

Approved by Resolution 01/87 of the Chairman of the National Statistical Office of Mongolia.

Form MICS4-2



QUESTIONNAIRE FOR WOMAN AGED 15-49
Mongolia

| 1. WOMAN INFORMATION PANEL | | WM |
|--|--|---|
| <i>This questionnaire is to be administered to all women aged 15-49 years in the household. A separate questionnaire should be used for each eligible woman.</i> | | |
| WM1. Cluster number | <input type="text"/> <input type="text"/> <input type="text"/> | WM4. Woman line number <input type="text"/> <input type="text"/> |
| WM2. Household number | <input type="text"/> <input type="text"/> | WM5. Interviewer name and number _____ <input type="text"/> <input type="text"/> |
| WM3. Woman name _____ | WM6. Date of interview (year/month/day) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | |

If greeting has not already been read to this woman, then read the following:

If greeting has already been read to this woman, then read the following:

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS NEARLY 40 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL” AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL” AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

SHALL WE START THE INTERVIEW?

- Yes, permission is given → Go to WM10. Record the time and then begin the interview.
- No, permission is not given → Fill in WM7. Discuss the result with the supervisor.

| | | |
|---------------------------------------|---|----|
| WM7. Result of interview | Completed | 01 |
| | Not at home | 02 |
| | Refused | 03 |
| | Partly completed | 04 |
| | Incapacitated | 05 |
| | Other (specify) _____ | 96 |
| WM8. Field editor name and number | _____ <input type="text"/> <input type="text"/> | |
| WM9. Data entry clerk name and number | _____ <input type="text"/> <input type="text"/> | |

| | | | |
|------|----------------------|--|--|
| WM10 | Interview started at | Hour, minute <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | |
|------|----------------------|--|--|

| 2. WOMAN'S BACKGROUND | | | WB |
|-----------------------|--|---|--|
| Nº | QUESTION | RESPONSE CODE | STEP |
| WB1 | PLEASE TELL ME THE DATE OF YOUR BIRTH? | Birth Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know 9998 Month..... <input type="text"/> <input type="text"/> Don't know 98 Day..... <input type="text"/> <input type="text"/> Don't know 98 | |
| WB2 | HOW OLD ARE YOU? <i>Probe:</i> HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? <i>Always check if WB1 and WB2 are consistent.</i> | Age (in completed years) <input type="text"/> <input type="text"/> | |
| WB3 | HAVE YOU EVER ATTENDED SCHOOL/ PRE-SCHOOL? | Yes 1 No..... 2 | 2 → WB7 |
| WB4 | WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED? | Pre-school..... 0 Secondary school..... 1 Vocational training center 2 University, institute, college..... 3 Non-formal education 4 | 0 → WB7 4 → WB7 |
| WB5 | WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THIS LEVEL OF SCHOOL? | Grade <input type="text"/> <input type="text"/> | |
| WB6 | Check WB4 and WB5 to see if the highest level of school attended is a secondary school and the highest grade completed is 1-4 for the woman. <input type="checkbox"/> No, completed 5 or higher grade in a secondary school or higher education → Go to Module MT. <input type="checkbox"/> Yes, completed 1-4 grades in a secondary school → Continue with WB7. | | |
| WB7 | PLEASE READ THIS SENTENCE TO ME. <i>Show the sentence on the card to the woman.</i> <i>If cannot read at all, probe:</i> CAN YOU READ SOME PARTS OF THE SENTENCE TO ME? | Cannot read at all..... 1 Able to read only parts of sentence 2 Able to read whole sentence..... 3 No sentence in required language _____ 4 (specify language) Blind, mute, visually/ speech impaired 5 | 1 → Module MT 5 → Module MT |
| WB7A | PLEASE WRITE THIS SENTENCE TO ME. <i>Read the sentence on the card to the woman.</i> <i>If cannot write at all, probe:</i> CAN YOU WRITE SOME PARTS OF THE SENTENCE TO ME? | Cannot write at all 1 Able to write only parts of sentence 2 Able to write whole sentence 3 | |

| 3. ACCESS TO MASS MEDIA AND USE OF INFORMATION COMMUNICATION TECHNOLOGY | | | MT |
|---|---|---|-------------|
| Nº | QUESTION | RESPONSE CODE | STEP |
| MT1 | <p>Check WB7 to see if the woman is able to read.</p> <p><input type="checkbox"/> Question left blank (completed 5 or higher grade in a secondary school or higher education) → Continue with MT2.</p> <p><input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3, 4) → Continue with MT2.</p> <p><input type="checkbox"/> Cannot read at all or blind, mute, or visually/ speech impaired (WB7 = 1, 5) → Go to MT3.</p> | | |
| MT2 | HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL? | Almost every day 1 At least once a week 2 At least once a month 3 Not at all 4 | |
| MT3 | HOW OFTEN DO YOU LISTEN TO THE RADIO OR FM? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL? | Almost every day 1 At least once a week 2 At least once a month 3 Not at all 4 | |
| MT4 | HOW OFTEN DO YOU WATCH TELEVISION? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL? | Almost every day 1 At least once a week 2 At least once a month 3 Not at all 4 | |
| MT6 | HAVE YOU EVER USED A COMPUTER? | Yes 1 No 2 | 2→MT9 |
| MT7 | HAVE YOU USED A COMPUTER IN THE LAST 12 MONTHS? | Yes 1 No 2 | 2→MT9 |
| MT8 | DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL? | Almost every day 1 At least once a week 2 At least once a month 3 Not at all 4 | |
| MT9 | HAVE YOU EVER USED THE INTERNET? | Yes 1 No 2 | 2→Module CM |
| MT10 | HAVE YOU USED THE INTERNET IN THE LAST 12 MONTHS? | Yes 1 No 2 | 2→Module CM |
| MT11 | DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL? | Almost every day 1 At least once a week 2 At least once a month 3 Not at all 4 | |

| 4. CHILD MORTALITY | | | CM |
|--|---|--|--------|
| <i>All questions of this module refer only to LIVE births.</i> | | | |
| Nº | QUESTION | RESPONSE CODE | STEP |
| CM1 | I WOULD LIKE TO TALK WITH YOU ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? | Yes 1 No..... 2 | 2→CM8 |
| CM2 | WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NOT NOW LIVING WITH YOU OR IS NO LONGER LIVING OR WHOSE FATHER IS NOT YOUR CURRENT HUSBAND/PARTNER. <i>Go to CM4 if year of first birth is known. Otherwise continue with CM3.</i> | Date of first birth Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998 Don't know 9998 Month..... <input type="text"/> <input type="text"/> 98 Don't know 98 Day..... <input type="text"/> <input type="text"/> 98 Don't know 98 | →CM4 |
| CM3 | HOW MANY YEARS AGO (<i>in completed years</i>) DID YOU HAVE YOUR FIRST BIRTH? | Number of years since the first birth.... <input type="text"/> <input type="text"/> | |
| CM4 | DO YOU HAVE ANY CHILDREN TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU? | Yes 1 No..... 2 | 2→CM6 |
| CM5 | HOW MANY SONS ARE NOW LIVING WITH YOU? HOW MANY DAUGHTERS ARE NOW LIVING WITH YOU? <i>If none, enter 00.</i> | Sons..... <input type="text"/> <input type="text"/> Daughters..... <input type="text"/> <input type="text"/> | |
| CM6 | DO YOU HAVE ANY CHILDREN WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE, BUT NOW NOT LIVING WITH YOU? | Yes 1 No..... 2 | 2→CM8 |
| CM7 | HOW MANY SONS ARE ALIVE, BUT NOW NOT LIVING WITH YOU? HOW MANY DAUGHTERS ARE ALIVE, BUT NOW NOT LIVING WITH YOU? <i>If none, enter 00.</i> | Sons..... <input type="text"/> <input type="text"/> Daughters..... <input type="text"/> <input type="text"/> | |
| CM8 | HAVE YOU EVER GIVEN BIRTH TO A CHILD WHO WAS BORN ALIVE, BUT LATER DIED? <i>If none, probe: I MEAN TO A CHILD WHO EVER BREATHED, CRIED, OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE/SHE LIVED ONLY A FEW MINUTES OR HOURS.</i> | Yes 1 No..... 2 | 2→CM10 |
| CM9 | HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, enter 00.</i> | Boys..... <input type="text"/> <input type="text"/> Girls..... <input type="text"/> <input type="text"/> | |
| CM10 | <i>Sum numbers provided in CM5, CM7, and CM9.</i> | Total number of births..... <input type="text"/> <input type="text"/> | |

| N ^o | QUESTION | RESPONSE CODE | STEP |
|----------------|---|---|------|
| CM11 | <p>THUS, YOU HAVE HAD IN TOTAL (<i>total number of births</i>) LIVE BIRTHS/ NO LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT</p> <p><input type="checkbox"/> Yes, check. <input type="checkbox"/> No live births → Go to Module IS.</p> <p><input type="checkbox"/> One or more live births → Continue with CM12.</p> <p><input type="checkbox"/> No → Check responses to CM1-CM10 and make corrections if necessary before proceeding with CM12.</p> | | |
| CM12 | <p>WHAT WAS THE DATE OF YOUR LAST BIRTH?</p> <p>I MEAN THE VERY LAST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NOT NOW LIVING WITH YOU OR IS NO LONGER LIVING OR WHOSE FATHER IS NOT YOUR CURRENT HUSBAND/PARTNER.</p> <p><i>Birth year and month of the last birth must be recorded.</i></p> | <p>Date of last birth</p> <p>Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month..... <input type="text"/> <input type="text"/></p> <p>Day..... <input type="text"/> <input type="text"/></p> <p>Don't know 98</p> | |
| CM13 | <p>Check CM12 to see if the last birth occurred within the last 2 years, that is, since (month and day of the interview) in 2008.</p> <p><input type="checkbox"/> No, the last birth not occurred within the last 2 years → Go to Module IS.</p> <p><input type="checkbox"/> Yes, the last birth occurred within the last 2 years → Ask for the name of the child.</p> <p>Name of the child _____.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with Module DB.</i></p> | | |

| 5. DESIRE FOR LAST BIRTH | | | DB |
|---|---|---|---------------|
| <p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of the interview. Check CM13 in Module CM and copy the name of the last-born child _____.</i></p> <p><i>Use this child's name in the following questions as required.</i></p> | | | |
| N ^o | QUESTION | RESPONSE CODE | STEP |
| DB1 | <p>WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p> | <p>Yes 1</p> <p>No 2</p> | 1 → Module MN |
| DB2 | <p>DID YOU WANT TO HAVE A CHILD LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p> | <p>Later 1</p> <p>No more..... 2</p> | 2 → Module MN |
| DB3 | <p>HOW MUCH LONGER DID YOU WANT TO WAIT TO HAVE A CHILD?</p> | <p>Months 1 <input type="text"/> <input type="text"/></p> <p>Years 2 <input type="text"/> <input type="text"/></p> <p>Don't know..... 998</p> | |

| 6. MATERNAL AND NEWBORN HEALTH | | | MN | | | | | | | | | | | | | | | | | | |
|--|--|--|----------|-----|----|--------------------|---|---|------------------|---|---|------------------|---|---|-------------------|---|---|--------------------|---|---|--|
| <p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of the interview. Check CM13 in Module CM and copy the name of the last-born child _____. Use this child's name in the following questions as required.</i></p> | | | | | | | | | | | | | | | | | | | | | |
| N ^o | QUESTION | RESPONSE CODE | STEP | | | | | | | | | | | | | | | | | | |
| MN1 | DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)? | Yes 1 No 2 | 2 → MN17 | | | | | | | | | | | | | | | | | | |
| MN2 | WHOM DID YOU SEE FOR ANTENATAL CARE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the types of persons seen.</i> <i>Record all that apply.</i> | Health professional Family doctor, soum doctor A Obstetrician D Midwife E Nurse I Feldsher J Other person Traditional birth attendant F Other (specify) X | | | | | | | | | | | | | | | | | | | |
| MN2A | WHEN DID YOU HAVE YOUR FIRST ANTENATAL VISIT? | First 3 months of pregnancy 1 3-6 months of pregnancy 2 6 months or over 3 Don't know 8 | | | | | | | | | | | | | | | | | | | |
| MN3 | HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE? | Number of times <input type="checkbox"/> <input type="checkbox"/> Don't know 98 | | | | | | | | | | | | | | | | | | | |
| MN4 | AS PART OF YOUR ANTENATAL CARE, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE? [A] BLOOD PRESSURE [B] URINE SAMPLE [C] BLOOD SAMPLE [D] STI SCREENING [E] WEIGHT MEASURE | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>[A] Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] Blood sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] STI screening</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] Weight measure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | Yes | No | [A] Blood pressure | 1 | 2 | [B] Urine sample | 1 | 2 | [C] Blood sample | 1 | 2 | [D] STI screening | 1 | 2 | [E] Weight measure | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | |
| [A] Blood pressure | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| [B] Urine sample | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| [C] Blood sample | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| [D] STI screening | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| [E] Weight measure | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| MN17 | WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the types of the persons assisted.</i> <i>Record all that apply.</i> <i>If the woman says she assisted herself, probe to determine whether any adults were present at the delivery.</i> | Health professional Family doctor, soum doctor A Obstetrician D Midwife E Nurse I Feldsher J Other person Traditional birth attendant F Relative, friend H Other (specify) X Woman herself Y | | | | | | | | | | | | | | | | | | | |

| N ^o | QUESTION | RESPONSE CODE | STEP |
|----------------|---|--|---|
| MN18 | WHERE DID YOU GIVE BIRTH TO (<i>name</i>)? <i>Probe to identify the types of the places where the birth delivered.</i> | Home Own home 11 Other's home 12 Public Government hospital..... 21 Government maternity home 24 Private Hospital 31 Private maternity home..... 33 Other (<i>specify</i>) 96 | 11→MN20 12→MN20 96→MN20 |
| MN19 | WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? <i>If the woman does not understand the meaning of caesarean section, explain it is to take the baby out by cut opening the belly.</i> | Yes 1 No 2 | |
| MN19A | WERE YOU GIVEN VITAMIN A WITHIN 2 MONTHS AFTER YOU GAVE BIRTH TO (<i>name</i>)? | Yes 1 No 2 Don't know 8 | |
| MN20 | WHEN (<i>name</i>) 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 Don't know 8 | |
| MN21 | WAS (<i>name</i>) WEIGHED AT BIRTH? | Yes 1 No 2 Don't know 8 | 2→MN23 8→MN23 |
| MN22 | HOW MUCH WAS (<i>name</i>)'S WEIGHT AT BIRTH? <i>Record the weight from the child's health care, if available.</i> | From card (kg) 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> From recall (kg) 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> Don't know 99998 | |
| MN23 | HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)? | Yes 1 No 2 | |
| MN24 | HAVE YOU EVER BREASTFED (<i>name</i>)? | Yes 1 No 2 | 2→Module IS |
| MN25 | HOW LONG AFTER (<i>name</i>) WAS BORN DID YOU FIRST PUT HIM/ HER TO THE BREAST? <i>If less than 1 hour, enter 00 in hours. If less than 24 hours, record hours. Otherwise record days.</i> | Immediately 000 In hours 1 <input type="text"/> <input type="text"/> In days 2 <input type="text"/> <input type="text"/> Don't know 998 | |

| N ^o | QUESTION | RESPONSE CODE | STEP |
|----------------|--|---|---------------|
| MN26 | DURING THE FIRST 3 DAYS AFTER (<i>name</i>) WAS BORN, WAS HE/ SHE GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK? | Yes 1 No 2 | 2 → Module IS |
| MN27 | WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all that apply.</i> | Milk (other than breast milk) A Plain water B Oral rehydration solution E Fruit juice F Infant formula G Tea H Other (<i>specify</i>) X | |

| 7. ILLNESS SYMPTOMS | | | IS |
|---------------------|--|--|------|
| N ^o | QUESTION | RESPONSE CODE | STEP |
| IS1 | <p>Check column HL9 in Module HL in the “Household Questionnaire” to see if the woman is the mother/ caretaker of any child under age of 5 years.</p> <p><input type="checkbox"/> Yes → Continue with IS2.</p> <p><input type="checkbox"/> No → Go to Module CP.</p> | | |
| IS2 | <p>SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY.</p> <p>WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY IMMEDIATELY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Record all that apply. Do not prompt with any suggestions.</i></p> | <p>Child not able to drink or breastfeed A Child becomes sicker B Child develops a fever C Child has fast breathing D Child has difficulty breathing E Child passes stools with blood F Child vomits much H Child refuses to drink I Child has diarrhoea J Child has an illness with cough K Child has seizure, fits or faint L Child cries with an unknown reason M Other (<i>specify</i>) X Other (<i>specify</i>) Y Other (<i>specify</i>) Z</p> | |

| 8. CONTRACEPTION | | | CP |
|------------------|--|---|---------------|
| N ^o | QUESTION | RESPONSE CODE | STEP |
| CP1 | I WOULD LIKE TO TALK WITH YOU ABOUT FAMILY PLANNING. ARE YOU PREGNANT NOW? | Yes 1 No..... 2 Don't know 8 | 1 → CP3A |
| CP2 | COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT? | Yes 1 No..... 2 | 2 → CP3A |
| CP3 | WHAT METHODS ARE YOU USING TO DELAY OR AVOID GETTING PREGNANT? <i>Probe:</i> ANY OTHER METHODS? <i>Record all that apply.</i> <i>Do not prompt with any suggestions.</i> | Female sterilization A Male sterilization B IUD C Injections D Implants..... E Pills F Male condom..... G Female condom H Diaphragm I Foam, jelly J Lactational amenorrhoea method K Periodic abstinence, rhythm L Withdrawal M Other (<i>specify</i>) X | |
| CP3A | HAVE YOU HEARD OF ANY METHODS THAT HELPS TO DELAY OR AVOID GETTING PREGNANT? | Yes 1 No..... 2 | 2 → Module UN |
| CP3B | WHAT METHODS THAT HELPS TO DELAY OR AVOID GETTING PREGNANT HAVE YOU HEARD OF? <i>Probe:</i> ANY OTHER METHODS? <i>Record all that apply.</i> | Female sterilization A Male sterilization B IUD C Injections D Implants..... E Pills F Male condom..... G Female condom H Diaphragm I Foam, jelly J Lactational amenorrhoea method K Periodic abstinence, rhythm L Withdrawal M Other (<i>specify</i>) X | |

| 9. UNMET NEED | | | UN |
|---------------|---|---|---------------------------|
| Nº | QUESTION | RESPONSE CODE | STEP |
| UN1 | <p>Check CP1 to see if the woman is currently pregnant.</p> <p><input type="checkbox"/> Yes, currently pregnant → Continue with UN2.</p> <p><input type="checkbox"/> No, don't know → Go to UN5.</p> | | |
| UN2 | <p>I WOULD LIKE TO TALK WITH YOU ABOUT YOUR CURRENT PREGNANCY.</p> <p>WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</p> | <p>Yes..... 1</p> <p>No..... 2</p> | 1→UN4 |
| UN3 | <p>DID YOU WANT TO HAVE A CHILD LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p> | <p>Later 1</p> <p>No more..... 2</p> | |
| UN4 | <p>I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE.</p> <p>AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD?</p> | <p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p> | 1→UN7 2→UN13 8→UN13 |
| UN5 | <p>Check CP3 to see if the woman is currently using female sterilization.</p> <p><input type="checkbox"/> Yes → Go to UN13.</p> <p><input type="checkbox"/> No → Continue with UN6.</p> | | |
| UN6 | <p>I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE.</p> <p>WOULD YOU LIKE TO HAVE A/ ANOTHER CHILD?</p> | <p>Yes..... 1</p> <p>No..... 2</p> <p>Not able to get pregnant 3</p> <p>Don't know..... 8</p> | 2→UN9 3→UN11 8→UN9 |
| UN7 | <p>HOW MUCH LONGER WOULD YOU LIKE TO WAIT TO HAVE A/ ANOTHER CHILD?</p> | <p>Months..... 1 <input type="checkbox"/> <input type="checkbox"/></p> <p>Years..... 2 <input type="checkbox"/> <input type="checkbox"/></p> <p>Soon..... 993</p> <p>After marriage 995</p> <p>Other (specify) 996</p> <p>Don't know..... 998</p> | |
| UN8 | <p>Check CP1 to see if the woman is currently pregnant.</p> <p><input type="checkbox"/> Yes, currently pregnant → Go to UN13.</p> <p><input type="checkbox"/> No, don't know → Continue with UN9.</p> | | |
| UN9 | <p>Check CP2 to see if the woman is currently using any methods to delay or avoid getting pregnant.</p> <p><input type="checkbox"/> Yes → Go to UN13.</p> <p><input type="checkbox"/> No → Continue with UN10.</p> | | |

| № | QUESTION | RESPONSE CODE | STEP |
|------|--|--|--------------------------|
| UN10 | DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME? | Yes..... 1 No..... 2 Don't know..... 8 | 1 → UN13 8 → UN13 |
| UN11 | WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT? | Infrequent sex, no sex..... A Menopausal B Never menstruated..... C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 or more years without any success..... E Postpartum amenorrheic F Breastfeeding G Too old H Other (<i>specify</i>) X Don't know..... Z | |
| UN12 | Check UN11 to see if 'never menstruation' mentioned. <input type="checkbox"/> Mentioned, the woman has never menstruated → Go to Module MA. <input type="checkbox"/> Not mentioned, the woman has ever menstruated → Continue with UN13. | | |
| UN13 | WHEN DID YOUR LAST MENSTRUAL PERIOD START? | Days ago..... 1 <input type="checkbox"/> <input type="checkbox"/> Weeks ago 2 <input type="checkbox"/> <input type="checkbox"/> Months ago..... 3 <input type="checkbox"/> <input type="checkbox"/> Years ago..... 4 <input type="checkbox"/> <input type="checkbox"/> | |

| 10. MARRIAGE/ UNION | | | MA |
|---------------------|--|---|-------------------|
| Nº | QUESTION | RESPONSE CODE | STEP |
| MA1 | ARE YOU CURRENTLY MARRIED OR LIVING WITH A PARTNER? | Yes, currently married 1 Yes, living with a partner 2 No, not in union 3 | 3 → MA5 |
| MA2 | HOW OLD IS YOUR HUSBAND/ PARTNER? | Age (in completed years)..... <input type="text"/> <input type="text"/> Don't know 98 | → MA7 98 → MA7 |
| MA5 | HAVE YOU EVER BEEN MARRIED OR LIVED WITH A PARTNER? | Yes, formerly married 1 Yes, formerly lived with a man 2 No 3 | 3 → Module DV |
| MA6 | ARE YOU CURRENTLY WIDOWED, DIVORCED OR SEPARATED? | Widowed 1 Divorced 2 Separated 3 | |
| MA7 | HOW MANY TIMES HAVE YOU BEEN MARRIED OR LIVED WITH A PARTNER? | Only once 1 More than once 2 | |
| MA8 | IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A PARTNER? | Date of first marriage/union Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know 9998 Month <input type="text"/> <input type="text"/> Don't know 98 | → Module DV |
| MA9 | HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/ PARTNER? | Age (in completed years)..... <input type="text"/> <input type="text"/> | |

| 11. ATTITUDES TOWARDS DOMESTIC VIOLENCE | | | DV |
|---|---|---|------|
| Nº | QUESTION | RESPONSE CODE | STEP |
| DV1 | <p>SOMETIMES A HUSBAND HITS OR BEATS HIS WIFE.</p> <p>IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS?</p> <p>[A] IF A WIFE GOES OUT TO SEE FRIENDS OR RELATIVES WITHOUT TELLING HER HUSBAND</p> <p>[B] IF A WIFE NEGLECTS HER CHILDREN</p> <p>[C] IF A WIFE ARGUES WITH HER HUSBAND</p> <p>[D] IF A WIFE REFUSES TO HAVE SEX WITH HER HUSBAND</p> <p>[E] IF A WIFE BURNS FOOD</p> <p>[F] IF A WIFE SPENDS BIG AMOUNT OF MONEY WITHOUT A PERMISSION FROM HER HUSBAND</p> | <p>Yes No Don't know</p> <p>[A] Goes out to see friends or relatives without telling her husband 1 2 8</p> <p>[B] Neglects her children 1 2 8</p> <p>[C] Argues with her husband 1 2 8</p> <p>[D] Refuses to have sex with her husband 1 2 8</p> <p>[E] Burns food 1 2 8</p> <p>[F] Spends big amount of money without a permission from her husband 1 2 8</p> | |
| DV2 | <p>Check MA1 to see if the woman is currently married or living with a partner.</p> <p><input type="checkbox"/> Yes, currently married or living with a partner (MA1 = 1, 2) → Continue with DV3.</p> <p><input type="checkbox"/> No, not married or not living with a partner (MA1 = 3) → Go to DV4.</p> | | |
| DV3 | <p>WHO USUALLY DECIDES HOW YOUR HOUSEHOLD INCOME WILL BE USED – YOU OR YOUR HUSBAND/ PARTNER OR BOTH OF YOU?</p> | <p>Woman herself..... 1</p> <p>Husband/ partner 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) 6</p> | |
| DV4 | <p>IN A COUPLE, WHO DO YOU THINK SHOULD HAVE THE GREATER SAY IN THE FOLLOWING DECISIONS – WIFE OR HUSBAND OR BOTH OF THEM?</p> <p>[A] MAKING MAJOR HOUSEHOLD PURCHASES</p> <p>[B] MAKING PURCHASES FOR DAILY HOUSEHOLD NEEDS</p> <p>[C] DECIDING ABOUT VISITS TO THE WIFE'S FAMILY OR RELATIVES</p> <p>[D] DECIDING WHAT TO DO WITH THE MONEY THE WIFE EARNS FOR HER WORK</p> <p>[E] DECIDING HOW MANY CHILDREN TO HAVE</p> <p>[F] DECIDING IF THE WIFE SHOULD BE EMPLOYED</p> | <p>Hus- band Wife Both Don't know</p> <p>[A] Making major household purchases 1 2 3 8</p> <p>[B] Making purchases for daily household needs 1 2 3 8</p> <p>[C] Deciding about visits to the wife's family or relatives 1 2 3 8</p> <p>[D] Deciding what to do with the money the wife earns for her work 1 2 3 8</p> <p>[E] Deciding how many children to have 1 2 3 8</p> <p>[F] Deciding if the wife should be employed 1 2 3 8</p> | |

| № | QUESTION | RESPONSE CODE | STEP |
|-----|---|---|------|
| DV5 | <p>I WILL READ YOU SOME STATEMENTS ABOUT PREGNANCY. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH THEM.</p> <p>[A] PREGNANT WOMAN NEEDS ATTENTION AND CARE FROM THE FATHER OF THE CHILD</p> <p>[B] IT IS CRUCIAL FOR THE MOTHER'S AND CHILD'S HEALTH THAT A WOMAN HAS ASSISTANCE FROM A DOCTOR OR NURSE AT DELIVERY</p> | <p style="text-align: right;">Dis- Don't Agree agree know</p> <p>[A] Pregnant woman needs attention and care from the father of the child 1 2 8</p> <hr/> <p>[B] It is crucial for the mother's and child's health that a woman has assistance from a doctor or nurse at delivery 1 2 8</p> <hr/> | |
| DV6 | <p>DO YOU AGREE OR DISAGREE WITH THE FOLLOWING REACTIONS OF A HUSBAND IF HIS WIFE REFUSES TO HAVE SEX WITH HIM?</p> <p>[A] GET ANGRY AND REPRIMAND THE WIFE</p> <p>[B] REFUSE TO GIVE THE WIFE MONEY OR OTHER MEANS OF SUPPORT</p> <p>[C] USE FORCE AND HAVE SEX WITH THE WIFE EVEN IF SHE DOES NOT WANT TO</p> <p>[D] GO AHEAD AND HAVE SEX WITH ANOTHER WOMAN</p> | <p style="text-align: right;">Dis- Don't Agree agree know</p> <p>[A] Get angry and reprimand the wife 1 2 8</p> <hr/> <p>[B] Refuse to give the wife money or other means of support 1 2 8</p> <hr/> <p>[C] Use force and have sex with the wife even if she does not want to 1 2 8</p> <hr/> <p>[D] Go ahead and have sex with another woman 1 2 8</p> <hr/> | |

| 12. SEXUAL BEHAVIOUR | | | SB |
|--|--|---|--|
| <p><i>Check for the presence of others around. Before beginning the interview, ensure privacy.</i></p> | | | |
| Nº | QUESTION | RESPONSE CODE | STEP |
| SB1A | <p>Check CM10 and MA5 to see if the woman never gave birth or never married.</p> <p><input type="checkbox"/> Never gave birth (CM10 = 0) or never married (MA5 = 3) → Continue with SB1B.</p> <p><input type="checkbox"/> Otherwise → Go to SB1.</p> | | |
| SB1B | <p>I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU PROVIDE WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HAVE YOU EVER HAD SEXUAL INTERCOURSE?</p> | <p>Ever had intercourse 1</p> <p>Never had intercourse 2</p> | 2 → Module HA |
| SB1 | <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p> | <p>Age (in completed years)..... <input type="text"/> <input type="text"/></p> <p>First time when started living with (first) husband/ partner..... 95</p> | |
| SB2 | <p>THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p> | <p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p> | |
| SB3 | <p>WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> | <p>Days ago 1 <input type="text"/> <input type="text"/></p> <p>Weeks ago 2 <input type="text"/> <input type="text"/></p> <p>Months ago 3 <input type="text"/> <input type="text"/></p> <p>Years ago 4 <input type="text"/> <input type="text"/></p> | 4 → SB15 |
| SB4 | <p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p> | <p>Yes 1</p> <p>No 2</p> | |
| SB5 | <p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>If boyfriend, probe: WERE YOU LIVING WITH HIM TOGETHER AS IF MARRIED?</i></p> <p><i>If yes, circle 2. If no, circle 3.</i></p> | <p>Husband 1</p> <p>Partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Other (<i>specify</i>) 6</p> | <p>3 → SB7</p> <p>4 → SB7</p> <p>6 → SB7</p> |
| SB6 | <p>Check MA1 to see if the woman is currently married or living with a partner.</p> <p><input type="checkbox"/> Yes, currently married or living with a partner (MA1 = 1, 2) → Go to SB8.</p> <p><input type="checkbox"/> No, not married or not living with a partner (MA1 = 3) → Continue with SB7.</p> | | |

| No | QUESTION | RESPONSE CODE | STEP |
|------|---|--|----------------------------------|
| SB7 | HOW OLD WAS THIS PERSON? <i>If don't know, probe:</i> ABOUT HOW OLD WAS THIS PERSON? | Age <input type="text"/> <input type="text"/> Don't know 98 | |
| SB8 | IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON? | Yes 1 No 2 | 2 → SB15 |
| SB9 | THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED? | Yes 1 No 2 | |
| SB10 | WHAT WAS YOUR RELATIONSHIP TO THIS OTHER PERSON? <i>If boyfriend, probe:</i> WERE YOU LIVING WITH HIM TOGETHER AS IF MARRIED? <i>If yes, circle 2. If no, circle 3.</i> | Husband 1 Partner 2 Boyfriend 3 Casual acquaintance 4 Other (<i>specify</i>) 6 | 3 → SB12 4 → SB12 6 → SB12 |
| SB11 | <i>Check MA1 and MA7.</i> <input type="checkbox"/> <i>The woman is currently married or living with a partner (MA1A = 1, 2) and married only once or lived with a partner only once (MA7 = 1) → Go to SB13.</i> <input type="checkbox"/> <i>Otherwise → Continue with SB12.</i> | | |
| SB12 | HOW OLD WAS THIS OTHER PERSON? <i>If don't know, probe:</i> ABOUT HOW OLD WAS THIS PERSON? | Age <input type="text"/> <input type="text"/> Don't know 98 | |
| SB13 | IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY PERSON OTHER THAN THESE TWO PERSONS? | Yes 1 No 2 | 2 → SB15 |
| SB14 | IN TOTAL, WITH HOW MANY DIFFERENT PERSONS HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS? | Number <input type="text"/> <input type="text"/> | |
| SB15 | IN TOTAL, WITH HOW MANY DIFFERENT PERSONS HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate.</i> <i>If 95 or more, enter 95.</i> | Number <input type="text"/> <input type="text"/> Don't know 98 | |

| 13. HIV/ AIDS | | | HA | | | | | | | | | | | | | | | | |
|----------------------|--|---|---------------|-----|----|------------|----------------------|---|---|---|---------------------|---|---|---|----------------------|---|---|---|--|
| Nº | QUESTION | RESPONSE CODE | STEP | | | | | | | | | | | | | | | | |
| HA1 | I WOULD LIKE TO TALK WITH YOU SOMETHING ELSE. HAVE YOU EVER HEARD OF ILLNESS CALLED AIDS? | Yes 1 No 2 | 2 → Module TA | | | | | | | | | | | | | | | | |
| HA2 | CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA4 | CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA5 | CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA6 | CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA7 | IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA7A | CAN THE AIDS VIRUS BE TRANSMITTED BY SHARING A SYRINGE OR NEEDLE WITH ANOTHER PERSON? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA8 | CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO HER CHILD IN THE FOLLOWING SITUATIONS? [A] DURING PREGNANCY [B] DURING DELIVERY [C] BY BREASTFEEDING | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>[A] During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>[B] During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>[C] By breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | | Yes | No | Don't know | [A] During pregnancy | 1 | 2 | 8 | [B] During delivery | 1 | 2 | 8 | [C] By breastfeeding | 1 | 2 | 8 | |
| | Yes | No | Don't know | | | | | | | | | | | | | | | | |
| [A] During pregnancy | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| [B] During delivery | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| [C] By breastfeeding | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| HA9 | IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA10 | WOULD YOU BUY FRESH VEGETABLES OR MEAT FROM A VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |

| Nº | QUESTION | RESPONSE CODE | STEP | | | | | | | | | | | | | | | | |
|--|---|--|---------------------------------|-----|----|------------|--|---|---|---|--|---|---|---|----------------------------|---|---|---|--|
| HA11 | IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA12 | IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HIM/ HER IN YOUR OWN HOUSEHOLD? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA13 | <p><i>Check CM12 to see if the last birth occurred within the last 2 years, that is, since (month and day of the interview) in 2008.</i></p> <p><input type="checkbox"/> No, the last birth not occurred within the last 2 years → Go to HA24.</p> <p><input type="checkbox"/> Yes, the last birth occurred within the last 2 years → Continue with HA14.</p> | | | | | | | | | | | | | | | | | | |
| HA14 | <p><i>Check MNI to see if the woman received any antenatal care during the pregnancy with her last birth.</i></p> <p><input type="checkbox"/> Yes, received antenatal care → Continue with HA15.</p> <p><input type="checkbox"/> No, not received antenatal care → Go to HA24.</p> | | | | | | | | | | | | | | | | | | |
| HA15 | <p>DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>), WERE YOU GIVEN ANY INFORMATION ABOUT THE FOLLOWING THINGS?</p> <p>[A] MOTHER TO CHILD TRANSMISSION OF THE AIDS VIRUS</p> <p>[B] WAYS OF PREVENTING FROM THE AIDS VIRUS</p> <p>[C] THE AIDS VIRUS TESTING</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>[A] Mother to child transmission of the AIDS virus</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>[B] Ways of preventing from the AIDS virus</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>[C] The AIDS virus testing</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | | Yes | No | Don't know | [A] Mother to child transmission of the AIDS virus | 1 | 2 | 8 | [B] Ways of preventing from the AIDS virus | 1 | 2 | 8 | [C] The AIDS virus testing | 1 | 2 | 8 | |
| | Yes | No | Don't know | | | | | | | | | | | | | | | | |
| [A] Mother to child transmission of the AIDS virus | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| [B] Ways of preventing from the AIDS virus | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| [C] The AIDS virus testing | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| HA15D | DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>), WERE YOU OFFERED A TEST FOR THE AIDS VIRUS? | Yes 1 No 2 Don't know 8 | | | | | | | | | | | | | | | | | |
| HA16 | <p>YOU DO NOT NEED TO TELL ME THE RESULTS.</p> <p>WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p> | Yes 1 No 2 Don't know 8 | <p>2 → HA24</p> <p>8 → HA24</p> | | | | | | | | | | | | | | | | |
| HA17 | <p>YOU DO NOT NEED TO TELL ME THE RESULTS.</p> <p>DID YOU GET THE RESULTS OF THE TEST?</p> | Yes 1 No 2 Don't know 8 | <p>2 → HA22</p> <p>8 → HA22</p> | | | | | | | | | | | | | | | | |

| Nº | QUESTION | RESPONSE CODE | STEP |
|-------|--|--|--|
| HA18 | AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING? | Yes..... 1 No 2 Don't know 8 | |
| HA22 | HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY? | Yes..... 1 No 2 | 1→HA25 |
| HA23 | WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS? | Less than 12 months ago..... 1 12-23 months ago 2 2 or more years ago..... 3 | 1→ Module TA 2→ Module TA 3→ Module TA |
| HA24 | YOU DO NOT NEED TO TELL ME THE RESULTS. HAVE YOU EVER BEEN TESTED FOR THE AIDS VIRUS? | Yes..... 1 No 2 | 2→HA27 |
| HA25 | WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS? | Less than 12 months ago..... 1 12-23 months ago 2 2 or more years ago..... 3 | |
| HA26 | YOU DO NOT NEED TO TELL ME THE RESULTS. DID YOU GET THE RESULTS OF THE TEST? | Yes..... 1 No 2 Don't know 8 | 2→ Module TA 8→ Module TA |
| HA26A | AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING? | Yes..... 1 No 2 Don't know 8 | 1→ Module TA 2→ Module TA 8→ Module TA |
| HA27 | DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS? | Yes..... 1 No 2 | |

| 14. TOBACCO AND ALCOHOL USE | | | TA |
|-----------------------------|--|---|--------|
| Nº | QUESTION | RESPONSE CODE | STEP |
| 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..... 00 Age..... <input type="text"/> <input type="text"/> | |
| TA3 | DO YOU CURRENTLY SMOKE CIGARETTES? | Yes..... 1 No..... 2 | 2→TA6 |
| TA4 | DURING THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE? | Number of cigarettes..... <input type="text"/> <input type="text"/> | |
| TA5 | DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.</i> | Number of days..... 0 <input type="text"/> 10 or more days..... 10 Almost every day..... 30 | |
| TA6 | HAVE YOU EVER SMOKED ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS SUCH AS CIGARS OR PIPE? | Yes..... 1 No..... 2 | 2→TA10 |
| TA7 | DURING THE LAST ONE MONTH, DID YOU SMOKE ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS SUCH AS CIGARS OR PIPE? | Yes..... 1 No..... 2 | 2→TA10 |
| TA8 | DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU SMOKE ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS SUCH AS CIGARS OR PIPE? <i>If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.</i> | Number of days..... 0 <input type="text"/> 10 or more days..... 10 Almost every day..... 30 | |
| TA9 | WHAT TYPES OF SMOKED TOBACCO PRODUCTS DID YOU SMOKE? <i>Probe:</i> ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS? <i>Record all that apply.</i> | Cigars..... A Pipe..... E Other (<i>specify</i>)..... X | |
| TA10 | HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING OR SNUFF? | Yes..... 1 No..... 2 | 2→TA14 |
| TA11 | DURING THE LAST ONE MONTH, DID YOU USE ANY FORM OF SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING OR SNUFF? | Yes..... 1 No..... 2 | 2→TA14 |
| TA12 | DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU USE ANY FORM OF SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING OR SNUFF? <i>If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.</i> | Number of days..... 0 <input type="text"/> 10 or more days..... 10 Almost every day..... 30 | |

| № | QUESTION | RESPONSE CODE | STEP |
|------|--|---|----------------|
| TA13 | WHAT TYPES OF SMOKELESS TOBACCO PRODUCTS DID YOU USE? <i>Probe:</i> ANY OTHER TYPES OF SMOKELESS TOBACCO PRODUCTS? <i>Record all that apply.</i> | Chewing..... A Snuff B Other (<i>specify</i>) _____ X | |
| TA14 | I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL? | Yes 1 No 2 | 2 → Module LS |
| TA15 | HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL? <i>Probe:</i> I REFER TO AT LEAST ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF VODKA, COGNAC, OR WHISKY. | Never 00 Age <input type="text"/> <input type="text"/> | 00 → Module LS |
| TA16 | DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU DRINK ALCOHOL? <i>If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.</i> | Did not drink..... 00 Number of days 0 <input type="text"/> 10 or more days 10 Almost every day 30 | |

| 15. LIFE SATISFACTION | | | LS |
|-----------------------|--|--|------|
| Nº | QUESTION | RESPONSE CODE | STEP |
| LS2 | <p>I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEVEL OF YOUR SATISFACTION WITH YOUR MARRIAGE, FRIENDSHIPS, SCHOOL, ETC.</p> <p>IN EACH CASE, I WOULD LIKE TO KNOW WHERE YOU WOULD PLACE YOURSELF: WHETHER YOU ARE VERY OR SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, OR SOMEWHAT OR VERY UNSATISFIED.</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Give the response card to respondent and prompt her to look at the card while and after you ask each question from LS2 to LS10.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR MARRIAGE?</p> | Not married 0 Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS3 | <p>HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p> | Does not have friends 0 Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS4 | <p>HOW SATISFIED ARE YOU WITH YOUR SCHOOL?</p> | Does not go to school 0 Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS5 | <p>HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> | Does not have a job 0 Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS6 | <p>HOW SATISFIED ARE YOU WITH YOURSELF?</p> | Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS7 | <p>HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p> | Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS8 | <p>HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p> | Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |

| Nº | QUESTION | RESPONSE CODE | STEP |
|------|---|--|------|
| LS9 | HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? | Does not have any income..... 0 Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS10 | TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY OR SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, OR SOMEWHAT OR VERY UNHAPPY? | Very happy 1 Somewhat happy 2 Neither happy nor unhappy 3 Somewhat unhappy 4 Very unhappy 5 | |
| LS11 | COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED OR WORSENER, OVERALL? | Improved 1 More or less the same 2 Worsened..... 3 | |
| LS12 | DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER OR WORSE IN ONE YEAR FROM NOW, OVERALL? | Better 1 More or less the same 2 Worse 3 | |

| | | | |
|------|-------------------------------|--|--|
| WM11 | <i>Interview completed at</i> | Hour, minute <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | |
|------|-------------------------------|--|--|

| | | | |
|------|---|--|--|
| WM12 | <p><i>Check column HL9 in Module HL in the “Household Questionnaire” to see if the woman is the mother/ caretaker of any child under age of 5 years in this household.</i></p> <p><input type="checkbox"/> <i>Yes → Go to the “Questionnaire for Child under 5” to be administered to the same woman.</i></p> <p><input type="checkbox"/> <i>No → End the interview with the woman by thanking her for her cooperation.</i></p> <p><i>Check if there are any other eligible women for the next “Questionnaire for Woman aged 15-49” or eligible children under age of 5 years for the next “Questionnaire for Child under 5”, or eligible men for the next “Questionnaire for Man aged 15-54”.</i></p> | | |
|------|---|--|--|

Interviewer's notes

Empty box for Interviewer's notes.

Field editor's notes

Empty box for Field editor's notes.

Supervisor's notes

Empty box for Supervisor's notes.