



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

[name of country]

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

Repeat greeting if not already read to this woman:

WE ARE FROM (**country-specific affiliation**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (**number**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

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

MAY I START NOW?

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

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
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WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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WM10. <i>Record the time.</i>	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 month98 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?	Yes1 No.....2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool0 Primary1 Secondary2 Higher3	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade ____	
WB6. <i>Check WB4:</i> <input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Primary ⇒ Continue with WB7</i>		
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 all1 Able to read only parts of sentence2 Able to read whole sentence3 No sentence in required language4 <i>(specify language)</i> Blind / visually impaired5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
<p>MT1. Check WB7:</p> <p><input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3</p>		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day1 At least once a week.....2 Less than once a week3 Not at all4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day1 At least once a week.....2 Less than once a week3 Not at all4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day1 At least once a week.....2 Less than once a week3 Not at all4	
<p>MT5. Check WB2: Age of respondent?</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with MT6</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to Next Module</p>		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes1 No.....2	2⇒ MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes1 No.....2	2⇒ MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day1 At least once a week.....2 Less than once a week3 Not at all4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes1 No.....2	2⇒ Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes1 No.....2	2⇒ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day1 At least once a week.....2 Less than once a week3 Not at all4	

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

BIRTH HISTORY													BH						
NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD. Record names of all of the births in BH1. Record twins and triplets on separate line. If there are more than 14 births, use an additional questionnaire.																			
BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. Is (name) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. Is (name) STILL ALIVE?		BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.		BH7. Is (name) LIVING WITH YOU?		BH8. Record household line number of child (from H1) Record "00" if child is not listed.		BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
Line	Name	S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N		
01		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3					
													⇒ Next Line						
02		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3		1	2		
													⇒ BH10			Add Birth	Next Birth		
03		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3		1	2		
													⇒ BH10			Add Birth	Next Birth		
04		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3		1	2		
													⇒ BH10			Add Birth	Next Birth		
05		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3		1	2		
													⇒ BH10			Add Birth	Next Birth		
06		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3		1	2		
													⇒ BH10			Add Birth	Next Birth		
07		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3		1	2		
													⇒ BH10			Add Birth	Next Birth		

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. <i>Record household line number of child (from HLI)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (name)? <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
08		1 2	1 2	___	___	1 2 ⇨ BH9	___	1 2	___ ⇨ BH10	Days1 Months.....2 Years.....3	___	1 2 Add Next Birth Birth
09		1 2	1 2	___	___	1 2 ⇨ BH9	___	1 2	___ ⇨ BH10	Days1 Months.....2 Years.....3	___	1 2 Add Next Birth Birth
10		1 2	1 2	___	___	1 2 ⇨ BH9	___	1 2	___ ⇨ BH10	Days1 Months.....2 Years.....3	___	1 2 Add Next Birth Birth
11		1 2	1 2	___	___	1 2 ⇨ BH9	___	1 2	___ ⇨ BH10	Days1 Months.....2 Years.....3	___	1 2 Add Next Birth Birth
12		1 2	1 2	___	___	1 2 ⇨ BH9	___	1 2	___ ⇨ BH10	Days1 Months.....2 Years.....3	___	1 2 Add Next Birth Birth
13		1 2	1 2	___	___	1 2 ⇨ BH9	___	1 2	___ ⇨ BH10	Days1 Months.....2 Years.....3	___	1 2 Add Next Birth Birth
14		1 2	1 2	___	___	1 2 ⇨ BH9	___	1 2	___ ⇨ BH10	Days1 Months.....2 Years.....3	___	1 2 Add Next Birth Birth
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in Birth History)?							Yes 1 No 2				1⇨ Record Birth(s) in Birth History	

CM12. Compare number in CM10 with number of births in the Birth History above and check:

- Numbers are same ⇒ Continue with CM13
- Numbers are different ⇒ Probe and reconcile

CM13. Check BH4 in BIRTH HISTORY: Last birth occurred within the last 2 years, that is, since (month of interview) in **2010**

- No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.
- One or more live births in last 2 years. ⇒ Record name of last born child and continue with next module

Name of last-born child _____

If child has died, take special care when referring to this child by name in the following modules.

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes1 No.....2	1⇒ Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later1 No more2	2⇒ Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months 1 __ __ Years..... 2 __ __ 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 child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes1 No.....2	2⇒ MN5												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor.....A Nurse / MidwifeB Auxiliary midwifeC Other person Traditional birth attendantF Community health workerG Other (specify) _____ X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times..... _ _ DK98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table style="width:100%; border:none;"> <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> </tbody> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample.....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen).....1 Yes (card not seen)2 No.....3 DK8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes1 No.....2 DK8	2⇒ MN9 8⇒ MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times....._ DK8	8⇒ MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9														

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i>, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes1 No.....2 DK8</p>	<p>2⇒ MN12 8⇒ MN12</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times..... DK8</p>	<p>8⇒ MN12</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p>	<p>Years ago.....</p>	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to MN17</p>		
<p>MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO <u>PREVENT</u> YOU FROM GETTING MALARIA?</p>	<p>Yes1 No.....2 DK8</p>	<p>2⇒ MN17 8⇒ MN17</p>
<p>MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?</p> <p><i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>	<p>SP / Fansidar A Chloroquine..... B Other (<i>specify</i>) X DK Z</p>	
<p>MN15. Check MN14 for medicine taken:</p> <p><input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16</p> <p><input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN17</p>		
<p>MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?</p>	<p>Number of times..... DK98</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says 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 Other person Traditional birth attendant F Community health worker G Relative / Friend H Other (<i>specify</i>) X No one Y</p>	

<p>MN18. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Your home11</p> <p>Other home12</p> <p>Public sector</p> <p>Govt. hospital21</p> <p>Govt. clinic / health centre22</p> <p>Govt. health post23</p> <p>Other public (<i>specify</i>)26</p> <p>Private Medical Sector</p> <p>Private hospital31</p> <p>Private clinic32</p> <p>Private maternity home33</p> <p>Other private medical (<i>specify</i>)36</p> <p>Other (<i>specify</i>)96</p>	<p>11 ⇨ MN20</p> <p>12 ⇨ MN20</p> <p>96 ⇨ MN20</p>
<p>MN19. WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes1</p> <p>No2</p>	
<p>MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large1</p> <p>Larger than average2</p> <p>Average3</p> <p>Smaller than average4</p> <p>Very small5</p> <p>DK8</p>	
<p>MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>	<p>2 ⇨ MN23</p> <p>8 ⇨ MN23</p>
<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kg) _ . _ _ _</p> <p>From recall 2 (kg) _ . _ _ _</p> <p>DK 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes1</p> <p>No2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes1</p> <p>No2</p>	<p>2 ⇨ Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours 1 _ _</p> <p>Days 2 _ _</p> <p>Don't know / remember 998</p>	

<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes1 No.....2</p>	<p>2⇒ Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk) A Plain water B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Fruit juice F Infant formula G Tea / Infusions H Honey.....I Other (<i>specify</i>) _____ 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 child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
<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 (<i>name</i>).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (<i>name or type of facility in MN18</i>). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours1 ____</p> <p>Days.....2 ____</p> <p>Weeks.....3 ____</p> <p>Don't know / remember998</p>	
<p>PN3. 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 (<i>name</i>) IS OK.</p> <p>BEFORE YOU LEFT THE (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes.....1</p> <p>No2</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 (<i>name or type of facility in MN18</i>)?</p>	<p>Yes.....1</p> <p>No2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name or type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)'S HEALTH AFTER YOU LEFT (<i>name or type of facility in MN18</i>)?</p>	<p>Yes.....1</p> <p>No2</p>	<p>1⇒ PN11</p> <p>2⇒ PN16</p>
<p>PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN10</p>		

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes..... 1 No 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes..... 1 No 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes..... 1 No 2</p>	<p>1⇒ PN11 2⇒ PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒ PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once 1 More than once..... 2</p>	<p>1⇒ PN12A 2⇒ PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours 1 __ __ Days..... 2 __ __ Weeks..... 3 __ __ Don't know / remember 998</p>	

<p>PN13. WHO CHECKED ON <i>(name)</i>'S HEALTH AT THAT TIME?</p>	<p>Health professional Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative / Friend H Other (<i>specify</i>) X</p>	
<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home Your 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, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G 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>

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. If less than one week, record days. Otherwise, record weeks.</i>	Hours 1 ___ Days.....2 ___ Weeks.....3 ___ Don't know / remember998	
PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant..... F Community health worker G Relative / Friend..... H Other (<i>specify</i>) _____ X	
PN23. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source. If unable to determine whether public or private, write the name of the place.</i> _____ (<i>Name of place</i>)	Home Your 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 Household Listing, column HL9</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 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⇒ Next Module
<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>	2⇒ Next Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam / Jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence / Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <input type="checkbox"/> <i>Yes, currently pregnant</i> ⇒ <i>Continue with UN2</i> <input type="checkbox"/> <i>No, unsure or DK</i> ⇒ <i>Go to UN5</i>		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more2	
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 / None2 Undecided / Don't know8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using "Female sterilization"? <input type="checkbox"/> <i>Yes</i> ⇒ <i>Go to UN13</i> <input type="checkbox"/> <i>No</i> ⇒ <i>Continue with UN6</i>		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None2 Says she cannot get pregnant.....3 Undecided / Don't know8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months1 ___ Years2 ___ Soon / Now993 Says she cannot get pregnant.....994 After marriage995 Other996 Don't know998	994⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> <i>Yes, currently pregnant</i> ⇒ <i>Go to UN13</i> <input type="checkbox"/> <i>No, unsure or DK</i> ⇒ <i>Continue with UN9</i>		

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

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes1 No2	1⇒ FG3
FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes1 No2	2⇒ Next Module
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes1 No2	2⇒ FG9
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes1 No2 DK8	1⇒ FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes1 No2 DK8	
FG6. WAS THE GENITAL AREA SEWN CLOSED? <i>If necessary, probe: WAS IT SEALED?</i>	Yes1 No2 DK8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>If the respondent does not know the exact age, probe to get an estimate</i>	Age at circumcision.....__ __ DK / Don't remember / Not sure98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor11 Nurse/Midwife12 Other health professional (<i>specify</i>) 16 Traditional persons Traditional 'circumciser'21 Traditional birth attendant22 Other traditional (<i>specify</i>) 26 DK98	
FG9. Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here	Total number of living daughters __ __	
FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (<i>total number in FG9</i>) LIVING DAUGHTERS. IS THIS CORRECT?		
<input type="checkbox"/> Yes <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22 <input type="checkbox"/> No ⇒ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes		

FG11. Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.

The total number of daughters in FG12 should be equal to the number in FG9

If more than 4 daughters, use additional questionnaires

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12. Name of daughter	_____	_____	_____	_____
FG13. HOW OLD IS (<i>name</i>)?	Age ____	Age ____	Age ____	Age ____
FG14. Is (<i>name</i>) younger than 15 years of age?	Yes.....1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>
FG15. IS (<i>name</i>) CIRCUMCISED?	Yes.....1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>
FG16. HOW OLD WAS (<i>name</i>) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i>	Age ____ DK.....98	Age ____ DK98	Age ____ DK 98	Age ____ DK 98
FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (<i>name</i>) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes.....1 ⇨FG19 No2 DK.....8	Yes1 ⇨FG19 No2 DK8	Yes 1 ⇨FG19 No 2 DK 8	Yes..... 1 ⇨FG19 No 2 DK 8
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes.....1 No2 DK.....8	Yes1 No2 DK8	Yes 1 No 2 DK 8	Yes..... 1 No 2 DK 8

FG19. WAS HER GENITAL AREA SEWN CLOSED? <i>If necessary, probe:</i> WAS IT SEALED?	Yes.....1 No2 DK.....8	Yes1 No.....2 DK8	Yes 1 No..... 2 DK..... 8	Yes..... 1 No 2 DK..... 8
FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor11 Nurse/midwife .12 Other health professional (specify) ____16 Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant.....22 Other traditional (specify) ____26 DK.....98	Health professional Doctor11 Nurse/midwife .12 Other health professional (specify) ____16 Traditional persons Traditional 'circumciser'...21 Traditional birth attendant22 Other traditional (specify) ____26 DK98	Health professional Doctor..... 11 Nurse/midwife 12 Other health professional (specify) ____16 Traditional persons Traditional 'circumciser' ..21 Traditional birth attendant22 Other traditional (specify)____26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) ____16 Traditional persons Traditional 'circumciser' ..21 Traditional birth attendant22 Other traditional (specify) ____26 DK..... 98
FG21.	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22</i>
				<i>Tick here if additional questionnaire used</i> <input type="checkbox"/>

FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued 1 Discontinued.....2 Depends3 DK.....8	
--	---	--

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV		
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food.....	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3 ⇨ MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes 1 No 2	2 ⇨ MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number __ __ DK 98	⇨ MA7 98 ⇨ MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3 ⇨ Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇨ Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years __ __	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before continuing, ensure privacy.		
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 MAI: <ul style="list-style-type: none"> <input type="checkbox"/> Currently married or living with a man (MAI = 1 or 2) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MAI = 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	

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

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes.....1 No.....2 DK.....8	2 ⇨ Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes.....1 No.....2 DK.....8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No.....2 DK.....8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No.....2 DK.....8																	
HA5. CAN PEOPLE GET THE 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																	
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? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding</td> <td>1</td> <td>2</td> <td>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. 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																	

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p>																						
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother	1	2	8	Things to do	1	2	8	Tested for AIDS	1	2	8	Offered a test	1	2	8	
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AIDS from mother	1	2	8																			
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Offered a test	1	2	8																			
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2⇒ HA19</p> <p>8⇒ HA19</p>																				
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2⇒ HA22</p> <p>8⇒ HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>1⇒ HA22</p> <p>2⇒ HA22</p> <p>8⇒ HA22</p>																				
<p>HA19. Check MN17: Birth delivered by health professional (A, B or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>																						
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>2⇒ HA24</p>																				
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes.....1</p> <p>No.....2</p>																					
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>1⇒ HA25</p>																				

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE 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?	Yes1 No.....2	2⇨ HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago2 2 or more years ago.....3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 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?	Yes1 No.....2	

MATERNAL MORTALITY		MM
NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BROTHERS AND SISTERS, THAT IS, ALL OF THE CHILDREN BORN TO YOUR NATURAL MOTHER. PLEASE INCLUDE ALL YOUR SISTERS AND BROTHERS WHO ARE LIVING WITH YOU, THOSE WHO ARE LIVING ELSEWHERE, AND THOSE WHO HAVE DIED.		
MM1. HOW MANY CHILDREN DID YOUR MOTHER GIVE BIRTH TO, INCLUDING YOURSELF?	Number of births to natural mother.....__ __	
MM2. <i>Check MM1.</i>		
<input type="checkbox"/> <i>Two or more births</i> ⇨ <i>Continue with MM3</i> <input type="checkbox"/> <i>Only one birth (respondent only)</i> ⇨ <i>Go to Next Module</i>		
MM3. HOW MANY OF THESE BIRTHS DID YOUR MOTHER HAVE BEFORE YOU WERE BORN?	Number of preceding births__ __	

	[S1] Oldest	[S2] Next oldest	[S3] Next oldest	[S4] Next oldest
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____
MM5. IS (<i>name</i>) MALE OR FEMALE?	Male..... 1 Female..... 2	Male..... 1 Female..... 2	Male.....1 Female.....2	Male..... 1 Female..... 2
MM6. IS (<i>name</i>) STILL ALIVE?	Yes..... 1 No..... 2 ⇨MM8 DK..... 8 ⇨[S2]	Yes..... 1 No..... 2 ⇨MM8 DK..... 8 ⇨[S3]	Yes.....1 No.....2 ⇨MM8 DK.....8 ⇨[S4]	Yes..... 1 No..... 2 ⇨MM8 DK..... 8 ⇨[S5]
MM7. HOW OLD IS (<i>name</i>)?	__ __ ⇨ Go to [S2]	__ __ Go to [S3]	__ __ Go to [S4]	__ __ Go to [S5]
MM8. HOW MANY YEARS AGO DID (<i>name</i>) DIE?	__ __	__ __	__ __	__ __
MM9. HOW OLD WAS (<i>name</i>) WHEN HE/SHE DIED?	__ __ <i>If male or died before age 12, go to [S2]</i>	__ __ <i>If male or died before age 12, go to [S3]</i>	__ __ <i>If male or died before age 12, go to [S4]</i>	__ __ <i>If male or died before age 12, go to [S5]</i>
MM10. WAS (<i>name</i>) PREGNANT WHEN SHE DIED?	Yes..... 1 ⇨MM13 No..... 2	Yes..... 1 ⇨MM13 No..... 2	Yes.....1 ⇨MM13 No.....2	Yes..... 1 ⇨MM13 No..... 2
MM11. DID (<i>name</i>) DIE DURING CHILDBIRTH?	Yes..... 1 ⇨MM13 No..... 2	Yes..... 1 ⇨MM13 No..... 2	Yes.....1 ⇨MM13 No.....2	Yes..... 1 ⇨MM13 No..... 2
MM12. DID (<i>name</i>) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes.....1 No.....2	Yes..... 1 No..... 2
MM13. HOW MANY LIVE BORN CHILDREN DID (<i>name</i>) GIVE BIRTH TO DURING HER LIFETIME?	__ __	__ __	__ __	__ __
MM14.	<i>If no more siblings, go to next module</i>	<i>If no more siblings, go to next module</i>	<i>If no more siblings, go to next module</i>	<i>If no more siblings, go to next module</i>

	[S5] Oldest	[S6] Next oldest	[S7] Next oldest	[S8] Next oldest
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____
MM5. IS (<i>name</i>) MALE OR FEMALE?	Male..... 1 Female..... 2	Male 1 Female 2	Male.....1 Female2	Male 1 Female..... 2
MM6. IS (<i>name</i>) STILL ALIVE?	Yes 1 No 2 ⇒MM8 DK..... 8 ⇒[S6]	Yes..... 1 No 2 ⇒MM8 DK 8 ⇒[S7]	Yes1 No.....2 ⇒MM8 DK8 ⇒[S8]	Yes..... 1 No 2 ⇒MM8 DK..... 8 ⇒[S9]
MM7. HOW OLD IS (<i>name</i>)?	___ ___ ⇒ Go to [S6]	___ ___ Go to [S7]	___ ___ Go to [S8]	___ ___ Go to [S9]
MM8. HOW MANY YEARS AGO DID (<i>name</i>) DIE?	___ ___	___ ___	___ ___	___ ___
MM9. HOW OLD WAS (<i>name</i>) WHEN HE/SHE DIED?	___ ___ <i>If male or died before age 12, go to [S6]</i>	___ ___ <i>If male or died before age 12, go to [S7]</i>	___ ___ <i>If male or died before age 12, go to [S8]</i>	___ ___ <i>If male or died before age 12, go to [S9]</i>
MM10. WAS (<i>name</i>) PREGNANT WHEN SHE DIED?	Yes 1 ⇒MM13 No 2	Yes..... 1 ⇒MM13 No 2	Yes1 ⇒MM13 No2	Yes..... 1 ⇒MM13 No 2
MM11. DID (<i>name</i>) DIE DURING CHILDBIRTH?	Yes 1 ⇒MM13 No 2	Yes..... 1 ⇒MM13 No 2	Yes1 ⇒MM13 No2	Yes..... 1 ⇒MM13 No 2
MM12. DID (<i>name</i>) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes 1 No 2	Yes..... 1 No 2	Yes1 No2	Yes..... 1 No 2
MM13. HOW MANY LIVE BORN CHILDREN DID (<i>name</i>) GIVE BIRTH TO DURING HER LIFETIME?	___ ___	___ ___	___ ___	___ ___
MM14.	<i>If no more siblings, go to next module</i>	<i>If no more siblings, go to next module</i>	<i>If no more siblings, go to next module</i>	<i>If no more siblings, go to next module</i>
				Tick here if additional questionnaire used <input type="checkbox"/>

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No..... 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age..... ____	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes 1 No..... 2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes..... ____	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days..... 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No..... 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No..... 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos C Pipe D Other (<i>specify</i>) _____ X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days..... 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes 1 No..... 2	2 ⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No..... 2	2 ⇒TA14

<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco A Snuff B Dip C Other (<i>specify</i>) _____ X</p>	
<p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i></p>	<p>Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30</p>	
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes 1 No 2</p>	2⇒ Next Module
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol 00 Age ____ ____</p>	00⇒ Next Module
<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month . 00 Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30</p>	00⇒ Next Module
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE?</p>	<p>Number of drinks ____ ____</p>	

LIFE SATISFACTION		LS
<p>LS1. Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to WM11</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2</p>		
<p>LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE 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 LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.</i></p>	<p>Very happy1</p> <p>Somewhat happy2</p> <p>Neither happy nor unhappy3</p> <p>Somewhat unhappy4</p> <p>Very unhappy5</p>	
<p>LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>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.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><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></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS5. DURING THE (current / 2011-2012) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes1</p> <p>No2</p>	<p>2 ⇒ LS7</p>

<p>LS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><i>If the respondent says that he/she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i></p>	<p>Does not have a job0 Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied.....4 Very unsatisfied5</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 satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent responds that he/she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i></p>	<p>Does not have any income0 Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?</p>	<p>Improved1 More or less the same2 Worsened.....3</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?	Better1 More or less the same2 Worse.....3	
--	--	--

WM11. <i>Record the time.</i>	Hour and minutes :	
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<p>WM12. <i>Check Household Listing Form, column HL9.</i> <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>End the interview with this respondent by thanking her for her cooperation.</i> <i>Check for the presence of any other eligible woman, man or child under-5 in the household.</i></p>

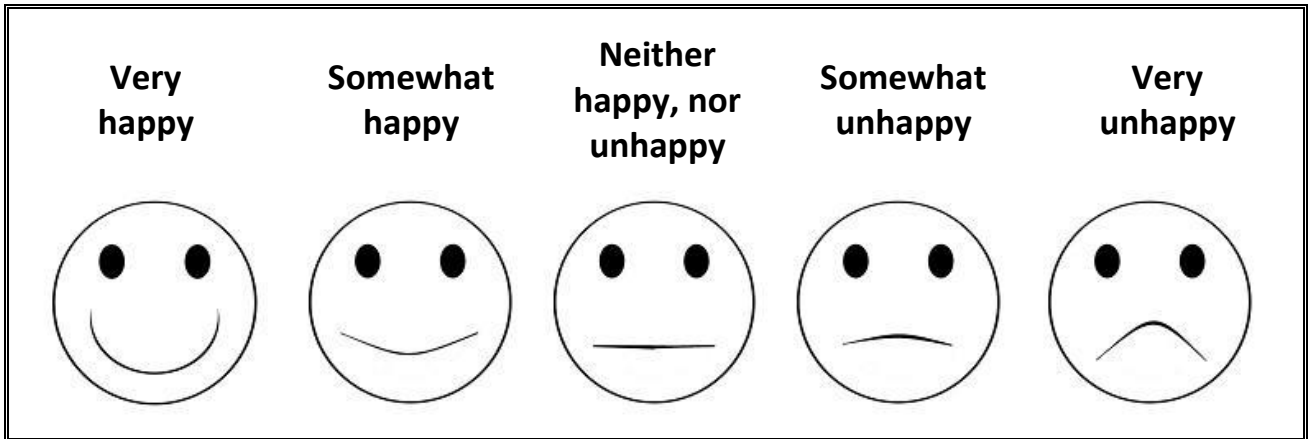
Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

RESPONSE CARD:

SIDE 1



SIDE 2

