



**SOCIAL INDICATOR SAMPLE SURVEY**

**QUESTIONNAIRE FOR INDIVIDUAL WOMAN AGED 15-49**

<b>1. WOMAN'S INFORMATION PANEL</b>		<b>WM</b>
<i>This questionnaire is to be administered to all woman age 15 through 49 see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
<b>WM1.</b> Cluster number:  _____	<b>WM2.</b> Household number:  _____	
<b>WM3.</b> Woman's name: Name _____	<b>WM4.</b> Woman's line number:  _____	
<b>WM5.</b> Interviewer's name and number: Name _____		

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM NATIONAL STATISTICAL OFFICE OF MONGOLIA AND CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND WELL-BEING NEARLY 50 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.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 50 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>	

Date and result of woman's interview			
How many times you have visited	MWM6. Date (Year/ Month/ Day)	WM7. Result of the interview*	Codes for the result of the interview*
1. First	2013/ __ __ / __ __	__ __	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated..... 05
2. Second	2013/ __ __ / __ __	__ __	Incapacitated..... 05
3. Third	2013/ __ __ / __ __	__ __	Other (specify) _____ 96

<b>WM10</b>	Record the time.	Hour and minutes..... _ _ : _ _	
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<b>2. WOMAN'S BACKGROUND</b>		<b>WB</b>	
<b>WB1</b>	IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Year ..... _ _ _ _ DK month ..... 9998  Month ..... _ _ DK year ..... 98	
<b>WB2</b>	HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) ..... _ _	
<b>WB3</b>	HAVE YOU EVER ATTENDED SCHOOL?	Yes ..... 1 No ..... 2	2⇒WB7
<b>WB4</b>	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?  <i>If completed non-formal equivalent education program (NFEEP), circle '2'.</i>	Secondary school ..... 2 Technical and vocational centre..... 4 University, institute/college..... 3	
<b>WB5</b>	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "00" If has attended primary school of NFEEP, record '21', if basic or high school, record '22' and '23' respectively.</i>	Grade..... _ _	
<b>WB5A</b>	HAVE YOU COMPLETED SCHOOL YOU HAVE ATTENDED?	Yes ..... 1 No ..... 2	
<b>WB6</b>	<i>Check WB4 and WB5 to see if a woman is completed primary school.</i> <input type="checkbox"/> No, completed 5 or higher grade in a secondary school or higher education (WB5>4) ⇒ Go to WB8 <input type="checkbox"/> Yes, completed 1-4 grades in a secondary school (WB5<5) ⇒ Continue with WB7		
<b>WB7</b>	NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all..... 1 Able to read only parts of sentence..... 2 Able to read whole sentence..... 3  No sentence in required language ..... 4 <i>(specify language)</i>  Blind / visually impaired ..... 5	1⇒WB8       5⇒WB8
<b>WB7A</b>	NOW I WOULD LIKE YOU TO WRITE SENTENCE WHICH I AM GOING TO READ TO YOU.  <i>Show sentence written on the card to the respondent.</i>  <i>If respondent cannot write whole sentence, probe:</i>  CAN YOU WRITE PART OF THE SENTENCE?	Cannot write at all ..... 1 Able to write only some words of sentence. .... 2 Able to write short sentence wholly ..... 3	
<b>WB8</b>	ASIDE FROM YOUR OWN HOUSEWORK, HAVE YOU DONE ANY WORK IN THE LAST SEVEN DAYS?	Yes ..... 1 No ..... 2	1⇒WB12

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<b>WB9</b>	AS YOU KNOW, SOME WOMEN TAKE UP JOBS FOR WHICH THEY ARE PAID IN CASH OR KIND. OTHERS SELL THINGS, HAVE A SMALL BUSINESS OR WORK ON THE FAMILY FARM OR IN THE FAMILY BUSINESS.  IN THE LAST SEVEN DAYS, HAVE YOU DONE ANY OF THESE THINGS OR ANY OTHER WORK?	Yes ..... 1 No ..... 2	1⇒WB12
<b>WB10</b>	ALTHOUGH YOU DID NOT WORK IN THE LAST SEVEN DAYS, DO YOU HAVE ANY JOB OR BUSINESS FROM WHICH YOU WERE ABSENT FOR LEAVE, ILLNESS, VACATION, MATERNITY LEAVE, OR ANY OTHER SUCH REASON?	Yes ..... 1 No ..... 2	1⇒WB12
<b>WB11</b>	HAVE YOU DONE ANY WORK IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒Next module
<b>WB12</b>	WHAT IS YOUR OCCUPATION, THAT IS, WHAT KIND OF WORK DO YOU MAINLY DO?	(Specify) _____ _____ _____	
<b>WB13</b>	DO YOU DO THIS WORK FOR A MEMBER OF YOUR FAMILY, FOR SOMEONE ELSE, OR ARE YOU SELF-EMPLOYED?	For family member ..... 1 For someone else ..... 2 Self-employed ..... 3	
<b>WB14</b>	DO YOU USUALLY WORK THROUGHOUT THE YEAR, OR DO YOU WORK SEASONALLY, OR ONLY ONCE IN A WHILE?	Throughout the year ..... 1 Seasonally/part of the year ..... 2 Once in a while ..... 3	

3. ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY			MT
<b>MT1</b>	<p>Check <b>WB7</b> 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 or 4) ⇒ Continue with MT2.</p> <p><input type="checkbox"/> Cannot read at all or blind/ visually impaired (WB7 = 1 or 5) ⇒ Go to MT3.</p>		
<b>MT2</b>	<p>HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1</p> <p>At least once a week ..... 2</p> <p>Less than once a week ..... 3</p> <p>Not at all ..... 4</p>	
<b>MT3</b>	<p>DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1</p> <p>At least once a week ..... 2</p> <p>Less than once a week ..... 3</p> <p>Not at all ..... 4</p>	
<b>MT4</b>	<p>HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1</p> <p>At least once a week ..... 2</p> <p>Less than once a week ..... 3</p> <p>Not at all ..... 4</p>	
<b>MT6</b>	<p>HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒MT9
<b>MT7</b>	<p>HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒MT9
<b>MT8</b>	<p>DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1</p> <p>At least once a week ..... 2</p> <p>Less than once a week ..... 3</p> <p>Not at all ..... 4</p>	
<b>MT9</b>	<p>HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒MT12
<b>MT10</b>	<p>IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒MT12
<b>MT11</b>	<p>DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1</p> <p>At least once a week ..... 2</p> <p>Less than once a week ..... 3</p> <p>Not at all ..... 4</p>	
<b>MT12</b>	<p>DO YOU HAVE A MOBILE PHONE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

4. MARRIAGE/UNION			MA
<b>MA1</b>	ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married .....1 Yes, living with a man.....2 No, not in union .....3	3⇒ MA5
<b>MA2</b>	HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age (in complete years) ..... __ __ DK .....98	⇒ MA7 98⇒ MA7
<b>MA5</b>	HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married .....1 Yes, formerly lived with a man.....2 No .....3	3⇒Next module
<b>MA6</b>	WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed .....1 Divorced .....2 Separated.....3	
<b>MA7</b>	HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once .....1 2 and more .....2	1⇒MA8A 2⇒MA8B
<b>MA8A</b>	IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Year ..... __ __ __ __ DK month .....9998	⇒Next module
<b>MA8B</b>	IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month ..... __ __ DK year .....98	
<b>MA9</b>	HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age (in completed years)..... __ __	

5. HUSBAND/PARTNER'S BACKGROUND		HB
<b>HB1</b>	<p>Check <b>MA1</b> and <b>MA6</b> for woman's marital status.</p> <p><input type="checkbox"/> Married/living together (MA1 = 1, 2) ⇒ Continue with HB2</p> <p><input type="checkbox"/> Separated / divorced / widowed (MA6 = 1 or 2 or 3) ⇒ Go to HB4.</p> <p><input type="checkbox"/> Not married (MA1 =3) ⇒ Go to Next module.</p>	
<b>HB2</b>	CURRENTLY IS YOUR HUSBAND/PARTNER LIVING WITH YOU?	Yes ..... 1 No..... 2 1⇒HB4
<b>HB3</b>	HOW LONG HAVE YOU BEEN LIVING FAR AWAY FROM EACH OTHER?	Less than a month ..... 1 1-6 months ..... 2 More than 6 months..... 3
<b>HB4</b>	HAS YOUR HUSBAND/PARTNER OR YOUR EX-HUSBAND/PARTNER EVER ATTENDED SCHOOL?	Yes ..... 1 No..... 2 2⇒ Next module
<b>HB5</b>	WHAT IS THE HIGHEST LEVEL OF SCHOOL HE ATTENDED?  <i>If completed non-formal equivalent education program (NFEEP), circle '2'.</i>	Secondary school ..... 2 Technical and vocational centre ..... 4 University, institute/college ..... 3
<b>HB6</b>	WHAT IS THE HIGHEST GRADE YOUR HUSBAND/PARTNER OR YOUR EX-HUSBAND/PARTNER COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "00"</i> <i>If has attended primary school of NFEEP, record '21', if basic or high school, record '22' and '23' respectively.</i>	Grade ..... ____
<b>HB7</b>	HAS YOUR HUSBAND/PARTNER OR YOUR EX-HUSBAND/PARTNER COMPLETED SCHOOL HE HAS ATTENDED?	Yes ..... 1 No..... 2

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

**7. BIRTH HISTORY** **BH**

Now I would like to talk to you about your births. Please tell me the names of all of your births, starting with the first one you had. (Record names of all of the births in BH1. Record twins and triplets in BH2. If there are more than 14 births, use an additional questionnaire).

BH Line No.	BH1. PLEASE TELL ME THE NAMES OF YOUR CHILDREN, STARTING WITH THE FIRST ONE?  <i>If the child is not named, write "NO NAME".</i>	BH2. WERE ANY OF THESE BIRTHS TWINS?  1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL?  1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN?  <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>  <i>If do not know the month, record 98, If do not know the year, record 9998</i>		BH5. IS (name) STILL ALIVE?  1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?  <i>Record age in completed years.</i>	BH7. IS (name) LIVING WITH YOU?  1 Yes 2 No	BH8. Record household line number of child (from HL1)  <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED?  <i>If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?</i>  <i>Record days if less than 1 month; record months if 1-24 months; record years if more than 24 months</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?  1 Yes 2 No	
				Year	Month					Y	N		Age
01		1 2	1 2	_____	____	1 2 → BH9	____	1 2	____ ⇒Next Line	Days .....1 Months .....2 Years .....3	_____		
02		1 2	1 2	_____	____	1 2 → BH9	____	1 2	____ ⇒BH10	Days .....1 Months .....2 Years .....3	_____	1 2 Add Next Birth Line	
03		1 2	1 2	_____	____	1 2 → BH9	____	1 2	____ ⇒BH10	Days .....1 Months .....2 Years .....3	_____	1 2 Add Next Birth Line	
04		1 2	1 2	_____	____	1 2 → BH9	____	1 2	____ ⇒BH10	Days .....1 Months .....2 Years .....3	_____	1 2 Add Next Birth Line	
05		1 2	1 2	_____	____	1 2 → BH9	____	1 2	____ ⇒BH10	Days .....1 Months .....2 Years .....3	_____	1 2 Add Next Birth Line	
06		1 2	1 2	_____	____	1 2 → BH9	____	1 2	____ ⇒BH10	Days .....1 Months .....2 Years .....3	_____	1 2 Add Next Birth Line	
07		1 2	1 2	_____	____	1 2 → BH9	____	1 2	____ ⇒BH10	Days .....1 Months .....2 Years .....3	_____	1 2 Add Next Birth Line	





<b>CM12A</b>	<p>Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Numbers are same ⇒ Continue with CM13</li><li><input type="checkbox"/> Numbers are different ⇒ Re-check birth numbers in CM1-CM10 and Birth History Module</li></ul>
<b>CM13</b>	<p>Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in <b>2011</b> (if the month of interview and the month of birth are the same, and the year of birth is <b>2011</b>, consider this as a birth within the last 2 years)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> No live birth in last 2 years. ⇒ Continue with Next Module</li><li><input type="checkbox"/> One or more live births in last 2 years. ⇒ Continue with Next Module</li></ul> <p style="text-align: center;">Name of last-born child _____</p> <p style="text-align: center;"><i>If child has died, take special care when referring to this child by name in the following modules.</i></p>

8. MISCARRIAGE, STILLBIRTH AND ABORTION				AB
<b>CP1</b>	ARE YOU PREGNANT NOW?	Yes .....1 No .....2 Unsure .....8	2⇒AB3 8⇒AB3	
<b>AB2</b>	HOW MANY WEEKS OF PREGNANCY?	Weeks ..... ____		
<b>AB3</b>	WOMEN SOMETIMES HAVE PREGNANCIES WHICH DO NOT END IN A LIVE BORN CHILD.  HAVE YOU EVER HAD A PREGNANCY THAT MISCARRIED, WAS STILLBIRTH, OR ENDED WITH AN ABORTED?  <i>Cleaning the uterus due to no sign of uterine growth will be considered as a miscarriage.</i>	Yes .....1 No .....2	2⇒Next module	
<b>AB4</b>	WHEN DID THE LAST SUCH PREGNANCY (MISCARRIAGES, STILLBIRTHS OR ABORTIONS) END?  <i>Fill in both the month and the year</i>	Year ..... ____ Month ..... ____		
<b>AB5</b>	Check AB4: Last miscarriage, stillbirth or abortion ended within the last 2 years, that is, since _____ (month of interview) in <b>2011</b>  <input type="checkbox"/> No miscarriages, stillbirths or abortions in last 2 years. ⇒ Next module. <input type="checkbox"/> One or more miscarriages, stillbirths or abortions in last 2 years. ⇒ Continue with AB6			
<b>AB6</b>	DURING THE LAST 2 YEARS, THAT IS, SINCE (MONTH OF INTERVIEW) IN 2011, HOW MANY SUCH PREGNANCY (MISCARRIAGES, STILLBIRTHS OR ABORTIONS) END?	Number of miscarriages, stillbirths and abortions..... ____		
ASK THE RESPONDENT TO TELL YOU, IN WHICH YEAR AND MONTH EACH MISCARRIAGE, STILLBIRTH OR ABORTION HAD A PLACE DURING LAST 2 YEARS AND RECORD YEAR AND MONTH FOR EACH PREGNANCY, STARTED FROM THE LAST MISCARRIAGE, STILLBIRTH OR ABORTION. THEN, ASK TO ANSWER EACH MISCARRIAGE, STILLBIRTH AND ABORTION.				
	Last miscarriage, abortion, stillbirth	First	Second	Third
		Prior to the last miscarriage, abortion, stillbirth		
<b>AB7.</b> IN WHICH YEAR AND MONTH THE PREVIOUS PREGNANCY ENDED?	<i>Already filled in AB5 – no need to fill in</i>	Year.... ____ Month ..... ____	Year ... ____ Month ..... ____	Year.... ____ Month ..... ____
<b>AB8.</b> HOW MANY WEEKS YOU WERE PREGNANT, WHEN THIS PREGNANCY ENDED?	Weeks..... ____	Weeks ..... ____	Weeks ..... ____	Weeks ..... ____
<b>AB9.</b> DID THAT PREGNANCY END IN A SPONTANEOUS MISCARRIAGE, AN INDUCED ABORTION, OR A STILLBIRTH?	Miscarriage ..... 1 Stillbirth ..... 2 Abortion ..... 3	Miscarriage .....1 Stillbirth.....2 Abortion .....3	Miscarriage ..... 1 Stillbirth ..... 2 Abortion..... 3	Miscarriage .....1 Stillbirth.....2 Abortion ..... 3
Additional questionnaire used <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>AB10</b>	Check <b>AB9, the column</b> Last miscarriage, Stillbirth or Abortion is that pregnancy end with the induced abortion? <input type="checkbox"/> Yes ⇒ Continue with AB11. <input type="checkbox"/> No ⇒ Go to Next module.			

APPENDIX F: QUESTIONNAIRES

<p><b>AB11</b></p>	<p>WHY DID YOU HAVE AN ABORTION?</p> <p><i>Probe:</i> PLEASE TELL ME THE VERY MAIN REASON?</p>	<p>Health concerns..... 01  Fetus abnormality ..... 02  Financially incapable ..... 03  Too young..... 04  Too old ..... 05  Too many children ..... 06  Not ready for a child..... 07  Wanted to go to school ..... 08  Wanted to work..... 09  Interval between births..... 10  Husband/ partner didn't want ..... 11  Child's sex ..... 12    Other (<i>specify</i>) _____ 96</p>	
<p><b>AB12</b></p>	<p>DID YOU DECIDE TO GET AN ABORTION ON YOUR OWN, OR WAS IT JOINT DECISION, OR SOMEONE?</p>	<p>Oneself ..... 01  Joint decision with husband / partner..... 02  Husband/partner ..... 03  Parent ..... 04  Siblings/ relatives..... 05  Friends/ acquaintances..... 06  Physician ..... 07    Other (<i>specify</i>) _____ 96</p>	
<p><b>AB13</b></p>	<p>WHERE DID YOU HAVE YOUR LAST ABORTION?</p>	<p>Public sector  Specialized professional health center  (Mother and child center) ..... 11  General hospital (Aimag centre/ district  health centre) ..... 12  Maternity house ..... 13  Soum/family group practice..... 15  Private sector  Ulaanbaatar hospital .....21  Ulaanbaatar Clinic.....22  Aimag/ Soum hospital .....23  Aimag/ Soum Clinic.....24  NGO's hospital .....30  Other  Respondent /Other's home .....31    Other (<i>specify</i>) _____ 96</p>	
<p><b>AB14</b></p>	<p>WHO PERFORMED THE LAST ABORTION?</p>	<p>Health professional  Gynaecologist .....01  Physician .....02  Family doctor/ Soum doctor .....03  Midwife .....04  Auxiliary midwife .....05  Nurse .....06  Other person  Traditional birth attendant .....07  Relative / Friend.....08    Other (<i>specify</i>) _____ 96  One self .....09</p>	
<p><b>AB15</b></p>	<p>WHAT KIND OF METHOD WAS USED IN THE LAST ABORTION?</p>	<p>Dilation and Curettage ..... 1  Dilation and Evacuation .....2  Manual vacuum aspiration .....3  Medical abortion .....4  Rivanol solution ..... 5    DK ..... 8</p>	

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<b>AB16</b>	<p>DID A PHYSICIAN PROVIDE YOU WITH THE FOLLOWING COUNSELLING WHEN YOU CAME TO A HOSPITAL TO HAVE AN ABORTION LAST TIME?</p> <p>[A] DISCUSSED ABOUT DECISION OF ABORTION?</p> <p>[B] ASKED THE REASON OF ABORTION?</p> <p>[C] EXPLAINED THE MATERNITY ALLOWANCES PAID BY GOVERNMENT?</p> <p>[D] EXPLAINED THE METHOD OF ABORTION?</p> <p>[E] COUNSELLED ABOUT CONTRACEPTION THAT CAN BE IMMEDIATELY USED AFTER ABORTION?</p> <p>[X] ANY OTHER COUNSELLING?</p>	<p>Yes No</p> <p>Decision of abortion ..... 1 2</p> <p>Reason of abortion ..... 1 2</p> <p>Maternity allowances paid by government ..... 1 2</p> <p>Abortions method..... 1 2</p> <p>Contraception ..... 1 2</p> <p>Other (<i>specify</i>) ..... 1 2</p>	
<b>AB17</b>	<p>DID A PHYSICIAN PROVIDE YOU WITH THE FOLLOWING COUNSELLING AFTER THE ABORTION?</p> <p>[A] SIGNS AND SYMPTOMS WHEN THE CLIENT WILL NEED TO SEEK IMMEDIATE HELP FROM A DOCTOR?</p> <p>[B] BEING CHECKED BY ULTRASOUND?</p> <p>[C] COUNSELLED ABOUT CONTRACEPTION?</p> <p>[X] RECIEVED BROCHURE THAT INCLUDES ABOVE TOPICS?</p>	<p>Yes No</p> <p>Critical symptoms ..... 1 2</p> <p>Ultrasound ..... 1 2</p> <p>Contraception ..... 1 2</p> <p>Brochure ..... 1 2</p>	
<b>AB18</b>	<p>AFTER ABORTION, DID YOU HAVE A REST IN THE BED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<b>AB19</b>	<p>DID YOU HAVE ANY COMPLICATIONS AFTER HAVING THE LAST ABORTION?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒AB21
<b>AB20</b>	<p>WHAT KIND OF COMPLICATIONS DID YOU HAVE?</p> <p>[A] TOO MUCH BLEEDING?</p> <p>[B] TOO MUCH PAIN?</p> <p>[C] HAD FEWER?</p> <p>[D] HAD REPEATED CURETTAGE?</p> <p>[X] OTHER?</p>	<p>Yes No</p> <p>Too much bleeding ..... 1 2</p> <p>Too much pain ..... 1 2</p> <p>Had fewer ..... 1 2</p> <p>Had repeated curettage ..... 1 2</p> <p>Other (<i>specify</i>) ..... 1 2</p>	
<b>AB21</b>	<p>DID YOU START USING ANY OF THE CONTRACEPTIVE METHODS AFTER YOUR LAST ABORTION?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

9. DESIRE 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 interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.</i></p>			
<b>DB1</b>	<p>WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes .....1 No .....2</p>	1⇒Next module
<b>DB2</b>	<p>DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later .....1 No more ..... 2</p>	2⇒Next module
<b>DB3</b>	<p>HOW MUCH LONGER DID YOU WANT TO WAIT?  <i>Record the answer as stated by respondent.</i></p>	<p>Years .....1 __ __ Months .....2 __ __ DK .....998</p>	

10. 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 interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.</i></p>																																			
<b>MN1</b>	DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5C																																
<b>MN2</b>	WHOM DID YOU SEE?  <i>Probe: ANYONE ELSE?</i>  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional Gynaecologist ..... D Physician ..... E Family doctor/ Soum doctor ..... I Midwife ..... J Auxiliary midwife ..... C Nurse ..... K Other person Traditional birth attendant ..... F  Other (specify) ..... X																																	
<b>MN2A</b>	HOW MANY WEEKS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?	Weeks ..... DK ..... 98																																	
<b>MN2B</b>	WHERE DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?  <i>Probe: WHERE ELSE?</i>	Public sector Specialized professional health center (Mother and child center) ..... A General hospital (Aimag centre/ district health centre) ..... B Maternity house ..... C Soum/family group practice ..... E Private sector Ulaanbaatar hospital ..... G Ulaanbaatar Clinic ..... H Aimag/ Soum hospital ..... I Aimag/ Soum Clinic ..... J NGO's hospital ..... N Other Respondent /Other's home ..... O  Other (specify) ..... X																																	
<b>MN3</b>	HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... DK ..... 98																																	
<b>MN3A</b>	DID YOU RECEIVE COUNSELLING OF THE FOLLOWING WHEN YOU RECEIVED ANTENATAL CARE DURING THIS PREGNANCY?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>[A] IMPORTANCE OF ANTENATAL CARE?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B] MEAL DURING PREGNANCY?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[C] BAD HABITS (ALCOHOL OR TOBACCO)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[D] SEXUALLY TRANSMITTED INFECTIONS?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[E] ABNORMALITIES OF PREGNANCY/CRITICAL SYMPTOMS?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[F] FAMILY PLANNING?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[G] RECEIVING ALLOWANCES/GRANTS?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	[A] IMPORTANCE OF ANTENATAL CARE?	1	2	8	[B] MEAL DURING PREGNANCY?	1	2	8	[C] BAD HABITS (ALCOHOL OR TOBACCO)?	1	2	8	[D] SEXUALLY TRANSMITTED INFECTIONS?	1	2	8	[E] ABNORMALITIES OF PREGNANCY/CRITICAL SYMPTOMS?	1	2	8	[F] FAMILY PLANNING?	1	2	8	[G] RECEIVING ALLOWANCES/GRANTS?	1	2	8	
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APPENDIX F: QUESTIONNAIRES

<b>MN4</b>	<p>AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] MEASURE BLOOD PRESSURE?</p> <p>[B] URINE SAMPLE?</p> <p>[C] BLOOD SAMPLE?</p> <p>[D] TEST FOR STIS/SMEAR?</p> <p>[E] WEIGHT MEASUREMENT?</p> <p>[F] TEST FOR SYPHILIS?</p> <p>[G] TEST FOR HIV/AIDS VIRUSES?</p> <p>[H] ULTRASOUND?</p> <p>[I] CHEST X-RAY?</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>Measure blood pressure .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Test for STIs/Smear .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Weight measurement .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Test for syphilis .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Test for HIV/AIDS viruses .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Ultrasound .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Chest x-ray .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Measure blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	Test for STIs/Smear .....	1	2	Weight measurement .....	1	2	Test for syphilis .....	1	2	Test for HIV/AIDS viruses .....	1	2	Ultrasound .....	1	2	Chest x-ray .....	1	2	
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<b>MN5A</b>	<p>WAS THERE PROBLEMS WHEN RECEIVED ANTENATAL CARE DURING YOUR PREGNANCY WITH <i>(name)</i>?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒MN5D																														
<b>MN5B</b>	<p>PLEASE TELL ME THE MAIN PROBLEM YOU FACED WHEN RECEIVED ANTENATAL CARE DURING YOUR PREGNANCY WITH <i>(name)</i>?</p>	<p>Financial ..... 01</p> <p>Far away from hospital ..... 02</p> <p>Busy/No time ..... 03</p> <p>Not registered ..... 04</p> <p>Bad behaviour of health professional ..... 05</p> <p>Hospital is overloaded ..... 06</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒MN5D</p> <p>02⇒MN5D</p> <p>03⇒MN5D</p> <p>04⇒MN5D</p> <p>05⇒MN5D</p> <p>06⇒MN5D</p> <p>96⇒MN5D</p>																														
<b>MN5C</b>	<p>WHAT WAS THE MAIN IMPORTANT REASON THAT YOU DIDN'T RECEIVE ANTENATAL CARE?</p>	<p>Financial ..... 01</p> <p>Far away from hospital ..... 02</p> <p>Busy/No time ..... 03</p> <p>Not registered ..... 04</p> <p>Afraid of ..... 05</p> <p>Don't know where to refer ..... 06</p> <p>Not necessary to receive antenatal care/ healthy and no physical pain ..... 07</p> <p>Other (<i>specify</i>) ..... 96</p>																															
<b>MN5D</b>	<p><i>Check MA1 and MA6 for woman's marital status.</i></p> <p><input type="checkbox"/> <i>Married or living together (MA = 1 or 2) ⇒ Continue with MN5E.</i></p> <p><input type="checkbox"/> <i>Never married, separated, widowed or divorced (MA=3, MA6=1, 2 or 3) ⇒ Go to MN5G.</i></p>																																
<b>MN5E</b>	<p>DID YOUR HUSBAND/PARTNER COME ALONG WHEN YOU RECEIVED ANTENATAL CARE DURING YOUR PREGNANCY (NAME)?</p>	<p>Yes ..... 1</p> <p>Never ..... 2</p> <p>Don't remember ..... 8</p>	<p>2⇒MN5G</p> <p>8⇒MN5G</p>																														
<b>MN5F</b>	<p>HOW OFTEN DID YOUR HUSBAND/PARTNER COME ALONG WHEN YOU RECEIVED ANTENATAL CARE DURING YOUR PREGNANCY WITH (NAME)?</p>	<p>Often ..... 1</p> <p>Sometimes ..... 2</p>																															



<b>MN5G</b>	<p>HAVE YOU HAD ANY OF THE FOLLOWING PREGNANCY COMPLICATIONS DURING YOUR PREGNANCY WITH (NAME)?</p> <p>[A] VAGINAL BLEEDING?</p> <p>[B] HAVING ANY OF FOLLOWING SYMPTOMS: DIZZINESS, HEADACHE, BLURRING, ELEVATED BLOOD PRESSURE?</p> <p>[C] HAVING SEIZURES AND UNCONSCIOUSNESS AFTER HAVING HIGH BLOOD PRESSURE?</p> <p>[D] PRESENTING EARLY SIGN OF BIRTH?</p> <p>[X] OTHER (SPECIFY)?</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>Bleeding.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Dizziness, headache, blurriness .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hig blood pressure, unconscious .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Early sign of birth .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Bleeding.....	1	2	Dizziness, headache, blurriness .....	1	2	Hig blood pressure, unconscious .....	1	2	Early sign of birth .....	1	2	Other (specify) _____	1	2				
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<b>MN5H</b>	<p><i>Check MN5G to see if woman had pregnancy complications.</i></p> <p><input type="checkbox"/> Yes, had at least one of them ⇒ Continue with MN5I.</p> <p><input type="checkbox"/> No, not at all ⇒ Go to MN5J.</p>																							
<b>MN5I</b>	<p>DID YOU RECEIVE ASSISTANCE FROM HEALTH PROFESSIONALS OR DOCTORS DURING THE COMPLICATION?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>																						
<b>MN5J</b>	<p>DID YOU HAVE ANY OTHER ILLNESS DURING YOUR PREGNANCY WITH (NAME)?</p> <p>[A] HEART?</p> <p>[B] KIDNEY, BLADDER?</p> <p>[C] LIVER, GALL?</p> <p>[D] LUNG, RESPIRATORY DISEASE?</p> <p>[E] INDIGESTION, STOMACH?</p> <p>[X] OTHER (SPECIFY)?</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>Heart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Kidney, bladder.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Liver, gall .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lung, respiratory disease.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Indigestion, stomach.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Heart.....	1	2	Kidney, bladder.....	1	2	Liver, gall .....	1	2	Lung, respiratory disease.....	1	2	Indigestion, stomach.....	1	2	Other (specify) _____	1	2	
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<b>MN5K</b>	<p>DID YOU TAKE IRON TABLETS/SYRUP DURING YOUR PREGNANCY WITH (NAME)?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	2⇒MN5O																					
<b>MN5L</b>	<p>HOW MANY DAYS DID YOU TAKE?</p>	<p>Number of days ..... _____</p> <p>DK ..... 998</p>																						
<b>MN5M</b>	<p>WHERE DID YOU GET IRON TABLETS/SYRUP?</p>	<p>Public sector</p> <p>Specialized professional health center (Mother and child center) ..... 11</p> <p>General hospital (Aimag centre/ district health centre) ..... 12</p> <p>Maternity house ..... 13</p> <p>Soum/family group practice..... 15</p> <p>Private sector</p> <p>Ulaanbaatar hospital ..... 21</p> <p>Ulaanbaatar Clinic..... 22</p> <p>Aimag/ Soum hospital ..... 23</p> <p>Aimag/ Soum Clinic..... 24</p> <p>NGO's hospital ..... 30</p> <p>Other (specify) _____ 96</p>																						

APPENDIX F: QUESTIONNAIRES

<b>MN5N</b>	WERE YOU GIVEN OR BOUGHT IRON TABLETS/SYRUP?	Bought ..... 1 Given ..... 2 Bought and Given ..... 3																																					
<b>MN5O</b>	DID YOU STAY IN RECREATION ROOM BEFORE GIVING BIRTH TO (NAME)?	Yes ..... 1 No ..... 2																																					
<b>MN17</b>	WHO ASSISTED WITH THE DELIVERY OF (name)?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person assisting and circle all answers given.</i>  <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional Gynaecologist ..... D Physician ..... E Family doctor/ Soum doctor ..... I Midwife ..... J Auxiliary midwife ..... C Nurse ..... K Other person Traditional birth attendant ..... F Relative/ Friend ..... H  Other (specify) ..... X No One ..... Y																																					
<b>MN18</b>	WHERE DID YOU GIVE BIRTH TO (name)?	Public sector Specialized professional health center (Mother and child center) ..... 11 General hospital (Aimag centre/ district health centre) ..... 12 Maternity house ..... 13 Soum/family group practice ..... 15 Private sector Ulaanbaatar hospital ..... 21 Ulaanbaatar Clinic ..... 22 Aimag/ Soum hospital ..... 23 Aimag/ Soum Clinic ..... 24 Other Respondent /Other's home ..... 31  Other (specify) ..... 96	31⇒MN19C 96⇒MN19C																																				
<b>MN19</b>	WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes ..... 1 No ..... 2	2⇒MN19B																																				
<b>MN19A</b>	WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?  WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before ..... 1 After ..... 2	1⇒MN19C 2⇒MN19C																																				
<b>MN19B</b>	WERE FOLLOWING SYMPTOMS NOTED OR PROCEDURES APPLIED WHEN (name) WAS BORN:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>[A] USED DROPS TO ACCELERATE LABOUR?</td> <td>Drops ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B] HAD HIGH TEMPERATURE DURING LABOUR?</td> <td>High temperature ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[C] BLEEDING MORE THAN USUAL?</td> <td>Bleeding more than usual ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[D] BLOOD TRANSFUSION?</td> <td>Blood transfusion ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[E] SEISURES AND UNCONSOUSNESS AFTER HAVING HIGH BLOOD PRESSURE?</td> <td>High blood pressure, unconscious ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[F] PLACING FORCEPS OR VACUUM EXTRACTOR?</td> <td>Placing forceps or vacuum extractor ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[G] PLACE THE MISOPROSTOL UNDER YOUR TONGUE?</td> <td>Place the misoprostol he under your tongue ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[H] PLACE MISOPROSTOL IN THE VAGINA?</td> <td>Place misoprostol in the vagina ..... 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	[A] USED DROPS TO ACCELERATE LABOUR?	Drops ..... 1	2	8	[B] HAD HIGH TEMPERATURE DURING LABOUR?	High temperature ..... 1	2	8	[C] BLEEDING MORE THAN USUAL?	Bleeding more than usual ..... 1	2	8	[D] BLOOD TRANSFUSION?	Blood transfusion ..... 1	2	8	[E] SEISURES AND UNCONSOUSNESS AFTER HAVING HIGH BLOOD PRESSURE?	High blood pressure, unconscious ..... 1	2	8	[F] PLACING FORCEPS OR VACUUM EXTRACTOR?	Placing forceps or vacuum extractor ..... 1	2	8	[G] PLACE THE MISOPROSTOL UNDER YOUR TONGUE?	Place the misoprostol he under your tongue ..... 1	2	8	[H] PLACE MISOPROSTOL IN THE VAGINA?	Place misoprostol in the vagina ..... 1	2	8	
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SISS.WM.18

<b>MN19C</b>	WERE YOU GIVEN VITAMIN A WITHIN 2 MONTHS AFTER THE BIRTH OF <i>(name)</i> ?	Yes ..... 1 No ..... 2  DK ..... 8																	
<b>MN19D</b>	DID YOU GIVE BIRTH TO <i>(name)</i> BEFORE, AFTER OR ON YOUR DUE DATE?	On time (37-42 weeks) ..... 1 Before (22-37 weeks) ..... 2 After (42 or more weeks) ..... 3  DK ..... 8																	
<b>MN20</b>	WHEN <i>(name)</i> WAS BORN, WAS HE/SHE LARGER OR SMALLER THAN AVERAGE?  <i>If deemed necessary, probe: VERY LARGE, LARGER THAN AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</i>	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK ..... 8																	
<b>MN21</b>	WAS <i>(name)</i> WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN22A 8⇒MN22A																
<b>MN22</b>	HOW MUCH DID <i>(name)</i> WEIGH?  <i>If a card is available, record weight from card.</i>	From card ..... 1 (kg) ____ . ____ From recall ..... 2 (kg) ____ . ____  DK ..... 99998																	
<b>MN22A</b>	DID <i>(name)</i> CRY FOLLOWING BIRTH?	Yes ..... 1 No ..... 2	1⇒MN22C																
<b>MN22B</b>	HAS EMERGENCY CARE /TREATMENT/ BEEN PROVIDED TO <i>(name)</i> IMMEDIATELY AFTER THE BIRTH IN THE DELIVERY ROOM?	Yes ..... 1 No ..... 2 DK ..... 8																	
<b>MN22C</b>	HAS <i>(name)</i> BEEN PROVIDED WITH THE FOLLOWING CARE FOR WARMING?  [A] HAT WAS WORN?  [B] PLACED ON MOTHER'S BELLY AND COVERED WITH BLANKET?  [C] PLACED ON INFANT WARMING TABLE?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Hat was worn.....</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>Placed on mother's belly and covered with blanket .....</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>Placed on infant warming table .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	Hat was worn.....	1	2	8	Placed on mother's belly and covered with blanket .....	1	2	8	Placed on infant warming table .....	1	2	8	
	Yes	No	DK																
Hat was worn.....	1	2	8																
Placed on mother's belly and covered with blanket .....	1	2	8																
Placed on infant warming table .....	1	2	8																
<b>MN23</b>	HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i> ?	Yes ..... 1 No ..... 2	2⇒MN23B																
<b>MN23A</b>	HOW MANY MONTHS LATER HAS YOUR MENSTRUAL PERIOD RETURNED AFTER THE BIRTH OF <i>(name)</i> ?	Months..... ____ DK ..... 98																	
<b>MN23B</b>	<i>Check CP1 to see if a woman is currently pregnant or not.</i> <input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to MN23D <input type="checkbox"/> No, unsure or DK (CP1 = 2, 3) ⇒ Continue with MN23C																		
<b>MN23C</b>	DID YOU HAVE A SEXUAL INTERCOURSE AFTER THE BIRTH OF <i>(name)</i> ?	Yes ..... 1 No ..... 2	2⇒MN24																
<b>MN23D</b>	HOW MANY MONTHS LATER HAVE YOU HAD A SEXUAL INTERCOURSE AFTER THE BIRTH OF <i>(name)</i> ?	Months..... ____ DK ..... 98																	

APPENDIX F: QUESTIONNAIRES

<b>MN24</b>	DID YOU EVER BREASTFEED ( <i>name</i> )?	Yes ..... 1 No ..... 2	2⇒Next module
<b>MN25</b>	HOW LONG AFTER BIRTH DID YOU FIRST PUT ( <i>name</i> ) TO THE BREAST?  <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately ..... 000 Hours ..... 1 ____ Days ..... 2 ____ DK/Don't remember ..... 998	
<b>MN26</b>	IN THE FIRST THREE DAYS AFTER DELIVERY, WAS ( <i>name</i> ) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No ..... 2	2⇒Next module
<b>MN27</b>	WHAT WAS ( <i>name</i> ) GIVEN TO DRINK?  <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk)..... A Plain water ..... B Sugar or glucose water ..... C Sugar-salt-water solution ..... E Fruit juice ..... F Infant formula ..... G Tea / Infusions ..... H Other mother's milk..... I  Other ( <i>specify</i> ) ..... X	

11. POST-NATAL HEALTH CHECKS		PN	
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>			
PN1	<p>Check <b>MN18</b>: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=11, 12, 13, 15, 21, 22, 23, 24) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No (MN18 = 31, 96) ⇒ Go to PN6.</p>		
PN2	<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (<i>name</i>).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (<i>name or type of facility in MN18</i>). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>If more than one week, record weeks.</i></p>	<p>Hours ..... 1 ___</p> <p>Days ..... 2 ___</p> <p>Weeks ..... 3 ___</p> <p>DK / Don't remember ..... 998</p>	
PN3	<p>I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>BEFORE YOU LEFT THE (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
PN4	<p>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 or facility in MN18</i>)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
PN4A	<p>DID THE HEALTH PROFESSIONAL RECORD ON "MOTHER AND CHILD HEALTH BOOK" DURING YOUR RELEASE FROM THE HOSPITAL AFTER BIRTH OF (<i>name</i>)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
PN5	<p>NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name or type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)'S HEALTH AFTER YOU LEFT (<i>name or type of facility in MN18</i>)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1 ⇒ PN11</p> <p>2 ⇒ PN16</p>
PN6	<p>Check <b>MN17</b>: Did a health professional or traditional birth attendant assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17= D, E, I, J, C, K, F) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (MN17= L, X, Y) ⇒ Go to PN10</p>		

APPENDIX F: QUESTIONNAIRES

<p><b>PN7</b></p>	<p>YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p><b>PN8</b></p>	<p>AND DID (<i>person or persons in MN17</i>) CHECK ON YOUR HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p><b>PN9</b></p>	<p>AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p><b>PN10</b></p>	<p>I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒PN19</p>
<p><b>PN11</b></p>	<p>DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once ..... 1 More than once ..... 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p><b>PN12A</b> <b>PN12B</b></p>	<p>HOW LONG AFTER THE DELIVERY DID THST CHECK HAPPEN?</p> <p>HOW LONG AFTER THE DELIVERY DID THE FIRST CHECK HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours .....1 ___ Days .....2 ___ Weeks.....3 ___ Don't know/ remember ..... 998</p>	
<p><b>PN13</b></p>	<p>WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?</p>	<p>Health professional Gynaecologist .....D Physician.....E Family doctor/ Soum doctor ..... I Midwife.....J Auxiliary midwife .....C Nurse ..... K Other person Traditional birth attendant ..... F Relative/ Friend..... H Other (<i>specify</i>) .....X</p>	

<b>PN14</b>	WHERE DID THIS CHECK TAKE PLACE?	Public sector Specialized professional health center (Mother and child center) ..... 11 General hospital (Aimag centre/ district health centre)..... 12 Maternity house ..... 13 Soum/family group practice..... 15 Private sector Ulaanbaatar hospital ..... 21 Ulaanbaatar Clinic..... 22 Aimag/ Soum hospital ..... 23 Aimag/ Soum Clinic..... 24 Other Respondent/ Other's home ..... 31 Other (specify) _____ 96	
<b>PN15</b>	Check <b>MN18</b> : Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=11, 12, 13, 15, 21, 22, 23, 24) ⇒ Continue with PN16 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=31, 96) ⇒ Go to PN17		
<b>PN16</b>	AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes ..... 1 No ..... 2	1⇒PN20 2⇒Next module
<b>PN17</b>	Check <b>MN17</b> : Did a health professional or traditional birth attendant assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17= D, E, I, J, C, K, F) ⇒ Continue with PN17. <input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (MN17= L, X, Y) ⇒ Go to PN19		
<b>PN18</b>	AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes ..... 1 No ..... 2	1⇒PN20 2⇒ Next module
<b>PN19</b>	AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?  I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No ..... 2	2⇒ Next module
<b>PN20</b>	DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once ..... 2	1⇒PN21A 2⇒PN22B
<b>PN21A</b>	HOW LONG AFTER DELIVERY DID THAT CHECKS HAPPEN?	Hours ..... 1 ___	
<b>PN21B</b>	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>	Days ..... 2 ___ Weeks ..... 3 ___ Don't know / remember ..... 998	
<b>PN22</b>	WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional Gynaecologist ..... D Physician..... E Family doctor/ Soum doctor ..... I Midwife.....J Auxiliary midwife ..... C Nurse ..... K Other person Traditional birth attendant ..... F Relative/ Friend ..... H Other (specify) _____ X	

<p><b>PN22A</b></p>	<p>DID HEALTH PROFESSIONAL PROVIDE COUNSELLING ON THE FOLLOWING DURING EXAMINATION OF YOU?</p> <p>[A] BREASTFEEDING? [B] INFANT NURSING? [C] FAMILY PLANNING? [D] SEXUALLY TRANSMITTED INFECTIONS?</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>Breastfeeding.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Infant nursing .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Family planning.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sexually transmitted infections...1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Breastfeeding.....	1	2	Infant nursing .....	1	2	Family planning.....	1	2	Sexually transmitted infections...1	1	2	
	Yes	No																
Breastfeeding.....	1	2																
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Family planning.....	1	2																
Sexually transmitted infections...1	1	2																
<p><b>PN23</b></p>	<p>WHERE DID THIS CHECK TAKE PLACE?</p>	<p>Public sector Specialized professional health center (Mother and child center) ..... 11 General hospital (Aimag centre/ district health centre) ..... 12 Maternity house ..... 13 Soum/family group practice..... 15</p> <p>Private sector Ulaanbaatar hospital ..... 21 Ulaanbaatar Clinic..... 22 Aimag/ Soum hospital ..... 23 Aimag/ Soum Clinic..... 24</p> <p>Other Respondent/ Other's home ..... 31</p> <p>Other (<i>specify</i>) _____ 96</p>																

<b>12. ILLNESS SYMPTOMS</b>		<b>IS</b>
<p><b>IS1</b></p>	<p><i>Check List of Household Members, columns HL7B and HL15.</i> <i>Is the respondent the mother or caretaker of any child under age 5?</i></p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2. <input type="checkbox"/> No ⇒ Go to Next Module.</p>	
<p><b>IS2</b></p>	<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 A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions</i></p>	<p>Child not able to drink or breastfeed.....A Child becomes sicker .....B Child develops a fever.....C Child has fast breathing .....D Child has difficulty breathing .....E Child has blood in stool ..... F Child is drinking poorly ..... G Child vomits a lot.....H Child has diarrhoea ..... I Child coughs ..... J Child has a catalepsy .....K Child cries without reason ..... L</p> <p>Other (<i>specify</i>)_____ X</p> <p>Other (<i>specify</i>)_____ Y</p> <p>Other (<i>specify</i>)_____ Z</p>



<b>13. CONTRACEPTION</b>		<b>CP</b>	
NOW I WOULD LIKE TO TALK TO YOU ABOUT FAMILY PLANNING AND CONTRACEPTIVE METHODS.			
<b>CP0A</b>	HAVE YOU EVER HEARD OF OR READ ABOUT CONTRACEPTIVE METHODS? PLEASE NAME THEM.  <i>For contraceptive methods named by the woman, record "1". For the remaining methods, probe using CP0B and record "2" if heard or read.</i>	Heard or read about (Told oneself)	<b>CP0B.</b> HAVE YOU EVER HEARD OF OR READ ABOUT ..... METHODS?  Yes                  No
A	<b>FEMALE STERILIZATION</b> (Women can have an operation to avoid having any more children)	1	2  3
B	<b>MALE STERILIZATION</b> (Men can have an operation to avoid having any more children.)	1	2  3
C	<b>IUD</b> (Women can have a loop or coil placed inside them by a doctor or a nurse.)	1	2  3
D	<b>INJECTABLES</b> (Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.)	1	2  3
E	<b>IMPLANTS</b> (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.)	1	2  3
F	<b>PILL</b> (Women can take a pill every day to avoid becoming pregnant.)	1	2  3
G	<b>MALE CONDOM</b> (Men can put a rubber sheath on their penis before sexual intercourse.)	1	2  3
H	<b>FEMALE CONDOM</b> (Women can place a sheath in their vagina before sexual intercourse.)	1	2  3
I	<b>DIAPHRAGMS</b> (A shallow silicone cup inserted into the vagina)	1	2  3
J	<b>FOAM / JELLY</b> (placed in the vagina before sex)	1	2  3
L	<b>PERIODIC ABSTINENCE / RHYTHM</b> (To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.)	1	2  3
M	<b>WITHDRAWAL</b> (Men can be careful and pull out before climax.)	1	2  3
N	<b>EMERGENCY CONTRACEPTION</b> (As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.)	1	2  3
X	HAVE YOU HEARD OF OR READ ANY OTHER CONTRACEPTIVE METHOD?	1 (specify) _____  (specify) _____	3

APPENDIX F: QUESTIONNAIRES

<b>CP1A</b>	<p>Check <b>CP1</b> to see if a woman is currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to CP2A</p> <p><input type="checkbox"/> No, unsure (CP1 = 2 or 3) ⇒ Continue with CP2</p>	
<b>CP2</b>	<p>COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes ..... 1 1⇒CP3</p> <p>No ..... 2 2⇒CP22</p>
<b>CP2A</b>	<p>HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes ..... 1 1⇒CP23</p> <p>No ..... 2 2⇒CP23</p>
<b>CP3</b>	<p>WHAT ARE YOU DOING TO AVOID A PREGNANCY? WHAT KIND OF METHOD ARE YOU USING?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Female sterilization .....A</p> <p>Male sterilization .....B</p> <p>IUD ..... C C⇒CP5A</p> <p>Injectables..... D D⇒CP5A</p> <p>Implants .....E E⇒CP5A</p> <p>Pill.....F F⇒CP5A</p> <p>Male condom ..... G G⇒CP5A</p> <p>Female condom ..... H H⇒CP5A</p> <p>Diaphragm ..... I I⇒CP5A</p> <p>Foam / Jelly ..... J J⇒CP5A</p> <p>Periodic abstinence / Rhythm ..... L L⇒CP5A</p> <p>Withdrawal ..... M M⇒CP5A</p> <p>Other (<i>specify</i>) ..... X X⇒CP5A</p>
<b>CP4</b>	<p>IN WHAT FACILITY DID THE STERILIZATION TAKE PLACE?</p>	<p>Public sector</p> <p>Specialized professional health center (Mother and child center) ..... 11 11⇒CP5</p> <p>General hospital (Aimag centre/ district health centre) ..... 12 12⇒CP5</p> <p>Maternity house ..... 13 13⇒CP5</p> <p>Soum/family group practice ..... 15 15⇒CP5</p> <p>Private sector</p> <p>Ulaanbaatar hospital ..... 21 21⇒CP5</p> <p>Ulaanbaatar Clinic..... 22 22⇒CP5</p> <p>Aimag/ Soum hospital ..... 23 23⇒CP5</p> <p>Aimag/ Soum Clinic..... 24 24⇒CP5</p> <p>Other</p> <p>Respondent /Other's home ..... 31 31⇒CP5</p> <p>Other (<i>specify</i>) ..... 96 96⇒CP5</p>
<b>CP5</b>	<p>IN WHAT MONTH AND YEAR WAS THE STERILIZATION PERFORMED?</p>	
<b>CP5A</b>	<p>SINCE WHAT MONTH AND YEAR HAVE YOU BEEN USING (<i>current method</i>) WITHOUT STOPPING?</p> <p><i>Probe:</i> FOR HOW LONG HAVE YOU BEEN USING (<i>current method</i>) NOW WITHOUT STOPPING?</p>	<p>Year ..... _____</p> <p>Month..... _____</p>
<b>CP6</b>	<p>IS THERE SERVICE FEE OR PURCHASE COST TO OBTAIN THE METHOD?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>
<b>CP6A</b>	<p>MUCH DID YOU PAY FOR THE LAST TIME YOU OBTAINED THE METHOD?</p>	<p>Tugrugs..... _____</p>
<b>CP7</b>	<p>HAVE YOU EVER USED ANY OTHER METHODS BEFORE USING YOUR CURRENT METHODS?</p>	<p>Yes ..... 1</p> <p>No ..... 2 2⇒CP10</p>

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<b>CP8</b>	WHAT KIND OF METHODS DID YOU USE THE MOST PREVIOUSLY?	IUD ..... C Injectables..... D Implants .....E Pill.....F Male condom ..... G Female condom ..... H Diaphragm ..... I Foam / Jelly ..... J Periodic abstinence / Rhythm ..... L Withdrawal ..... M Other (specify) _____ X															
<b>CP9</b>	WHAT IS THE MAIN REASON OF CHANGING YOUR METHOD?	Husband/partner disapproved..... 01 Wanted more effective method ..... 02 Health concern..... 03 Side effects ..... 04 Lack of access/ Too far ..... 05 Costs too much ..... 06 Preferred method not available ..... 07 No method available ..... 08 Inconvenient to use..... 09 Interferes with body's normal processes ..... 10 Doctor's recommendation ..... 11 Other (specify) _____ 96															
<p><b>CP10</b> Check <b>CP3</b> for methods currently used by a woman. More than one method code circled in CP3, circle code for highest method in list</p> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Female sterilization ⇒ CP13A</td> <td><input type="checkbox"/> Pills ⇒ CP11</td> <td><input type="checkbox"/> Periodic abstinence/ Rhythm ⇒ CP11A</td> </tr> <tr> <td><input type="checkbox"/> Male sterilization ⇒ CP25</td> <td><input type="checkbox"/> Condoms ⇒ CP11</td> <td><input type="checkbox"/> Withdrawal ⇒ CP25</td> </tr> <tr> <td><input type="checkbox"/> IUD ⇒ CP11</td> <td><input type="checkbox"/> Diaphragm ⇒ CP11</td> <td><input type="checkbox"/> Other ⇒ CP25</td> </tr> <tr> <td><input type="checkbox"/> Injectables ⇒ CP11</td> <td><input type="checkbox"/> Foam/Jelly ⇒ CP11</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Implants ⇒ CP11</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Female sterilization ⇒ CP13A	<input type="checkbox"/> Pills ⇒ CP11	<input type="checkbox"/> Periodic abstinence/ Rhythm ⇒ CP11A	<input type="checkbox"/> Male sterilization ⇒ CP25	<input type="checkbox"/> Condoms ⇒ CP11	<input type="checkbox"/> Withdrawal ⇒ CP25	<input type="checkbox"/> IUD ⇒ CP11	<input type="checkbox"/> Diaphragm ⇒ CP11	<input type="checkbox"/> Other ⇒ CP25	<input type="checkbox"/> Injectables ⇒ CP11	<input type="checkbox"/> Foam/Jelly ⇒ CP11		<input type="checkbox"/> Implants ⇒ CP11		
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<input type="checkbox"/> Implants ⇒ CP11																	
<b>CP11</b>	YOU FIRST STARTED USING (current method) IN (date from CP5/CP5A). WHERE DID YOU GET IT AT THAT TIME?  <b>CP11A</b> WHERE DID YOU LEARN HOW TO USE THE PERIODIC ABSTINENCE/ RHYTHM?	Public sector Specialized professional health center (Mother and child center) ..... 11 General hospital (Aimag centre/ district health centre) ..... 12 Maternity house ..... 13 Volunteer counseling and testing centre ... 14 Soum/family group practice..... 15 Auxiliary midwife ..... 16 Private sector Ulaanbaatar hospital ..... 21 Ulaanbaatar Clinic..... 22 Aimag/ Soum hospital ..... 23 Aimag/ Soum Clinic..... 24 Physician..... 26 Pharmacy..... 27 Shop ..... 28 NGO's hospital..... 30 Other Friend/ Relative..... 31 Parent ..... 33 Other (specify) _____ 96															

<b>CP12</b>	<p>Check <b>CP3</b> for methods currently used by a woman. More than one method code circled in CP3, circle code for highest method in list</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> IUD ⇒ CP13  <input type="checkbox"/> Injectables ⇒ CP13  <input type="checkbox"/> Implants ⇒ CP13  <input type="checkbox"/> Pills ⇒ CP13                 </div> <div style="width: 30%;"> <input type="checkbox"/> Condom ⇒ CP21  <input type="checkbox"/> Female condoms ⇒ CP16  <input type="checkbox"/> Diaphragm ⇒ CP16  <input type="checkbox"/> Foam/Jelly ⇒ CP16                 </div> <div style="width: 30%;"> <input type="checkbox"/> Periodic abstinence/ Rhythm ⇒ CP25                 </div> </div>		
<b>CP13</b>	AT THAT TIME, WERE YOU TOLD ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?	Yes .....1 No .....2	1⇒CP15
<b>CP13A</b>	WHEN YOU GOT STERILIZED, WERE YOU TOLD ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?	Yes .....1 No .....2	1⇒CP15
<b>CP14</b>	WERE YOU EVER TOLD BY A HEALTH OR FAMILY PLANNING WORKER ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?	Yes .....1 No .....2	2⇒CP16
<b>CP15</b>	WERE YOU TOLD WHAT TO DO IF YOU EXPERIENCED SIDE EFFECTS OR PROBLEMS?	Yes .....1 No .....2	
<b>CP16</b>	<p>Check: CP13/CP13A</p> <input type="checkbox"/> Code "1" circled ⇒ Continue with CP17 <input type="checkbox"/> Code "1" not circled ⇒ Continue with CP18		
<b>CP17</b>	AT THAT TIME, WERE YOU TOLD ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?	Yes .....1 No .....2	1⇒CP20 2⇒CP19
<b>CP18</b>	WHEN YOU OBTAINED (CURRENT METHOD FROM CP10) FROM (SOURCE OF METHOD FROM CP4 OR CP11), WERE YOU TOLD ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?	Yes .....1 No .....2	1⇒CP20
<b>CP19</b>	WERE YOU EVER TOLD BY A HEALTH OR FAMILY PLANNING WORKER ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?	Yes .....1 No .....2	
<b>CP20</b>	<p>Check <b>CP3</b> for methods currently used by a woman. More than one method code circled in CP3, circle code for highest method in list</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Female sterilization ⇒ CP25  <input type="checkbox"/> Male sterilization ⇒ CP25  <input type="checkbox"/> IUD ⇒ CP21  <input type="checkbox"/> Injectables ⇒ CP21  <input type="checkbox"/> Implants ⇒ CP21                 </div> <div style="width: 30%;"> <input type="checkbox"/> Pills ⇒ CP21  <input type="checkbox"/> Condoms ⇒ CP21  <input type="checkbox"/> Diaphragm ⇒ CP21  <input type="checkbox"/> Foam/Jelly ⇒ CP21                 </div> <div style="width: 30%;"> <input type="checkbox"/> Periodic abstinence/ Rhythm ⇒ CP25  <input type="checkbox"/> Withdrawal ⇒ CP25  <input type="checkbox"/> Other ⇒ CP25                 </div> </div>		

<p><b>CP21</b></p>	<p>WHERE DID YOU OBTAIN <i>(current method)</i> THE LAST TIME?</p>	<p>Public sector                      Specialized professional health center (Mother and child center) ..... 11                      General hospital (Aimag centre/ district health centre) ..... 12                      Maternity house ..... 13                      Volunteer counseling and testing centre ... 14                      Soum/family group practice ..... 15                      Auxiliary midwife ..... 16                      Private sector                      Ulaanbaatar hospital ..... 21                      Ulaanbaatar Clinic ..... 22                      Aimag/ Soum hospital ..... 23                      Aimag/ Soum Clinic ..... 24                      Physician ..... 26                      Pharmacy ..... 27                      Shop ..... 28                      NGO's hospital ..... 30                      Other                      Friend/ Relative ..... 31                      Parent ..... 33                      Other <i>(specify)</i> ..... 96</p>	
<p><b>CP22</b></p>	<p>WHY ARE YOU NOT USING A METHOD TO PREVENT PREGNANCY?</p> <p><i>Probe:</i>                      ANY OTHER REASONS?</p>	<p>Not married ..... Y</p> <p><b>REASONS RELEVANT TO BIRTH</b>                      Infrequent sex/ No sex ..... A                      Menopausal ..... B                      Never menstruated ..... C                      Hysterectomy (surgical removal of uterus) ..... D                      Cant' get pregnant/ Has been trying to get pregnant for 2 years or more without result ..... E                      Postpartum amenorrhic ..... F                      Breastfeeding ..... G                      Too old ..... H                      Want a child ..... I</p> <p><b>OPPOSITION</b>                      Oneself oppose ..... J                      Husband/partner opposes ..... K                      Other people oppose ..... L                      Religious / Custom prohibition ..... M</p> <p><b>LACK OF KNOWLEDGE</b>                      No knowledge ..... N                      Don't know where to get ..... O</p> <p><b>REASONS RELEVANT TO CONTRACEPTIVE METHODS</b>                      Health concerns ..... P                      Side effects ..... Q                      Lack of access/Too far ..... R                      Preferred method not available ..... S                      No method available ..... T                      Costs too much ..... U                      Inconvenient to use ..... V                      Interferes with body's normal processes ..... W                      Other <i>(specify)</i> ..... X                      DK ..... Z</p>	

APPENDIX F: QUESTIONNAIRES

<b>CP23</b>	DO YOU INTEND TO USE CONTRACEPTIVE METHOD IN THE FUTURE?	Yes ..... 1 No ..... 2  DK..... 8	2⇒CP25  8⇒CP25																		
<b>CP24</b>	WHAT KIND OF METHOD WOULD YOU INTEND TO USE THE MOST?	Female sterilization ..... 01 Male sterilization ..... 02 IUD ..... 03 Injectables..... 04 Implants ..... 05 Pill ..... 06 Male condom ..... 07 Female condom ..... 08 Diaphragm ..... 09 Foam / Jelly ..... 10 Periodic abstinence / Rhythm ..... 12 Withdrawal ..... 13  Other ( <i>specify</i> ) ..... 96																			
<b>CP25</b>	DO YOU KNOW THAT MODERN CONTRACEPTIVE METHODS ARE GIVEN FOR FREE?	Yes ..... 1 No ..... 2																			
<b>CP26</b>	IN THE LAST ONE MONTH, DID YOU OBTAIN ANY INFORMATION ON FAMILY PLANNING THROUGH MEDIA?  [A] RADIO? [B] TELEVISION? [C] INTERNET? [D] PRINTED NEWSPAPERS, MAGAZINES OR BOOKS? [E] POSTER?	<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>Radio .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Internet.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Printed newspapers, magazines or books .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Poster .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Radio .....	1	2	Television.....	1	2	Internet.....	1	2	Printed newspapers, magazines or books .....	1	2	Poster .....	1	2	
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Television.....	1	2																			
Internet.....	1	2																			
Printed newspapers, magazines or books .....	1	2																			
Poster .....	1	2																			
<b>CP27</b>	<p><i>Check MA1 and MA6 for woman's marital status.</i></p> <p><input type="checkbox"/> <i>Married/living together (MA1 = 1, 2) ⇒ Continue with CP28</i></p> <p><input type="checkbox"/> <i>Not married, separated, divorced or widowed (MA1 = 3, MA6 = 1, 2, 3) ⇒ Go to CP30</i></p>																				
<b>CP28</b>	HAVE YOU EVER TALKED TO YOUR HUSBAND/PARTNER ABOUT THE FOLLOWING TOPICS?  [A] FAMILY PLANNING? [B] CONTRACEPTION? [C] STIS, HIV/AIDS? [D] PREGNANCY AND BIRTH?	<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>Family planning.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Contraception .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STIs, HIV/AIDS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pregnancy and birth.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Family planning.....	1	2	Contraception .....	1	2	STIs, HIV/AIDS .....	1	2	Pregnancy and birth.....	1	2				
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<b>CP29</b>	HOW MANY CHILDREN DOES YOUR HUSBAND/PARTNER WANT? SAME AS YOU, MORE OR LESS?	Same as me..... 2 More ..... 3 Less ..... 4  Never talked / DK..... 8																			
<b>CP30</b>	FROM ONE MENSTRUAL PERIOD TO THE NEXT, ARE THERE CERTAIN DAYS WHEN A WOMAN IS MORE LIKELY TO BECOME PREGNANT?	Yes ..... 1 No ..... 2  DK..... 8	2 ⇒Next module 8 ⇒Next module																		
<b>CP31</b>	IS THIS TIME JUST BEFORE HER PERIOD BEGINS, DURING HER PERIOD, RIGHT AFTER HER PERIOD HAS ENDED, OR HALFWAY BETWEEN TWO PERIODS?	Just before her period begins..... 1 During her period ..... 2 Right after her period has ended..... 3 Halfway between two periods ..... 4  Other ( <i>specify</i> ) ..... 6 DK..... 8																			

SISS.WM.30

14. UNMET NEED		UN	
<b>UN1</b>	<p>Check CP1: Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK (CP1 = 2 or 3) ⇒ Go to UN5</p>		
<b>UN2</b>	<p>NOW I WOULD LIKE TO TALK TO 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
<b>UN3</b>	<p>DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later ..... 1</p> <p>No more ..... 2</p>	
<b>UN4</b>	<p>NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE.</p> <p>AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?</p>	<p>Have another child ..... 1</p> <p>No more / None ..... 2</p> <p>Undecided / Don't know ..... 8</p>	<p>1⇒UN7</p> <p>2⇒UN6A</p> <p>8⇒ UN8</p>
<b>UN5</b>	<p>Check CP3. Currently using "Female sterilization"?</p> <p><input type="checkbox"/> Yes (CP3 = A) ⇒ Go to UN11A</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p>		
<b>UN6</b>	<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE.</p> <p>WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child ..... 1</p> <p>No more / None ..... 2</p> <p>Undecided / Don't know ..... 8</p>	<p>1⇒UN6B</p> <p>8⇒UN8</p>
<b>UN6A</b>	<p>WHAT IS THE MAIN REASON WHICH YOU DO NOT WANT TO GET PREGNANT?</p>	<p>Too many children ..... 01</p> <p>Too old ..... 02</p> <p>Poor health ..... 03</p> <p>Difficult to raise ..... 04</p> <p>Busy / No time ..... 05</p> <p>Had enough children ..... 06</p> <p>Cannot get pregnant ..... 07</p> <p>Other (specify) _____ 96</p>	<p>01⇒UN8</p> <p>02⇒UN8</p> <p>03⇒UN8</p> <p>04⇒UN8</p> <p>05⇒UN8</p> <p>06⇒UN8</p> <p>07⇒UN8</p> <p>96⇒UN8</p>
<b>UN6B</b>	<p>HOW MANY CHILDREN WOULD LIKE TO HAVE ADDITION TO THAT ONE?</p>	<p>Number of children..... _____</p>	
<b>UN6C</b>	<p>WHY DID YOU DECIDE TO HAVE ANOTHER CHILD?</p>	<p>No children ..... 01</p> <p>Few children ..... 02</p> <p>No boy or girl ..... 03</p> <p>Tradition ..... 04</p> <p>Husband wants more children ..... 05</p> <p>Children are helpful for family business ..... 06</p> <p>Other (specify) _____ 96</p>	
<b>UN7</b>	<p>HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months ..... 1 _____</p> <p>Years ..... 2 _____</p> <p>Does not want to wait (soon/now) ..... 993</p> <p>Cannot get pregnant ..... 994</p> <p>After marriage ..... 995</p> <p>Other (specify) _____ 996</p> <p>Don't know ..... 998</p>	

<b>UN8</b>	Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to UN11A <input type="checkbox"/> No, unsure or DK (CP1 = 2, 3) ⇒ Continue with UN9		
<b>UN9</b>	Check CP2: Currently using a method? <input type="checkbox"/> Yes (CP2 = 1) ⇒ Go to UN11A <input type="checkbox"/> No (CP2 = 2) ⇒ Continue with UN9A		
<b>UN9A</b>	Check CP18: to see if woman not using contraceptive methods for reasons relevant to birth? <input type="checkbox"/> Yes (CP18 = A, B, C, D, E, F, G, H) ⇒ Go to UN11A <input type="checkbox"/> No ⇒ Continue with UN10		
<b>UN10</b>	DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes..... 1 No ..... 2 DK..... 8	1 ⇒ UN11A 8 ⇒ UN11A
<b>UN11</b>	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 Cannot get pregnant/ Has been trying to get pregnant for 2 years or more without result..... E Postpartum amenorrhic..... F Breastfeeding..... G Too old..... H Other (specify) ..... X DK..... Z	
<b>UN11A</b>	Check CM4 and CM6 to see if woman has children. <input type="checkbox"/> Yes (CM4 = 1 or CM6 = 1) ⇒ Continue with UN11B. <input type="checkbox"/> No (CM4 = 2 and CM6 = 2) ⇒ Go to UN11C.		
<b>UN11B</b>	IF YOU HAD A CHANCE TO GO BACK TO YOUR LIFE WITHOUT CHILDREN, HOW MANY CHILDREN WOULD YOU LIKE TO HAVE IN YOUR LIFETIME?	Never wanted/Do not want any children..... 00 Number of wanted children ..... Other (specify) ..... 96	00 ⇒ UN12A ⇒ UN12A 96 ⇒ UN12A
<b>UN11C</b>	HOW MANY CHILDREN WOULD YOU LIKE TO HAVE IN YOUR LIFETIME?	Never wanted/Do not want any children..... 00 Number of wanted children ..... Other (specify) ..... 96	
<b>UN12A</b>	WHEN DID YOUR FIRTS MENSTRUAL PERIOD START?	Age ..... Never menstruated ..... 96	96 ⇒ Next module
<b>UN13</b>	WHEN DID YOUR LAST MENSTRUAL PERIOD START?  <i>Record the answer using the same unit stated by the respondent</i>	Days ago..... 1 ___ Weeks ago..... 2 ___ Months ago..... 3 ___ Years ago ..... 4 ___ In menopause / Has had hysterectomy..... 994 Before last birth..... 995	



15. SEXUAL BEHAVIOUR		SB
<p><i>Check presence of others. Make sure you have privacy before you proceed with the interview.</i></p>		
<b>SB1</b>	<p>NOW 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 SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse ..... 00</p> <p>Age in years ..... ____</p> <p>First time when started living with (first) husband/partner ..... 95</p> <p>00⇒Next Module</p>
<b>SB2</b>	THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>
<b>SB3</b>	<p>WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p>	<p>Days ago ..... 1 ____</p> <p>Weeks ago ..... 2 ____</p> <p>Months ago ..... 3 ____</p> <p>Years ago..... 4 ____</p> <p>4⇒ SB15</p>
<b>SB4</b>	THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	<p>Yes..... 1</p> <p>No ..... 2</p>
<b>SB5</b>	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', probe: WERE YOU LIVING TOGETHER AS IF MARRIED?</i></p> <p><i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband..... 1</p> <p>Cohabiting partner..... 2</p> <p>Boyfriend ..... 3</p> <p>Casual acquaintance..... 4</p> <p>Other (specify)..... 6</p> <p>3⇒SB7 4⇒SB7 6⇒SB7</p>
<b>SB6</b>	<p><i>Check MA1 to see if woman currently married or living together as if married.</i></p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1, 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</p>	
<b>SB7</b>	<p>HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner ..... ____</p> <p>DK..... 98</p>
<b>SB8</b>	HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	<p>Yes..... 1</p> <p>No ..... 2</p> <p>2⇒ SB15</p>
<b>SB9</b>	THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	<p>Yes..... 1</p> <p>No ..... 2</p>

APPENDIX F: QUESTIONNAIRES

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

16. HIV/AIDS AND STI			HA																
<b>HA1</b>	NOW I WOULD LIKE TO TALK TO YOU ABOUT DIFFERENT TOPIC.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No ..... 2	2⇒ HA30																
<b>HA2</b>	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA4</b>	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA5</b>	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA6</b>	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA7</b>	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA7A</b>	CAN PEOPLE GET THE AIDS VIRUS BY USING NEEDLE OR SYRINGE USED BY OTHER PERSON?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA8</b>	CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8	
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During pregnancy.....	1	2	8																
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By breastfeeding.....	1	2	8																
<b>HA9</b>	IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK ..... 8																	
<b>HA10</b>	WOULD YOU BUY FRESH VEGETABLES OR MEAT FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
<b>HA11</b>	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK ..... 8																	
<b>HA12</b>	IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER/HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK..... 8																	

APPENDIX F: QUESTIONNAIRES

<b>HA13</b>	<p>Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p>																						
<b>HA14</b>	<p>Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care (MN1 = 1) ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care (MN1 = 2) ⇒ Go to HA24</p>																						
<b>HA15</b>	<p>DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>), DID YOU RECEIVE THE FOLLOWING COUNSELLING?</p> <p>[A] AIDS TRANSMITTED TO BABIES FROM MOTHER?</p> <p>[B] PREVENTIVE MEASURES OF AIDS VIRUS?</p> <p>[C] TEST FOR AIDS?</p> <p>[D] RECOMMENDED TEST FOR AIDS?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS transmitted to babies from mother .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Preventive measures of AIDS virus.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Recommended test for AIDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	AIDS transmitted to babies from mother .....	1	2	8	Preventive measures of AIDS virus.....	1	2	8	By breastfeeding.....	1	2	8	Recommended test for AIDS .....	1	2	8	
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<b>HA16A</b>	<p>Check MN4G: Tested for the AIDS virus as part of your antenatal care?</p> <p><input type="checkbox"/> Yes (MN4G = 1) ⇒ Continue with HA17</p> <p><input type="checkbox"/> No (MN4G = 2) ⇒ Go to HA24</p>																						
<b>HA17</b>	<p>I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE AIDS VIRUS TEST THAT WAS TESTED DURING ANTENATAL CARE FOR THE LAST PREGNANCY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒ HA22</p> <p>8⇒ HA22</p>																				
<b>HA18</b>	<p>REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																					
<b>HA22</b>	<p>HAVE YOU BEEN TESTED FOR THE AIDS VIRUS AGAIN SINCE THAT TIME YOU WERE TESTED FOR IT AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1⇒HA25</p>																				
<b>HA23</b>	<p>WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?</p>	<p>Less than 12 months ago..... 1</p> <p>12-23 months ago ..... 2</p> <p>2 or more years ago..... 3</p>	<p>1⇒ HA30</p> <p>2⇒ HA30</p> <p>3⇒ HA30</p>																				
<b>HA24</b>	<p>I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒HA27</p>																				
<b>HA25</b>	<p>WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p>	<p>Less than 12 months ago..... 1</p> <p>12-23 months ago ..... 2</p> <p>2 or more years ago..... 3</p>																					
<b>HA26</b>	<p>I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒ HA30</p> <p>8⇒ HA30</p>																				

SISS.WM.36

<b>HA26A</b>	AFTER YOU GOT THE RESULTS OF THE TEST, DID YOU RECEIVE COUNSELLING?  <i>Regardless of the result, all women tested are supposed to receive counselling after getting the result.</i>	Yes ..... 1 No ..... 2  DK..... 8	1⇒ HA30 2⇒ HA30  8⇒ HA30
<b>HA27</b>	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	
<b>HA30</b>	NOW I WOULD LIKE TO TALK TO YOU ABOUT DIFFERENT SUBJECT.  HAVE YOU EVER HEARD ABOUT ANY SEXUALLY TRANSMITTED INFECTIONS OTHER THAN AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒HA32
<b>HA31</b>	WHAT ARE THE MAIN SOURCES OF INFORMATION ON SEXUALLY TRANSMITTED INFECTIONS AND AIDS VIRUS?  ANY OTHER SOURCES?	Parent/Relative ..... A Husband/spouse ..... B Friends/ Peer group ..... C Co-workers ..... D Gynecologist ..... E Health professional ..... F Religious organization ..... G Teacher ..... H Social worker/Volunteers ..... I Poster or information board ..... J Newspapers, magazines or books ..... K Radio ..... L TV ..... M Internet/website ..... N  Other (specify) ..... X	
<b>HA32</b>	<i>Check SB1B to see if woman had sexual intercourse.</i> <input type="checkbox"/> Yes, had sexual intercourse (SB1B = 1) ⇒ Continue with HA33. <input type="checkbox"/> No, had no sexual intercourse (SB1B = 2) ⇒ Go to HA43		
<b>HA33</b>	<i>Check HA30. Heard about other sexually transmitted infections?</i> <input type="checkbox"/> Yes (MHA30=1) ⇒ Continue with HA34 <input type="checkbox"/> No (MHA30=2) ⇒ Go to HA35		
<b>HA34</b>	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN THE LAST 12 MONTHS. DURING THE LAST 12 MONTHS, HAVE YOU HAD A DISEASE WHICH YOU GOT THROUGH SEXUAL CONTACT?	Yes ..... 1 No ..... 2  DK..... 8	
<b>HA35</b>	SOMETIMES WOMEN EXPERIENCE A BAD-SMELLING ABNORMAL GENITAL DISCHARGE. DURING THE LAST 12 MONTHS, HAVE YOU HAD A BAD-SMELLING ABNORMAL GENITAL DISCHARGE?	Yes ..... 1 No ..... 2  DK..... 8	
<b>HA36</b>	SOMETIMES WOMEN HAVE A GENITAL SORE OR ULCER. DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?	Yes ..... 1 No ..... 2  DK..... 8	
<b>HA37</b>	<i>Check HA34, HA35, HA36.</i> <input type="checkbox"/> "Yes" to one at least (MHA34=1 or MHA35=1 or MHA36=1) ⇒ Continue with HA38 <input type="checkbox"/> "No" to all (MHA34=2, 3 and MHA35=2, 3 and MHA36=2, 3) ⇒ Go to UN43		

<b>HA38</b>	HAVE YOU EVER BEEN TESTED FOR THE SEXUALLY TRANSMITTED INFECTIONS?	Yes ..... 1 No ..... 2  No answer..... 8	2⇒ HA40  8⇒ HA40
<b>HA39</b>	HAVE YOU TESTED FOR THE SEXUALLY TRANSMITTED INFECTIONS IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	
<b>HA40</b>	HAVE YOU EVER RECEIVED TREATMENT FOR THE SEXUALLY TRANSMITTED INFECTIONS?	Yes ..... 1 No ..... 2  No answer..... 8	2⇒ HA43  8⇒ HA43
<b>HA41</b>	HAVE YOU RECEIVED TREATMENT FOR THE SEXUALLY TRANSMITTED INFECTIONS IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒ HA43
<b>HA42</b>	WHERE OR WHOM DID YOU SEEK TRAECTIONMENT?  <i>Probe:</i> ANYWHERE ELSE?  <i>Probe to identify the type of source.</i>  <i>If unable to determine whether public or private, write the name of the place.</i>  _____ (Name of place)	Public sector Specialized professional health centre (Cancer center and ational Center for Maternal and Child Health)..... A General hospital (Aimag centre/ district health centre) ..... B Maternity house..... C Volunteer counseling and testing centre..... D Soum//family group practice ..... E Auxiliary midwife ..... F Private sector Ulaanbaatar hospital ..... G Ulaanbaatar Clinic..... H Aimag/ Soum hospital ..... I Aimag/ Soum Clinic..... J Physician..... K Pharmacy..... L NGO's hospital ..... N Other Friend/ Relative ..... P  Other ( <i>specify</i> ) _____ X	
<b>HA43</b>	DO YOU THINK IS IT POSSIBLE TO PREVENT THE SEXUALLY TRANSMITTED INFECTIONS?	Yes ..... 1 No ..... 2  DK..... 8	2⇒ Next module 8⇒ Next module
<b>HA44</b>	IF POSSIBLE, HOW DO YOU PREVENT GETTING SEXUALLY TRANSMITTED INFECTIONS?  <i>Circle all that apply.</i>  <i>Probe:</i> DO YOU KNOW ANY OTHER METHOD?	Tolerate sexual intercourse ..... A Use a condom every time have sex ..... B Have only one sexual partner with no virus ..... C Refuse to have sex with prostitute ..... D Refuse blood transfusion ..... E Use only one time syringe ..... F  Other ( <i>specify</i> ) _____ X DK..... Z	

17. CERVICAL CANCER			CC
<b>CC1</b>	DO YOU UNDERGO PREVENTIVE HEALTH CHECKUPS?	Yes ..... No .....	2⇒CC3
<b>CC2</b>	WHAT ABOUT FREQUENCY OF THE CHECKUPS?	Quarterly ..... 1 Annually ..... 2 Once in every 2 years ..... 3 When got sick ..... 4  Other ( <i>specify</i> ) ..... 8	
<b>CC3</b>	HAVE YOU EVER HEARD OF OR READ ABOUT THE CERVICAL CANCER?	Yes ..... 1 No ..... 2	2⇒Next module
<b>CC4</b>	HOW MUCH DO YOU KNOW ABOUT THE CERVICAL CANCER?	Very well ..... 1 Not well ..... 2	
<b>CC5</b>	HAVE YOU EVER RECEIVED THE CERVICAL CANCER REGULAR SCREENING?	Yes ..... 1 No ..... 2	2⇒CC8
<b>CC6</b>	WHERE DID YOU RECEIVE THE CERVICAL CANCER REGULAR SCREENING?  <i>Probe:</i> ANYWHERE ELSE?	Ulaanbaatar Specialized professional health centre (Cancer center and National Center for Maternal and Child Health) ..... A Maternity house..... B Aimag centre/ district health centre ..... C Soum//Community health centre ..... E Mobile clinic ..... F Private sector Ulaanbaatar ..... G Aimag..... H NGO's hospital Ulaanbaatar ..... I Aimag..... J  Other ( <i>specify</i> ) ..... X	
<b>CC7</b>	WHEN DID YOU RECEIVE THE MOST RECENT CERVICAL CANCER REGULAR SCREENING?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 24-35 months ago ..... 3 3 or more years ago ..... 4	1⇒TA1 2⇒TA1 3⇒TA1 4⇒TA1
<b>CC8</b>	WHY YOU DID NOT RECEIVE THE CERVICAL CANCER REGULAR SCREENING?	No place for screening ..... 1 No time ..... 2 No offer from physicians ..... 3 Far away from hospital..... 4 No need ..... 5  Other ( <i>specify</i> ) ..... 6 DK..... 8	

18. TOBACCO AND ALCOHOL USE			TA
<b>TA1</b>	HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No..... 2	2⇒TA6
<b>TA2</b>	HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette..... 00 Age.....	00⇒TA6
<b>TA3</b>	DO YOU SMOKE CIGARETTES NOW?	Yes ..... 1 No..... 2	2⇒TA6
<b>TA4</b>	IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes .....	
<b>TA5</b>	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days .....0 ____ 10 days or more but less than a month ..... 10 Everyday / Almost every day ..... 30	
<b>TA6</b>	HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ..... 1 No..... 2	2⇒TA10
<b>TA7</b>	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1 No..... 2	2⇒TA10
<b>TA8</b>	WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE?  <i>Probe:</i> WHAT ELSE?  <i>Circle each response.</i>	Cigars ..... A Pipe ..... D Pipe tobacco ..... E  Other ( <i>specify</i> ) ..... X	
<b>TA9</b>	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE ANY SMOKED TOBACCO PRODUCTS?  <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10" If "everyday" or "almost every day", circle "30".</i>	Number of days .....0 ____ 10 days or more but less than a month ..... 10 Everyday / Almost every day ..... 30	
<b>TA10</b>	HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes ..... 1 No..... 2	2 ⇒TA14
<b>TA11</b>	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No..... 2	2 ⇒TA14
<b>TA12</b>	WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE?  <i>Probe:</i> WHAT ELSE?  <i>Circle each response.</i>	Cheating tobacco ..... A Snuff ..... B  Other ( <i>specify</i> ) ..... X	
<b>TA13</b>	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?  <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10" If "everyday" or "almost every day", circle "30".</i>	Number of days .....0 ____ 10 days or more but less than a month ..... 10 Everyday / Almost every day ..... 30	



<b>TA14</b>	<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes ..... 1 No ..... 2</p>	2⇒WM11
<b>TA15</b>	<p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL?</p> <p><i>Probe:</i> WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p>	<p>Never had one drink of alcohol ..... 00 Age..... ____</p>	00⇒WM11
<b>TA16</b>	<p>DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE ALCOHOL OR DRINK?</p> <p><i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10" If "everyday" or "almost every day", circle "30".</i></p>	<p>Did not have one drink in last one month..... 00 Number of days .....0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day ..... 30</p>	00⇒WM11

<b>WM11</b>	Record the time.	Hour and minutes ..... : .....	
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<b>WM12</b>	<p>Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page</p>
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**Interviewer's Observations**



**Supervisor's Observations**

