

| 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: _____ / _____ / <u>201</u> __ | |

| | | |
|--|--|--------------------|
| <p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i></p> | WM7. Record the time: | |
| | 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 ALREADY1 NO, FIRST INTERVIEW2 | 1 ⇒WM9B 2 ⇒WM9A |
| WM9A. Hello, my name is (<i>your name</i>). We are from the State 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 25 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 25 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? | |
| YES1 NO / NOT ASKED2 | 1 ⇒WOMAN'S BACKGROUND Module 2 ⇒WM17 | |

| | |
|---|--|
| WM17. Result of woman's interview. <i>Discuss any result not completed with Supervisor.</i> | COMPLETED.....01 |
| | NOT AT HOME02 |
| | REFUSED.....03 |
| | PARTLY COMPLETED04 |
| | INCAPACITATED (<i>specify</i>) _____ 05 |
| | NO ADULT CONSENT FOR RESPONDENT AGE 15-1706 |
| | OTHER (<i>specify</i>)_____ 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, 4, 5 OR 6 1 ED5=0, 1, 8 OR BLANK..... 2 | 1 ⇨ WB15 2 ⇨ WB14 |
| WB3. In what month and year were you born? | DATE OF BIRTH MONTH..... __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR..... 9998 | |
| WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i> | AGE (IN COMPLETED YEARS)..... __ __ | |
| WB5. Have you ever attended school or pre-school education? | YES..... 1 NO..... 2 | 2 ⇨ WB14 |
| WB6. What is the highest level and grade or year of school you have attended? | PRE-SCHOOL..... 000 PRIMARY (GRADES 1-5) 1 __ __ PRIMARY (GRADES 6-9) 2 __ __ OCCUPATIONAL SECONDARY (3 YEARS)..... 3 __ __ SECONDARY (4 YEARS) 4 __ __ VOCATIONAL 5 __ __ HIGHER 6 __ __ | 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 2018/19 school year did you attend school? | YES..... 1 NO..... 2 | 2 ⇨ WB11 |
| WB10. During 2018/19 school year, which level and grade or year are you <u>attending</u> ? | PRIMARY (GRADES 1-5) 1 __ __ PRIMARY (GRADES 6-9) 2 __ __ OCCUPATIONAL SECONDARY (3 YEARS)..... 3 __ __ SECONDARY (4 YEARS) 4 __ __ VOCATIONAL 5 __ __ HIGHER 6 __ __ | |
| WB11. At any time during the previous - 2017/18 - school year did you attend school? | YES..... 1 NO..... 2 | 2 ⇨ WB13 |

| | | |
|---|---|-----------------|
| <p>WB12. During the 2017/18 school year, which level and grade or year did you <u>attend</u>?</p> | <p>PRIMARY (GRADES 1-5) 1 ___</p> <p>PRIMARY (GRADES 6-9) 2 ___</p> <p>OCCUPATIONAL SECONDARY (3 YEARS)..... 3 ___</p> <p>SECONDARY (4 YEARS) 4 ___</p> <p>VOCATIONAL 5 ___</p> <p>HIGHER 6 ___</p> | |
| <p>WB13. Check WB6: Highest level of school attended:</p> | <p>WB6=2, 3, 4, 5 OR 6 1</p> <p>WB6=1 2</p> | <p>1 ⇨WB15</p> |
| <p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p> | <p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) _____ 4</p> | |
| <p>WB15. How long have you been continuously living in (name of current city, town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p> | <p>YEARS ___</p> <p>ALWAYS / SINCE BIRTH..... 95</p> | <p>95 ⇨WB18</p> |
| <p>WB16. Just before you moved here, did you live in an urban area or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is an urban or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>RURAL AREA 3</p> <p>URBAN AREA..... 4</p> | |
| <p>WB17. Before you moved here, in which municipality did you live in?</p> <p><i>Show the list of municipalities to the respondent and then enter the appropriate code.</i></p> | <p>MUNICIPALITY..... _____</p> <p>OUTSIDE OF COUNTRY (specify)..... 9996</p> | |
| <p>WB18. Are you covered by any health insurance?</p> | <p>YES 1</p> <p>NO..... 2</p> | <p>2 ⇨End</p> |
| <p>WB19. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p> | <p>HEALTH INSURANCE THROUGH EMPLOYERB</p> <p>BENEFICIARIES OF PENSIONS AND PECUNIARY ALLOWANCES IN ACCORDANCE WITH THE LAW ON PENSION AND DISABILITY INSURANCE E</p> <p>AGRICULTURAL WORKERS, FARMERS..... F</p> <p>TEMPORARILY UNEMPLOYED PERSONS WHO RECEIVE UNEMPLOYMENT BENEFITSG</p> <p>OTHER (specify) _____ X</p> | |

| FERTILITY/BIRTH HISTORY | | CM |
|---|---|----------|
| <p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p> | YES..... 1 NO 2 | 2 ⇒ CM8 |
| <p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p> | YES..... 1 NO 2 | 2 ⇒ CM5 |
| <p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p> | SONS AT HOME _ _ | |
| <p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS AT HOME _ _ | |
| <p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p> | YES..... 1 NO 2 | 2 ⇒ CM8 |
| <p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | SONS ELSEWHERE _ _ | |
| <p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS ELSEWHERE _ _ | |
| <p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p> | YES..... 1 NO 2 | 2 ⇒ CM11 |
| <p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p> | BOYS DEAD _ _ | |
| <p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p> | GIRLS DEAD..... _ _ | |
| <p>CM11. <i>Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</i></p> | SUM _ _ | |
| <p>CM12. Just to make sure that I have this right, you have had in total (total number in CM11) births during your life. Is this correct?</p> | YES..... 1 NO 2 | 1 ⇒ CM14 |
| <p>CM13. <i>Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.</i></p> | | |
| <p>CM14. <i>Check CM11: How many live births?</i></p> | 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 (<i>name of birth</i>) a boy or a girl? | | BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i> | | | BH5. Is (<i>name of birth</i>) still alive? | | BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i> | | BH7. Is (<i>name of birth</i>) living with you? | | BH8. <i>Record household line number of child (from HLI)</i> <i>Record '00' if child is not listed.</i> | | BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (name of birth)?</i> <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 (<i>name of previous birth</i>) and (<i>name of birth</i>), 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 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | ___ | ___ |
| | | | | | | | | | | | | | | ⇒ Next Birth | | | | | | |
| 02 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | 1 ☹ | 2 ☹ |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | Add Birth | Next Birth |
| 03 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | 1 ☹ | 2 ☹ |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | Add Birth | Next Birth |
| 04 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | 1 ☹ | 2 ☹ |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | Add Birth | Next Birth |
| 05 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | 1 ☹ | 2 ☹ |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | Add Birth | Next Birth |
| 06 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | 1 ☹ | 2 ☹ |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | Add Birth | Next Birth |
| 07 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | 1 ☹ | 2 ☹ |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | Add Birth | Next Birth |
| 08 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | 1 ☹ | 2 ☹ |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | Add Birth | Next Birth |
| 09 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | 1 ☹ | 2 ☹ |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | Add Birth | 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 (<i>name of birth</i>) a boy or a girl? | | BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i> | | | BH5. Is (<i>name of birth</i>) still alive? | BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i> | BH7. Is (<i>name of birth</i>) living with you? | BH8. <i>Record household line number of child (from HL1)</i> <i>Record '00' if child is not listed.</i> | BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)?</i> <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 (<i>name of previous birth</i>) and (<i>name of birth</i>), 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 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | ___ | ___ | 1 ☹ | 2 ☹ <i>Add Next Birth Birth</i> |
| 11 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | ___ | ___ | 1 ☹ | 2 ☹ <i>Add Next Birth Birth</i> |
| 12 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | ___ | ___ | 1 ☹ | 2 ☹ <i>Add Next Birth Birth</i> |
| 13 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | ___ | ___ | 1 ☹ | 2 ☹ <i>Add Next Birth Birth</i> |
| 14 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | DAYS..... 1 MONTHS.. 2 YEARS..... 3 | ___ | ___ | 1 ☹ | 2 ☹ <i>Add Next Birth Birth</i> |
| BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)? | | | | | | | | | | YES..... 1 NO..... 2 | | | 1 ⇒ <i>Record birth(s) in Birth History</i> | | | | | |

| | | |
|---|---|-----------------|
| <p>CM15. Compare number in CM11 with number of births listed in the birth history above and check:</p> | <p>NUMBERS ARE THE SAME1 NUMBERS ARE DIFFERENT2</p> | <p>1 ⇒ CM17</p> |
| <p>CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.</p> | | |
| <p>CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in (year of interview minus 2)?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.</i></p> | <p>NO LIVE BIRTHS IN THE LAST 2 YEARS0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS.....1</p> | <p>0 ⇒ End</p> |
| <p>CM18. Copy name of the last child listed in BH1.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p> | <p>NAME OF LAST-BORN CHILD</p> <p>_____</p> | |

| 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 (<i>name</i>), did you want to get pregnant at that time? | YES 1 NO..... 2 | 1 ⇒ End |
| DB3. Check CM11: Number of births: | ONLY 1 BIRTH..... 1 2 OR MORE BIRTHS 2 | 1 ⇒ DB4A 2 ⇒ DB4B |
| DB4A. Did you want to have a baby later on, or did you not want any children? | LATER..... 1 NO MORE/NONE 2 | |
| DB4B. Did you want to have a baby later on, or did you not want any more children? | | |

| MATERNAL AND NEWBORN HEALTH | | MN | | | | | | | | | | | | |
|---|---|----------|-----|----|----------------------|---|---|--------------------|---|---|--------------------|---|---|--|
| <p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p> | <p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p> | 2 ⇒ End | | | | | | | | | | | | |
| <p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p> | <p>YES 1</p> <p>NO 2</p> | 2 ⇒ MN19 | | | | | | | | | | | | |
| <p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p> | <p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>OTHER (<i>specify</i>) X</p> | | | | | | | | | | | | | |
| <p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p> | <p>WEEKS 1 ___</p> <p>MONTHS 2 <u>0</u> ___</p> <p>DK 998</p> | | | | | | | | | | | | | |
| <p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>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.</p> | <p>NUMBER OF TIMES ___</p> <p>DK 98</p> | | | | | | | | | | | | | |
| <p>MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>[A] Was your blood pressure measured?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; 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 | | | | | | | | | | | | |
| <p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person assisting and record all answers given.</p> | <p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p> <p>NO ONE Y</p> | | | | | | | | | | | | | |

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

| | | |
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| <p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p> | <p>IMMEDIATELY/LESS THAN 1 HOUR..... 000</p> <p>HOURS..... 1 ___</p> <p>DAYS..... 2 ___</p> <p>NEVER BATHED 997</p> <p>DK / DON’T REMEMBER..... 998</p> | |
| <p>MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p> | <p>VERY LARGE 1</p> <p>LARGER THAN AVERAGE 2</p> <p>AVERAGE 3</p> <p>SMALLER THAN AVERAGE..... 4</p> <p>VERY SMALL 5</p> <p>DK..... 8</p> | |
| <p>MN33. Was (<i>name</i>) weighed at birth?</p> | <p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p> | <p>2 ⇒ MN35</p> <p>8 ⇒ MN35</p> |
| <p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If a health card or a hospital release form is available, record weight from the health card or the release form.</i></p> | <p>FROM CARD/RELEASE FORM 1 (KG) . ___</p> <p>FROM RECALL..... 2 (KG) . ___</p> <p>DK..... 99998</p> | |
| <p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p> | <p>YES..... 1</p> <p>NO..... 2</p> | |
| <p>MN36. Did you ever breastfeed (<i>name</i>)?</p> | <p>YES..... 1</p> <p>NO..... 2</p> | <p>2 ⇒ MN39B</p> |
| <p>MN37. How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour, record ‘00’ hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i></p> | <p>IMMEDIATELY 000</p> <p>HOURS..... 1 ___</p> <p>DAYS..... 2 ___</p> <p>DK / DON’T REMEMBER..... 998</p> | |
| <p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p> | <p>YES..... 1</p> <p>NO..... 2</p> | <p>1 ⇒ MN39A</p> <p>2 ⇒ End</p> |
| <p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>‘Not given anything to drink’ is not a valid response and response category Y cannot be recorded.</i></p> <p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>‘Not given anything to drink’ (category Y) can only be recorded if no other response category is recorded.</i></p> | <p>MILK (OTHER THAN BREAST MILK) A</p> <p>PLAIN WATER..... B</p> <p>SUGAR OR GLUCOSE WATER C</p> <p>GRIPE WATER..... D</p> <p>SUGAR-SALT-WATER SOLUTION E</p> <p>FRUIT JUICE..... F</p> <p>INFANT FORMULA G</p> <p>TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONS H</p> <p>HONEY I</p> <p>PRESCRIBED MEDICINE..... J</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>NOT GIVEN ANYTHING TO DRINK Y</p> | |

| POST-NATAL HEALTH CHECKS | | PN |
|---|--|----------------------|
| <p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p> | YES, CM17=1 1 NO, CM17=0 OR BLANK..... 2 | 2 ⇒ End |
| <p>PN2. Check MN20: Was the child delivered in a health facility?</p> | YES, MN20=21-36 OR 76 1 NO, MN20=11-12 OR 96..... 2 | 2 ⇒ PN7 |
| <p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>).</p> <p>You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p> | HOURS 1 ___ DAYS 2 ___ WEEKS 3 ___ DK / DON'T REMEMBER 998 | |
| <p>PN4. 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 MN20</i>), did anyone check on (<i>name</i>)'s health?</p> | YES 1 NO 2 | |
| <p>PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you?</p> <p>Did anyone check on <u>your</u> health before you left (<i>name or type of facility in MN20</i>)?</p> | YES 1 NO 2 | |
| <p>PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?</p> | YES 1 NO 2 | 1 ⇒ PN12 2 ⇒ PN17 |
| <p>PN7. Check MN19: Did a health professional or traditional birth attendant assist with the delivery?</p> | YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED 1 NO, NONE OF THE CATEGORIES A TO F RECORDED..... 2 | 2 ⇒ PN11 |
| <p>PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to 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 MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)'s health?</p> | YES 1 NO 2 | |

| | | |
|--|---|------------------------------|
| <p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p> | <p>YES 1 NO 2</p> | |
| <p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p> | <p>YES 1 NO 2</p> | <p>1 ⇒PN12 2 ⇒PN19</p> |
| <p>PN11. 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. After (<i>name</i>) was delivered, did anyone check on (his/her) health?</p> | <p>YES 1 NO 2</p> | <p>2 ⇒PN20</p> |
| <p>PN12. Did such a check happen only once, or more than once?</p> | <p>ONCE 1 MORE THAN ONCE 2</p> | <p>1 ⇒PN13A 2 ⇒PN13B</p> |
| <p>PN13A. How long after delivery did that check happen? PN13B. 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></p> | <p>HOURS 1 ___ DAYS 2 ___ WEEKS 3 ___ DK / DON’T REMEMBER 998</p> | |
| <p>PN14. Who checked on (<i>name</i>)’s health at that time?</p> | <p>HEALTH PROFESSIONAL DOCTOR..... A NURSE / MIDWIFEB OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE / FRIEND H OTHER (<i>specify</i>) X</p> | |
| <p>PN15. Where did this check take place? <i>Probe to identify the type of place.</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record ‘76’ until you learn the appropriate category for the response.</i> _____ (Name of place)</p> | <p>HOME RESPONDENT’S HOME 11 OTHER HOME 12 PUBLIC MEDICAL SECTOR CLINICAL CENTER/ STATE HOSPITAL 21 PUBLIC HEALTH CENTRE..... 22 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 DK PUBLIC OR PRIVATE 76 OTHER (<i>specify</i>) 96</p> | |
| <p>PN16. Check MN20: Was the child delivered in a health facility?</p> | <p>YES, MN20=21-36 OR 76 1 NO, MN20=11-12 OR 96..... 2</p> | <p>2 ⇒PN18</p> |
| <p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p> | <p>YES 1 NO 2</p> | <p>1 ⇒PN21 2 ⇒PN25</p> |

| | | |
|--|--|-------------------------------|
| <p>PN18. Check MN19: Did a health professional or traditional birth attendant assist with the delivery?</p> | <p>YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED 1 NO, NONE OF THE CATEGORIES A TO F RECORDED..... 2</p> | <p>2 ⇒PN20</p> |
| <p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p> | <p>YES 1 NO 2</p> | <p>1 ⇒PN21 2 ⇒PN25</p> |
| <p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p> | <p>YES 1 NO 2</p> | <p>2 ⇒PN25</p> |
| <p>PN21. Did such a check happen only once, or more than once?</p> | <p>ONCE 1 MORE THAN ONCE 2</p> | <p>1 ⇒PN22A 2 ⇒PN22B</p> |
| <p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p> | <p>HOURS 1 ___</p> <p>DAYS..... 2 ___</p> <p>WEEKS 3 ___</p> <p>DK / DON'T REMEMBER 998</p> | |
| <p>PN23. Who checked on <u>your</u> health at that time?</p> | <p>HEALTH PROFESSIONAL DOCTOR..... A NURSE / MIDWIFEB OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE / FRIEND H OTHER (<i>specify</i>) X</p> | |
| <p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p> | <p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC / HEALTH CENTRE 22 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>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) 96</p> | |

| | | |
|---|---|---|
| <p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)’s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</p> | <p style="text-align: right;">YES NO DK</p> <p>EXAMINE THE CORD1 2 8</p> <p>TAKE TEMPERATURE1 2 8</p> <p>COUNSEL ON BREASTFEEDING.....1 2 8</p> | |
| <p>PN26. Check MN36: Was child ever breastfed?</p> | <p>YES, MN36=1 1</p> <p>NO, MN36=2 2</p> | <p>2 ⇒PN28</p> |
| <p>PN27. Observe (<i>name</i>)’s breastfeeding?</p> | <p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING.....1 2 8</p> | |
| <p>PN28. Check MN33: Was child weighed at birth?</p> | <p>YES, MN33=11</p> <p>NO, MN33=22</p> <p>DK, MN33=83</p> | <p>1 ⇒PN29A</p> <p>2 ⇒PN29B</p> <p>3 ⇒PN29C</p> |
| <p>PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days?</p> <p>PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> | <p>YES1</p> <p>NO2</p> | |
| <p>PN30. During the first two days after (<i>name</i>)’s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p> | <p>YES1</p> <p>NO2</p> | |

CP0. I would like to talk with you about another subject:
family planning.
Couples use various ways or methods to delay or avoid
getting pregnant.

Have you heard of :

| | | |
|--|--------------------------|--|
| [A] Female sterilization? <i>Probe:</i> Women can have an operation to avoid having any more children. | YES..... 1 NO 2 | |
| [B] Male sterilization? <i>Probe:</i> Men can have an operation to avoid having any more children. | YES..... 1 NO 2 | |
| [C] IUD? <i>Probe:</i> Women can have a loop or coil placed inside them by a doctor or a nurse. | YES..... 1 NO 2 | |
| [D] Injectables? <i>Probe:</i> Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. | YES..... 1 NO 2 | |
| [E] Implants? <i>Probe:</i> Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. | YES..... 1 NO 2 | |
| [F] Pill? <i>Probe:</i> Women can take a pill every day to avoid becoming pregnant. | YES..... 1 NO 2 | |
| [G] Male condom? <i>Probe:</i> Men can put a rubber sheath on their penis before sexual intercourse. | YES..... 1 NO 2 | |
| [H] Female condom? <i>Probe:</i> Women can place a sheath in their vagina before sexual intercourse. | YES..... 1 NO 2 | |
| [I] Diaphragm? <i>Probe:</i> Women can insert a soft rubber cup in their vagina to block the sperm from entering their uterus or fallopian tubes. | YES..... 1 NO 2 | |
| [J] Foam / Jelly? <i>Probe:</i> Women may use spermicidal products (e.g. foam, jelly, cream) that can kill or prevent the sperm from moving and reaching the egg. | YES..... 1 NO 2 | |

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

| UNMET NEED | | UN |
|--|--|----------------------------------|
| UN1. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2 | 2 ⇨ UN6 |
| UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time? | YES 1 NO 2 | 1 ⇨ UN5 |
| UN3. Check CM11: 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? | LATER 1 NONE / NO MORE 2 | |
| UN4B. Did you want to have a baby later on or did you not want any more children? | | |
| 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? <i>Record the answer as stated by respondent.</i> | MONTHS 1 ____ YEARS 2 ____ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998 | 994 ⇨ UN12 |
| UN9. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2 | 1 ⇨ UN14 |
| UN10. Check CP2: Currently using a method? | YES, CP2=1 1 NO, CP2=2 2 | 1 ⇨ UN14 |
| UN11. Do you think you are physically able to get pregnant at this time? | YES 1 NO 2 DK 8 | 1 ⇨ UN14 8 ⇨ UN14 |

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

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

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

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

VICTIMISATION

VT

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)? <i>Probe:</i> How old was your (husband/partner) on his last birthday? | AGE IN YEARS __ __ DK..... 98 | ⇒ MA7 98 ⇒ MA7 |
| MA5. Have you ever been married or lived together with someone as if married? | YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER .. 2 NO..... 3 | 3 ⇒ End |
| 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 <u>first</u> (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 <u>first</u> (husband/partner)? | AGE IN YEARS __ __ | |

| INFORMED DECISION ON REPRODUCTIVE HEALTH CARE | | ID |
|---|---|-------------------|
| ID1. Check MA1: Is woman currently married or living together with someone as if married? | YES, MA1=1 OR 2 1 NO, MA1=3 OR BLANK..... 2 | 2 ⇒End |
| ID2. Can you say no to your husband/partner if you do not want to have sexual intercourse? | YES..... 1 NO 2 NOT SURE / DEPENDS..... 8 | |
| ID3. Now, I would like to ask you some questions about health care. Who usually makes decisions about health care for yourself: you, your (husband / partner), you and your (husband / partner) jointly, or someone else? <i>If someone else or together, probe:</i> Could you tell me (with) who(m)? | RESPONDENT 1 HUSBAND / PARTNER..... 2 JOINT DECISION..... 3 OTHER (<i>specify</i>) 6 | |
| ID4. Who takes the decision on when you can go to seek reproductive health care; for example, if you experience a painful or burning sensation when urinating? <i>If someone else or together, probe:</i> Could you tell me (with) who(m)? | MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER..... 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 OTHER (<i>specify</i>) 6 | |
| ID5A. Check CP1: Currently pregnant? | YES, CP1=1..... 1 NO, NOT SURE, CP1=2 OR 8 2 | 1 ⇒End |
| ID5B. Check CP2: Is woman currently doing something or using any method to delay or avoid getting pregnant? | YES, CP2=1..... 1 NO, CP2=2 2 | 1 ⇒ID6A |
| ID5C. Check UN12: Is there at least one answer category (A to Z) recorded? | YES, AT LEAST ONE..... 1 NO, NONE RECORDED 2 | 1 ⇒End 2 ⇒ID6B |
| ID6A. You mentioned that you currently use contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? | MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER..... 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 OTHER (<i>specify</i>) 6 | |
| ID6B. You have mentioned that you currently do not use contraception. Would you say that not using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? | | |

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

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

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| 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. | MACEDONIAN.....2 ALBANIAN3 | |
| WM13. Language of the Interview. | MACEDONIAN.....2 ALBANIAN3 OTHER LANGUAGE (specify) 6 | |
| WM14. Native language of the Respondent. | MACEDONIAN.....02 ALBANIAN03 TURKISH.....04 ROMA05 VLACH06 SERBIAN.....07 BOSNIAK08 OTHER LANGUAGE (specify) 96 | |
| WM15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3 | |
| <p>WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> | | |

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS