

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

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| <p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i></p> | WM7. Record the time when the interview started: HOURS : MINUTES _____ : _____ |
| WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire? | YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2 |
| WM9A. Hello, my name is (<i>your name</i>). We are from the Statistical Office of Montenegro – MONSTAT. In cooperation with UNICEF we are conducting a survey about the situation of children, families and households. I would like to talk to you about that. This interview will take about 20 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? |
| YES 1 NO / NOT ASKED 2 | 1 ⇒ WOMAN'S BACKGROUND Module 2 ⇒ WM17 |

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| WM17. Result of woman's interview. <i>Discuss any result not completed with Supervisor.</i> | QUESTIONNAIRE COMPLETED 01 WOMAN NOT AT HOME 02 REFUSED TO BE INTERVIEWED 03 QUESTIONNAIRE PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>) _____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 06 OTHER (<i>specify</i>) _____ 96 |
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| WOMAN'S BACKGROUND | | WB |
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| WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the response to the HOUSEHOLD QUESTIONNAIRE (HH47): | WM3=HH47..... 1 WM3≠HH47..... 2 | 2 ⇔ WB3 |
| WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for the woman: Highest level of school attended: | ED5=2, 3 OR 4..... 1 ED5=0, 1, 8 OR BLANK 2 | 1 ⇔ WB15 2 ⇔ WB14 |
| WB3. In what month and year were you born? | DATE OF BIRTH MONTH __ __ DK MONTH..... 98 YEAR __ __ __ __ DK YEAR 9998 | |
| WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i> | AGE (IN COMPLETED YEARS) __ __ | |
| WB5. Have you ever attended school or any preschool? | YES 1 NO 2 | 2 ⇔ WB14 |
| WB6. What is the highest level and grade or year of school you have attended? | ECE 000 PRIMARY (GRADES 1-5)..... 1 __ __ PRIMARY (GRADES 6-9)..... 2 __ __ SECONDARY..... 3 __ __ HIGHER..... 4 __ __ | 000 ⇔ WB14 |
| WB7. Did you complete that grade/year? | YES 1 NO 2 | |
| WB8. Check WB4: Age of respondent: | AGE 15-24 1 AGE 25-49 2 | 2 ⇔ WB13 |
| WB9. At any time during the current school year did you attend school? | YES 1 NO 2 | 2 ⇔ WB11 |
| WB10. During this current school year, which level and grade or year are you <u>attending</u> ? | PRIMARY (GRADES 1-5)..... 1 __ __ PRIMARY (GRADES 6-9)..... 2 __ __ SECONDARY..... 3 __ __ HIGHER..... 4 __ __ | |
| WB11. At any time during the previous school year did you attend school? | YES 1 NO 2 | 2 ⇔ WB13 |
| WB12. During that previous school year, which level and grade or year did you <u>attend</u> ? | PRIMARY (GRADES 1-5)..... 1 __ __ PRIMARY (GRADES 6-9)..... 2 __ __ SECONDARY..... 3 __ __ HIGHER..... 4 __ __ | |
| WB13. Check WB6: Highest level of school attended: | WB6=2, 3 OR 4..... 1 WB6=1 2 | 1 ⇔ WB15 |

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| <p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i> Can you read part of the sentence to me?</p> | <p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE..... 2</p> <p>ABLE TO READ WHOLE SENTENCE..... 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (<i>specify language</i>) 4</p> | |
| <p>WB15. How long have you been continuously living in (<i>name of current town or village/place of residence</i>)?</p> <p><i>If less than one year, record '00' years.</i></p> | <p>YEARS..... _ _</p> <p>ALWAYS / SINCE BIRTH 95</p> | 95 ⇒End |
| <p>WB16. Before you moved here, did you live in a town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p> | <p>TOWN..... 2</p> <p>RURAL AREA..... 3</p> | |
| <p>WB17. Before you moved here, where (in which municipality) did you live in?</p> | <p>MUNICIPALITY (<i>specify</i>) 06</p> <p>OUTSIDE OF MONTENEGRO / ABROAD (<i>specify</i>) 96</p> | |

| FERTILITY | | CM |
|---|---------------------------------|----------|
| <p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>Questions CM1–CM18 should only include children born alive. Any stillbirths should not be included in response to these questions.</i></p> | YES 1 NO 2 | 2 ⇒ CM8 |
| <p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p> | YES 1 NO 2 | 2 ⇒ CM5 |
| <p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p> | SONS AT HOME __ __ | |
| <p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS AT HOME __ __ | |
| <p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p> | YES 1 NO 2 | 2 ⇒ CM8 |
| <p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | SONS ELSEWHERE __ __ | |
| <p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS ELSEWHERE __ __ | |
| <p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p> | YES 1 NO 2 | 2 ⇒ CM11 |
| <p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p> | BOYS DEAD __ __ | |
| <p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p> | GIRLS DEAD __ __ | |
| <p>CM11. <i>Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</i></p> | SUM __ __ | |
| <p>CM12. Just to make sure that I have this right, you have had in total (total number in CM11) births during your life. Is this correct?</p> | YES 1 NO 2 | 1 ⇒ CM14 |
| <p>CM13. <i>Check responses to CM1–CM10 and make corrections as necessary until response in CM12 is 'Yes'.</i></p> | | |

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| <p>CM14. Check CM11. How many live births?</p> | <p>NO LIVE BIRTHS, CM11=00.....0 ONE LIVE BIRTH ONLY, CM11=011 TWO OR MORE LIVE BIRTHS, CM11=02 OR MORE.....2</p> | <p>0 ⇒ CM19 1 ⇒ CM15A 2 ⇒ CM15B</p> |
| <p>CM15A. In what month and year was your child born?</p> <p>CM15B. In what month and year was the last of your (total number in CM11) births?</p> <p><i>Month and year must be recorded.</i></p> | <p>DATE OF LAST BIRTH</p> <p>MONTH ____</p> <p>YEAR ____</p> | |
| <p>CM16A. Check CM11. How many live births?</p> | <p>ONE LIVE BIRTH ONLY, CM11=011 TWO OR MORE LIVE BIRTHS, CM11=02 OR MORE.....2</p> | <p>1 ⇒ CM17</p> |
| <p>CM16B. In what month and year was the first of your (total number in CM11) births?</p> | <p>DATE OF FIRST BIRTH</p> <p>MONTH ____</p> <p>DK MONTH.....98</p> <p>YEAR ____</p> <p>DK YEAR.....9998</p> | |
| <p>CM16C. Check CM16B. Is year of birth recorded?</p> | <p>YES1 NO2</p> | <p>1 ⇒ CM17</p> |
| <p>CM16D. How many years ago did you first give birth?</p> <p><i>Probe:</i> How old is or would your child have been today? How old were you when your child was born?</p> <p><i>If using the second probe, remember to use respondent's age to calculate completed years since first birth.</i></p> | <p>COMPLETED YEARS SINCE FIRST BIRTH..... ____</p> | |
| <p>CM17. Check CM15A/B: Last birth occurred within the last 2 years, that is, since (month of interview) of (year of interview minus 2)?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.</i></p> | <p>NO LIVE BIRTHS IN THE LAST 2 YEARS0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS1</p> | <p>0 ⇒ CM19</p> |
| <p>CM18. Can you please tell me the name of your the last-born child?</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p> | <p>NAME OF LAST-BORN CHILD</p> <p>_____</p> | |


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| <p>CM19. <i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i></p> <p>Sometimes women have pregnancies that do not end with a live birth. This may happen at different moments during the pregnancy and because of various reasons. For example, sometimes a woman may lose the child, sometimes the child is not born alive, and on other occasions there is a decision to end the pregnancy.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will move to the next question.</p> | PRIVACY SECURED, TEXT READ1 PRIVACY NOT POSSIBLE, TEXT READ2 | 2 ⇒ End |
| <p>CM20. <i>Check CM11: Number of live births?</i></p> | NONE (CM11=00).....0 ONE OR MORE (CM11>00).....1 | 0 ⇒ CM21A 1 ⇒ CM21B |
| <p>CM21A. You have told me that you have not given birth. Now I would like to ask you about pregnancies that did not end with a live birth. Have you ever had such a pregnancy?</p> <p>CM21B. You have told me that you have given birth to (<i>number of children in CM11</i>) children. Now I would like to ask you about pregnancies that did not end with a live birth. Have you ever had such a pregnancy?</p> <p><i>This question refers to any pregnancy that was miscarried, ended in stillbirth, or that was aborted.</i></p> | YES1 NO2 | 2 ⇒ End |
| <p>CM22. How many pregnancies have you had that did not end in a live birth?</p> | NUMBER OF PREGNANCIES NOT ENDING IN A LIVE BIRTH..... __ __ | |
| <p>CM23. Have you ever had a pregnancy end with a stillbirth?</p> <p><i>Probe: By stillbirth, I mean a pregnancy of more than 5 months that you did not choose to end and where the child did not show any signs of life.</i></p> | YES1 NO2 | 2 ⇒ CM25 |
| <p>CM24. How many pregnancies ended with a stillbirth?</p> | NUMBER OF STILLBIRTHS __ __ | |
| <p>CM25. Have you ever had a pregnancy end with a miscarriage?</p> <p><i>Probe: By miscarriage, I mean a pregnancy of less than 5 months that you did not choose to end.</i></p> | YES1 NO2 | 2 ⇒ CM27 |
| <p>CM26. How many pregnancies ended with a miscarriage?</p> | NUMBER OF MISCARRIAGES __ __ | |

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| <p>CM27. Have you ever had a pregnancy end with an abortion?</p> <p><i>Probe:</i> By abortion, I mean a pregnancy that you decided to or had to end, for whatever reason.</p> | <p>YES 1 NO 2</p> | <p>2 ⇒ CM29</p> |
| <p>CM28. How many pregnancies ended with an abortion?</p> | <p>NUMBER OF ABORTIONS _ _</p> | |
| <p>CM29. Check if the sum of answers to CM24, CM26 and CM28 is equal to CM22.</p> | <p>YES 1 NO 2</p> | <p>1 ⇒ CM31</p> |
| <p>CM30. Check responses in CM22, CM24, CM26 and CM28 and make corrections as necessary until response in CM29 is 'Yes'.</p> | | |
| <p>CM31. Check CM28: Number of abortions</p> | <p>NONE (CM28=2) 1 ONE ABORTION (CM28=01) 2 TWO OR MORE ABORTIONS (CM28>01) 3</p> | <p>1 ⇒ End 2 ⇒ CM32A 3 ⇒ CM32B</p> |

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| <p>CM32A. There are several possible reasons for any abortion to take place. Now, I will read to you reasons to abort, can you tell me which of these were at least in part, a reason to abort:</p> <p>CM32B. There are several possible reasons for any abortion to take place. Now, I will read to you reasons to abort, can you tell me which of these has ever been, at least in part, a reason to aborts:</p> <p>[A] The expense of raising a child was too high</p> <p>[B] Not wishing to have a child/another child</p> <p>[C] Having a child was planned for a later moment</p> <p>[D] Preferring to have a boy, while a girl was expected</p> <p>[E] Preferring to have a girl, while a boy was expected</p> <p>[F] There was a risk for the health of the mother</p> <p>[G] There was a risk of birth defects of the child</p> <p>[H] The parents were unmarried</p> <p>[I] Any other reason/s not mentioned</p> | <p style="text-align: right;">YES NO</p> <p>TOO HIGH EXPENSE1 2</p> <p>DID NOT WANT (ANY MORE) CHILDREN1 2</p> <p>SPACING1 2</p> <p>WANTED A BOY1 2</p> <p>WANTED A GIRL.....1 2</p> <p>HEALTH OF MOTHER1 2</p> <p>RISK OF BIRTH DEFECTS.....1 2</p> <p>UNMARRIED.....1 2</p> <p>YES1</p> <p>_____</p> <p style="text-align: center;"><i>(specify)</i></p> <p>_____</p> <p style="text-align: center;"><i>(specify)</i></p> <p>NO2</p> | |
| <p>CM33. Check CM32 [D] and [E]: At least one 'Yes' recorded?</p> | <p>YES1</p> <p>NO2</p> | <p>1 ⇒ End</p> |
| <p>CM34. Would you say that preferring a specific sex of the child has ever played a role in having an abortion?</p> | <p>YES1</p> <p>NO2</p> | |

| DESIRE FOR LAST BIRTH | | DB |
|---|---|--------------------|
| DB1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the fertility module (CM18) to here and use where indicated: Name _____ | YES, CM17=1 1 NO, CM17=0 OR BLANK..... 2 | 2 ⇒End |
| DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time? | YES..... 1 NO 2 | 1 ⇒End |
| DB3. Check CM11: Number of births: | ONLY 1 BIRTH 1 2 OR MORE BIRTHS 2 | 1 ⇒DB4A 2 ⇒DB4B |
| DB4A. Did you want to have a baby later on, or did you not want any children? | LATER 1 NO MORE/NONE..... 2 | |
| DB4B. Did you want to have a baby later on, or did you not want any more children? | | |

| MATERNAL AND NEWBORN HEALTH | | MN | | | | | | | | | | | | | | | | | | |
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| <p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the fertility module (CM18) to here and use where indicated:</p> <p>Name _____</p> | <p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p> | 2 ⇒ End | | | | | | | | | | | | | | | | | | |
| <p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p> | <p>YES 1</p> <p>NO 2</p> | 2 ⇒ MN19 | | | | | | | | | | | | | | | | | | |
| <p>MN3. Who examined and/or checked you?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p> | <p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OUTREACH NURSE C</p> <p>OTHER (<i>specify</i>) X</p> | | | | | | | | | | | | | | | | | | | |
| <p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p> | <p>WEEKS 1 ___</p> <p>MONTHS 2 <u>0</u> ___</p> <p>DK 998</p> | | | | | | | | | | | | | | | | | | | |
| <p>MN5. How many times were you examined during this pregnancy?</p> <p>Probe to identify how many times antenatal care was received. If a range/scale is given, record the minimum number of times examination was received.</p> | <p>NUMBER OF TIMES ___</p> <p>DK 98</p> | | | | | | | | | | | | | | | | | | | |
| <p>MN6. As part of examinations during this pregnancy, were any of the following done at least once:</p> <p>[A] Was your blood pressure measured?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</p> <p>[D] Did you have a triple and/or double test done?</p> <p>[E] Did you have genetic tests done such as Amniocentesis, NIFTY and Harmony?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BLOOD PRESSURE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRIPLE AND/OR DOUBLE TESTING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GENETIC TESTING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | BLOOD PRESSURE | 1 | 2 | URINE SAMPLE | 1 | 2 | BLOOD SAMPLE | 1 | 2 | TRIPLE AND/OR DOUBLE TESTING | 1 | 2 | GENETIC TESTING | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | |
| BLOOD PRESSURE | 1 | 2 | | | | | | | | | | | | | | | | | | |
| URINE SAMPLE | 1 | 2 | | | | | | | | | | | | | | | | | | |
| BLOOD SAMPLE | 1 | 2 | | | | | | | | | | | | | | | | | | |
| TRIPLE AND/OR DOUBLE TESTING | 1 | 2 | | | | | | | | | | | | | | | | | | |
| GENETIC TESTING | 1 | 2 | | | | | | | | | | | | | | | | | | |
| <p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person assisting and record all answers given.</p> | <p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OUTREACH NURSE C</p> <p>OTHER PERSON</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p> <p>NO ONE Y</p> | | | | | | | | | | | | | | | | | | | |

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| <p>MN20. Where did you give birth to (<i>name</i>)? <i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the institution, organisation, etc. and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <hr/> <p>(<i>Name of institution, organisation, etc.</i>)</p> | <p>HOME AT YOUR HOME..... 11 SOMEBODY ELSE'S HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... 21 GOVERNMENT HEALTH CENTRE.....22 OTHER PUBLIC INSTITUTION (<i>specify</i>) _____ 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 OTHER PRIVATE MEDICAL INSTITUTION (<i>specify</i>) _____ 36</p> <p>DK WHETHER PUBLIC OR PRIVATE MEDICAL INSTITUTION..... 76</p> <p>OTHER (<i>specify</i>) _____ 96</p> | <p>11 ⇨MN23 12 ⇨MN23</p> <p>96 ⇨MN23</p> |
| <p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p> | <p>YES1 NO.....2</p> | <p>2 ⇨MN23</p> |
| <p>MN22. When was the decision made to have the caesarean section? <i>Probe if necessary: Was it before or after your labour pains started?</i></p> | <p>BEFORE LABOUR PAINS.....1 AFTER LABOUR PAINS2</p> | |
| <p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest? <i>If necessary, show the picture of skin-to-skin position.</i></p>  <p><small>Photo Credit: Joyce Godwin</small></p> | <p>YES1 NO.....2</p> <p>DK / DON'T REMEMBER8</p> | <p>2 ⇨MN25 8 ⇨MN25</p> |
| <p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p> | <p>YES1 NO.....2</p> <p>DK / DON'T REMEMBER8</p> | |
| <p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p> | <p>YES1 NO.....2</p> <p>DK / DON'T REMEMBER8</p> | |

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| <p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hour.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p> | <p>IMMEDIATELY/LESS THAN 1 HOUR.....000</p> <p>HOURS 1 ___</p> <p>DAYS 2 ___</p> <p>NEVER BATHED997</p> <p>DK / DON’T REMEMBER998</p> | |
| <p>MN32. When (<i>name</i>) was born, was (he/she) a very large baby, larger than average, average, smaller than average, or very small?</p> | <p>A VERY LARGE BABY1</p> <p>LARGER THAN AVERAGE2</p> <p>AVERAGE3</p> <p>SMALLER THAN AVERAGE4</p> <p>VERY SMALL5</p> <p>DK8</p> | |
| <p>MN33. Was (<i>name</i>) weighed at birth?</p> | <p>YES1</p> <p>NO2</p> <p>DK8</p> | <p>2 ⇒MN35</p> <p>8 ⇒MN35</p> |
| <p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If a medical card/discharge note is available, record weight.</i></p> | <p>FROM DISCHARGE NOTE ..1 (KG) ___ . ___</p> <p>FROM RECALL 2 (KG) ___ . ___</p> <p>DK9998</p> | |
| <p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p> | <p>YES1</p> <p>NO2</p> | |
| <p>MN36. Did you ever breastfeed (<i>name</i>)?</p> | <p>YES1</p> <p>NO2</p> | <p>2 ⇒MN39B</p> |
| <p>MN37. How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour, record ‘00’ hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i></p> | <p>IMMEDIATELY000</p> <p>HOURS 1 ___</p> <p>DAYS 2 ___</p> <p>DK / DON’T REMEMBER998</p> | |
| <p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p> | <p>YES1</p> <p>NO2</p> | <p>1 ⇒MN39A</p> <p>2 ⇒End</p> |

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

| POST-NATAL HEALTH CHECKS | | PN |
|---|---|----------------------|
| <p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the fertility module (CM18) to here and use where indicated:</p> <p>Name _____</p> | YES, CM17=11 NO, CM17=0 OR BLANK2 | 2 ⇒ End |
| <p>PN2. Check MN20: Was the child delivered in a health facility?</p> | YES, MN20=21-36 OR 761 NO, MN20=11-12 OR 962 | 2 ⇒ PN7 |
| <p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (name).</p> <p>You have said that you gave birth in (name or type of healthcare facility in MN20). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p> | HOURS1 ___ DAYS2 ___ WEEKS3 ___ DK / DON'T REMEMBER998 | |
| <p>PN4. I would like to talk to you about checks on (name)'s health after delivery – for example, someone examining (name), checking the cord, or seeing if (name) is ok.</p> <p>Before you left the (name or type of healthcare facility in MN20), did anyone check on (name)'s health?</p> | YES1 NO2 | |
| <p>PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you?</p> <p>Did anyone check on <u>your</u> health before you left (name or type or healthcare facility in MN20)?</p> | YES1 NO2 | |
| <p>PN6. Now I would like to ask you about what happened after you left (name or type of healthcare facility in MN20).</p> <p>Did anyone check on (name)'s health after you left (name or type of facility in MN20)?</p> | YES1 NO2 | 1 ⇒ PN12 2 ⇒ PN17 |
| <p>PN7. Check MN19: Did a health professional assist with the delivery?</p> | YES, AT LEAST ONE OF THE RESPONSES "A" TO "C" RECORDED1 NO, NONE OF THE RESPONSES "A" TO "C" RECORDED2 | 2 ⇒ PN11 |

| | | |
|---|---|---------------------------------|
| <p>PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to ask you about checks on (<i>name</i>)’s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p> | <p>YES1</p> <p>NO2</p> | |
| <p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p> | <p>YES1</p> <p>NO2</p> | |
| <p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p> | <p>YES1</p> <p>NO2</p> | <p>1 ⇒PN12</p> <p>2 ⇒PN19</p> |
| <p>PN11. I would like to talk to you about checks on (<i>name</i>)’s health after delivery – for example, by someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok.</p> <p>After (<i>name</i>) was delivered, did anyone check on (his/her) health?</p> | <p>YES1</p> <p>NO2</p> | <p>2 ⇒PN20</p> |
| <p>PN12. Did such a check happen only once, or more than once?</p> | <p>ONCE1</p> <p>MORE THAN ONCE2</p> | <p>1 ⇒PN13A</p> <p>2 ⇒PN13B</p> |
| <p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p> | <p>HOURS1 ___</p> <p>DAYS2 ___</p> <p>WEEKS3 ___</p> <p>DK / DON’T REMEMBER998</p> | |
| <p>PN14. Who checked on (<i>name</i>)’s health at that time?</p> | <p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE / MIDWIFEB</p> <p>OUTREACH NURSEC</p> <p>OTHER PERSON</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>)X</p> | |

| | | |
|--|--|---------------------------------|
| <p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p> | <p>HOME</p> <p>AT YOUR HOME..... 11</p> <p>AT SOMEBODY ELSE'S HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT HEALTH CENTRE.....22</p> <p>OTHER PUBLIC INSTITUTION (specify) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL.....31</p> <p>PRIVATE CLINIC/POLICLINIC.....32</p> <p>OTHER PRIVATE MEDICAL INSTITUTION (specify) _____ 36</p> <p>DK WHETHER PUBLIC OR PRIVATE HEALTHCARE INSTITUTION76</p> <p>OTHER (specify) _____ 96</p> | |
| <p>PN16. Check MN20: Was the child delivered in a health facility?</p> | <p>YES, MN20=21-36 OR 76..... 1</p> <p>NO, MN20=11-12 OR 96..... 2</p> | <p>2 ⇒PN18</p> |
| <p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p> | <p>YES 1</p> <p>NO..... 2</p> | <p>1 ⇒PN21</p> <p>2 ⇒PN25</p> |
| <p>PN18. Check MN19: Did a health professional worker assist with the delivery?</p> | <p>YES, AT LEAST ONE OF THE RESPONSES "A" TO "C" RECORDED.....1</p> <p>NO, NONE OF THE RESPONSES "A" TO "C" RECORDED 2</p> | <p>2 ⇒PN20</p> |
| <p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p> | <p>YES 1</p> <p>NO..... 2</p> | <p>1 ⇒PN21</p> <p>2 ⇒PN25</p> |
| <p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p> | <p>YES 1</p> <p>NO..... 2</p> | <p>2 ⇒PN25</p> |
| <p>PN21. Did such a check happen only once, or more than once?</p> | <p>ONCE..... 1</p> <p>MORE THAN ONCE 2</p> | <p>1 ⇒PN22A</p> <p>2 ⇒PN22B</p> |
| <p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p> | <p>HOURS 1 ___</p> <p>DAYS.....2 ___</p> <p>WEEKS.....3 ___</p> <p>DK / DON'T REMEMBER 998</p> | |

| | | |
|--|--|---|
| <p>PN23. Who checked on <u>your</u> health at that time?</p> | <p>HEALTH PROFESSIONAL DOCTORA NURSE / MIDWIFEB OUTREACH NURSEC OTHER PERSON RELATIVE / FRIENDH OTHER (<i>specify</i>)X</p> | |
| <p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p> | <p>HOME RESPONDENT'S HOME..... 11 OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... 21 GOVERNMENT HEALTH CENTRE.....22 OTHER PUBLIC INSTITUTION (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 PRIVATE CLINIC/POLICLINIC..... 32 OTHER PRIVATE MEDICAL INSTITUTION (<i>specify</i>) 36</p> <p>DK WHETHER PUBLIC OR PRIVATE HEALTHCARE INSTITUTION 76</p> <p>OTHER (<i>specify</i>) 96</p> | |
| <p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or in a healthcare institution:</p> <p>[A] Examine (name)'s cord?</p> <p>[B] Take the temperature of (name)?</p> <p>[C] Counsel you on breastfeeding?</p> | <p style="text-align: right;">YES NO DK</p> <p>EXAMINE THE CORD..... 1 2 8</p> <p>TAKE TEMPERATURE1 2 8</p> <p>COUNSEL ON BREASTFEEDING..... 1 2 8</p> | |
| <p>PN26. Check MN36: Was child ever breastfed?</p> | <p>YES, MN36=1..... 1 NO, MN36=2 2</p> | <p>2 ⇒PN28</p> |
| <p>PN27. Observe (name)'s breastfeeding?</p> | <p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING 1 2 8</p> | |
| <p>PN28. Check MN33: Was child weighed at birth?</p> | <p>YES, MN33=1..... 1 NO, MN33=2 2 DK, MN33=8 3</p> | <p>1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C</p> |

| | | |
|---|------------------------------------|--|
| <p>PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days after birth?</p> <p>PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> | <p>YES1</p> <p>NO2</p> | |
| <p>PN30. During the first two days after (<i>name</i>)’s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p> | <p>YES1</p> <p>NO2</p> | |

CP0. I would like to talk with you about another subject: family planning.

Couples use various ways or methods to delay or avoid getting pregnant.

Have you heard of :

[A] Female sterilization?

Probe: Women can have an operation to avoid having any more children.

YES..... 1
NO 2

[B] Male sterilization?

Probe: Men can have an operation to avoid having any more children.

YES..... 1
NO 2

[C] IUD?

Probe: Women can have a loop or coil placed inside them by a doctor or a nurse.

YES..... 1
NO 2

[D] Injectables?

Probe: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.

YES..... 1
NO 2

[E] Implants?

Probe: Women can have one or more small rods placed in their upper arm by a doctor or nurse that can prevent pregnancy for one or more years.

YES..... 1
NO 2

[F] Pill?

Probe: Women can take a pill every day to avoid becoming pregnant.

YES..... 1
NO 2

[G] Male Condom?

Probe: Men can put a rubber sheath on their penis before sexual intercourse.

YES..... 1
NO 2

[H] Female Condom?

Probe: Women can place a sheath in their vagina before sexual intercourse.

YES..... 1
NO 2

[I] Diaphragm?

Probe: Women can insert a soft rubber cup in their vagina to block the sperm from entering their uterus or fallopian tubes.

YES..... 1
NO 2

[J] Foam / Jelly?

Probe: Women may use spermicidal products (e.g. foam, jelly, cream) that can kill or prevent the sperm from moving and reaching the egg.

YES..... 1
NO 2

| | | |
|--|--|---------------------------|
| <p>[L] Periodic abstinence / Rhythm method? <i>Probe:</i> To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p> <p>[M] Withdrawal? <i>Probe:</i> Men can be careful and pull out before climax.</p> <p>[N] Emergency / postcoital contraception? <i>Probe:</i> As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p> <p>[X] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> | <p>YES..... 1 NO 2</p> <p>YES..... 1 NO 2</p> <p>YES..... 1 NO 2</p> <p>YES..... 1</p> <p>_____ (specify)</p> <p>_____ (specify)</p> <p>NO 2</p> | |
| <p>CP1. Are you pregnant now?</p> | <p>YES, CURRENTLY PREGNANT..... 1 NO 2 DK OR NOT SURE 8</p> | <p>1 ⇒CP3</p> |
| <p>CP2. Are you currently doing something or using any method to delay or avoid getting pregnant?</p> | <p>YES..... 1 NO 2</p> | <p>1 ⇒CP4</p> |
| <p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p> | <p>YES..... 1 NO 2</p> | <p>1 ⇒End 2 ⇒End</p> |
| <p>CP4. What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, record each one.</i></p> | <p>FEMALE STERILIZATION..... A MALE STERILIZATIONB IUDC INJECTABLES D IMPLANTSE PILL..... F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM..... I FOAM / JELLYJ PERIODIC ABSTINENCE / RHYTHM.....L WITHDRAWALM EMERGENCY / POSTCOITAL CONTRACEPTION N OTHER (specify) _____ X</p> | |

| UNMET NEED | | UN |
|--|--|----------------------------------|
| UN1. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2 | 2 ⇨ UN6 |
| UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time? | YES 1 NO 2 | 1 ⇨ UN5 |
| UN3. Check CM11: Were there any births? | THERE WERE NO BIRTHS 0 ONE OR MORE BIRTHS 1 | 0 ⇨ UN4A 1 ⇨ UN4B |
| UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children? | LATER 1 NONE / NO MORE 2 | |
| UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children? | HAVE ANOTHER CHILD 1 NO MORE / NONE 2 UNDECIDED / DK 8 | 1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14 |
| UN6. Check CP4: Currently using 'Female sterilization'? | YES, CP4=A 1 NO, CP4≠A OR EMPTY 2 | 1 ⇨ UN14 |
| UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? | HAVE (A/ANOTHER) CHILD 1 NO MORE / NONE 2 SAYS SHE CANNOT GET PREGNANT 3 UNDECIDED / DK 8 | 2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10 |
| UN8. How long would you like to wait before the birth of child (a/another) child? <i>Record the answer as stated by respondent.</i> | MONTHS 1 ___ YEARS 2 ___ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998 | 994 ⇨ UN12 |
| UN9. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2 | 1 ⇨ UN14 |
| UN10. Check CP2: Currently using a contraception method? | YES, CP2=1 1 NO, CP2=2 2 | 1 ⇨ UN14 |
| UN11. Do you think you are physically able to get pregnant at this time? | YES 1 NO 2 DK 8 | 1 ⇨ UN14 8 ⇨ UN14 |

| | | |
|---|--|---|
| <p>UN12. Why do you think you are not physically able to get pregnant?</p> | <p>INFREQUENT OR NO SEXUAL INTERCOURSE 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 STILL BREASTFEEDING G TOO OLD H FATE I</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK _____ Z</p> | |
| <p>UN13. Check UN12: 'Never menstruated' mentioned?</p> | <p>MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2</p> | <p>1 ⇒End</p> |
| <p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same time unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</p> | <p>DAYS AGO 1 ___</p> <p>WEEKS AGO 2 ___</p> <p>MONTHS AGO 3 ___</p> <p>YEARS AGO 4 ___</p> <p>IN MENOPAUSE / HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED 995</p> | <p>993 ⇒End 994 ⇒End 995 ⇒End</p> |
| <p>UN15. Check UN14: Was the last menstrual period within last year?</p> | <p>YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2</p> | <p>2 ⇒End</p> |
| <p>UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p> | <p>YES 1 NO 2</p> <p>DK / NOT SURE / NO SUCH ACTIVITY 8</p> | |
| <p>UN17. During your last menstrual period, were you able to wash and change in privacy while at home?</p> | <p>YES 1 NO 2</p> <p>DK 8</p> | |
| <p>UN18. Did you use any materials such as sanitary pads, tampons or cloth?</p> | <p>YES 1 NO 2</p> <p>DK 8</p> | <p>2 ⇒End 8 ⇒End</p> |
| <p>UN19. Were the materials reusable?</p> | <p>YES 1 NO 2</p> <p>DK 8</p> | |

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

| | | YES | NO | DK |
|--|--------------------------------|-----|----|----|
| [A] If she goes out without telling him? | GOES OUT WITHOUT TELLING | 1 | 2 | 8 |
| [B] If she neglects the children? | NEGLECTS CHILDREN | 1 | 2 | 8 |
| [C] If she argues with him? | ARGUES WITH HIM..... | 1 | 2 | 8 |
| [D] If she refuses to have sex with him? | REFUSES SEX..... | 1 | 2 | 8 |
| [E] If she burns the food? | BURNS FOOD | 1 | 2 | 8 |

VICTIMISATION

VT

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

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

In the last three years, that is since (**month of interview**) (**year of interview minus 3**), has anyone taken or tried taking something from you, by using force or threatening to use force?

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

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

YES 1
 NO 2
 DK 8

2 ⇒VT9B

8 ⇒VT9B

VT2. Did this last happen during the last 12 months, that is, since (**month of interview**) (**year of interview minus 1**)?

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

2 ⇒VT5B

8 ⇒VT5B

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

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

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

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

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

1 ⇒VT5A

2 ⇒VT5B

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

YES 1
 NO 2

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

DK / NOT SURE..... 8

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

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

2 ⇒VT8

8 ⇒VT8

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

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

Record all that apply.

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

| <p>VT14A. At the time of the incident, did you recognize the person?</p> <p>VT14B. At the time of the incident, did you recognize at least one of the persons?</p> | <p>YES 1 NO 2</p> <p>DK / DON'T REMEMBER 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|------------------------------|-----|----|----|---------------------------|---|---|---|-----------|---|---|---|--------------------------|---|---|---|----------|---|---|---|-------------------------|---|---|---|------------------|---|---|---|-------------------|---|---|---|--|
| <p>VT17. Did the person(s) have a weapon?</p> | <p>YES 1 NO 2</p> <p>DK / NOT SURE 8</p> | <p>2 ⇒ VT19 8 ⇒ VT19</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>VT18. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p> | <p>YES, A KNIFE A YES, A GUN B YES, SOMETHING ELSE X</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>VT19. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p> | <p>YES, RESPONDENT REPORTED THE INCIDENT 1 YES, SOMEONE ELSE REPORTED THE INCIDENT 2 NO, THE INCIDENT NOT REPORTED 3 DK / NOT SURE 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>VT20. How safe do you feel walking alone in your neighbourhood after dark: would you say that you feel very safe, safe, unsafe or very unsafe?</p> | <p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE 4 NEVER WALK ALONE AFTER DARK 7</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>VT21. How safe do you feel when you are at home alone after dark: would you say that you feel very safe, safe, unsafe or very unsafe?</p> | <p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE 4 NEVER ALONE AFTER DARK 7</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?</p> <p>[A] Ethnic or immigration origin?</p> <p>[B] Sex?</p> <p>[C] Sexual orientation?</p> <p>[D] Age?</p> <p>[E] Religion or belief?</p> <p>[F] Disability?</p> <p>[X] For any other reason?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ETHNIC / IMMIGRATION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEXUAL ORIENTATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AGE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RELIGION / BELIEF</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISABILITY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER REASON.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | ETHNIC / IMMIGRATION..... | 1 | 2 | 8 | SEX | 1 | 2 | 8 | SEXUAL ORIENTATION | 1 | 2 | 8 | AGE..... | 1 | 2 | 8 | RELIGION / BELIEF | 1 | 2 | 8 | DISABILITY | 1 | 2 | 8 | OTHER REASON..... | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ETHNIC / IMMIGRATION..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEXUAL ORIENTATION | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELIGION / BELIEF | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISABILITY | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER REASON..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| MARRIAGE/UNION | | MA |
|---|---|----------------------|
| MA1. Are you currently married or living together with someone as if married? | YES, CURRENTLY MARRIED..... 1 YES, LIVING WITH A PARTNER.....2 NO, NOT IN UNION.....3 | 3 ⇒MA5 |
| MA2. How old is your husband/partner? <i>Additional question:</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 someone as if married? | YES, FORMERLY MARRIED..... 1 YES, FORMERLY LIVED WITH A PARTNER ..2 NO.....3 | 3 ⇒End |
| MA6. What is your marital status now: are you widowed, divorced or separated? | WIDOWED..... 1 DIVORCED2 SEPARATED3 | |
| MA7. Have you been married or lived with someone only once or more than once? | ONLY ONCE..... 1 MORE THAN ONCE2 | 1 ⇒MA8A 2 ⇒MA8B |
| MA8A. In what month and year did you start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)? | DATE OF (FIRST) UNION MONTH..... __ __ DK MONTH98 YEAR..... __ __ __ __ DK YEAR9998 | |
| MA9. Check MA8A/B: Is 'DK YEAR' recorded? | YES, MA8A/B=9998..... 1 NO, MA8A/B≠9998.....2 | 2 ⇒End |
| MA10. Check MA7: In union only once? | YES, MA7=1 1 NO, MA7=22 | 1 ⇒MA11A 2 ⇒MA11B |
| MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)? | AGE IN YEARS __ __ | |

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

SEXUAL BEHAVIOUR
SB

| | | |
|--|--|---|
| <p>SB1. <i>Check for the presence of others. Before continuing, make sure you are alone with the respondent. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</i></p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>How old were you when you had sexual intercourse for the very first time?</p> | <p>NEVER HAD INTERCOURSE 00</p> <p>AGE IN YEARS __ __</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND / PARTNER 95</p> | <p>00 ⇒End</p> |
| <p>SB2. I would like to ask you about your recent sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p> | <p>DAYS AGO 1 __ __</p> <p>WEEKS AGO 2 __ __</p> <p>MONTHS AGO 3 __ __</p> <p>YEARS AGO 4 __ __</p> | <p>4 ⇒End</p> |
| <p>SB3. The last time you had sexual intercourse, was a condom used?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>SB4. What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p> | <p>HUSBAND 1</p> <p>COHABITING PARTNER 2</p> <p>BOYFRIEND 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT / SEX WORKER 5</p> <p>OTHER (specify) _____ 6</p> | <p>3 ⇒SB6</p> <p>4 ⇒SB6</p> <p>5 ⇒SB6</p> <p>6 ⇒SB6</p> |
| <p>SB5. <i>Check MA1: Currently married or living with a partner?</i></p> | <p>YES, MA1=1 OR 2 1</p> <p>NO, MA1=3 2</p> | <p>1 ⇒SB7</p> |
| <p>SB6. How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p> | <p>AGE OF SEXUAL PARTNER __ __</p> <p>DK 98</p> | |
| <p>SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p> | <p>YES 1</p> <p>NO 2</p> | <p>2 ⇒End</p> |
| <p>SB8. The last time you had sexual intercourse with another person, was a condom used?</p> | <p>YES 1</p> <p>NO 2</p> | |

| | | |
|---|--|--|
| <p>SB9. What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend' then ask:</i> Were you living together as if married? <i>If 'Yes', record '2'. If 'No', record '3'.</i></p> | <p>HUSBAND1 COHABITING PARTNER2 BOYFRIEND.....3 CASUAL ACQUAINTANCE.....4 CLIENT / SEX WORKER5 OTHER (<i>specify</i>) _____ 6</p> | <p>3 ⇨ SB12 4 ⇨ SB12 5 ⇨ SB12 6 ⇨ SB12</p> |
| <p>SB10. Check MA1: Currently married or living with a partner?</p> | <p>YES, MA1=1 OR 2..... 1 NO, MA1=3 2</p> | <p>2 ⇨ SB12</p> |
| <p>SB11. Check MA7: Married or living with a partner only once?</p> | <p>YES, MA7=1 1 NO, MA7≠1 2</p> | <p>1 ⇨ End</p> |
| <p>SB12. How old is this person?</p> <p><i>If response is 'DK', probe:</i> About how old is this person?</p> | <p>AGE OF SEXUAL PARTNER _ _ DK..... 98</p> | |

| HIV/AIDS | | HA | | | | | | | | | | | | | | | | |
|---|---|----------|-----|----|----|------------------------|---|---|---|-----------------------|---|---|---|------------------------|---|---|---|--|
| HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS? | YES 1 NO 2 DK 8 | 2 ⇒ End | | | | | | | | | | | | | | | | |
| HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA3. Can people get HIV from mosquito bites? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA5. Can people get HIV by sharing food with a person who has HIV? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA6. Can people get HIV because of witchcraft or other supernatural means? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA6A. Can people get HIV by hugging or shaking hands with person who has HIV? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA7. Is it possible for a healthy-looking person to have HIV? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA8. Can HIV be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BY BREASTFEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | | YES | NO | DK | DURING PREGNANCY | 1 | 2 | 8 | DURING DELIVERY | 1 | 2 | 8 | BY BREASTFEEDING | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | |
| DURING PREGNANCY | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| DURING DELIVERY | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| BY BREASTFEEDING | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded? | YES 1 NO 2 | 2 ⇒ HA11 | | | | | | | | | | | | | | | | |
| HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |

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

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

ATTITUDES TOWARD IMMUNISATION

IA

IA1. In your opinion, does any vaccine from the vaccination calendar / recommended vaccination schedule cause serious adverse reactions after vaccination?

- YES 1
- NO 2
- NO OPINION/DK 8

2 ⇒ End
8 ⇒ End

Probe: A serious adverse reaction is a reaction that requires hospital treatment or hospitalisation of a child.

Show the card with the vaccination calendar / recommended vaccination schedule to the respondent.

IA2. In your opinion, which vaccines cause a serious adverse reaction after vaccination?

- BCG A
- PENTAVALENT B
- DTP C
- HEPATITIS B D
- HIB E
- MMR F
- OPV/POLIO G
- DT/dT H
- TT I
- ALL J
- OTHER (*specify*) X
- DK Z

LIFE SATISFACTION

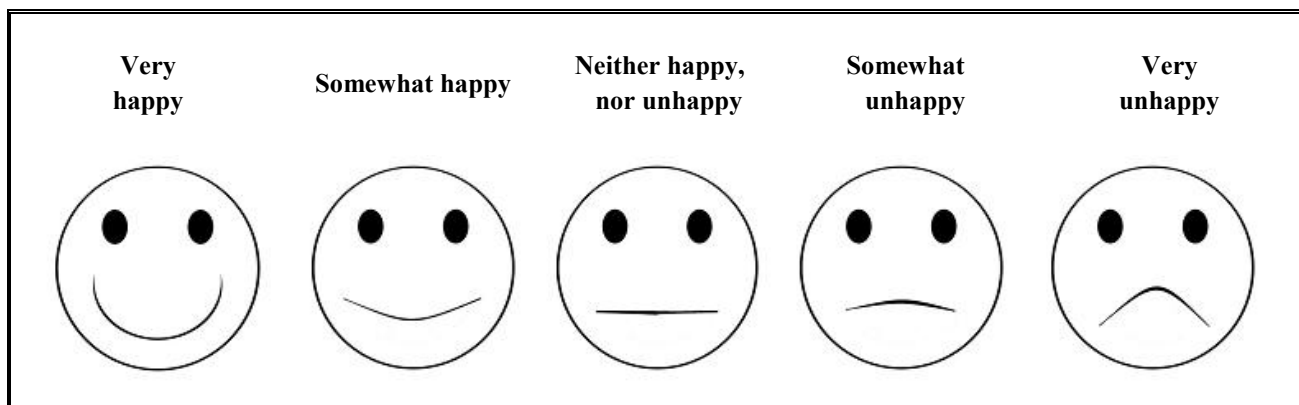
LS

| | | |
|---|---|--|
| <p>LS1. Now I would like to ask you some questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>You can also have a look at those pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i></p> | <p>VERY HAPPY 1 SOMEWHAT HAPPY..... 2 NEITHER HAPPY NOR UNHAPPY 3 SOMEWHAT UNHAPPY 4 VERY UNHAPPY 5</p> | |
| <p>LS2. <i>Show the picture of the ladder.</i></p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary:</i> Which step comes closest to the way you feel?</p> | <p>LADDER STEP ____</p> | |
| <p>LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p> | <p>IMPROVED 1 MORE OR LESS THE SAME..... 2 WORSENERD 3</p> | |
| <p>LS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?</p> | <p>BETTER 1 MORE OR LESS THE SAME..... 2 WORSE..... 3</p> | |

Showcard for question WB14.

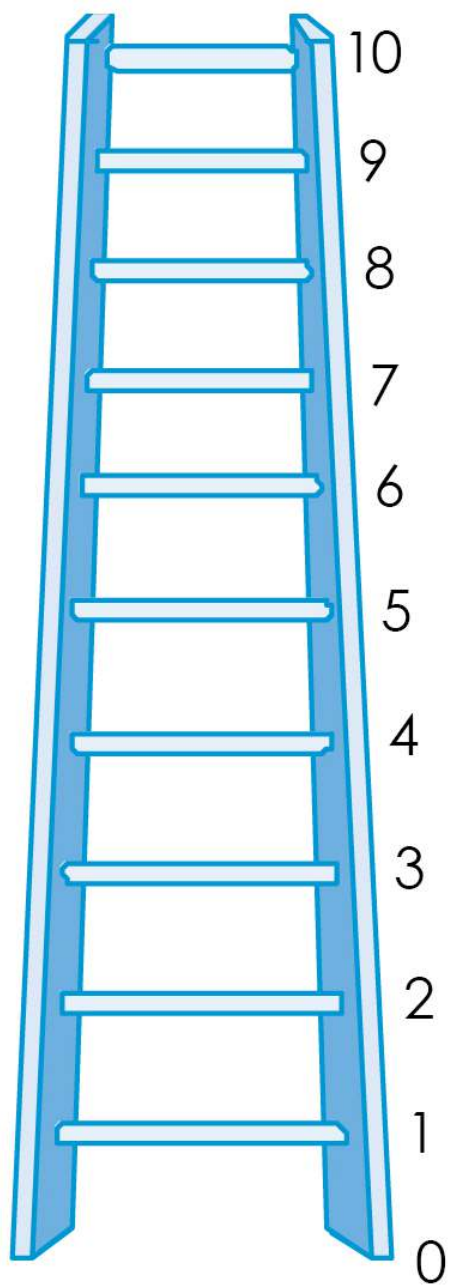
- The child is reading a book.
- Rains have started later this year.
- Parents must take care of their children.
- Farming is difficult work.

Showcard for question LS1:



Showcard for question LS2:

Best Possible Life



Worst Possible Life

| | | |
|--|---|--|
| WM10. Record the time when the interview ended. | HOURS AND MINUTES : .. | |
| WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it? | YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3 | |
| WM12. Language of the Questionnaire. | MONTENEGRIN/SERBIAN/BOSNIAN/ CROATIAN 1 ALBANIAN 2 | |
| WM13. Language of the Interview. | MONTENEGRIN/SERBIAN/BOSNIAN/ CROATIAN 1 ALBANIAN 2 OTHER LANGUAGE (specify) 6 | |
| WM14. Native language of the Respondent. | MONTENEGRIN/SERBIAN/BOSNIAN/ CROATIAN 1 ALBANIAN 2 OTHER LANGUAGE (specify) 6 | |
| WM15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3 | |
| <p>WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent and thank her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> | | |

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS