkbox"/> <i>No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.</i> <input type="checkbox"/> <i>One or more live births in last 2 years. ⇒ Ask for the name of the last-born child</i> <i>Name of last-born child</i> _____ <i>If child has died, take special care when referring to this child by name in the following modules.</i> <i>Continue with the next module.</i>		

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 fertility 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? <i>Record the answer as stated by respondent.</i>	Months.....1 __ __ Years2 __ __ DK.....998	

MATERNAL AND NEWBORN HEALTH		MN															
<p><i>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.</i></p>																	
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR LAST PREGNANCY WITH (<i>name</i>)?	Yes..... 1 No 2	2⇒ MN17															
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: DoctorA Nurse/midwifeB Auxiliary midwifeC Other (<i>specify</i>) _____ X																
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times <input type="text"/> <input type="text"/> DK 98																
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Yes</th> <th style="text-align:center;">No</th> </tr> </thead> <tbody> <tr> <td>[A] WAS YOUR BLOOD PRESSURE MEASURED?</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>[B] DID YOU GIVE A URINE SAMPLE?</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>[C] DID YOU GIVE A BLOOD SAMPLE?</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>[D] DID YOU HAVE A GENETIC ANALYSIS?</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </tbody> </table>		Yes	No	[A] WAS YOUR BLOOD PRESSURE MEASURED?	1	2	[B] DID YOU GIVE A URINE SAMPLE?	1	2	[C] DID YOU GIVE A BLOOD SAMPLE?	1	2	[D] DID YOU HAVE A GENETIC ANALYSIS?	1	2	
	Yes	No															
[A] WAS YOUR BLOOD PRESSURE MEASURED?	1	2															
[B] DID YOU GIVE A URINE SAMPLE?	1	2															
[C] DID YOU GIVE A BLOOD SAMPLE?	1	2															
[D] DID YOU HAVE A GENETIC ANALYSIS?	1	2															

<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers givens.</i></p> <p><i>If the respondent says that no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional: Doctor..... A Nurse/midwife B Auxiliary midwife C</p> <p>Other person Relative / Friend..... H</p> <p>Other (specify)..... X No one Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</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 Respondent's home 11 Other home 12</p> <p>Public sector Government hospital 21 Government clinic/health centre 22 Government health post 23 Other public facility (specify) 26</p> <p>Private medical sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical facility (specify) 36</p> <p>Other (specify) 96</p>	<p>11⇒MN20 12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION, I.E. DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1 No 2</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE OR VERY SMALL?</p>	<p>Very large..... 1 Larger than average 2 Average..... 3 Smaller than average..... 4 Very small 5</p> <p>DK 8</p>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1 No 2</p> <p>DK 8</p>	<p>2⇒MN23 8⇒MN23</p>
<p>MN22. HOW MUCH DID (name) WEIGH?</p> <p><i>Record weight from health card/release form, if available.</i></p>	<p>From card/ release form 1 (kg) <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>From recall 2 (kg) <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DK 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</p>	<p>Yes 1 No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next module</p>

<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours 1 <input type="text"/><input type="text"/></p> <p>Days 2 <input type="text"/><input type="text"/></p> <p>Don't know/remember..... 998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next module</p>
<p>MN27. WHAT WAS (name) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk) A Plain water B Sugar or glucose water C Sugar, salt and water solution E Fruit juice F Infant formula G Tea/infusion solution H Honey..... I Homemade anti-colic (cramps) solution J</p> <p>Other (specify) X</p>	

POST-NATAL HEALTH CHECKS		PN
<p><i>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 _____.</i> <i>Use this child's name in the following questions, where indicated.</i></p>		
<p>PN1. 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 PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>Hours..... 1 ___</p> <p>Days 2 ___</p> <p>Weeks 3 ___</p> <p>Don't know / remember 998</p>	
<p>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.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional (MN17=A-C) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional (A-C not circled in MN17) ⇒ Go to PN10</p>		

<p>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.</p> <p>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?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN8. AND DID (person or persons in MN17) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING <u>YOUR</u> HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN9. AFTER THE (person or persons in MN17) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (name)?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN18</p>
<p>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.</p> <p>AFTER (name) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1</p> <p>More than once 2</p>	<p>1⇒PN12A</p> <p>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.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>Hours..... 1 ___</p> <p>Days 2 ___</p> <p>Weeks 3 ___</p> <p>Don't know / remember 998</p>	
<p>PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>Doctor.....A</p> <p>Nurse / MidwifeB</p> <p>Auxiliary midwifeC</p> <p>Other person</p> <p>Relative / FriendH</p> <p>Other (specify).....X</p>	

PN14. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> <hr/> <i>(Name of place)</i>	Home Respondent's home 11 Other home 12 Public sector Govt. hospital 21 Govt. clinic / health centre 22 Govt. health post 23 Other public (<i>specify</i>) 26 Private medical sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	
	PN15. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16 <input type="checkbox"/> 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?	Yes 1 No 2	1 ⇒ PN20 2 ⇒ Next Module
PN17. Check MN17: Did a health professional assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional (MN17=A-C) ⇒ Continue with PN18 <input type="checkbox"/> No, delivery not assisted by a health professional (A-C not circled in MN17) ⇒ Go to PN19		
PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes 1 No 2	1 ⇒ PN20 2 ⇒ Next Module
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.	Yes 1 No 2	2 ⇒ Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1 ⇒ PN21A 2 ⇒ PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Hours 1 ___ Days 2 ___ Weeks 3 ___ Don't know / remember 998	

PN22. WHO CHECKED ON YOUR HEALTH AT THAT TIME?	Health professional Doctor A Nurse / Midwife B Auxiliary midwife C Other person Relative / Friend H Other (<i>specify</i>) X	
PN23. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> <hr/> <i>(Name of place)</i>	Home Respondent's home 11 Other home 12 Public sector Govt. hospital 21 Govt. clinic / health centre 22 Govt. health post 23 Other public (<i>specify</i>) 26 Private medical sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	

ILLNESS SYMPTOMS		IS
<p>IS1. Check List of Household Members, column HL7B and HL15 in the Household Questionnaire.</p> <p>Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2.</p> <p><input type="checkbox"/> No ⇒ Go to Next Module.</p>		
<p>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?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions.</i></p>	<p>Child not able to drink or breastfeed A</p> <p>Child becomes sicker B</p> <p>Child has high temperature/develops a fever C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathing E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) X</p> <p>Other (<i>specify</i>) Y</p> <p>Other (<i>specify</i>) Z</p>	

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK..... 8</p>	1⇒CP2A
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	1⇒CP3
<p>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	1⇒Next Module 2⇒Next Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilisationA</p> <p>Male sterilisationB</p> <p>IUDC</p> <p>InjectablesD</p> <p>ImplantsE</p> <p>PillF</p> <p>Male condomG</p> <p>Female condomH</p> <p>DiaphragmI</p> <p>Foam / JellyJ</p> <p>Lactational amenorrhoea method (LAM).....K</p> <p>Periodic abstinence / RhythmL</p> <p>Withdrawal.....M</p> <p>Other (<i>specify</i>)X</p>	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> 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	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. Check CP3. If response is A "Female sterilisation"? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> 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 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? <i>Record the answer as stated by respondent.</i>	Months 1 ___ Years 2 ___ Does not want to wait (soon/now) 993 Says she cannot get pregnant 994 After marriage 995 Other 996 Don't know 998	994 ⇒ UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

UN9. Check CP2. Currently using a method (any method from CP3)? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1 ⇒ UN13 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 amenorrheic F Breastfeeding G Too old H Fatalistic I Other (specify) X Don't know Z	
UN12. Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? <i>Record the answer using the same unit stated by the respondent.</i>	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		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 married1 Yes, living with a man.....2 No3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married1 Yes, formerly lived with a man2 No3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated.....3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once2	1 ⇒MA8A 2 ⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? MA8B. 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 month98 Year.....__ __ __ __ DK year9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER?	Age in years__ __	

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
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. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse 00 Age in years __ __ First time when started living with (first) husband/partner 95	00⇒Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record answers in days, weeks or months if less than 12 months (one year). If more than 12 months (one year), answer must be recorded in years.</i>	Days ago 1 __ __ Weeks ago 2 __ __ Months ago 3 __ __ Years ago 4 __ __	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Other (specify) 6	3⇒SB7 4⇒SB7 6⇒SB7
SB6. Check MA1: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner __ __ DK 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	

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

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1 No 2 DK 8	2 ⇒ Next Module
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK 8	
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	
[B] DURING DELIVERY?	During delivery 1 2 8	
[C] BY BREASTFEEDING?	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 CMI3: Any live birth in last 2 years?		
<input type="checkbox"/> No live birth in last 2 years (CMI3="No" or blank) ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14		
HA14. Check MNI: Received antenatal care?		
<input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> 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:	Y N DK	
[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?	AIDS from mother 1 2 8	
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?	Things to do 1 2 8	
[C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU:	Tested for AIDS 1 2 8	
[D] OFFERED A TEST FOR THE AIDS VIRUS?	Offered a test 1 2 8	
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⇒HA19 8⇒HA19
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.	Yes 1 No 2 DK 8	1⇒HA22 2⇒HA22 8⇒HA22
AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?		
HA19. Check MNI7: Birth delivered by health professional (A, B or C)?		
<input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20 <input type="checkbox"/> 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	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes 1 No 2	1⇒HA25

<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 <u>YOUR</u> 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 / MidwifeB Auxiliary midwifeC Other person Relative / FriendH 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>(<i>Name of place</i>)</p>	<p>Home Respondent's home 11 Other home 12</p> <p>Public sector Govt. hospital 21 Govt. clinic / health centre 22 Govt. health post 23 Other public (<i>specify</i>) 26</p> <p>Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>)..... 96</p>	
<p>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 No..... 2</p>	<p>1⇒PN20 2⇒Next Module</p>
<p>PN17. Check MN17: Did a health professional assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional (MN17=A-C) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional (A-C 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 No..... 2</p>	<p>1⇒PN20 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 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 More than once 2</p>	<p>1⇒PN21A 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>	

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..... 1 12-23 months ago 2 2 or more years ago 3	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 AIDS VIRUS?	Yes 1 No..... 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago..... 1 12-23 months ago 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No..... 2 DK 8	1 ⇒Next module 2 ⇒Next module 8 ⇒Next module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No..... 2	

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 "every day" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos C Pipe D Other (specify) X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE 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 "every day" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes 1 No 2	2 ⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No 2	2 ⇒TA14

TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobacco A Snuff B Dip C Other (specify) _____ X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS 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	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes 1 No 2	2⇒Next Module
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⇒Next Module
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Did not have one drink in last one month .. 00 Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	00⇒Next Module
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE?	Number of drinks ____ ____	

LIFE SATISFACTION		LS
LS1. Check WB2: Age of respondent is between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to WM11 <input type="checkbox"/> Age 15-24 ⇒ 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. <i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.</i>	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. <i>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.</i>	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	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	

<p>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><i>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.</i></p>	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>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.</i></p>	<p>Does not have any income 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?</p>	<p>Improved 1</p> <p>More or less the same 2</p> <p>Worsened 3</p>	
<p>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?</p>	<p>Better 1</p> <p>More or less the same 2</p> <p>Worse 3</p>	

WM11. Record the time.	Hour and minutes :
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<p>WM12. Check List of Household Members, columns HL7B and HL15.</p> <p>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> 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.</p>



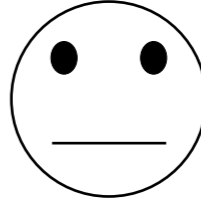

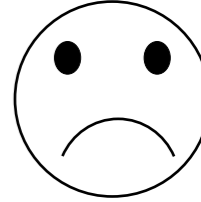
Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
