

CHILD DEVELOPMENT SURVEY - 2016

QUESTIONNAIRE FOR
WOMAN AGED 15-49

1. WOMAN'S INFORMATION PANEL		WM
<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>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer's name and number: Name _____	WM6. Year/ Month/ Day of interview: 2016 / ____ / ____	
WM6A. Number of times visited _____		

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM NATIONAL STATISTICS 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 40 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.</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 40 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>	

WM7. Result of the interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
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WM10	Record the time.	Hour and minutes..... : ____	
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2. WOMAN'S BACKGROUND			WB
WB1	IN WHAT YEAR AND MONTH WERE YOU BORN?	Date of birth Year Month.....	
WB2	HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years).....	
WB3	HAVE YOU EVER ATTENDED SCHOOL?	Yes..... 1 No 2	2⇒WB7
WB4	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 3 University, institute/college 4	
WB4A	HAVE YOU COMPLETED SCHOOL YOU HAVE ATTENDED?	Yes..... 1 No 2	
WB5	WHAT IS THE HIGHEST GRADE YOU 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	
WB6	Check WB4 and WB5 to see if a woman is completed primary school. <input type="checkbox"/> No, completed 5 or higher grade in a secondary school or higher education (WB5>4) ⇒ Go to Next module <input type="checkbox"/> Yes, completed 1-4 grades in a secondary school (WB5<5) ⇒ Continue with WB7		
WB7	NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>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 (specify language) Blind / visually impaired _____ 5	1⇒ Next module 4⇒ Next module 5⇒ Next module
WB7A	NOW I WOULD LIKE YOU TO WRITE THE 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	

3. ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY			MT
MT1	Check WB7 to see if the woman is able to read. <ul style="list-style-type: none"> <input type="checkbox"/> Question left blank (completed 5 or higher grade in a secondary school or higher education) ⇒ Continue with MT2. <input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2. <input type="checkbox"/> Cannot read at all or blind/ visually impaired (WB7 = 1 or 5) ⇒ Go to MT3. 		
MT2	HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all..... 4	
MT3	DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all..... 4	
MT4	HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all..... 4	
MT6	HAVE YOU EVER USED A COMPUTER?	Yes..... 1 No 2	2⇒MT9
MT7	HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes..... 1 No 2	2⇒MT9
MT8	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all..... 4	
MT9	HAVE YOU EVER USED THE INTERNET?	Yes..... 1 No 2	2⇒MT12
MT10	IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?	Yes..... 1 No 2	2⇒MT12
MT11	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all..... 4	
MT12	DO YOU HAVE A MOBILE PHONE? <i>If "yes": IS YOUR PHONE SMART?</i>	Yes Not smart..... 1 Smart 2 No 3	

4. FERTILITY/ BIRTH HISTORY			CM
<i>This module questionnaire only concerns LIVE births.</i>			
CM1	<p>NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE.</p> <p>HAVE YOU EVER GIVEN BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM8
CM4	<p>DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p> <p>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.</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM6
CM5	<p>HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons at home ____</p> <p>Daughters at home..... ____</p>	
CM6	<p>DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM8
CM7	<p>HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons elsewhere..... ____</p> <p>Daughters elsewhere..... ____</p>	
CM8	<p>HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking: I MEAN, TO 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></p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM10
CM9	<p>HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead ____</p> <p>Girls dead..... ____</p>	
CM10	<i>Sum answers to CM5, CM7, and CM9.</i>	Sum..... ____	
CM11	<p>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?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p style="padding-left: 20px;"><input type="checkbox"/> No live births ⇒ Go to ILLNESS SYMPTOMS Module.</p> <p style="padding-left: 20px;"><input type="checkbox"/> One or more live births ⇒ Continue with the BIRTH HISTORY module.</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module.</p>		

5. 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:</i> WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. <i>Record household line number of child (from HL1)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (name)? <i>Record days if less than 1 month; record months if 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	
01		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒Next Line	Days1 Months2 Years3	_____	
02		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days1 Months2 Years3	_____	1 2 Add Next Birth Line
03		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days1 Months2 Years3	_____	1 2 Add Next Birth Line
04		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days1 Months2 Years3	_____	1 2 Add Next Birth Line
05		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days1 Months2 Years3	_____	1 2 Add Next Birth Line
06		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days1 Months2 Years3	_____	1 2 Add Next Birth Line
07		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days1 Months2 Years3	_____	1 2 Add Next Birth Line

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?		BH3. Is (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. Is (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. Is (name) LIVING WITH YOU?	BH8. <i>Record household line number of child (from HL1)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe: 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 Single	2 Multiple		1 Boy	2 Girl					Year	Month	Y	N	Y	N	Line No	Unit
08		1	2	1	2	_____	____	1	2	_____	1	2	_____	_____	1	2	_____	_____
								⇒ BH9		⇒ BH10	Days1		Add Birth	Next Line				
09		1	2	1	2	_____	____	1	2	_____	1	2	_____	_____	1	2	_____	_____
								⇒ BH9		⇒ BH10	Months2		Add Birth	Next Line				
10		1	2	1	2	_____	____	1	2	_____	1	2	_____	_____	1	2	_____	_____
								⇒ BH9		⇒ BH10	Years3		Add Birth	Next Line				
11		1	2	1	2	_____	____	1	2	_____	1	2	_____	_____	1	2	_____	_____
								⇒ BH9		⇒ BH10	Days1		Add Birth	Next Line				
12		1	2	1	2	_____	____	1	2	_____	1	2	_____	_____	1	2	_____	_____
								⇒ BH9		⇒ BH10	Months2		Add Birth	Next Line				
13		1	2	1	2	_____	____	1	2	_____	1	2	_____	_____	1	2	_____	_____
								⇒ BH9		⇒ BH10	Years3		Add Birth	Next Line				
14		1	2	1	2	_____	____	1	2	_____	1	2	_____	_____	1	2	_____	_____
								⇒ BH9		⇒ BH10	Days1		Add Birth	Next Line				
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?										Yes 1		1⇒Record birth(s) in Birth History						
										No 2								

CM12A	<p>Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:</p> <p><input type="checkbox"/> Numbers are same ⇒ Continue with CM13</p> <p><input type="checkbox"/> Numbers are different ⇒ Re-check birth numbers in CM1-CM10 and BIRTH HISTORY Module</p>
CM13	<p>Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in 2014 (if the month of interview and the month of birth are the same, and the year of birth is 2014, consider this as a birth within the last 2 years)</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module.</p> <p style="text-align: center;">Name of last-born child _____</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p>

6. DESIRE FOR LAST BIRTH		DB	
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.</i></p>			
DB1	WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒Next module
DB2	DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	2⇒Next module
DB3	HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i>	Years 1 ____ Months 2 ____ DK 998	

7. 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>																																	
MN1	DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN17																														
MN2	WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional 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																															
MN2A	HOW MANY WEEKS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?	Weeks..... ____ DK 98																															
MN2B	WHERE DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>Probe:</i> WHERE ELSE? <i>Probe if answered "Private sector":</i> DID THE FACILITY LOCATE IN ULAANBAATAR OR AIMAG/ SOUM? DID IT PROVIDE HOSPITALIZATION OR WAS IT AN OUTPATIENT CLINIC?	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 Clinic..... H Aimag/ Soum Hospital I Clinic..... J NGO's hospital N Other (specify) X																															
MN3	HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ____ DK 98																															
MN4	AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] MEASURING BLOOD PRESSURE?</td> <td>Measuring blood pressure 1</td> <td>2</td> </tr> <tr> <td>[B] URINE SAMPLE?</td> <td>Urine sample 1</td> <td>2</td> </tr> <tr> <td>[C] BLOOD SAMPLE?</td> <td>Blood sample..... 1</td> <td>2</td> </tr> <tr> <td>[D] TEST FOR STIs/SMEAR?</td> <td>Test for STIs/Smear..... 1</td> <td>2</td> </tr> <tr> <td>[E] WEIGHT MEASUREMENT?</td> <td>Weight measurement..... 1</td> <td>2</td> </tr> <tr> <td>[F] TEST FOR SYPHILIS?</td> <td>Test for syphilis..... 1</td> <td>2</td> </tr> <tr> <td>[G] TEST FOR HIV/AIDS VIRUSES?</td> <td>Test for HIV/AIDS viruses 1</td> <td>2</td> </tr> <tr> <td>[H] ULTRASOUND?</td> <td>Ultrasound 1</td> <td>2</td> </tr> <tr> <td>[I] CHEST X-RAY?</td> <td>Chest x-ray 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] MEASURING BLOOD PRESSURE?	Measuring blood pressure 1	2	[B] URINE SAMPLE?	Urine sample 1	2	[C] BLOOD SAMPLE?	Blood sample..... 1	2	[D] TEST FOR STIs/SMEAR?	Test for STIs/Smear..... 1	2	[E] WEIGHT MEASUREMENT?	Weight measurement..... 1	2	[F] TEST FOR SYPHILIS?	Test for syphilis..... 1	2	[G] TEST FOR HIV/AIDS VIRUSES?	Test for HIV/AIDS viruses 1	2	[H] ULTRASOUND?	Ultrasound 1	2	[I] CHEST X-RAY?	Chest x-ray 1	2	
	Yes	No																															
[A] MEASURING BLOOD PRESSURE?	Measuring blood pressure 1	2																															
[B] URINE SAMPLE?	Urine sample 1	2																															
[C] BLOOD SAMPLE?	Blood sample..... 1	2																															
[D] TEST FOR STIs/SMEAR?	Test for STIs/Smear..... 1	2																															
[E] WEIGHT MEASUREMENT?	Weight measurement..... 1	2																															
[F] TEST FOR SYPHILIS?	Test for syphilis..... 1	2																															
[G] TEST FOR HIV/AIDS VIRUSES?	Test for HIV/AIDS viruses 1	2																															
[H] ULTRASOUND?	Ultrasound 1	2																															
[I] CHEST X-RAY?	Chest x-ray 1	2																															

MN17	<p>WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional GynaecologistD PhysicianE Family doctor/ Soum doctorI MidwifeJ Auxiliary midwifeC NurseK Other person Traditional birth attendantF Relative/ Friend.....H Other (<i>specify</i>)X No OneY</p>	
MN18	<p>WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</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 Aimag/ Soum hospital..... 23 Other Respondent /Other's home 31 Other (<i>specify</i>) 96</p>	<p>31⇒MN19C 96⇒MN19C</p>
MN19	<p>WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒MN19C</p>
MN19A	<p>WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before..... 1 After 2</p>	
MN19C	<p>WERE YOU GIVEN VITAMIN A WITHIN 2 MONTHS AFTER THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1 No..... 2 DK 8</p>	
MN19D	<p>DID YOU GIVE BIRTH TO <i>(name)</i> BEFORE, AFTER OR ON YOUR DUE DATE?</p>	<p>On time (37-42 weeks) 1 Before (22-37 weeks) 2 After (42 or more weeks) 3 DK 8</p>	
MN20	<p>WHEN <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1 Larger than average 2 Average 3 Smaller than average..... 4 Very small..... 5 DK 8</p>	
MN21	<p>WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒MN22C 8⇒MN22C</p>
MN22	<p>HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>From card 1 (kg) __ . ____ From recall..... 2 (kg) __ . ____ DK 99998</p>	

MN22C	<p>HAS (<i>name</i>) BEEN PROVIDED WITH THE BABY FOLLOWING CARE FOR WARMING?</p> <p>[A] HAT WAS WORN?</p> <p>[B] PLACED ON MOTHER'S BELLY AND COVERED WITH BLANKET?</p> <p>[C] PLACED ON INFANT WARMING TABLE?</p>	<p style="text-align: right;">Yes No DK</p> <p>Hat was worn..... 1 2 8</p> <p>Placed on mother's belly and covered with blanket 1 2 8</p> <p>Placed on infant warming table..... 1 2 8</p>	
MN23	<p>HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	
MN24	<p>DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒Next module
MN25	<p>HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours 1 ____</p> <p>Days 2 ____</p> <p>DK/Don't remember 998</p>	
MN26	<p>IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒Next module
MN27	<p>WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p>	<p>Milk (other than breast milk)..... A</p> <p>Plain water B</p> <p>Sugar or glucose water C</p> <p>Sugar-salt-water solution E</p> <p>Fruit juice F</p> <p>Infant formula..... G</p> <p>Tea / Infusions H</p> <p>Other mother's milk..... I</p> <p>Other (<i>specify</i>) X</p>	

8. 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 MN18: 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, 23) ⇒ 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 (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). 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>Hours1 ____</p> <p>Days2 ____</p> <p>Weeks.....3 ____</p> <p>DK / Don't remember 998</p>	
PN3	<p>I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	
PN4	<p>AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No 2</p>	
PN4A	<p>DID ANYONE RECORD ON "MOTHER AND CHILD HEALTH BOOK" BEFORE YOU LEFT (name or type of facility in MN18)?</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 (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
PN6	<p>Check MN17: 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= H, X, Y) ⇒ Go to PN10</p>		
PN7	<p>YOU HAVE ALREADY SAID THAT (person or persons in MN17) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (person or persons in MN17) LEFT YOU, DID (person or persons in MN17) CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	
PN8	<p>AND DID (person or persons in MN17) CHECK ON YOUR HEALTH BEFORE LEAVING?</p>	<p>Yes 1</p> <p>No 2</p>	

	BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.		
PN9	AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?	Yes 1 No 2	1⇒PN11 2⇒PN18
PN10	I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK. AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes 1 No 2	2⇒PN19
PN11	DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1⇒PN12A 2⇒PN12B
PN12A	HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?	Hours1 ___	
PN12B	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>	Days2 ___ Weeks.....3 ___ Don't know/ remember 998	
PN13	WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?	Health professional GynaecologistD Physician..... E Family doctor/ Soum doctor I Midwife.....J Auxiliary midwifeC NurseK Other person Traditional birth attendant F Relative/ FriendH Other (<i>specify</i>) X	
PN14	WHERE DID THIS CHECK TAKE PLACE? <i>Probe if answered "Private sector": DOES IT PROVIDE HOSPITALIZATION OR IS IT AN OUTPATIENT CLINIC?</i>	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 Clinic..... 22 Aimag/ Soum Hospital..... 23 Clinic..... 24 Other Respondent/ Other's home 31 Other (<i>specify</i>) 96	
PN15	<p><i>Check MN18: Was the child delivered in a health facility?</i></p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=11, 12, 13, 15, 21, 23) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=31, 96) ⇒ Go to PN17</p>		
PN16	AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next module

PN17	<p>Check MN17: 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 PN18.</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (MN17= H, X, Y) ⇒ Go to PN19</p>		
PN18	<p>AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?</p>	<p>Yes 1 No 2</p>	<p>1⇒PN20 2⇒Next module</p>
PN19	<p>AFTER THE BIRTH OF (name), DID ANYONE CHECK ON YOUR HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No 2</p>	<p>2⇒Next module</p>
PN20	<p>DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once 1 More than once 2</p>	<p>1⇒PN21A 2⇒PN22B</p>
PN21A	<p>HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p>	<p>Hours 1 ___</p>	
PN21B	<p>HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p>	<p>Days 2 ___ Weeks 3 ___ Don't know / remember 998</p>	
PN22	<p>WHO CHECKED ON YOUR 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 (specify) X</p>	
PN23	<p>WHERE DID THIS CHECK TAKE PLACE?</p> <p>Probe if answered "Private sector": DID THE FACILITY LOCATE IN ULAANBAATAR OR AIMAG/ SOUM? DID IT PROVIDE HOSPITALIZATION OR WAS IT AN OUTPATIENT CLINIC?</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 Clinic 22 Aimag/ Soum Hospital 23 Clinic 24 Other Respondent/ Other's home 31 Other (specify) 96</p>	

9. ILLNESS SYMPTOMS		IS
IS1	<p>Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2. <input type="checkbox"/> No ⇒ Go to Next Module.</p>	
IS2	<p>SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. 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 sickerB Child develops a fever.....C Child has fast breathingD Child has difficulty breathingE Child has blood in stoolF Child is drinking poorly G Child vomits a lot.....H Child has diarrhoea I Child coughs J Child has a catalepsyK Child cries without reason L</p> <p>Other (<i>specify</i>)_____ X Other (<i>specify</i>)_____ Y Other (<i>specify</i>)_____ Z</p>

10. CONTRACEPTION			CP
CP1	I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK 8	1⇒ Next module
CP2	COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	2⇒ Next module
CP3	WHAT ARE YOU DOING TO AVOID A PREGNANCY? WHAT KIND OF METHOD ARE YOU USING? <i>Probe:</i> ANYTHING ELSE?	Female sterilization A Male sterilization B IUD C Injectables D Implants E Pill F Male condom G Female condom H Diaphragm I Foam / Jelly J Periodic abstinence / Rhythm L Withdrawal M Other (<i>specify</i>) X	

11. UNMET NEED		UN	
UN1	<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 8) ⇒ Go to UN5</p>		
UN2	<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
UN3	DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	<p>Later 1</p> <p>No more 2</p>	
UN4	<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⇒UN13</p> <p>8⇒UN13</p>
UN5	<p>Check CP3. Currently using "Female sterilization"?</p> <p><input type="checkbox"/> Yes (CP3 = A) ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p>		
UN6	<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>Says she cannot get pregnant 3</p> <p>Undecided / DK 8</p>	<p>2⇒UN9</p> <p>3⇒UN11</p> <p>8⇒UN9</p>
UN7	<p>HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p> <p><i>Record the answer as stated by respondent.</i></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>	994⇒UN11
UN8	<p>Check CP1: Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK (CP1 = 2, 8) ⇒ Continue with UN9</p>		
UN9	<p>Check CP2: Currently using a method?</p> <p><input type="checkbox"/> Yes (CP2 = 1) ⇒ Go to UN13</p> <p><input type="checkbox"/> No (CP2 = 2) ⇒ Continue with UN10</p>		
UN10	DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1 ⇒ UN13</p> <p>8 ⇒ UN13</p>

<p>UN11</p>	<p>WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p> <p><i>Probe if answered "Cannot get pregnant": HOW LONG HAVE YOU BEEN TRYING TO GET PREGNANT?</i></p>	<p>Infrequent sex / No sexA MenopausalB Never menstruatedC Hysterectomy (surgical removal of uterus).....D Has been trying to get pregnant for 2 years or more without result.....E Postpartum amenorrhoeic.....F Breastfeeding.....G Too old.....H Other (<i>specify</i>) _____ X DK.....Z</p>	
<p>UN12</p>	<p>Check UN11: "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13.</p>		
<p>UN13</p>	<p>WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p><i>Record the answer using the same unit stated by the respondent</i></p>	<p>Days ago.....1 ___</p> <p>Weeks ago.....2 ___</p> <p>Months ago.....3 ___</p> <p>Years ago4 ___</p> <p>In menopause / Has had hysterectomy..... 994</p> <p>Before last birth..... 995</p> <p>Never menstruated 996</p>	

12. ATTITUDES TOWARD DOMESTIC VIOLENCE		DV		
DV1	SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:			
		Yes	No	DK
	[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....1	2	8
	[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children1	2	8
	[C] IF SHE ARGUES WITH HIM?	Argues with him1	2	8
	[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex1	2	8
	[E] IF SHE BURNS THE FOOD?	Burns food1	2	8
	[F] IF A WIFE SPENDS BIG AMOUNT OF MONEY WITHOUT A PERMISSION FROM HER HUSBAND?	Spends big amount of money without a permission from her husband.....1	2	8

13. MARRIAGE/ UNION		MA	
MA1	ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3⇒MA5
MA2	HOW OLD IS YOUR HUSBAND/ PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age (in complete years) __ __ DK.....98	⇒ MA7 98⇒MA7
MA5	HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3⇒Next module
MA6	WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced..... 2 Separated 3	
MA7	HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 2 and more..... 2	1⇒MA8A 2⇒MA8B
MA8A	IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Year __ __ __ __ DK year9998	
MA8B	IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month __ __ DK month.....98	
MA8C	<p><i>Check MA8A and MA8B to see if the woman knows the year when she first married or started living with a man as if married.</i></p> <p><input type="checkbox"/> <i>Knows the year (MA8A, MA8B<>9998) ⇒ Go to next module</i></p> <p><input type="checkbox"/> <i>Does not know the year (MA8A, MA8B=9998) ⇒ Continue with MA9</i></p>		
MA9	HOW OLD WERE YOU WHEN YOU <u>FIRST</u> STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age (in completed years) __ __	

14. SEXUAL BEHAVIOUR		SB
<p><i>Check presence of others. Make sure you have privacy before you proceed with the interview.</i></p>		
SB1	<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>
SB2	<p>THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK/ Don't remember..... 8</p>
SB3	<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>
SB4	<p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>
SB5	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>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/ Extra marital relation 3</p> <p>Casual acquaintance 4</p> <p>Other (specify) 6</p> <p>3⇒SB7 4⇒SB7 6⇒SB7</p>
SB6	<p><i>Check MA1 to see if woman currently married or living together as if married.</i></p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1, 2) ⇒ Go to SB8</i></p> <p><input type="checkbox"/> <i>Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</i></p>	
SB7	<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>
SB8	<p>HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p> <p>2⇒SB15</p>
SB9	<p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>

<p>SB10</p>	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refersto 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/ Extra marital relation..... 3 Casual acquaintance 4</p> <p>Other (specify)_____ 6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11 Check MA1 and MA7:</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>			
<p>SB12</p>	<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 ____</p> <p>DK 98</p>	
<p>SB13</p>	<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>
<p>SB14</p>	<p>IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners ____</p>	
<p>SB15</p>	<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 ____</p> <p>DK 98</p>	

15. HIV/AIDS			HA																
HA1	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⇒Next module																
HA2	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK..... 8																	
HA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK..... 8																	
HA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK..... 8																	
HA6	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK..... 8																	
HA7	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK..... 8																	
HA7A	CAN PEOPLE GET THE AIDS VIRUS BY USING NEEDLE OR SYRINGE USED BY OTHER PERSON?	Yes 1 No 2 DK..... 8																	
HA8	CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table 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	
	Yes	No	DK																
During pregnancy.....	1	2	8																
During delivery.....	1	2	8																
By breastfeeding.....	1	2	8																
HA9	IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK 8																	
HA10	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																	
HA11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK 8																	
HA12	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																	

HA13	<p><i>Check CM13: Any live birth in last 2 years?</i></p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p> <p><input type="checkbox"/> No live birth in last 2 years (CM13="No") ⇒ Go to HA24</p>		
HA14	<p><i>Check MN1: Received antenatal care?</i></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>		
HA15	<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>	<p>Yes No DK</p> <p>AIDS transmitted to babies from mother1 2 8</p> <p>Preventive measures of AIDS virus1 2 8</p> <p>Test for AIDS1 2 8</p> <p>Recommended test for AIDS1 2 8</p>	
HA16A	<p><i>Check MN4G: Tested for the AIDS virus as part of your antenatal care?</i></p> <p><input type="checkbox"/> Yes (MN4[G] = 1) ⇒ Continue with HA17</p> <p><input type="checkbox"/> No (MN4[G] = 2) ⇒ Go to HA24</p>		
HA17	<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>Yes1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>
HA18	<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>Yes1</p> <p>No2</p> <p>DK.....8</p>	
HA22	<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>Yes1</p> <p>No2</p>	<p>1⇒HA25</p>
HA23	<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 ago2</p> <p>2 or more years ago.....3</p>	<p>1⇒HA27</p> <p>2⇒HA27</p> <p>3⇒HA27</p>
HA24	<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>Yes1</p> <p>No2</p>	<p>2⇒HA27</p>
HA25	<p>WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p>	<p>Less than 12 months ago.....1</p> <p>12-23 months ago2</p> <p>2 or more years ago.....3</p>	
HA26	<p>I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒HA27</p> <p>8⇒HA27</p>

HA26A	REGARDLESS OF THE RESULT, ALL WOMEN TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU GOT THE RESULTS OF THE TEST, DID YOU RECEIVE COUNSELLING?	Yes 1 No 2 DK..... 8	
HA27	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

16. TOBACCO AND ALCOHOL USE			TA
TA1	HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No..... 2	2⇒TA6
TA2	HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette..... 00 Age.....	00⇒TA6
TA3	DO YOU SMOKE CIGARETTES NOW?	Yes 1 No..... 2	2⇒TA6
TA4	IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes	
TA5	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA6	HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No..... 2	2⇒TA10
TA7	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No..... 2	2⇒TA10
TA8	WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE? <i>Probe: WHAT ELSE?</i> <i>Circle each response.</i>	Cigars A Water pipe B Pipe D Pipe tobacco..... E Other (<i>specify</i>) X	
TA9	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 days0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA10	HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes 1 No..... 2	2⇒TA14
TA11	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No..... 2	2⇒TA14
TA12	WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE? <i>Probe: WHAT ELSE?</i> <i>Circle each response.</i>	Chewing tobacco A Snuff..... B Other (<i>specify</i>) X	
TA13	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 days0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	

TA14	<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⇒Next module
TA15	<p>WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, ONE CUP OF TRADITIONAL VODKA, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL?</p>	<p>Never had one drink of alcohol 00 Age ____</p>	00⇒Next module
TA16	<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 days0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day 30</p>	00⇒Next module

17. LIFE SATISFACTION		LS	
<i>For the modul's questionnaires, we will be use card of smile.</i>			
LS1	<p><i>Check WB2: Age of respondent is between 15 and 24?</i></p> <p><input type="checkbox"/> <i>Age 25-49 ⇒ Go to WM11.</i></p> <p><input type="checkbox"/> <i>Age 15-24 ⇒ Continue with LS2.</i></p>		
LS2	<p>I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i></p>	<p>Very happy 1</p> <p>Somewhat happy 2</p> <p>Neither happy nor unhappy 3</p> <p>Somewhat unhappy 4</p> <p>Very unhappy 5</p>	
LS3	<p>NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
LS4	HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
LS5	DURING THE current / 2016-2017 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	<p>Yes 1</p> <p>No 2</p>	2⇒LS7
LS6	HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
LS7	HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
	<p><i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i></p>		

LS8	HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS9	HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS10	HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS11	HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS12	HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS13	HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS14	COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved 1 More or less the same 2 Worsened 3	
LS15	AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better..... 1 More or less the same 2 Worse 3	

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






Empty text box for Interviewer's Observations.

Supervisor's Observations

Empty text box for Supervisor's Observations.

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
