MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

Name and year of survey

YOUR LOGO HERE

WOMAN'S INFORMATION PANEL	WM
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:* ___ ___ /___ ___ / _2_ _0_ _1_ ___

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.	**WM7**. *Record the time:* 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	1⇨*WM9B* 2⇨*WM9A*
WM9A. Hello, my name is (***your name***). We are from National Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about number 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 number 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*	

WM17. *Result of woman's interview.* *Discuss any result not completed with Supervisor.*	COMPLETED ....01 NOT AT HOME ....02 REFUSED ....03 PARTLY COMPLETED ....04 INCAPACITATED (*specify*)_________________________ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 ....06 OTHER (*specify*) _________________________________ 96

WOMAN’S BACKGROUND		**WB**
WB1. *Check the respondent’s line number (WM3) in WOMAN’S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):*	WM3=HH47..1 WM3≠HH47...2	 2⇨*WB3*
WB2. *Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: 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? *Probe:* How old were you at your last birthday? *If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.*	AGE (IN COMPLETED YEARS)..................__ __	
WB5. Have you ever attended school or any early childhood education programme?	YES ....1 NO 2	 2⇨*WB14*
WB6. What is the highest level and grade or year of school you have attended?	EARLY CHILDHOOD EDUCATION...............000 PRIMARY... **1** __ __ LOWER SECONDARY .... **2** __ __ UPPER 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 attending?	PRIMARY... **1** __ __ LOWER SECONDARY .... **2** __ __ UPPER 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 attend?	PRIMARY... **1** __ __ LOWER SECONDARY .... **2** __ __ UPPER SECONDARY .... **3** __ __ HIGHER.. **4** __ __	
WB13. *Check WB6: Highest level of school attended:*	WB6=2, 3 OR 4...1 WB6=1 2	1⇨*WB15*

WB14. Now I would like you to read this sentence to me. *Show sentence on the card to the respondent.* *If respondent cannot read whole sentence, probe:* Can you read part of the sentence to me?	CANNOT READ AT ALL ....1 ABLE TO READ ONLY PARTS OF SENTENCE ....2 ABLE TO READ WHOLE SENTENCE ....3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (*specify language*) ________________________4	
WB15. How long have you been continuously living in (*name of current city, town or village of residence*)? *If less than one year, record '00' years.*	YEARS ....__ __ ALWAYS / SINCE BIRTH 95	95⇨*WB18*
WB16. Just before you moved here, did you live in a city, in a town, or in a rural area? *Probe to identify the type of place.* *If unable to determine whether the place is a city, 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.* ____________________________________ *(Name of place)*	CITY...1 TOWN...2 RURAL AREA..3	
WB17. Before you moved here, in which region did you live in?	REGION 1 ....01 REGION 2 ....02 REGION 3 ....03 REGION 4 ....04 REGION 5 ....05 OUTSIDE OF COUNTRY (*specify*) _____________________________96	
WB18. Are you covered by any health insurance?	YES ....1 NO 2	2⇨*End*
WB19. What type of health insurance are you covered by? *Record all mentioned.*	MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE ....A HEALTH INSURANCE THROUGH EMPLOYER ....B SOCIAL SECURITY ....C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ....D OTHER (*specify*)___________________________ X	

MASS MEDIA AND ICT		**MT**
MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL....0 LESS THAN ONCE A WEEK ....1 AT LEAST ONCE A WEEK....2 ALMOST EVERY DAY....3	
MT2. Do you listen to the radio at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2*	NOT AT ALL....0 LESS THAN ONCE A WEEK ....1 AT LEAST ONCE A WEEK....2 ALMOST EVERY DAY....3	
MT3. Do you watch television at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2*	NOT AT ALL....0 LESS THAN ONCE A WEEK ....1 AT LEAST ONCE A WEEK....2 ALMOST EVERY DAY....3	
MT4. Have you ever used a computer or a tablet from any location?	YES ....1 NO 2	 2⇨*MT9*
MT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happened almost every day? *If 'Yes' record 3, if 'No' record 2*	NOT AT ALL....0 LESS THAN ONCE A WEEK ....1 AT LEAST ONCE A WEEK....2 ALMOST EVERY DAY....3	0⇨*MT9*

MT6. During the last 3 months, did you:	YES NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE 1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT.......... 1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT...... 1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA . 1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE 1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE............................... 1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION........................ 1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE 1 2	
[I] Write a computer program in any programming language?	PROGRAMMING... 1 2	
MT7. *Check MT6[C]: Is 'Yes' recorded?*	YES, MT6[C]=1...1 NO, MT6[C]=2..2	1⇨*MT10*
MT8. *Check MT6[F]: Is 'Yes' recorded?*	YES, MT6[F]=1 ....1 NO, MT6[F]=2 2	1⇨*MT10*
MT9. Have you ever used the internet from any location and any device?	YES ....1 NO 2	2⇨*MT11*
MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL...0 LESS THAN ONCE A WEEK ....1 AT LEAST ONCE A WEEK...................................2 ALMOST EVERY DAY..3	
MT11. Do you own a mobile phone?	YES ....1 NO 2	
MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? *Probe if necessary:* I mean have you communicated with someone using a mobile phone. *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL...0 LESS THAN ONCE A WEEK ....1 AT LEAST ONCE A WEEK...................................2 ALMOST EVERY DAY..3	

FERTILITY/BIRTH HISTORY		**CM**
CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? *This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.*	YES .... 1 NO 2	 2⇨*CM8*
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES .... 1 NO 2	 2⇨*CM5*
CM3. How many sons live with you? *If none, record ‘00’.*	SONS AT HOME.............................. __ __	
CM4. How many daughters live with you? *If none, record ‘00’.*	DAUGHTERS AT HOME..................... __ __	
CM5. 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*
CM6. How many sons are alive but do not live with you? *If none, record ‘00’.*	SONS ELSEWHERE .... __ __	
CM7. How many daughters are alive but do not live with you? *If none, record ‘00’.*	DAUGHTERS ELSEWHERE .... __ __	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? *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?	YES .... 1 NO 2	 2⇨*CM11*
CM9. How many boys have died? *If none, record ‘00’.*	BOYS DEAD .... __ __	
CM10. How many girls have died? *If none, record ‘00’.*	GIRLS DEAD .... __ __	
CM11. *Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.*	SUM .... __ __	
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?	YES .... 1 NO 2	1⇨*CM14*
CM13. *Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is ‘Yes’.*		

CM14. *Check CM11: How many live births?*	NO LIVE BIRTHS, CM11=00 .... 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE 1	0⇨*End*

FERTILITY/BIRTH HISTORY BH

BH0. 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 lines.

BH0. *BH Line Number*	**BH1.** What name was given to your (first/next) baby?	**BH2.** Were any of these births twins?		**BH3.** Is (***name of birth***) a boy or a girl?		**BH4.** In what month and year was (***name of birth***) born? *Probe*: What is (his/her) birthday?			**BH5.** Is (***name of birth***) still alive?		**BH6.** How old was (***name of birth***) at (his/her) last birthday? *Record age in completed years.*	**BH7.** Is (***name of birth***) living with you?		**BH8.** *Record household line number of child (from HL1) Record '00' if child is not listed.*	**BH9.** How old was (***name of birth***) when (he/she) died? *If '1 year', probe:* How many months old was (***name of birth***)? *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 of birth***), including any children who died after birth?	
		S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ☞ *BH9*	___ ___	1	2	___ ___ *⇨ Next Birth*	DAYS .... 1 MONTHS .. 2 YEARS 3	___ ___		
02		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ☞ *BH9*	___ ___	1	2	___ ___ *⇨ BH10*	DAYS ....1 MONTHS .. 2 YEARS 3	___ ___	1 ☞ *Add Birth*	2 ☞ *Next Birth*
03		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ☞ *BH9*	___ ___	1	2	___ ___ *⇨ BH10*	DAYS ....1 MONTHS .. 2 YEARS 3	___ ___	1 ☞ *Add Birth*	2 ☞ *Next Birth*
04		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ☞ *BH9*	___ ___	1	2	___ ___ *⇨ BH10*	DAYS ....1 MONTHS .. 2 YEARS 3	___ ___	1 ☞ *Add Birth*	2 ☞ *Next Birth*
05		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ☞ *BH9*	___ ___	1	2	___ ___ *⇨ BH10*	DAYS ....1 MONTHS .. 2 YEARS 3	___ ___	1 ☞ *Add Birth*	2 ☞ *Next Birth*
06		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ☞ *BH9*	___ ___	1	2	___ ___ *⇨ BH10*	DAYS ....1 MONTHS .. 2 YEARS 3	___ ___	1 ☞ *Add Birth*	2 ☞ *Next Birth*
07		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ☞ *BH9*	___ ___	1	2	___ ___ *⇨ BH10*	DAYS ....1 MONTHS .. 2 YEARS 3	___ ___	1 ☞ *Add Birth*	2 ☞ *Next Birth*
08		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ☞ *BH9*	___ ___	1	2	___ ___ *⇨ BH10*	DAYS ....1 MONTHS .. 2 YEARS 3	___ ___	1 ☞ *Add Birth*	2 ☞ *Next Birth*
09		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ☞ *BH9*	___ ___	1	2	___ ___ *⇨ BH10*	DAYS ....1 MONTHS .. 2 YEARS 3	___ ___	1 ☞ *Add Birth*	2 ☞ *Next Birth*

BH0. *BH Line Number*	**BH1**. What name was given to your (first/next) baby?	**BH2.** Were any of these births twins?		**BH3.** Is (***name of birth***) a boy or a girl?		**BH4**. In what month and year was (***name of birth***) born? *Probe*: What is (his/her) birthday?			**BH5.** Is (***name of birth***) still alive?		**BH6**. How old was (***name of birth***) at (his/her) last birthday? *Record age in completed years.*	**BH7.** Is (***name of birth***) living with you?		**BH8***. Record household line number of child (from HL1)* *Record '00' if child is not listed.*	**BH9**. How old was (***name of birth***) when (he/she) died? *If '1 year', probe:* How many months old was (***name of birth***)? *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 of birth***), including any children who died after birth?	
		S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
10		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ⇨ *BH9*	___ ___	1	2	___ ___ ⇨ *BH10*	DAYS ....1 MONTHS ..2 YEARS 3	___ ___	1 ⇨ *Add Birth*	2 ⇨ *Next Birth*
11		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ⇨ *BH9*	___ ___	1	2	___ ___ ⇨ *BH10*	DAYS ....1 MONTHS ..2 YEARS 3	___ ___	1 ⇨ *Add Birth*	2 ⇨ *Next Birth*
12		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ⇨ *BH9*	___ ___	1	2	___ ___ ⇨ *BH10*	DAYS ....1 MONTHS ..2 YEARS 3	___ ___	1 ⇨ *Add Birth*	2 ⇨ *Next Birth*
13		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ⇨ *BH9*	___ ___	1	2	___ ___ ⇨ *BH10*	DAYS ....1 MONTHS ..2 YEARS 3	___ ___	1 ⇨ *Add Birth*	2 ⇨ *Next Birth*
14		1	2	1	2	___ ___	___ ___	___ ___ ___ ___	1	2 ⇨ *BH9*	___ ___	1	2	___ ___ ⇨ *BH10*	DAYS ....1 MONTHS ..2 YEARS 3	___ ___	1 ⇨ *Add Birth*	2 ⇨ *Next Birth*

BH11. Have you had any live births since the birth of (***name of last birth listed***)?	YES .... 1 NO 2	1⇨*Record birth(s) in Birth History*

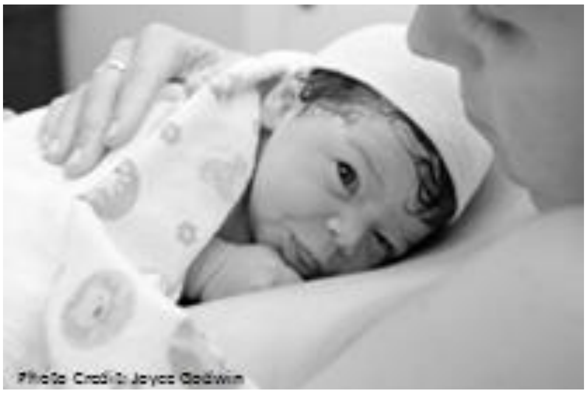
CM15. *Compare number in CM11 with number of births listed in the birth history above and check:*	NUMBERS ARE THE SAME..............................1 NUMBERS ARE DIFFERENT 2	1⇨*CM17*
CM16. *Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.*		
CM17. *Check BH4: Last birth occurred within the last 2 years, that is, since (**month of interview**) in (**year of interview minus 2**)?* *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.*	NO LIVE BIRTHS IN THE LAST 2 YEARS ....0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1	0⇨*End*
CM18. *Copy name of the last child listed in BH1.* *If the child has died, take special care when referring to this child by name in the following modules.*	NAME OF LAST-BORN CHILD ______________________________________	

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 birth history (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 (***name***), 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? **DB4B**. Did you want to have a baby later on, or did you not want any more children?	LATER .... 1 NO MORE / NONE 2	

MATERNAL AND NEWBORN HEALTH		**MN**
MN1. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* ________________________________	YES, CM17=1 .... 1 NO, CM17=0 OR BLANK 2	 2⇨*End*
MN2. Did you see anyone for antenatal care during your pregnancy with (***name***)?	YES .... 1 NO 2	 2⇨*MN7*
MN3. Whom did you see? *Probe:* Anyone else? *Probe for the type of person seen and record all answers given.*	**HEALTH PROFESSIONAL** DOCTOR.. A NURSE / MIDWIFE .... B INSERT OTHER QUALIFIED .... C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT..............F COMMUNITY HEALTH WORKER..................G OTHER (*specify*)___________________________ X	
MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? *Record the answer as stated by respondent. If "9 months" or later, record 9.*	WEEKS .... **1** __ __ MONTHS.. **2** _0_ __ DK 998	
MN5. How many times did you receive antenatal care during this pregnancy? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	NUMBER OF TIMES...................................... __ __ DK 98	
MN6. 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?	YES NO BLOOD PRESSURE .... 1 2 URINE SAMPLE.. 1 2 BLOOD SAMPLE 1 2	
MN7. Do you have a card or other document with your own immunisations listed? *If yes, ask*: May I see it please? *If a card is presented, use it to assist with answers to the following questions.*	YES (CARD OR OTHER DOCUMENT SEEN).... 1 YES (CARD OR OTHER DOCUMENT NOT SEEN) .... 2 NO .... 3 DK 8	
MN8. 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?	YES .... 1 NO .... 2 DK 8	 2⇨*MN11* 8⇨*MN11*

MN9. How many times did you receive this tetanus injection during your pregnancy with (***name***)?	NUMBER OF TIMES.. __ DK 8	 8⇨*MN11*
MN10. *Check MN9: How many tetanus injections during last pregnancy were reported?*	ONLY 1 INJECTION .... 1 2 OR MORE INJECTIONS 2	 2⇨*MN16*
MN11. At any time before your pregnancy with (***name***), did you receive any tetanus injection either to protect yourself or another baby? *Include DTP (Tetanus) vaccinations received as a child if mentioned.*	YES .... 1 NO .... 2 DK 8	 2⇨*MN16* 8⇨*MN16*
MN12. Before your pregnancy with (***name***), how many times did you receive a tetanus injection? *If 7 or more times, record '7'.* *Include DTP (Tetanus) vaccinations received as a child if mentioned.*	NUMBER OF TIMES.. __ DK 8	
MN13. *Check MN12: How many tetanus injections before last pregnancy were reported?*	ONLY 1 INJECTION .... 1 2 OR MORE INJECTIONS OR DK....................... 2	1⇨*MN14A* 2⇨*MN14B*
MN14A. How many years ago did you receive that tetanus injection **MN14B**. How many years ago did you receive the last of those tetanus injections? *The reference is to the last injection received prior to this pregnancy, as recorded in MN12.* *If less than 1 year, record '00'.*	YEARS AGO .... __ __ DK 98	
MN16. During the pregnancy with (***name***), did you take SP/Fansidar to keep you from getting malaria?	YES .... 1 NO .... 2 DK 8	 2⇨*MN19* 8⇨*MN19*
MN17. How many times did you take SP/Fansidar during your pregnancy with (***name***)?	NUMBER OF TIMES...................................... __ __ DK 98	
MN18. Did you get the SP/Fansidar during an antenatal care visit, during another visit to a health facility or at another source?	ANTENATAL VISIT .... A ANOTHER FACILITY VISIT .... B COMMUNITY HEALTH WORKER .... C OTHER SOURCE (*specify*) _________________ X	

MN19. Who assisted with the delivery of (***name***)? *Probe:* Anyone else? *Probe for the type of person assisting and record all answers given.*	**HEALTH PROFESSIONAL** DOCTOR .... A NURSE / MIDWIFE .... B INSERT OTHER QUALIFIED .... C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT .... F COMMUNITY HEALTH WORKER .... G RELATIVE / FRIEND .... H OTHER (*specify*)________________________ X NO ONE .... Y	
MN20. Where did you give birth to (***name***)? *Probe to identify the type of place.* *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.* _________________________________ *(Name of place)*	**HOME** RESPONDENT'S HOME .... 11 OTHER HOME .... 12 **PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL .... 21 GOVERNMENT CLINIC / HEALTH CENTRE .... 22 GOVERNMENT HEALTH POST .... 23 OTHER PUBLIC (*specify*)_________________ 26 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL .... 31 PRIVATE CLINIC .... 32 PRIVATE MATERNITY HOME .... 33 OTHER PRIVATE MEDICAL (*specify*) ______________________________ 36 DK PUBLIC OR PRIVATE .... 76 OTHER (*specify*)________________________ 96	11⇨*MN23* 12⇨*MN23* 96⇨*MN23*
MN21. Was (***name***) delivered by caesarean section? That is, did they cut your belly open to take the baby out?	YES .... 1 NO 2	2⇨*MN23*
MN22. When was the decision made to have the caesarean section? *Probe if necessary:* Was it before or after your labour pains started?	BEFORE LABOUR PAINS .... 1 AFTER LABOUR PAINS 2	

MN23. Immediately after the birth, was (***name***) put directly on the bare skin of your chest? *If necessary, show the picture of skin-to-skin position.*  	YES .... 1 NO .... 2 DK/ DON'T REMEMBER 8	 2⇨*MN25* 8⇨*MN25*
MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?	YES .... 1 NO .... 2 DK/ DON'T REMEMBER 8	
MN25. Was (***name***) dried or wiped soon after birth?	YES .... 1 NO .... 2 DK/ DON'T REMEMBER 8	
MN26. How long after the birth was (***name***) bathed for the first time? *If "immediately" or less than 1 hour, record '000'. If less than 24 hours, record hours.* *If "1 day" or "next day", probe:* About how many hours after the delivery? *If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.* *If 24 hours or more, record days.*	IMMEDIATELY/LESS THAN 1 HOUR............ 000 HOURS .... **1** __ __ DAYS .... **2** __ __ NEVER BATHED .... 997 DK / DON'T REMEMBER 998	
MN27. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76...................................... 1 NO, MN20=11-12 OR 96 2	1⇨*MN30*
MN28. What was used to cut the cord?	NEW BLADE .... 1 BLADE USED FOR OTHER PURPOSES .... 2 SCISSORS .... 3 OTHER (*specify*)______________________________ 6 DK 8	
MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?	YES .... 1 NO .... 2 DK / DON'T REMEMBER 8	
MN30. After the cord was cut and until it fell off, was anything applied to the cord?	YES .... 1 NO .... 2 DK / DON'T REMEMBER 8	 2⇨*MN32* 8⇨*MN32*

MN31. What was applied to the cord? *Probe:* Anything else?	CHLORHEXIDINE ....A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET)....................B MUSTARD OIL ....C ASH ....D ANIMAL DUNG....................E OTHER (*specify*) ____________ X DK / DON'T REMEMBER ....Z	
MN32. When (***name***) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE....................1 LARGER THAN AVERAGE....................2 AVERAGE....................3 SMALLER THAN AVERAGE....................4 VERY SMALL ....5 DK 8	
MN33. Was (***name***) weighed at birth?	YES ....1 NO ....2 DK 8	2⇨*MN35* 8⇨*MN35*
MN34. How much did (***name***) weigh? *If a card is available, record weight from card.*	FROM CARD ....**1 (KG)** __ . __ __ __ FROM RECALL....................**2 (KG)** __ . __ __ __ DK 99998	
MN35. Has your menstrual period returned since the birth of (***name***)?	YES ....1 NO 2	
MN36. Did you ever breastfeed (***name***)?	YES ....1 NO 2	2⇨*MN39B*
MN37. How long after birth did you first put (***name***) to the breast? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	IMMEDIATELY....................000 HOURS ....**1** __ __ DAYS....................**2** __ __ DK / DON'T REMEMBER 998	
MN38. In the first three days after delivery, was (***name***) given anything to drink other than breast milk?	YES ....1 NO 2	1⇨*MN39A* 2⇨*End*

MN39A. What was (***name***) given to drink? *Probe:* Anything else? *'Not given anything to drink' is not a valid response and response category Y cannot be recorded.* **MN39B**. In the first three days after delivery, what was (***name***) given to drink? *Probe:* Anything else? *'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.*	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 / TRADITIONAL HERBAL PREPARATIONS .... H HONEY ....I PRESCRIBED MEDICINE .... J OTHER (*specify*)___________________________ X NOT GIVEN ANYTHING TO DRINK .... Y	

POST-NATAL HEALTH CHECKS		**PN**
PN1. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* ______________________________	YES, CM17=1 .... 1 NO, CM17=0 OR BLANK 2	 2⇨*End*
PN2. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76 .... 1 NO, MN20=11-12 OR 96 2	 2⇨*PN7*
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (***name***). You have said that you gave birth in (***name or type of facility in MN20***). How long did you stay there after the delivery? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS .... **1** __ __ DAYS .... **2** __ __ WEEKS .... **3** __ __ DK / DON'T REMEMBER 998	
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. Before you left the (***name or type of facility in MN20***), did anyone check on (***name***)'s health?	YES .... 1 NO 2	
PN5. And what about checks on your health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on your health before you left (***name or type or facility in MN20***)?	YES .... 1 NO 2	
PN6. Now I would like to talk to you about what happened after you left (***name or type of facility in MN20***). Did anyone check on (***name***)'s health after you left (***name or type of facility in MN20***)?	YES .... 1 NO 2	1⇨*PN12* 2⇨*PN17*
PN7. *Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?*	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED .... 1 NO, NONE OF THE CATEGORIES A TO G RECORDED 2	 2⇨*PN11*

PN8. You have already said that (***person or persons in MN19***) assisted with the birth. Now I would like to talk to you about checks on (***name***)'s health after delivery, for example examining (***name***), checking the cord, or seeing if (***name***) is ok. After the delivery was over and before (***person or persons in MN19***) left you, did (***person or persons in MN19***) check on (***name***)'s health?	YES .... 1 NO 2	
PN9. And did (***person or persons in MN19***) check on your health before leaving, for example asking questions about your health or examining you?	YES .... 1 NO 2	
PN10. After the (***person or persons in MN19***) left you, did anyone check on the health of (***name***)?	YES .... 1 NO 2	1⇨*PN12* 2⇨*PN19*
PN11. I would like to talk to you about checks on (***name***)'s health after delivery – for example, someone examining (***name***), checking the cord, or seeing if the baby is ok. After (***name***) was delivered, did anyone check on (his/her) health?	YES .... 1 NO 2	2⇨*PN20*
PN12. Did such a check happen only once, or more than once?	ONCE .... 1 MORE THAN ONCE 2	1⇨*PN13A* 2⇨*PN13B*
PN13A. How long after delivery did that check happen? **PN13B**. How long after delivery did the first of these checks happen? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS .... **1** __ __ DAYS .... **2** __ __ WEEKS .... **3** __ __ DK / DON'T REMEMBER 998	
PN14. Who checked on (***name***)'s health at that time?	**HEALTH PROFESSIONAL** DOCTOR .... A NURSE / MIDWIFE .... B INSERT OTHER QUALIFIED .... C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT........ F COMMUNITY HEALTH WORKER .... G RELATIVE / FRIEND........ H OTHER (*specify*)____________________ X	

PN15. Where did this check take place? *Probe to identify the type of place.* *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.* ______________________________________ *(Name of place)*	**HOME** RESPONDENT'S HOME................................. 11 OTHER HOME... 12 **PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL............................ 21 GOVERNMENT CLINIC / HEALTH CENTRE... 22 GOVERNMENT HEALTH POST..................... 23 OTHER PUBLIC (*specify*)________________ 26 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL...................................... 31 PRIVATE CLINIC... 32 PRIVATE MATERNITY HOME...................... 33 OTHER PRIVATE MEDICAL (*specify*) ____________________________ 36 DK PUBLIC OR PRIVATE................................. 76 OTHER (*specify*)__________________________ 96	
PN16. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76...................................... 1 NO, MN20=11-12 OR 96....................................... 2	2⇨*PN18*
PN17. After you left (***name or type of facility in MN20***), did anyone check on your health?	YES .... 1 NO... 2	1⇨*PN21* 2⇨*PN25*
PN18. *Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?*	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED .... 1 NO, NONE OF THE CATEGORIES A TO G RECORDED 2	2⇨*PN20*
PN19. After the delivery was over and (***person or persons in MN19***) left, did anyone check on your health?	YES .... 1 NO... 2	1⇨*PN21* 2⇨*PN25*
PN20. After the birth of (***name***), did anyone check on your health, for example asking questions about your health or examining you?	YES .... 1 NO... 2	2⇨*PN25*
PN21. Did such a check happen only once, or more than once?	ONCE... 1 MORE THAN ONCE... 2	1⇨*PN22A* 2⇨*PN22B*
PN22A. How long after delivery did that check happen? **PN22B**. How long after delivery did the first of these checks happen? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS .... **1** __ __ DAYS.. **2** __ __ WEEKS .... **3** __ __ DK / DON'T REMEMBER................................ 998	

PN23. Who checked on your health at that time?	**HEALTH PROFESSIONAL** DOCTOR .... A NURSE / MIDWIFE .... B INSERT OTHER QUALIFIED .... C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT............. F COMMUNITY HEALTH WORKER .... G RELATIVE / FRIEND .... H OTHER (*specify*)____________________ X	
PN24. Where did this check take place? *Probe to identify the type of place.* *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.* ________________________________ *(Name of place)*	**HOME** RESPONDENT'S HOME.................................11 OTHER HOME..12 **PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL............................21 GOVERNMENT CLINIC / HEALTH CENTRE..22 GOVERNMENT HEALTH POST ....23 OTHER PUBLIC (*specify*) ______________________________26 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL......................................31 PRIVATE CLINIC...32 PRIVATE MATERNITY HOME.......................33 OTHER PRIVATE MEDICAL (*specify*)____________________36 DK PUBLIC OR PRIVATE ....76 OTHER (*specify*)________________________96	
PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility: [A] Examine (***name)***'s cord? [B] Take the temperature of (***name)***? [C] Counsel you on breastfeeding?	YES NO DK EXAMINE THE CORD....................... 1 2 8 TAKE TEMPERATURE .... 1 2 8 COUNSEL ON BREASTFEEDING 1 2 8	
PN26. *Check MN36: Was child ever breastfed?*	YES, MN36=1 ....1 NO, MN36=2 2	 2⇨*PN28*
PN27. Observe (***name***)'s breastfeeding?	YES NO DK OBSERVE BREASTFEEDING 1 2 8	
PN28. *Check MN33: Was child weighed at birth?*	YES, MN33=1 .... 1 NO, MN33=2 .... 2 DK, MN33=8 3	1⇨*PN29A* 2⇨*PN29B* 3⇨*PN29C*

PN29A. You mentioned that (***name)*** was weighed at birth. After that, was (***name***) weighed again by a health care provider within two days? **PN29B**. You mentioned that (***name***) was not weighed at birth. Was (***name***) weighed at all by a health care provider within two days after birth? **PN29C**. You mentioned that you do not know if (***name***) was weighed at birth. Was (***name***) weighed at all by a health care provider within two days after birth?	YES .... 1 NO 2	
PN30. During the first two days after (***name)***'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?	YES .... 1 NO 2	

CONTRACEPTION		**CP**
CP1. I would like to talk with you about another subject: family planning. Are you pregnant now?	YES, CURRENTLY PREGNANT ....1 NO ....2 DK OR NOT SURE 8	1⇨*CP3*
CP2. Couples use various ways or methods to delay or avoid getting pregnant. Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ....1 NO 2	1⇨*CP4*
CP3. Have you ever done something or used any method to delay or avoid getting pregnant?	YES ....1 NO 2	1⇨*End* 2⇨*End*
CP4. What are you doing to delay or avoid a pregnancy? *Do not prompt.* *If more than one method is mentioned, record each one.*	FEMALE STERILIZATION ....A MALE STERILIZATION.......................................B IUD..C INJECTABLES..D IMPLANTS ....E PILL..F MALE CONDOM..G FEMALE CONDOM ....H DIAPHRAGM.. I FOAM / JELLY.. J LACTATIONAL AMENORRHOEA METHOD (LAM) ....K PERIODIC ABSTINENCE / RHYTHM .... L WITHDRAWAL .... M OTHER (*specify*) ___________________________ X	

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: Any births?*	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 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 (a/another) child? *Record the answer as stated by respondent.*	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 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*

UN12. Why do you think you are not physically able to get pregnant?	INFREQUENT SEX / NO SEX........A MENOPAUSAL ....B NEVER MENSTRUATED........C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS)........D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT........E POSTPARTUM AMENORRHEIC........F BREASTFEEDING........G TOO OLD........H FATALISTIC........I OTHER (*specify*) ______________ X DK........Z	
UN13. *Check UN12: 'Never menstruated' mentioned?*	MENTIONED, UN12=C........1 NOT MENTIONED, UN12≠C........2	1⇨*End*
UN14. When did your last menstrual period start? *Record the answer using the same unit stated by the respondent.* *If '1 year', probe:* How many months ago?	DAYS AGO........**1** __ __ WEEKS AGO........**2** __ __ MONTHS AGO........**3** __ __ YEARS AGO........**4** __ __ IN MENOPAUSE / HAS HAD HYSTERECTOMY........993 BEFORE LAST BIRTH........994 NEVER MENSTRUATED........995	993⇨*End* 994⇨*End* 995⇨*End*
UN15. *Check UN14: Was the last menstrual period within last year?*	YES, WITHIN LAST YEAR........1 NO, ONE YEAR OR MORE........2	2⇨*End*
UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?	YES........1 NO........2 DK / NOT SURE / NO SUCH ACTIVITY........8	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES........1 NO........2 DK........8	
UN18. Did you use any materials such as sanitary pads, tampons or cloth?	YES........1 NO........2 DK........8	2⇨*End* 8⇨*End*
UN19. Were the materials reusable?	YES........1 NO........2 DK........8	

FEMALE GENITAL MUTILATION		**FG**
FG1. Have you ever heard of female circumcision?	YES ... 1 NO ... 2	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?	YES ... 1 NO ... 2	2⇨*End*
FG3. Have you yourself ever been circumcised?	YES ... 1 NO ... 2	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?	YES ... 1 NO ... 2 DK ... 8	1⇨*FG6*
FG5. Was the genital area just nicked without removing any flesh?	YES ... 1 NO ... 2 DK ... 8	
FG6. Was the genital area sewn closed? *If necessary, probe*: Was it sealed?	YES ... 1 NO ... 2 DK ... 8	
FG7. How old were you when you were circumcised? *If the respondent does not know the exact age, probe to get an estimate.*	AGE AT CIRCUMCISION ... __ __ DK / DON'T REMEMBER ... 98	
FG8. Who performed the circumcision?	**HEALTH PROFESSIONAL** DOCTOR ... 11 NURSE/MIDWIFE ... 12 OTHER HEALTH PROFESSIONAL (*specify*)________ 16 **TRADITIONAL PERSONS** TRADITIONAL 'CIRCUMCISER' ... 21 TRADITIONAL BIRTH ATTENDANT ... 22 OTHER TRADITIONAL (*specify*)________ 26 DK ... 98	
FG9. *Sum CM4 for Number of daughters at home and CM7 for Number of daughters elsewhere:*	TOTAL NUMBER OF LIVING DAUGHTERS ... ___ ___	
FG10. Just to make sure that I have this right, you have *(**total number in FG9**)* living daughters. Is this correct?	YES ... 1 NO ... 2	1⇨*FG12*
FG11. *Check responses to CM1-CM11 and make corrections as necessary until response in FG10 is 'Yes'.*		
FG12. *Check FG9: Number of living daughters?*	NO LIVING DAUGHTERS ... 0 AT LEAST ONE LIVING DAUGHTER ... 1	0⇨*FG24*

FG13. *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 FG14. Then, ask questions FG15 to FG22 for each daughter at a time.*

The total number of daughters in FG14 should be equal to the number in FG9.

If more than 4 daughters, use additional questionnaires.

	[D1] YOUNGEST	[D2] 2ND YOUNGEST	[D3] 3RD YOUNGEST	[D4] 4TH YOUNGEST
FG14. *Name of daughter*	____________	____________	____________	____________
FG15. How old is (***name***)?	AGE .... ___ ___	AGE .... ___ ___	AGE .... ___ ___	AGE .... ___ ___
FG16. *Is (**name**) younger than 15 years of age?*	YES .... 1 NO .... 2 ⇨ *FG23*	YES .... 1 NO .... 2 ⇨ *FG23*	YES .... 1 NO .... 2 ⇨ *FG23*	YES ....1 NO ....2 ⇨ *FG23*
FG17. Is (***name***) circumcised?	YES .... 1 NO .... 2 ⇨ *FG23*	YES .... 1 NO .... 2 ⇨ *FG23*	YES .... 1 NO .... 2 ⇨ *FG23*	YES ....1 NO ....2 ⇨ *FG23*
FG18. How old was (***name***) when this occurred? *If the respondent does not know the age, probe to get an estimate.*	AGE .... ___ ___ DK 98	AGE .... ___ ___ DK 98	AGE .... ___ ___ DK 98	AGE .... ___ ___ DK 98
FG19. Now I would like to ask you what was done to (***name***) at that time. Was any flesh removed from the genital area?	YES .... 1 ⇨ *FG21* NO .... 2 DK 8	YES .... 1 ⇨ *FG21* NO .... 2 DK 8	YES .... 1. ⇨ *FG21* NO .... 2 DK 8	YES ....1 ⇨ *FG21* NO ....2 DK 8
FG20. Was her genital area just nicked without removing any flesh?	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8
FG21. Was her genital area sewn closed? *If necessary, probe*: Was it sealed?	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8
FG22. Who performed the circumcision?	**HEALTH PROFESSIONAL** DOCTOR .... 11 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** DOCTOR .... 11 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** DOCTOR .... 11 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** DOCTOR .... 11 NURSE/MIDWIFE 12 OTHER HEALTH PROFESSIONAL (*specify*)________ 16 **TRADITIONAL PERSONS** TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT ..... 22 OTHER TRADITIONAL (*specify*)________ 26 DK 98

FG23. *Is there another daughter?*	YES................1 ⇨ *[D2]* NO..................2 ⇨ *FG24*	YES................1 ⇨ *[D3]* NO.................2 ⇨ *FG24*	YES ....1 ⇨ *[D4]* NO.................2 ⇨ *FG24*	YES ....1 ⇨ *[D5]* NO...................2 ⇨ *FG24*
				Tick here if additional questionnaire used: .... ☐

FG24. Do you think this practice should be continued or should it be discontinued?	CONTINUED .... 1 DISCONTINUED.. 2 DEPENDS... 3 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	

VICTIMISATION		**VT**
VT1. *Check for the presence of others. Before continuing, ensure privacy.* Now I would like to ask you some questions about crimes in which you personally were the victim. Let me assure you 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 the recall period and make sure that you allow adequate time for the recall. You may reassure:* It can be difficult to remember this sort of incidents, so please 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? *If 'DK/Don't remember', probe:* Did it happen once, twice, or at least three times?	ONE TIME ....1 TWO TIMES ....2 THREE OR MORE TIMES ....3 DK / DON'T REMEMBER 8	
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? **VT5B**. The last time this happened, was anything stolen from you?	YES ....1 NO ....2 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? *Record all that apply.*	YES, A KNIFE ....A YES, A GUN ....B YES, SOMETHING ELSE X	
VT8. Did you or anyone else report the incident to the police? *If 'Yes', probe:* Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED ....1 YES, SOMEONE ELSE REPORTED ....2 NO, NOT REPORTED ....3 DK / NOT SURE 8	1⇨*VT9A* 2⇨*VT9A* 3⇨*VT9A* 8⇨ *VT9A*

VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (***month of interview***) (***year of interview minus 3***), been physically attacked? **VT9B**. In the same period of the last three years, that is since (***month of interview***) (***year of interview minus 3***), have you been physically attacked? *If 'No', probe:* 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, public restaurants, or at your workplace. *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.*	YES .... 1 NO .... 2 DK 8	 2⇨*VT20* 8⇨*VT20*
VT10. 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⇨*VT12B* 8⇨*VT12B*
VT11. How many times did this happen in the last 12 months? *If 'DK/Don't remember', probe:* Did it happen once, twice, or at least three times?	ONE TIME .... 1 TWO TIMES .... 2 THREE OR MORE TIMES .... 3 DK / DON'T REMEMBER 8	1⇨*VT12A* 2⇨*VT12B* 3⇨*VT12B* 8⇨*VT12B*
VT12A. Where did this happen? **VT12B**. Where did this happen the last time?	AT HOME .... 11 IN ANOTHER HOME .... 12 IN THE STREET .... 21 ON PUBLIC TRANSPORT .... 22 PUBLIC RESTAURANT / CAFÉ / BAR .... 23 OTHER PUBLIC (*specify*) ________________ 26 AT SCHOOL .... 31 AT WORKPLACE .... 32 OTHER PLACE (*specify*) __________________ 96	
VT13. How many people were involved in committing the offence? *If 'DK/Don't remember', probe:* Was it one, two, or at least three people?	ONE PERSON .... 1 TWO PEOPLE .... 2 THREE OR MORE PEOPLE .... 3 DK / DON'T REMEMBER 8	1⇨*VT14A* 2⇨*VT14B* 3⇨*VT14B* 8⇨*VT14B*

VT14A. At the time of the incident, did you recognize the person? **VT14B**. At the time of the incident, did you recognize at least one of the persons?	YES .... 1 NO .... 2 DK / DON'T REMEMBER 8	
VT17. Did the person(s) have a weapon?	YES .... 1 NO .... 2 DK / NOT SURE 8	2⇨*VT19* 8⇨*VT19*
VT18. Was a knife, a gun or something else used as a weapon? *Record all that apply.*	YES, A KNIFE .... A YES, A GUN .... B YES, SOMETHING ELSE X	
VT19. Did you or anyone else report the incident to the police? *If 'Yes', probe:* Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED .... 1 YES, SOMEONE ELSE REPORTED .... 2 NO, NOT REPORTED .... 3 DK / NOT SURE 8	
VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE .... 1 SAFE .... 2 UNSAFE .... 3 VERY UNSAFE .... 4 NEVER WALK ALONE AFTER DARK 7	
VT21. How safe do you feel when you are at home alone after dark?	VERY SAFE .... 1 SAFE .... 2 UNSAFE .... 3 VERY UNSAFE .... 4 NEVER ALONE AFTER DARK 7	
VT22. In the past 12 months, have you personally felt discriminated against or harassed on the basis of the following grounds?	YES NO DK	
[A] Ethnic or immigration origin?	ETHNIC / IMMIGRATION 1 2 8	
[B] Sex?	SEX 1 2 8	
[C] Sexual orientation?	SEXUAL ORIENTATION 1 2 8	
[D] Age?	AGE 1 2 8	
[E] Religion or belief?	RELIGION / BELIEF 1 2 8	
[F] Disability?	DISABILITY 1 2 8	
[X] For any other reason?	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)? *Probe*: 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 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 DIVORCED... 2 SEPARATED 3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE.. 1 MORE THAN ONCE.. 2	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 first (husband/partner)?	DATE OF (FIRST) UNION MONTH.. __ __ DK MONTH .... 98 YEAR.. __ __ __ __ DK YEAR... 9998	
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=2... 2	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 first (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? *Include the use of glasses for reading.*	YES ....1 NO 2	
AF3. Do you use a hearing aid?	YES ....1 NO 2	
AF4. I will now 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. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* 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**
SB1. *Check for the presence of others. Before continuing, make every effort to ensure privacy.* Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. 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. 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⇨*End*
SB2. I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? *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.*	DAYS AGO..**1** __ __ WEEKS AGO...**2** __ __ MONTHS AGO..**3** __ __ YEARS AGO..**4** __ __	 4⇨*End*
SB3. The last time you had sexual intercourse, was a condom used?	YES..1 NO..2	
SB4. What was your relationship to this person with whom you last had sexual intercourse? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'Boyfriend', then ask:* Were you living together as if married? *If 'Yes', record '2'. If 'No', record '3'.*	HUSBAND...1 COHABITING PARTNER.....................................2 BOYFRIEND..3 CASUAL ACQUAINTANCE.................................4 CLIENT / SEX WORKER......................................5 OTHER (*specify*) ___________________________ 6	 3⇨*SB6* 4⇨*SB6* 5⇨*SB6* 6⇨*SB6*
SB5. *Check MA1: Currently married or living with a partner?*	YES, MA1=1 OR 2...1 NO, MA1=3...2	1⇨*SB7*
SB6. How old is this person? *If response is 'DK', probe:* About how old is this person?	AGE OF SEXUAL PARTNER........................__ __ DK...98	
SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES..1 NO..2	 2⇨*End*
SB8. The last time you had sexual intercourse with another person, was a condom used?	YES..1 NO..2	

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

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	 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	
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?	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	
HA11. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* ____________________	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	 2⇨*HA24*
HA12. *Check MN2: Was antenatal care received?*	YES, MN2=1 1 NO, MN2=2 2	 2⇨*HA17*

HA13. During any of the antenatal visits for your pregnancy with (***name***), were you given any information about: [A] Babies getting HIV from their mother? [B] Things that you can do to prevent getting HIV? [C] Getting tested for HIV? Were you: [D] Offered a test for HIV?	YES NO DK HIV FROM MOTHER............................1 2 8 THINGS TO DO ....1 2 8 TESTED FOR HIV ....1 2 8 OFFERED A TEST FOR HIV.................1 2 8	
HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES ....1 NO ....2 DK 8	2⇨*HA17* 8⇨*HA17*
HA15. I don't want to know the results, but did you get the results of the test?	YES ....1 NO ....2 DK 8	2⇨*HA17* 8⇨*HA17*
HA16. After you received the result, were you given any health information or counselling related to HIV?	YES ....1 NO ....2 DK 8	
HA17. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76.......................................1 NO, MN20=11-12 OR 96 2	2⇨*HA21*
HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES ....1 NO 2	
HA19. I don't want to know the results, but were you tested for HIV at that time?	YES ....1 NO 2	2⇨*HA21*
HA20. I don't want to know the results, but did you get the results of the test?	YES ....1 NO 2	1⇨*HA22* 2⇨*HA22*
HA21. *Check HA14: Was the respondent tested for HIV as part of antenatal care?*	YES, HA14=1 ....1 NO OR NO ANSWER, HA14≠1.............................2	2⇨*HA24*
HA22. Have you been tested for HIV since that time you were tested during your pregnancy?	YES ....1 NO 2	1⇨*HA25*
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	

MATERNAL MORTALITY MM

MM1. Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother?

List all names on lines [A] to [H] below. Do not fill in the order number yet. If more than 8 siblings, use additional questionnaires.

[A] _______________ __ __ [B] _______________ __ __ [C] _______________ __ __ [D] _______________ __ __
[E]_______________ __ __ [F]_______________ __ __ [G] _______________ __ __ [H] _______________ __ __

MM2. *Check MM1: How many siblings?*	NO SIBLINGS ....1 ONE OR MORE SIBLINGS 2	1⇨*MM4*
MM3. *Read the names of the brothers and sisters to the respondent. After the last one, ask:* Are there any other brothers and sisters from the same mother that you have not mentioned?	YES..1 NO 2	1⇨*Record sibling(s) in MM1*
MM4. Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?	YES..1 NO 2	1⇨*Record sibling(s) in MM1*
MM5. Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned?	YES..1 NO 2	1⇨*Record sibling(s) in MM1*
MM6. Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned?	YES..1 NO 2	1⇨*Record sibling(s) in MM1*
MM7. *Count the number of siblings listed in MM1.*	SUM ....__ __	
MM8. Just to make sure that I have this right: Your natural mother had (***total number in MM7***) live births, excluding you, during her lifetime. Is that correct?	YES..1 NO 2	1⇨*MM10*
MM9. *Probe and check sum in MM7 and list of siblings in MM1. Make corrections as necessary until response in MM8 is 'Yes'.*		
MM10. *Check MM7: How many siblings?*	NO SIBLINGS ....1 ONE OR MORE SIBLINGS 2	1⇨*End*
MM11. Please tell me, which brother or sister was born first? And which was born next? *Record '01' for the order number in MM1 for the first-born brother or sister, '02' for the second, and so on until you have recorded the order number for all brothers and sisters.*		
MM12. How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ....___ ___	

MM13. *Write down the names of the brothers and sisters in MM14 according to the order number in MM1. Ask MM15 to MM27 for one brother or sister at a time (vertically). If there are more than 8 brothers and sisters, use an additional questionnaire.*

	[S1] FIRST-BORN	[S2] SECOND	[S3] THIRD	[S4] FOURTH
MM14. *Copy name of individual siblings to individual columns.*	____________	____________	____________	____________
MM15. Is (***name***) male or female?	MALE ...... 1 FEMALE.. 2	MALE....... 1 FEMALE .. 2	MALE ...... 1 FEMALE.. 2	MALE....... 1 FEMALE .. 2
MM16. Is (***name***) still alive?	YES .... 1 NO............ 2 ⇨ *MM18* DK............ 8 ⇨ *MM28*	YES........... 1 NO .... 2 ⇨ *MM18* DK .... 8 ⇨ *MM28*	YES .... 1 NO............ 2 ⇨ *MM18* DK............ 8 ⇨ *MM28*	YES........... 1 NO .... 2 ⇨ *MM18* DK .... 8 ⇨ *MM28*
MM17. How old is (***name***)?	___ ___ ⇨ *MM28*	___ ___ ⇨ *MM28*	___ ___ ⇨ *MM28*	___ ___ ⇨ *MM28*
MM18. How many years ago did (***name***) die?	___ ___	___ ___	___ ___	___ ___
MM19. How old was (***name)*** when (he/she) died?	___ ___	___ ___	___ ___	___ ___
MM20. *Check MM15: Was the sibling male?*	YES .... 1 ⇨ *MM26* NO............ 2	YES........... 1 ⇨ *MM26* NO 2	YES .... 1 ⇨ *MM26* NO............ 2	YES........... 1 ⇨ *MM26* NO 2
MM21. *Check MM19: Did the sister die before age 12 years?*	YES .... 1 ⇨ *MM26* NO............ 2	YES........... 1 ⇨ *MM26* NO 2	YES .... 1 ⇨ *MM26* NO............ 2	YES........... 1 ⇨ *MM26* NO 2
MM22. Was (***name***) pregnant when she died?	YES .... 1 ⇨ *MM26* NO............ 2	YES........... 1 ⇨ *MM26* NO 2	YES .... 1 ⇨ *MM26* NO............ 2	YES........... 1 ⇨ *MM26* NO 2
MM23. Did (***name***) die during childbirth?	YES .... 1 ⇨ *MM28* NO............ 2	YES........... 1 ⇨ *MM28* NO 2	YES .... 1 ⇨ *MM28* NO............ 2	YES........... 1 ⇨ *MM28* NO 2
MM24. Did (***name***) die within two months after the end of a pregnancy or childbirth?	YES .... 1 NO............ 2 ⇨ *MM26*	YES........... 1 NO .... 2 ⇨ *MM26*	YES .... 1 NO............ 2 ⇨ *MM26*	YES........... 1 NO .... 2 ⇨ *MM26*
MM25. How many days after the end of the pregnancy or childbirth did (***name***) die?	___ ___	___ ___	___ ___	___ ___
MM26. Was (***name***)'s death due to an act of violence?	YES .... 1 ⇨ *MM28* NO............ 2	YES........... 1 ⇨ *MM28* NO 2	YES .... 1 ⇨ *MM28* NO............ 2	YES........... 1 ⇨ *MM28* NO 2
MM27. Was (***name***)'s death due to an accident?	YES .... 1 NO............ 2	YES........... 1 NO 2	YES .... 1 NO............ 2	YES........... 1 NO 2
MM28. *Check MM14: Is there a younger sibling?*	YES .... 1 ⇨ *[S2]* NO............ 2 ⇨ *End*	YES........... 1 ⇨ *[S3]* NO .... 2 ⇨ *End*	YES .... 1 ⇨ *[S4]* NO............ 2 ⇨ *End*	YES........... 1 ⇨ *[S5]* NO .... 2 ⇨ *End*

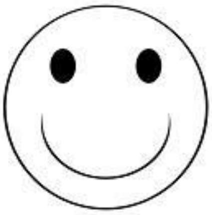
	[S5] FIFTH	[S6] SIXTH	[S7] SEVENTH	[S8] EIGTH
MM14. *Copy name of individual siblings to each column.*	____________	____________	____________	____________
MM15. Is (***name***) male or female?	MALE ...... 1 FEMALE.. 2	MALE.......1 FEMALE ..2	MALE ...... 1 FEMALE.. 2	MALE.......1 FEMALE ..2
MM16. Is (***name***) still alive?	YES .... 1 NO............ 2 ✩ *MM18* DK............ 8 ✩ *MM28*	YES..........1 NO ....2 ✩ *MM18* DK ....8 ✩ *MM28*	YES .... 1 NO............ 2 ✩ *MM18* DK............ 8 ✩ *MM28*	YES ....1 NO ....2 ✩ *MM18* DK ....8 ✩ *MM28*
MM17. How old is (***name***)?	___ ___ ✩ *MM28*	___ ___ ✩ *MM28*	___ ___ ✩ *MM28*	___ ___ ✩ *MM28*
MM18. How many years ago did (***name***) die?	___ ___	___ ___	___ ___	___ ___
MM19. How old was (***name)*** when (he/she) died?	___ ___	___ ___	___ ___	___ ___
MM20. *Check MM15: Was the sibling male?*	YES .... 1 ✩ *MM26* NO............ 2	YES..........1 ✩ *MM26* NO 2	YES .... 1 ✩ *MM26* NO............ 2	YES ....1 ✩ *MM26* NO 2
MM21. *Check MM19: Did the sister die before age 12 years?*	YES .... 1 ✩ *MM26* NO............ 2	YES..........1 ✩ *MM26* NO 2	YES .... 1 ✩ *MM26* NO............ 2	YES ....1 ✩ *MM26* NO 2
MM22. Was (***name***) pregnant when she died?	YES .... 1 ✩ *MM26* NO............ 2	YES..........1 ✩ *MM26* NO 2	YES .... 1 ✩ *MM26* NO............ 2	YES ....1 ✩ *MM26* NO 2
MM23. Did (***name***) die during childbirth?	YES .... 1 ✩ *MM28* NO............ 2	YES..........1 ✩ *MM28* NO 2	YES .... 1 ✩ *MM28* NO............ 2	YES ....1 ✩ *MM28* NO 2
MM24. Did (***name***) die within two months after the end of a pregnancy or childbirth?	YES .... 1 NO............ 2 ✩ *MM26*	YES..........1 NO ....2 ✩ *MM26*	YES .... 1 NO............ 2 ✩ *MM26*	YES ....1 NO ....2 ✩ *MM26*
MM25. How many days after the end of the pregnancy or childbirth did (***name***) die?	___ ___	___ ___	___ ___	___ ___
MM26. Was (***name***)'s death due to an act of violence?	YES .... 1 ✩ *MM28* NO............ 2	YES..........1 ✩ *MM28* NO 2	YES .... 1 ✩ *MM28* NO............ 2	YES ....1 ✩ *MM28* NO 2
MM27. Was (***name***)'s death due to an accident?	YES .... 1 NO............ 2	YES..........1 NO 2	YES .... 1 NO............ 2	YES ....1 NO 2
MM28. *Check MM14: Is there a younger sibling?*	YES .... 1 ✩ *[S6]* NO............ 2 ✩ *End*	YES..........1 ✩ *[S7]* NO ....2 ✩ *End*	YES .... 1 ✩ *[S8]* NO............ 2 ✩ *End*	YES ....1 ✩ *[S9]* NO ....2 ✩ *End*

Tick here if additional questionnaire used: .... ☐

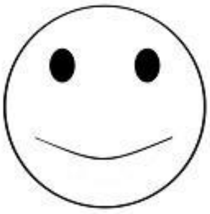
TOBACCO AND ALCOHOL USE		**TA**
TA1. Have you ever tried cigarette smoking, even one or two puffs?	YES ....1 NO 2	2⇨*TA6*
TA2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE......00 AGE ....___ ___	00⇨*TA6*
TA3. Do you currently smoke cigarettes?	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? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS .... 0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH...10 EVERY DAY / ALMOST EVERY DAY 30	
TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe?	YES ....1 NO 2	2⇨*TA10*
TA7. During the last one month, did you use any smoked tobacco products?	YES ....1 NO 2	2⇨*TA10*
TA8. What type of smoked tobacco product did you use or smoke during the last one month? *Record all mentioned.*	CIGARS ....A WATER PIPE ....B CIGARILLOS ....C PIPE ....D OTHER (*specify*) ______________ X	
TA9. During the last one month, on how many days did you use (***names of products mentioned in TA8***)? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS .... 0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH...10 EVERY DAY / ALMOST EVERY DAY 30	
TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip?	YES ....1 NO 2	2⇨*TA14*
TA11. During the last one month, did you use any smokeless tobacco products?	YES ....1 NO 2	2⇨*TA14*

TA12. What type of smokeless tobacco product did you use during the last one month? *Record all mentioned.*	CHEWING TOBACCO...A SNUFF ....B DIP ....C OTHER (*specify*) ___________________________ X	
TA13. During the last one month, on how many days did you use (***names of products mentioned in TA12***)? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS .... 0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH...10 EVERY DAY / ALMOST EVERY DAY.............30	
TA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES ....1 NO..2	2⇨*End*
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. How old were you when you had your first drink of alcohol, other than a few sips?	NEVER HAD ONE DRINK OF ALCOHOL ....00 AGE .... ___ ___	00⇨*End*
TA16. During the last one month, on how many days did you have at least one drink of alcohol? *If respondent did not drink, record '00'.* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	DID NOT HAVE ONE DRINK IN LAST ONE MONTH...00 NUMBER OF DAYS .... 0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH...10 EVERY DAY / ALMOST EVERY DAY.............30	00⇨*End*
TA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS .... ___ ___	

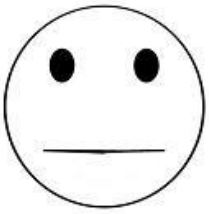
LIFE SATISFACTION		**LS**
LS1. I would like to ask you some simple questions on happiness and satisfaction. First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy? I am now going to show you pictures to help you with your response. *Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.*	VERY HAPPY..1 SOMEWHAT HAPPY ....2 NEITHER HAPPY NOR UNHAPPY ....3 SOMEWHAT UNHAPPY..4 VERY UNHAPPY 5	
LS2. *Show the picture of the ladder.* Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top. 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. On which step of the ladder do you feel you stand at this time? *Probe if necessary:* Which step comes closest to the way you feel?	LADDER STEP ....___ ___	
LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	IMPROVED..1 MORE OR LESS THE SAME ....2 WORSENED 3	
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?	BETTER...1 MORE OR LESS THE SAME ....2 WORSE...3	



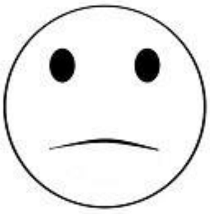
Very happy



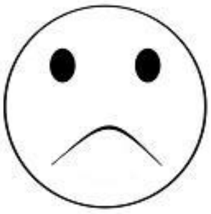
Somewhat happy



Neither happy, nor unhappy

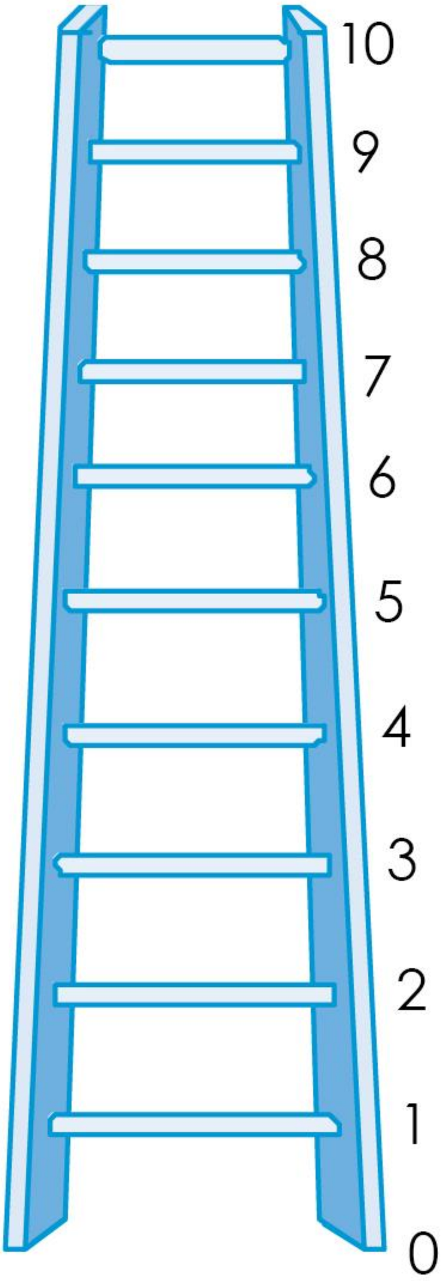


Somewhat unhappy



Very unhappy

Best Possible Life


10
9
8
7
6
5
4
3
2
1
0

Worst Possible Life

WM10. *Record the time.*	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.*	ENGLISH..1 LANGUAGE 2...2 LANGUAGE 3...3	
WM13. *Language of the Interview.*	ENGLISH..1 LANGUAGE 2...2 LANGUAGE 3...3 OTHER LANGUAGE (*specify*) ________________________________6	
WM14. *Native language of the Respondent.*	ENGLISH..1 LANGUAGE 2...2 LANGUAGE 3...3 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	

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?*

☐ *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.*

☐ *No* ⇨ *Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?*

- ☐ *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?*
  - ☐ *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.*
  - ☐ *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.*
- ☐ *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.*

INTERVIEWER’S OBSERVATIONS

SUPERVISOR’S OBSERVATIONS