



QUESTIONNAIRE FOR INDIVIDUAL WOMEN
Social Indicator Sample Survey 2018



WOMAN'S INFORMATION PANEL		WM
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____	
WM5. Interviewer's name and number: NAME _____	WM6. Date of interview (year/ month / day): 2 0 1 8 / ____ / ____	

<p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i></p>	WM7. Record the time:	
	HOURS : MINUTES ____ : ____	
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 ⇨ WM9B 2 ⇨ WM9A
WM9A. Hello, my name is (<i>your name</i>). We are from National Statistical Office . We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health, education and other topics. This interview usually takes about 20-50 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	WM9B. Now I would like to talk to you about your health, education and other topics in more detail. This interview will take about 20-50 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES 1 NO / NOT ASKED 2	1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17	

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

WOMEN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	WM3=HH47 1 WM3≠HH47 2	2 ⇨ WB3
WB2. Check ED5, ED6 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5>105 OR (ED5=105, ED6=1) 1 ED5<105 OR (ED5=105, ED6=2) 2	1 ⇨ WB15 2 ⇨ WB14
WB3. In what year and month were you born?	DATE OF BIRTH YEAR __ __ __ __ DKYEAR 9998 MONTH __ __ DKMONTH 98	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) __ __	
WB5. Have you ever attended school or any early childhood education programme?	YES 1 NO 2	2 ⇨ WB14
WB6. What is the highest level and grade or year of school you have attended? <i>If Master's first grade - 21, second grade -22. If Doctor, grade is 30 code, regardless of course.</i>	EARLY CHILDHOOD EDUCATION 000 SECONDARY SCHOOL 1 __ __ VOCATIONAL TRAINING CENTER (TECHNICUM) 3 __ __ UNIVERSITY, INSTITUTE/COLLEGE 4 __ __	000 ⇨ WB14
WB7. Did you complete that (grade/year)?	YES 1 NO 2	
WB7B. Did you complete that school?	YES 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24 YEARS 1 AGE 25-49 YEARS 2	2 ⇨ WB13
WB9. At any time during the current school year (2018/2019) did you attend school?"	YES 1 NO 2	2 ⇨ WB11
WB10. During this current school year (2018/2019), which level and grade or year are you attending? <i>If Master's first grade - 21, second grade -22. If Doctor, grade is 30 code, regardless of course.</i>	SECONDARY SCHOOL 1 __ __ VOCATIONAL TRAINING CENTER (TECHNICUM) 3 __ __ UNIVERSITY, INSTITUTE/COLLEGE 4 __ __	
WB11. At any time during the previous school year (2017/2018) did you attend school?	YES 1 NO 2	2 ⇨ WB13
WB12. During that previous school year (2017/2018) which level and grade or year did you attend? <i>If Master's first grade - 21, second grade -22. If Doctor, grade is 30 code, regardless of course.</i>	SECONDARY SCHOOL 1 __ __ VOCATIONAL TRAINING CENTER (TECHNICUM) 3 __ __ UNIVERSITY, INSTITUTE/COLLEGE 4 __ __	
WB13. Check WB6, WB7: Respondent's attended 5th or more grade of General education school?	(WB6>105) OR (WB6=105 AND WB7=1) 1 (WB6<105) OR (WB6=105 AND WB7=2) 2	1 ⇨ WB15

<p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If the respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE..... 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE/ BRAILLE (specify language) _____ 4</p>	
<p>WB15. How long have you been continuously living in (name of the current place of residence)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS..... _ _</p> <p>ALWAYS / SINCE BIRTH 95</p>	<p>95 ⇒End</p>
<p>WB16. Just before you moved here, did you live in capital city, in aimag center, soum center, or in a rural area?</p>	<p>CAPITAL CITY..... 1</p> <p>AIMAG CENTER..... 2</p> <p>SOU M CENTER..... 3</p> <p>RURAL AREA 4</p> <p>OVERSEAS 5</p>	<p>1 ⇒End</p> <p>5 ⇒WB17A</p>
<p>WB17. Before you moved here, in which aimag did you live in?</p>	<p>ARKHANGAI..... 01</p> <p>BAYAN-ULGII 02</p> <p>BAYANKHONGOR..... 03</p> <p>BULGAN 04</p> <p>GOBI-ALTAI..... 05</p> <p>DORNOGOVI..... 06</p> <p>DORNOD..... 07</p> <p>DUNDGOVI 08</p> <p>ZAVKHAN 09</p> <p>UVURKHANGAI 10</p> <p>UMNUGOVI..... 11</p> <p>SUKHBAATAR 12</p> <p>SELENGE 13</p> <p>TUV 14</p> <p>UVS..... 15</p> <p>KHOVD 16</p> <p>KHUVSGUL 17</p> <p>KHENTII..... 18</p> <p>DARKHAN-UUL 19</p> <p>ORKHON..... 21</p> <p>GOVISUMBER 22</p>	<p>01 ⇒End</p> <p>02 ⇒End</p> <p>03 ⇒End</p> <p>04 ⇒End</p> <p>05 ⇒End</p> <p>06 ⇒End</p> <p>07 ⇒End</p> <p>08 ⇒End</p> <p>09 ⇒End</p> <p>10 ⇒End</p> <p>11 ⇒End</p> <p>12 ⇒End</p> <p>13 ⇒End</p> <p>14 ⇒End</p> <p>15 ⇒End</p> <p>16 ⇒End</p> <p>17 ⇒End</p> <p>18 ⇒End</p> <p>19 ⇒End</p> <p>21 ⇒End</p> <p>22 ⇒End</p>
<p>WB17A. Before you moved here, in which country did you live in?</p>	<p>SOUTH KOREA..... 01</p> <p>AMERICA 02</p> <p>CZECH..... 03</p> <p>CHINA 04</p> <p>JAPAN 05</p> <p>RUSSIA..... 06</p> <p>GERMANY..... 07</p> <p>ENGLAND..... 08</p> <p>OTHER (specify) _____ 96</p>	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
<p>MT1. How often do you read a newspaper or magazine: every day, at least once a week, at least once a month, or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 EVERY DAY 3	
<p>MT2. How often do you listen to the radio: every day, at least once a week, at least once a month, or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	NOT AT ALL 0 AT LEAST ONCE A MONTH 1 AT LEAST ONCE A WEEK 2 EVERY DAY 3	
<p>MT3. How often do you watch television: every day, at least once a week, at least once a month, or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	NOT AT ALL 0 AT LEAST ONCE A MONTH 1 AT LEAST ONCE A WEEK 2 EVERY DAY 3	
<p>MT4. Have you ever used a computer, a notebook or a tablet from any location?</p>	YES 1 NO 2	2 ⇒ MT9
<p>MT5. During the last 3 months, how often did you use a computer, a notebook or a tablet: every day, at least once a week, at least once a month, or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	NOT AT ALL 0 AT LEAST ONCE A MONTH 1 AT LEAST ONCE A WEEK 2 EVERY DAY 3	0 ⇒ MT9

		Y	N
MT6. During the last 3 months, did you do any of the following actions on a computer, a notebook or a tablet:			
[A] Copy or move a file or folder?	COPY/ MOVE FILE.....	1	2
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT	1	2
[C] Sending e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT	1	2
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA .	1	2
[E] Connect and install a new device, such as modem, camera or printer?	CONNECT DEVICE	1	2
[F] Find, download, install and configure software?	INSTALL SOFTWARE	1	2
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION	1	2
[H] Transfer a file between a computer and other device?	TRANSFER FILE.....	1	2
[I] Write a computer program in any programming language?	PROGRAMMING	1	2
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1	1	1 ⇔ MT10
	NO, MT6[C]=2	2	
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1	1	1 ⇔ MT10
	NO, MT6[F]=2.....	2	
MT9. Have you ever used the internet from any location and any device?	YES	1	
	NO.....	2	2 ⇔ MT11
MT10. During the last 3 months, how often did you use the internet: every day, at least once a week, at least once a month, or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL	0	
	AT LEAST ONCE A MONTH.....	1	
	AT LEAST ONCE A WEEK.....	2	
	EVERY DAY.....	3	
MT11. Do you have a mobile phone? <i>If response is 'Yes', probe: Is it a simple/analogue phone or a smartphone?</i>	YES SMARTPHONE.....	1	
	SIMPLE/ANALOGUE	2	
	NO.....	3	

<p>MT12. During the last three months, how often did you use your mobile phone: every day, at least once a week, at least once a month, or not at all?</p> <p><i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone.</p> <p><i>If 'At least once a week', probe:</i> Would you say this happens almost every day?</p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL 0</p> <p>AT LEAST ONCE A MONTH..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>EVERY DAY..... 3</p>	
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FERTILITY/BIRTH HISTORY		CM
<p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p>	YES.....1 NO2	2 ⇒ CM8
<p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	YES.....1 NO2	2 ⇒ CM5
<p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p>	SONS AT HOME _ _	
<p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS AT HOME _ _	
<p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	YES.....1 NO2	2 ⇒ CM8
<p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	SONS ELSEWHERE _ _	
<p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS ELSEWHERE..... _ _	
<p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p>	YES.....1 NO2	2 ⇒ CM11
<p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p>	BOYS DEAD..... _ _	
<p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p>	GIRLS DEAD..... _ _	
<p>CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</p>	SUM..... _ _	
<p>CM12. Just to make sure that I have this right, you have had in total (<i>total number in CM11</i>) births during your life. Is this correct?</p>	YES.....1 NO2	1 ⇒ CM14
<p>CM13. Check responses to CM1-CM10 and make corrections as necessary until response to CM12 is 'Yes'.</p>		
<p>CM14. Check CM11: How many live births?</p>	NO LIVE BIRTHS, CM11=00.....0 ONE OR MORE LIVE BIRTHS CM11=01, OR MORE.....1	0 ⇒ End

FERTILITY/BIRTH HISTORY													BH	
BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had. Record names of all of the births in BH1. Record twins and triplets on separate lines.														
BH0. Line No.	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (name of birth) a boy or a girl?	BH4. In what year and month was (name of birth) born?	BH5. Is (name of birth) still alive?	BH6. How old was (name of birth) at (his/her) last birthday?	BH7. Is (name of birth) living with you?	BH8. Record household line number of child (from HLL)	BH9. How old was he/she died?	BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth?				
		S M	B G	Year	Month	Day	Y N	Age	Y N	Line number	Unit	Number	Y N	
01		1 2	1 2	---	---	---	1 2	---	1 2	⇒ Next birth	DAYS1 MONTHS..2 YEARS.....3	---	1 2	
02		1 2	1 2	---	---	---	1 2	---	1 2	⇒ BH10	DAYS1 MONTHS..2 YEARS.....3	---	1 2 Add birth Next birth	
03		1 2	1 2	---	---	---	1 2	---	1 2	⇒ BH10	DAYS1 MONTHS..2 YEARS.....3	---	1 2 Add birth Next birth	
04		1 2	1 2	---	---	---	1 2	---	1 2	⇒ BH10	DAYS1 MONTHS..2 YEARS.....3	---	1 2 Add birth Next birth	
05		1 2	1 2	---	---	---	1 2	---	1 2	⇒ BH10	DAYS1 MONTHS..2 YEARS.....3	---	1 2 Add birth Next birth	
06		1 2	1 2	---	---	---	1 2	---	1 2	⇒ BH10	DAYS1 MONTHS..2 YEARS.....3	---	1 2 Add birth Next birth	
07		1 2	1 2	---	---	---	1 2	---	1 2	⇒ BH10	DAYS1 MONTHS..2 YEARS.....3	---	1 2 Add birth Next birth	
08		1 2	1 2	---	---	---	1 2	---	1 2	⇒ BH10	DAYS1 MONTHS..2 YEARS.....3	---	1 2 Add birth Next birth	
09		1 2	1 2	---	---	---	1 2	---	1 2	⇒ BH10	DAYS1 MONTHS..2 YEARS.....3	---	1 2 Add birth Next birth	

MICS6.WM.8

BH0. BH Line No.	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (name of birth) a boy or a girl?	BH4. In what year and month was (name of birth) born? Probe: What is (name of birth)'s birthday?	BH5. Is (name of birth) still alive?	BH6. How old is (name of birth)? Record age in completed years.	BH7. Is (name of birth) living with you?	BH8. Copy and record household line number of child (from HLL) Record "00" if child is not listed.	BH9. How old was (name of birth) when he/she died? If "1 year", probe: How many months old was (name of birth)? Record days if less than 1 month; record months if less than 2 years.	BH10. Were there any other children births between (name of previous birth) and (name of birth), including any children who died after birth?								
Line	Name	S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line number	Unit	Number	Y	N
10		1	2	1	2				1	2		1	2	⇒BH10	DAYS1 MONTHS..2 YEARS.....3	1 Add birth	2 Next birth	
11		1	2	1	2				1	2		1	2	⇒BH10	DAYS1 MONTHS..2 YEARS.....3	1 Add birth	2 Next birth	
12		1	2	1	2				1	2		1	2	⇒BH10	DAYS1 MONTHS..2 YEARS.....3	1 Add birth	2 Next birth	
13		1	2	1	2				1	2		1	2	⇒BH10	DAYS1 MONTHS..2 YEARS.....3	1 Add birth	2 Next birth	
14		1	2	1	2				1	2		1	2	⇒BH10	DAYS1 MONTHS..2 YEARS.....3	1 Add birth	2 Next birth	
BH11. Have you had any live births since the birth of (name of last birth listed)?										YES..... 1		NO..... 2				1 ⇒ Record birth(s) in Birth History		

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


MISCARRIAGE, STILLBIRTH AND ABORTION					AB
AB0A. Check CM11: Has the woman given birth a baby?	YES, CM11≠0 1 NO, CM11=0 2				1 ⇒AB1
AB0B. Have you ever been pregnant?	YES 1 NO 2				2 ⇒End
AB1. For women, some pregnancies may end up with miscarriage, stillbirth, missed abortion or abortion. I would like to talk to you about this. Have you had any cases of pregnancy ending up with miscarriage, stillbirth, missed abortion or abortion?	YES 1 NO 2				2 ⇒End
AB2. When was the last time you had miscarriage, stillbirth, missed abortion or abortion?	YEAR..... _ _ _ _ MONTH..... _ _ DK..... 98				
AB3. Check AB2: If miscarriage, stillbirth, missed abortion or abortion occurred within the last 2 years preceding the survey, that is, since (month of interview) in (year of interview minus 2)?	NO MISCARRIAGE, STILLBIRTH, MISSED ABORTION OR ABORTION OCCURRED WITHIN THE LAST 2 YEARS..... 1 A MISCARRIAGE,OR STILLBIRTH, OR MISSED ABORTION OR ABORTION OCCURRED WITHIN THE LAST 2 YEARS..... 2				1 ⇒End
	PREGNANCIES RESULTED IN MISCARRIAGE, STILLBIRTH, MISSED ABORTION OR ABORTION				
	01	02	03	04	
AB4. What was the year and month of your last miscarriage, or stillbirth, or missed abortion, or abortion?	<i>Filled in AB2</i>	YEAR .. _ _ _ _ MONTH..... _ _ DK 98	YEAR _ _ _ _ MONTH _ _ DK 98	YEAR. _ _ _ _ MONTH..... _ _ DK..... 98	
AB5. At how many week did your pregnancy terminate?	WEEKS..... _ _	WEEKS..... _ _	WEEKS _ _	WEEKS..... _ _	
AB6. Did your pregnancy end with a miscarriage, or a stillbirth, or a missed abortion or an abortion?	MISCARRIAGE 1 STILLBIRTH..... 2 MISSED ABORTION 3 ABORTION 4	MISCARRIAGE.... 1 STILLBIRTH 2 MISSED ABORTION 3 ABORTION..... 4	MISCARRIAGE... 1 STILLBIRTH 2 MISSED ABORTION 3 ABORTION 4	MISCARRIAGE 1 STILLBIRTH..... 2 MISSED ABORTION 3 ABORTION 4	
AB7. In the last two years, have you had any other cases of pregnancy which ended with miscarriage, stillbirth, missed abortion or abortion?	YES..... 1 ⇒ next column NO..... 2 ⇒ AB8	YES..... 1 ⇒ next column NO 2 ⇒ AB8	YES 1 ⇒ next column NO 2 ⇒ AB8	YES 1 ⇒ next column NO 2 ⇒ AB8	
AB8. Check AB6: Did the woman have abortion in the last two years?	HAD ABORTION (AB6 = 4) 1 DID NOT HAVE ABORTION (AB6 <> 4)..... 2				2 ⇒End

<p>AB9. Where was your last abortion performed?</p> <p><i>If response is "Private hospital" probe: Was it a hospital in Ulaanbaatar, or in aimag/soum? Was it an in-patient hospital or an out-patient clinic?</i></p>	<p>PUBLIC HOSPITAL</p> <p>TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD, MOTHER AND CHILD HEALTH CENTER) 11</p> <p>SECONDARY LEVEL HOSPITAL (AIMAG/DISTRICT HOSPITAL) 12</p> <p>MATERNITY HOSPITAL 13</p> <p>SOUM LEVEL HOSPITAL/FAMILY HEALTH CENTER 15</p> <p>PRIVATE HOSPITAL</p> <p>ULAANBAATAR HOSPITAL</p> <p>IN-PATIENT HOSPITAL 21</p> <p>OUT-PATIENT CLINIC 22</p> <p>AIMAG /SOUM HOSPITAL</p> <p>IN-PATIENT HOSPITAL 23</p> <p>OUT-PATIENT CLINIC 24</p> <p>NGO'S HOSPITAL 30</p> <p>OTHER</p> <p>AT HOME / AT SOMEONE ELSE'S PLACE 31</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>AB10. Who performed your last abortion?</p>	<p>HEALTH PROFESSIONAL</p> <p>GYNAECOLOGIST 01</p> <p>PHYSICIAN 02</p> <p>FAMILY/ SOUM DOCTOR 03</p> <p>MIDWIFE 04</p> <p>AUXILIARY MIDWIFE 05</p> <p>NURSE 06</p> <p>OTHER (<i>specify</i>) _____ 96</p> <p>MYSELF 09</p>	
<p>AB11. What method was used to perform your last abortion?</p>	<p>DILATION AND CURETTAGE/EVACUATION 1</p> <p>MANUAL VACUUM ASPIRATION 2</p> <p>ELECTRIC VACUUM ASPIRATION 3</p> <p>PILL/ MEDICINE 4</p> <p>RIVANOL SOLUTION 5</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK 8</p>	

DESIRE FOR LAST BIRTH		DB
DB1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ End
DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time?	YES 1 NO 2	1 ⇒ DB5
DB3. Check CM11: Number of births?	ONLY 1 BIRTH 1 2 OR MORE BIRTHS 2	1 ⇒ DB4A 2 ⇒ DB4B
DB4A. Did you want to have a baby later on, or did you not want any children?	LATER 1 NO MORE 2	
DB4B. Did you want to have a baby later on, or did you not want more children?		
DB5. When you decided to get pregnant with (<i>Name</i>), did maternity allowance (monetary allowance for mothers and children) influence your decision?	YES 1 NO 2	

MATERNAL AND NEWBORN HEALTH		MN
<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=11</p> <p>NO, CM17=0 OR BLANK2</p>	2 ⇒ End
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	2 ⇒ MN6A
<p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>GYNAECOLOGISTD</p> <p>PHYSICIANE</p> <p>FAMILY/ SOUM DOCTORI</p> <p>MIDWIFEJ</p> <p>AUXILIARY MIDWIFEC</p> <p>NURSEK</p> <p>OTHER (<i>specify</i>) _____X</p>	
<p>MN4. How many weeks pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS __ __</p> <p>DK98</p>	
<p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</p>	<p>NUMBER OF TIMES __ __</p> <p>DK98</p>	
<p>MN6. As part of your antenatal care during this pregnancy, was any of the following done at least once?</p> <p>[A] Measuring 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] Ultrasound</p> <p>[H] Hepatitis B and C (HBV, HBC) markers</p> <p>[I] Test for Positive / Negative Blood (to identify Rh group)</p> <p>[J] Test for Tuberculosis (TB test)</p>	<p>Y N</p> <p>MEASURING BLOOD PRESSURE 1 2</p> <p>URINE SAMPLE 1 2</p> <p>BLOOD SAMPLE 1 2</p> <p>TEST FOR STIs/SMEAR 1 2</p> <p>WEIGHT MEASUREMENT 1 2</p> <p>TEST FOR SYPHILIS 1 2</p> <p>ULTRASOUND 1 2</p> <p>HEPATITIS B AND C (HBV, HBC) MARKERS 1 2</p> <p>TEST FOR POSITIVE / NEGATIVE (RH) BLOOD 1 2</p> <p>TEST FOR TUBERCULOSIS 1 2</p>	

<p>MN6A. Did you take any of the following supplements during your pregnancy with (<i>name</i>)?</p> <p>[A] Iron supplement</p> <p>[B] Folic acid</p> <p>[C] Multi-nutrient supplement</p> <p>[D] Multi-vitamins such as “Prenatal” or “Elevit”</p>	<p style="text-align: right;">Y N</p> <p>IRON SUPPLEMENT 1 2</p> <p>FOLIC ACID..... 1 2</p> <p>MULTINUTRIENT SUPPLEMENT..... 1 2</p> <p>MULTI-VITAMINS 1 2</p>	
<p>MN6B. Check MN6A [A]: Took iron supplement during pregnancy?</p>	<p>YES, MN6A [A]=1 1</p> <p>NO, MN6A [A]=2 2</p>	<p>2 ⇒MN19</p>
<p>MN6CA. How many days did you take the iron supplement?</p>	<p>NUMBER OF DAYS _____</p> <p>DK 998</p>	
<p>MN19. 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 record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>GYNAECOLOGISTD</p> <p>PHYSICIAN E</p> <p>FAMILY/ SOUM DOCTOR I</p> <p>MIDWIFE J</p> <p>AUXILIARY MIDWIFEC</p> <p>NURSE K</p> <p>OTHER</p> <p>TRADITIONAL PRACTITIONER..... F</p> <p>PUBLIC HEALTH WORKERG</p> <p>OTHER (<i>specify</i>) X</p> <p>NO ONE Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</p> <p><i>Probe to identify the place of delivery.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and circle “76”.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p>	<p>PUBLIC HOSPITAL</p> <p>TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD, MOTHER AND CHILD HEALTH CENTER)21</p> <p>SECONDARY LEVEL HOSPITAL (AIMAG/ DISTRICT HOSPITAL)22</p> <p>MATERNITY HOSPITAL23</p> <p>SOUM LEVEL HOSPITAL/FAMILY HEALTH CENTER24</p> <p>PRIVATE HOSPITAL</p> <p>ULAANBAATAR31</p> <p>AIMAG/SOUM32</p> <p>OTHER</p> <p>AT HOME11</p> <p>AT SOMEONE ELSE’S PLACE12</p> <p>DK PUBLIC OR PRIVATE.....76</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒MN23</p> <p>12 ⇒MN23</p> <p>96 ⇒MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇒MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary:</i> Was it before or after your labour pains started?</p>	<p>BEFORE LABOUR PAINS.....1</p> <p>AFTER LABOUR PAINS2</p>	

<p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>  <p><small>Photo Credit: Joyce Odwin</small></p>	<p>YES1 NO2 DK/ DON'T REMEMBER8</p>	<p>2 ⇒ MN25 8 ⇒ MN25</p>
<p>MN23A. That time, did your child have a hat worn?</p>	<p>YES1 NO2 DK/ DON'T REMEMBER8</p>	
<p>MN23B. That time, did your child covered with blanket?</p>	<p>YES1 NO2 DK/ DON'T REMEMBER8</p>	
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES1 NO2 DK/ DON'T REMEMBER8</p>	
<p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES1 NO2 DK/ DON'T REMEMBER8</p>	
<p>MN26. How long after birth was (<i>name</i>) bathed for the first time?</p> <p><i>If "immediately" or less than 1 hour, record '000'. If less than 24 hours, record hours.</i></p> <p><i>If "1 day" or "next day", probe: About how many hours after the delivery?</i></p> <p><i>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day. If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/WITHIN 1 HOUR000 HOURS 1 __ __ DAYS 2 __ __ NEVER BATHED997 DK/ DON'T REMEMBER998</p>	
<p>MN33. Was (<i>name</i>) weighed at birth?</p>	<p>YES1 NO2 DK8</p>	<p>2 ⇒ MN35 8 ⇒ MN35</p>
<p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If the Maternal and newborn health booklet is available, record weight from the Maternal and newborn health booklet.</i></p>	<p>FROM BOOKLET 1 (KG) __ . __ __ __ FROM RECALL 2 (KG) __ . __ __ __ DK99998</p>	
<p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p>	<p>YES1 NO2</p>	
<p>MN36. Did you ever breastfeed (<i>name</i>)?</p>	<p>YES1 NO2</p>	<p>2 ⇒ MN39B</p>

<p>MN37. How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour after birth, record '000' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>IMMEDIATELY000</p> <p>HOURS 1 __ __</p> <p>DAYS 2 __ __</p> <p>DK/ DO NOT REMEMBER.....998</p>	
<p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk, such as water, milk (other than breast milk), other mother's milk etc.?</p>	<p>YES1</p> <p>NO2</p>	<p>1 ⇒ MN39A</p> <p>2 ⇒ End</p>
<p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p> <p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p>	<p>MILK (OTHER THAN BREAST MILK)A</p> <p>WATER.....B</p> <p>SUGAR OR GLUCOSE WATERC</p> <p>SUGAR - SALT - WATER SOLUTIONE</p> <p>FRUIT JUICEF</p> <p>INFANT FORMULA.....G</p> <p>TEA / MILK INFUSIONSH</p> <p>HONEYI</p> <p>PRESCRIBED MEDICINEJ</p> <p>OTHER MOTHER'S MILKK</p> <p>OTHER (<i>specify</i>) _____X</p> <p>NOTHING TO DRINK WAS GIVEN.....Y</p>	

POST-NATAL HEALTH CHECKS		PN
<p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>	2 ⇨ End
<p>PN2. Check MN20: Was child delivered in a health facility?</p>	<p>YES, MN20=21-32 OR 76 1</p> <p>NO, MN20=11-12 OR 96..... 2</p>	2 ⇨ PN7
<p>PN3. Now I would like to ask you some questions about services and care provided to you after the birth of (<i>name</i>).</p> <p>How long did you stay at (<i>name or type of facility in MN20</i>) after the delivery of (<i>name</i>)?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p>	<p>HOURS 1 ___</p> <p>DAYS 2 ___</p> <p>WEEKS 3 ___</p> <p>DK / DON'T REMEMBER 998</p>	
<p>PN4. I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you?</p> <p>Did anyone check on your health before you left (<i>name or type of facility in MN20</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?</p> <p>If response is "Yes", probe: Was it within 3 days after birth, or in more than 3 days after birth?</p>	<p>YES, WITHIN 3 DAYS 1</p> <p>YES, IN MORE THAN 3 DAYS 2</p> <p>NO 3</p>	<p>1 ⇨ PN12</p> <p>2 ⇨ PN12</p> <p>3 ⇨ PN17</p>
<p>PN7. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, MN19 = D, E, I, J, C, K, F, G 1</p> <p>NO, MN19 = X, Y 2</p>	2 ⇨ PN11

<p>PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)’s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <i>your</i> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨PN12</p> <p>2 ⇨PN19</p>
<p>PN11. I would like to talk to you about checks on (<i>name</i>)’s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok.</p> <p>After (<i>name</i>) was delivered, did anyone check on (his/her) health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>TWO OR MORE TIMES 2</p>	<p>1 ⇨PN13A</p> <p>2 ⇨PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ___</p> <p>DAYS 2 ___</p> <p>WEEKS 3 ___</p> <p>DK/ DON’T REMEMBER 998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>PEDIATRICIAND</p> <p>PHYSICIAN E</p> <p>FAMILY/ SOUM DOCTOR I</p> <p>MIDWIFE J</p> <p>AUXILIARY MIDWIFE C</p> <p>NURSE K</p> <p>OTHER</p> <p>TRADITIONAL PRACTITIONER F</p> <p>PUBLIC HEALTH WORKERG</p> <p>OTHER (<i>specify</i>) X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record “76” until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC HOSPITAL</p> <p>TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD, MOTHER AND CHILD HEALTH CENTER)21</p> <p>SECONDARY LEVEL HOSPITAL (AIMAG/ DISTRICT HOSPITAL).....22</p> <p>MATERNITY HOSPITAL23</p> <p>SOMU LEVEL HOSPITAL/FAMILY HEALTH CENTER24</p> <p>PRIVATE HOSPITAL</p> <p>ULAANBAATAR31</p> <p>AIMAG/ SOMU32</p> <p>OTHER</p> <p>AT HOME.....11</p> <p>AT SOMEONE ELSE’S PLACE12</p> <p>DK PUBLIC OR PRIVATE.....76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-32 OR 76 1</p> <p>NO, MN20=11-12, OR 96..... 2</p>	<p>2 ⇨PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p> <p><i>If response is “Yes”, probe: Within 3 days after birth, or more than 3 days after birth?</i></p>	<p>YES, WITHIN 3 DAYS 1</p> <p>YES, IN MORE THAN 3 DAYS 2</p> <p>NO 3</p>	<p>1 ⇨PN21</p> <p>2 ⇨PN21</p> <p>3 ⇨PN25</p>
<p>PN18. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, MN19 = D, E, I, J, C, K, F, G 1</p> <p>NO, MN19 = X, Y 2</p>	<p>2 ⇨PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨PN21</p> <p>2 ⇨PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>TWO OR MORE TIMES 2</p>	<p>1 ⇨PN22A</p> <p>2 ⇨PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ___</p> <p>DAYS 2 ___</p> <p>WEEKS 3 ___</p> <p>DK/ DON’T REMEMBER 998</p>	

<p>PN23. Who checked on <u>your</u> health at that time?</p>	<p>HEALTH PROFESSIONAL GYNAECOLOGISTD PHYSICIAN E FAMILY/ SOUM DOCTOR I MIDWIFE J AUXILIARY MIDWIFE C NURSE K</p> <p>OTHER TRADITIONAL PRACTITIONER F PUBLIC HEALTH WORKERG</p> <p>OTHER (<i>specify</i>) _____ X</p>	
<p>PN24. Where did this check take place?</p> <p><i>Probe to identify the place of check.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record “76” until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC HOSPITAL TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD, MOTHER AND CHILD HEALTH CENTER)21 SECONDARY LEVEL HOSPITAL (AIMAG/ DISTRICT HOSPITAL).....22 MATERNITY HOSPITAL23 SOUM LEVEL HOSPITAL/FAMILY HEALTH CENTER24</p> <p>PRIVATE HOSPITAL ULAANBAATAR31 AIMAG/ SOUM32</p> <p>OTHER AT HOME..... 11 AT SOMEONE ELSE’S PLACE 12</p> <p>DK PUBLIC OR PRIVATE.....76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)’s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[D] Take the temperature of you?</p> <p>[C] Counsel you on breastfeeding?</p>	<p style="text-align: right;">Y N DK</p> <p>EXAMINE THE CORD 1 2 8</p> <p>TAKE TEMPERATURE OF CHILD 1 2 8</p> <p>TAKE TEMPERATURE OF MOTHER 1 2 8</p> <p>COUNSEL ON BREASTFEEDING..... 1 2 8</p>	
<p>PN26. Check MN36: Was the child ever breastfed?</p>	<p>YES, MN36=1 1 NO, MN36=2 2</p>	<p>2 ⇨PN28</p>
<p>PN27. Observe (<i>name</i>)’s breastfeeding?</p>	<p style="text-align: right;">Y N DK</p> <p>OBSERVED BREASTFEEDING..... 1 2 8</p>	
<p>PN28. Check MN33: Was the child weighed at birth?</p>	<p>YES, MN33=11 NO, MN33=22 DK, MN33=83</p>	<p>1 ⇨PN29A 2 ⇨PN29B 3 ⇨PN29C</p>

<p>PN29A. You mentioned that <i>(name)</i> was weighed at birth. After that, was <i>(name)</i> weighed again by a health care provider within two days?</p> <p>PN29B. You mentioned that <i>(name)</i> was not weighed at birth. Was <i>(name)</i> weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if <i>(name)</i> was weighed at birth. Was <i>(name)</i> weighed at all by a health care provider within two days after birth?</p>	<p>YES1</p> <p>NO2</p>	
<p>PN30. During the first two days after <i>(name)</i>'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES1</p> <p>NO2</p>	

CONTRACEPTION		CP
<p>CP1. I would like to talk to you about another subject family planning.</p> <p>Are you pregnant now?</p>	<p>YES, CURRENTLY PREGNANT..... 1</p> <p>NOT PREGNANT..... 2</p> <p>DK OR NOT SURE..... 8</p>	1 ⇒ CP3
<p>CP2. Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES..... 1</p> <p>NO 2</p>	1 ⇒ CP4
<p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES..... 1</p> <p>NO 2</p>	1 ⇒ End 2 ⇒ End
<p>CP4. What type of method are you using?</p> <p><i>If response is "IUD", probe: Was it inserted in your upper arm?</i></p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>MALE CONDOM G</p> <p>FEMALE CONDOM..... H</p> <p>DIAPHRAGM I</p> <p>FOAM / JELLY J</p> <p>LACTATIONAL AMENORRHOEA METHOD K</p> <p>PERIODIC ABSTINENCE / RHYTHM..... L</p> <p>WITHDRAWAL M</p> <p>OTHER (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=11 NO, DK OR NOT SURE, CP1=2 OR 82	2 ⇨ UN6
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES1 NO2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS0 ONE OR MORE BIRTHS1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want more children?	LATER1 NONE/ NO MORE2	
UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD1 NONE/ NO MORE2 UNDECIDED / DK8	1 ⇨ UN8 2 ⇨ UN13A 8 ⇨ UN13A
UN6. Check CP4: Currently using "Female sterilization"?	YES, CP4=A1 NO, CP4≠A2	1 ⇨ UN13A
UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD1 NO MORE/ NONE2 SAYS SHE CANNOT GET PREGNANT3 UNDECIDED / DK8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i>	MONTHS1 __ __ YEARS2 __ __ SOON993 SAYS SHE CANNOT GET PREGNANT994 AFTER MARRIAGE995 OTHER996 DK998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=11 NO, DK OR NOT SURE, CP1=2 OR 82	1 ⇨ UN13A
UN10. Check CP2: Currently using a contraception method?	YES, CP2=11 NO, CP2=22	1 ⇨ UN13A
UN11. Do you think you are physically able to get pregnant at this time?	YES1 NO2 DK8	1 ⇨ UN13A 8 ⇨ UN13A

<p>UN12. Why do you think you are not physically able to get pregnant?</p> <p><i>If says she cannot get pregnant, probe: How long have you been attempting to become pregnant?</i></p>	<p>INFREQUENT SEX / NO SEXA MENOPAUSAL.....B NEVER MENSTRUATEDC HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS)D HAS BEEN TRYING TO GET PREGNANT FOR 1-2 YEARS WITHOUT RESULTJ HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULTE POSTPARTUM AMENORRHEIC.....F BREASTFEEDING.....G TOO OLD.....H OTHER (<i>specify</i>) X DK Z</p>	
<p>UN13A. Check CM11: Had live births?</p>	<p>YES, CM11≠0 1 NO, CM11=0 2</p>	<p>1⇒ UN13BA 2⇒ UN13BB</p>
<p>UN13BA. If you imagined that you were returning to your age when you have not had any children yet, how many children would you want to have?</p> <p>UN13BB. How many children would you like to have?</p>	<p>NEVER WANT / DOESN'T WANT 00 NUMBER OF DESIRED CHILDREN ____ OTHER (<i>specify</i>).....96</p>	<p>00⇒ UN13 96⇒ UN13</p>
<p>UN13C. How many boys would you like to have / would you want to have?</p>	<p>BOYS ____ SEX DOESN'T MATTER95</p>	<p>95⇒ UN13</p>
<p>UN13D. How many girls would you like to have / would you want to have?</p>	<p>GIRLS ____</p>	
<p>UN13. Check UN12: "Never menstruated" mentioned?</p>	<p>MENTIONED, UN12=C.....1 NOT MENTIONED, UN12≠C.....2</p>	<p>1⇒ End</p>
<p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe: How many months ago?</i></p>	<p>DAYS AGO1 ____ WEEKS AGO.....2 ____ MONTHS AGO.....3 ____ YEARS AGO4 ____ IN MENOPAUSE / HAS HAD HYSTERECTOMY993 BEFORE LAST BIRTH.....994 NEVER MENSTRUATED995</p>	<p>993⇒ End 994⇒ End 995⇒ End</p>
<p>UN15. Check UN14: Was the last menstrual period within last year?</p>	<p>YES, WITHIN LAST YEAR1 NO, ONE YEAR OR MORE2</p>	<p>2⇒ End</p>
<p>UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p>	<p>YES1 NO2 DK/ NOT SURE/NO SUCH ACTIVITY.....8</p>	<p>2⇒ UN17 8⇒ UN17</p>

<p>UN16A. Can you name the main reason you refrained from attending school, or going to work, or any social activities?</p>	<p>FEELING UNWELL OR IN PAIN.....1 HEAVY BLEEDING2 POOR SANITATION FACILITIES OUTSIDE HOME3 FEAR OF DEGRADING TREATMENT BY OTHERS.....4 OTHER (<i>specify</i>)6 DK8</p>	
<p>UN17. During your last menstruation, was it difficult for you to care of personal hygiene at home?</p> <p><i>Probe if needed:</i> Was there anything to fear or to be anxious about?</p>	<p>YES1 NO2 DK8</p>	
<p>UN18. Did you use any materials such as sanitary pads, tampons or cloth?</p>	<p>YES1 NO2 DK8</p>	<p>2 ⇒End 8 ⇒End</p>
<p>UN19. Were the materials reusable?</p>	<p>YES1 NO2 DK8</p>	

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION..... 3	3 ⇨MA5
MA2. How old is your (husband/partner)? <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS ____ ____ DK..... 98	⇨MA7 98 ⇨MA7
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER 2 NO..... 3	3 ⇨End
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED..... 1 DIVORCED 2 SEPARATED..... 3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE..... 1 MORE THAN ONCE 2	1 ⇨MA8A 2 ⇨MA8B
MA8A. In what year and month did you start living with your (husband/partner)? MA8B. In what year and month did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION YEAR ____ ____ ____ DK YEAR..... 9998 MONTH..... ____ ____ DK MONTH..... 98	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998 2	2 ⇨ End
MA10. Check MA7: In union only once?	YES, MA7=1 1 NO, MA7=2 2	1 ⇨MA11A 2 ⇨MA11B
MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS ____ ____	

ATTITUDES TOWARDS 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:		
	Y N DK	
[A] If she goes out without telling him?	GOES OUT WITHOUT TELLING 1 2 8	
[B] If she neglects the children?	NEGLECTS CHILDREN 1 2 8	
[C] If she argues with him?	ARGUES WITH HIM 1 2 8	
[D] If she refuses to have sex with him?	REFUSES SEX 1 2 8	
[E] If she prepares tasteless meal or burns the food?	TASTELESS MEAL OR BURNS FOOD 1 2 8	
DV2. Check MA1: Currently married or living together with someone as if married?	YES, MA1=1, 2 1 NO, MA1=3 2	2 ⇨ End
DV3. Can you say NO to your (husband / partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DK/ NOT SURE / DEPENDS ON SITUATION 8	
DV4. Who usually makes decisions related to caring about your reproductive health? For example, women's health check, family planning, antenatal care etc.	MYSELF 1 HUSBAND / PARTNER 2 JOINTLY WITH HUSBAND/PARTNER 3 JOINTLY WITH OTHERS 4	
DV5. Check CP2/CP3: Currently or ever use any methods to delay or avoid getting pregnant?	YES, CP2=1 OR CP3=1 1 NO, CP2=2 AND CP3=2 2	2 ⇨ End
DV6. Who usually makes decisions on the method of contraception use? Yourself, or your husband / partner, or together jointly?	MOSTLY HERSELF 1 MOSTLY HUSBAND / PARTNER 2 JOINTLY 3 OTHER (specify) 6	

VICTIMIZATION		VT
<p>VT1. Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ VT9B</p> <p>8 ⇨ VT9B</p>
<p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) of (<i>year of interview minus 1</i>)??</p>	<p>YES, DURING THE LAST 12 MONTHS 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK/ DON'T REMEMBER 8</p>	<p>2 ⇨ VT5B</p> <p>8 ⇨ VT5B</p>
<p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If response is "DK/ Don't remember", probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONCE 1</p> <p>TWICE 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK/ DON'T REMEMBER 8</p>	
<p>VT4. Check VT3: Once or more times?</p>	<p>ONE TIME, VT3=1 1</p> <p>MORE THAN ONCE OR DK, VT3=2, 3 OR 8 2</p>	<p>1 ⇨ VT5A</p> <p>2 ⇨ VT5B</p>
<p>VT5A. When this happened, was anything stolen from you?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>VT5B. The last time this happened, was anything stolen from you?</p>	<p>DK/ NOT SURE..... 8</p>	
<p>VT6. Did the person(s) have a weapon?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/ NOT SURE..... 8</p>	<p>2 ⇨ VT8</p> <p>8 ⇨ VT8</p>
<p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, KNIFE..... A</p> <p>YES, GUN..... B</p> <p>YES, SOMETHING ELSE X</p>	
<p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED 1</p> <p>YES, SOMEONE ELSE REPORTED 2</p> <p>NO, NOT REPORTED 3</p> <p>DK/ NOT SURE..... 8</p>	<p>1 ⇨ VT9A</p> <p>2 ⇨ VT9A</p> <p>3 ⇨ VT9A</p> <p>8 ⇨ VT9A</p>

<p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) of (<i>year of interview minus 3</i>), been physical attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) of (<i>year of interview minus 3</i>), have you been physically attacked?</p> <p><i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p>	<p>YES 1 NO 2</p> <p>DK 8</p>	<p>2 ⇨ VT20</p> <p>8 ⇨ VT20</p>
<p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS..... 1 NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK/ DON'T REMEMBER 8</p>	<p>2 ⇨ VT12B</p> <p>8 ⇨ VT12B</p>
<p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p>	<p>ONCE 1 TWICE 2 THREE, OR MORE TIMES 3</p> <p>DK/ DON'T REMEMBER 8</p>	<p>1 ⇨ VT12A 2 ⇨ VT12B 3 ⇨ VT12B</p> <p>8 ⇨ VT12B</p>
<p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p>	<p>AT HOME 11 IN ANOTHER HOME 12</p> <p>ON THE STREET 21 ON PUBLIC TRANSPORT 22 PUBLIC RESTAURANT / CAFÉ / BAR 23</p> <p>OTHER PUBLIC(<i>specify</i>) _____ 26</p> <p>AT SCHOOL 31 AT WORKPLACE 32</p> <p>OTHER PLACE (<i>specify</i>) _____ 96</p>	
<p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?"</p>	<p>ONE PERSON 1 TWO PEOPLE 2 THREE OR MORE PEOPLE 3</p> <p>DK/ DON'T REMEMBER 8</p>	<p>1 ⇨ VT14A 2 ⇨ VT14B 3 ⇨ VT14B</p> <p>8 ⇨ VT14B</p>
<p>VT14A. At the time of the incident, did you recognize the person?</p> <p>VT14B. At the time of the incident, did you recognize at least one of the persons?</p>	<p>YES 1 NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	
<p>VT17. Did the person(s) have a weapon?</p>	<p>YES 1 NO 2</p> <p>DK/ NOT SURE..... 8</p>	<p>2 ⇨ VT19</p> <p>8 ⇨ VT19</p>
<p>VT18. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, KNIFE..... A YES, GUN..... B</p> <p>YES, SOMETHING ELSE X</p>	

<p>VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe:</i> Was the incident reported by you or someone else?</p>	<p>YES, RESPONDENT REPORTED..... 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK/ NOT SURE..... 8</p>																																																					
<p>VT20. How safe do you feel walking alone in your neighbourhood after dark?</p>	<p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4 NEVER WALK ALONE AFTER DARK 7</p>																																																					
<p>VT21. How safe do you feel when you are at home alone after dark?</p>	<p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4 NEVER WALK ALONE AFTER DARK 7</p>																																																					
<p>VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?</p> <p>[A] Ethnicity? [B] Sex? [C] Sexual orientation? [D] Age? [E] Religion and belief? [F] Disability? [G] Birthplace? [H] Rural-urban disparity? [I] Living standard (rich, poor)? [J] Place of current residence (apartment or outskirts ger neighborhood)? [K] Level of education? [X] Other reasons?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>ETHNICITY.....</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>GENDER.....</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>SEXUAL ORIENTATION</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>AGE.....</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>RELIGION / BELIEF</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>DISABILITY</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>BIRTHPLACE</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>RURAL/URBAN</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>LIVING STANDARD</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>PLACE OF CURRENT RESIDENCE... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>LEVEL OF EDUCATION</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>OTHER REASONS</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>		Y	N	DK	ETHNICITY.....	1	2	8	GENDER.....	1	2	8	SEXUAL ORIENTATION	1	2	8	AGE.....	1	2	8	RELIGION / BELIEF	1	2	8	DISABILITY	1	2	8	BIRTHPLACE	1	2	8	RURAL/URBAN	1	2	8	LIVING STANDARD	1	2	8	PLACE OF CURRENT RESIDENCE... 1	2	8		LEVEL OF EDUCATION	1	2	8	OTHER REASONS	1	2	8	
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<p>VT23. During the last 12 months, or since (<i>months of interview</i>) of (<i>year of interview minus 1</i>), has anyone stolen from you something?</p>	<p>YES 1 NO 2 DK/ NOT SURE..... 8</p>	<p>2 ⇨ VT25 8 ⇨ VT25</p>																																																				
<p>VT24. Have you or anyone else reported this incident to the police? <i>If 'more than once':</i> Have you or anyone else reported last incident to the police?</p>	<p>YES, REPORTED HERSELF1 YES, SOMEONE ELSE REPORTED2 NO, DID NOT REPORT3 DK/ NOT SURE.....8</p>																																																					
<p>VT25. During the last 12 months, or since (<i>months of interview</i>) of (<i>year of interview minus 1</i>), did you lose something due to fraud?</p>	<p>YES 1 NO 2 DK/ NOT SURE..... 8</p>	<p>2 ⇨ End 8 ⇨ End</p>																																																				

<p>VT26. Have you or anyone else reported this incident to the police?</p>	<p>YES, REPORTED HERSELF1 YES, SOMEONE ELSE REPORTED2 NO, DID NOT REPORT3</p>	
<p><i>If 'more than once':</i> Have you or anyone else reported last incident to the police?</p>	<p>DK/ NOT SURE.....8</p>	

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

SEXUAL BEHAVIOUR		SB
<p>SB1. Check for presence of others. Before continuing, make every effort to ensure privacy.</p> <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>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE00</p> <p>AGE IN YEARS _ _</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER.....95</p>	00 ⇒ End
<p>SB2. I would like to ask you about sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p>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.</p>	<p>DAYS AGO 1 _ _</p> <p>WEEKS AGO 2 _ _</p> <p>MONTHS AGO 3 _ _</p> <p>YEARS AGO 4 _ _</p>	4 ⇒ End
<p>SB3. The last time you had sexual intercourse, was a condom used?</p>	<p>YES1</p> <p>NO2</p>	
<p>SB4. What was your relationship to this person with whom you last had sexual intercourse?</p> <p>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</p> <p>If 'boyfriend', then ask: Were you living together as if married? If 'Yes', circle '2'. If 'No', circle '3'.</p>	<p>HUSBAND1</p> <p>COHABITING PARTNER.....2</p> <p>BOYFRIEND.....3</p> <p>CASUAL ACQUAINTANCE4</p> <p>CLIENT / SEX WORKER5</p> <p>OTHER (specify) 6</p>	<p>3 ⇒SB6</p> <p>4 ⇒SB6</p> <p>5 ⇒SB6</p> <p>6 ⇒SB6</p>
<p>SB5. Check MA1: Currently married or living with a partner?</p>	<p>YES, MA1=1 OR 21</p> <p>NO, MA1=32</p>	1 ⇒SB7
<p>SB6. How old is this person?</p> <p>If response is 'DK', probe: About how old is this person?</p>	<p>AGE _ _</p> <p>DK.....98</p>	
<p>SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES1</p> <p>NO2</p>	2 ⇒ End
<p>SB8. The last time you had sexual intercourse with this another person, was a condom used?</p>	<p>YES1</p> <p>NO2</p>	
<p>SB9. What was your relationship to this person?</p> <p>Probe to ensure that the response refers to the relationship at the time of sexual intercourse.</p> <p>If 'Boyfriend', probe: Were you living together as if married? If 'Yes', circle '2'. If 'No', circle '3'.</p>	<p>HUSBAND1</p> <p>COHABITING PARTNER.....2</p> <p>BOYFRIEND.....3</p> <p>CASUAL ACQUAINTANCE4</p> <p>CLIENT / SEX WORKER5</p> <p>OTHER (specify) 6</p>	<p>3 ⇒SB12</p> <p>4 ⇒SB12</p> <p>5 ⇒SB12</p> <p>6 ⇒SB12</p>
<p>SB10. Check MA1: Currently married or living with a partner?</p>	<p>YES, MA1=1 OR 2 1</p> <p>NO, MA1=3 2</p>	2 ⇒SB12
<p>SB11. Check MA7: Married or living with a partner only once?</p>	<p>YES, MA7=1 1</p> <p>NO, MA7≠1 2</p>	1 ⇒ End

<p>SB12. 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>	
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STIs AND HIV/AIDS		HA																
HA1. Now I would like to talk with you about something else. Have you ever heard or read about HIV or AIDS?	YES 1 NO 2 DK 8	2 ⇨ HA37																
HA2. HIV is the virus that can lead to AIDS. Can people reduce their risk of getting the HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DK 8																	
HA3. Can people get HIV from mosquito bites?	YES 1 NO 2 DK 8																	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DK 8																	
HA5. Can people get the HIV by sharing food with a person who has HIV?	YES 1 NO 2 DK 8																	
HA7. Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DK 8																	
HA7A. Can people get infected with HIV by using needle or syringe used by other person?	YES 1 NO 2 DK 8																	
HA8. Can HIV be transmitted from a mother to her baby in the following ways: [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; 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>		Y	N	DK	DURING PREGNANCY	1	2	8	DURING DELIVERY	1	2	8	BY BREASTFEEDING	1	2	8	
	Y	N	DK															
DURING PREGNANCY	1	2	8															
DURING DELIVERY	1	2	8															
BY BREASTFEEDING	1	2	8															
HA9. Check HA8[A], [B] and [C]: Is there a 'Yes' response to any of these?	YES 1 NO 2	2 ⇨ HA11																
HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DK 8																	
HA11. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the histore (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇨ HA24																
HA12. Check MN2: Was antenatal care recieved?	YES, MN2=1 1 NO, MN2=2 2	2 ⇨ HA17																

		Y	N	DK	
HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about?					
[A] Babies getting HIV from their mother?	HIV FROM MOTHER.....	1	2	8	
[B] Things that you can do to prevent getting HIV?	THINGS TO DO.....	1	2	8	
[C] Getting tested for HIV?	TESTED FOR HIV.....	1	2	8	
Were you:					
[D] Offered a test for HIV?	OFFERED A TEST FOR HIV.....	1	2	8	
HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES	1			2 ⇨ HA17
	NO	2			
	DK	8			8 ⇨ HA17
HA15. I don't want to know the results, but did you get the results of the test?	YES	1			2 ⇨ HA17
	NO	2			
	DK	8			8 ⇨ HA17
HA16. Regardless of the result, all women who are tested are supposed to receive counselling services.	YES	1			
	NO	2			
After you received the result, were you receive any health information or counselling related to HIV?	DK	8			
HA17. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-32 OR 76	1			2 ⇨ HA21
	NO, MN20=11-12, OR 96.....	2			
HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES	1			
	NO	2			
HA19. I don't want to know the results, but were you tested for HIV at that time?	YES	1			2 ⇨ HA21
	NO	2			
HA20. I don't want to know the results, but did you get the results of the test?	YES	1			1 ⇨ HA22
	NO	2			2 ⇨ HA22
HA21. Check HA14: Was respondent tested for HIV as part of antenatal care?	YES, HA14=1	1			2 ⇨ HA24
	NO OR NO ANSWER, HA14≠1	2			
HA22. Have you been tested for HIV since that time you were tested during your pregnancy?	YES	1			1 ⇨ HA25
	NO	2			
HA23. How many months ago was the most recent HIV test?	LESS THAN 12 MONTHS AGO	1			1 ⇨ HA28
	12-23 MONTHS AGO	2			2 ⇨ HA28
	2 OR MORE YEARS AGO	3			3 ⇨ HA28
HA24. I don't want to know the results, but have you ever been tested for HIV?	YES	1			2 ⇨ HA27
	NO	2			
HA25. How many months ago was the most recent HIV test?	LESS THAN 12 MONTHS AGO	1			
	12-23 MONTHS AGO	2			
	2 OR MORE YEARS AGO	3			
HA26. I don't want to know the results, but did you get the results of the test?	YES	1			1 ⇨ HA28
	NO	2			2 ⇨ HA28
	DK	8			8 ⇨ HA28
HA27. Do you know of a place where can go to get an HIV test?	YES	1			
	NO	2			
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES	1			2 ⇨ HA30
	NO	2			

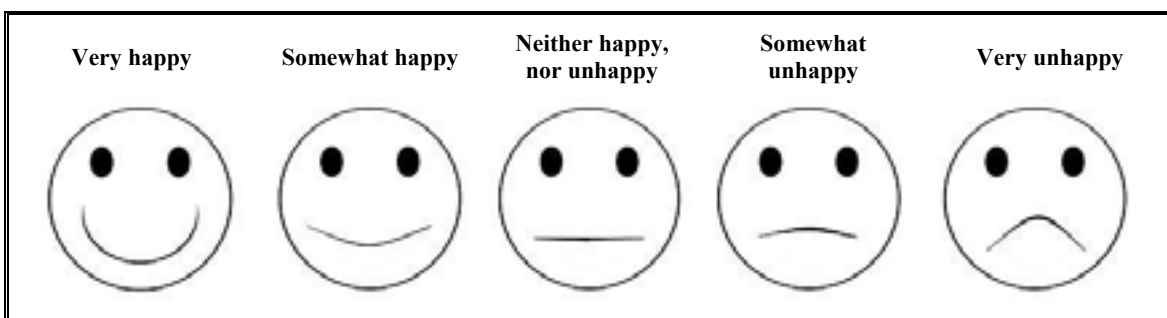
HA29. Have you ever tested for HIV using a self-test kit?	YES 1 NO 2	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DK/ NOT SURE / DEPENDS 8	
HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DK/ NOT SURE / DEPENDS 8	
HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DK/ NOT SURE / DEPENDS 8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DK/ NOT SURE / DEPENDS 8	
HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DK/ NOT SURE / DEPENDS 8	
HA35. Do you agree with the following statement? I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DK/ NOT SURE / DEPENDS 8	
HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 7 DK/ NOT SURE / DEPENDS 8	
HA37. Now I would like to ask you some additional questions about your health in the last 12 months. Sometimes genitals odor or an abnormal discharge may occur. In the past 12 months, did you have such symptoms?	YES 1 NO 2 DK 8	
HA38. Sometimes genital blisters, ulcers or verruca may occur. In the past 12 months, did you have such symptoms?	YES 1 NO 2 DK 8	
HA39. Have you ever been tested for the STI?	YES 1 NO 2 DK 8	2 ⇒ End 8 ⇒ End
HA40. Have you been tested for STIs in the past 12 months?	YES 1 NO 2	

CERVICAL CANCER		CC
CC1. Did you hear or read about cervical cancer?	YES1 NO.....2	2 ⇒ End
CC2. Have you ever had any cervical cancer screening for early detection/Pap smear test?	YES1 NO.....2	2 ⇒ CC6
CC3. Where did you get the cervical cancer screening for early detection/Pap smear test done? <i>If response is "PRIVATE HOSPITAL", then probe: Was it a hospital in Ulaanbaatar or Aimag/Soum?</i>	PUBLIC HOSPITAL TERTIARY LEVEL HOSPITAL (1 ST , 2 ND , 3 RD , MOTHER AND CHILD HEALTH CENTER)21 SECONDARY LEVEL HOSPITAL (AIMAG/ DISTRICT HOSPITAL).....22 MATERNITY HOSPITAL23 SOUM LEVEL HOSPITAL/FAMILY HEALTH CENTER.....24 PRIVATE HOSPITAL ULAANBAATAR HOSPITAL.....31 AIMAG/ SOUM HOSPITAL32 OTHER (<i>specify</i>) 96	
CC4. I don't want to know the results, but did you get the results of the test?	YES1 NO.....2 DK.....8	
CC5. When was the last time you had cervical cancer screening for early detection/ Pap smear test?	DAYS AGO 1 ___ WEEKS AGO 2 ___ MONTHS AGO 3 ___ YEARS AGO 4 ___	1 ⇒ CC7 2 ⇒ CC7 3 ⇒ CC7 4 ⇒ CC7
CC6. What was the main reason you did not received the cervical cancer screening for early detection/Pap smear test?	NO PLACE FOR SCREENING IN THE NEIGHBOURHOOD01 NO TIME02 NO OFFER FROM PHYSICIAN03 FAR AWAY FROM HOSPITAL04 NO NEED05 NOT APPROPRIATE AGE06 OTHER (<i>specify</i>) 96 DK.....98	
CC7. Human PapillomaVirus vaccination is the adolescent girls to prevent from cervical cancer. Have you ever heard of vaccination for Human PapillomaVirus?	YES1 NO.....2	2 ⇒ End
CC8. Check WB4: Woman aged under 30?	UNDER AGE OF 30.....1 30 AND OVER2	2 ⇒ CC10
CC9. Have you ever received vaccination to Human PapillomaVirus?	YES1 NO.....2	
CC10. Check WB4: Woman aged under 20 ?	UNDER AGE OF 20.....1 20 AND OVER2	1 ⇒ End
CC11. Do you think it is appropriate for girls to take vaccination to Human PapillomaVirus?	YES1 NO.....2 DK.....8	

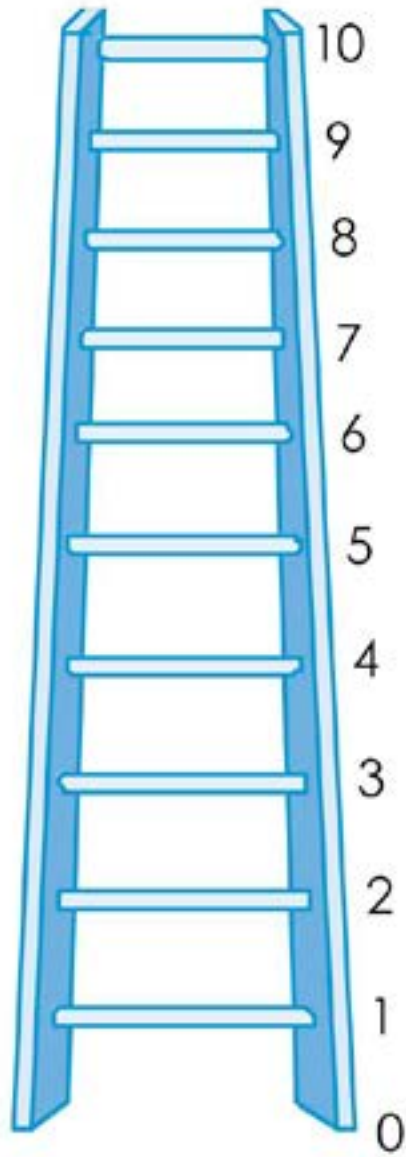
TOBACCO AND ALCOHOL USE		TA
TA1. Have you ever tried cigarette smoking, even one or two puffs?	YES 1 NO..... 2	2 ⇨ TA6
TA2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE ... 00 AGE ____	00 ⇨ TA6
TA3. Do you currently smoke cigarettes?	YES 1 NO..... 2	2 ⇨ TA6
TA4. In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ____	
TA5. During the last one month, on how many days did you smoke cigarettes? <i>If less than 10 days, record the number of days. If 10 days or more but less than 30 days, circle '10'. If 'every day' or 'almost every day', circle '30'.</i>	NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN 30 DAYS..... 10 EVERY DAY/ ALMOST EVERY DAY 30	
TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, pipe tobacco etc. ?	YES 1 NO..... 2	2 ⇨ TA10
TA7. During the last one month, did you use any smoked tobacco products other than cigarettes, such as cigars, pipe tobacco etc. ?	YES 1 NO..... 2	2 ⇨ TA10
TA8. What type of smoked tobacco product did you use or smoke during the last one month? <i>Record all mentioned.</i>	CIGAR A PIPE D ROLL UP E OTHER (<i>specify</i>) X	
TA9. During the last one month, on how many days did you use (<i>name of products mentioned in TA8</i>)? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If 'every day' or 'almost every day', circle '30'.</i>	NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH 10 EVERY DAY/ ALMOST EVERY DAY 30	
TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, or snuff?	YES 1 NO..... 2	2 ⇨ TA14
TA11. During the last one month, did you use any smokeless tobacco products?	YES 1 NO..... 2	2 ⇨ TA14
TA12. What type of smokeless tobacco product did you use during the last one month? <i>Record all mentioned.</i>	CHEWING TOBACCO..... A SNUFF B OTHER (<i>specify</i>) X	
TA13. During the last one month, on how many days did you use (<i>name of products mentioned in TA12</i>)? <i>If less than 10 days, record the number of days. If 10 days or more but less a month, circle '10'. If 'every day' or 'almost every day', circle '30'.</i>	NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH 10 EVERY DAY/ ALMOST EVERY DAY 30	
TA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES 1 NO..... 2	2 ⇨ End

<p>TA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of vodka, cognac or whiskey or rum.</p> <p>How old were you when you had your first drink of alcohol, other than a few sips?</p>	<p>NEVER HAD AT ALL..... 00</p> <p>AGE ____ ____</p>	<p>00 ⇒ End</p>
<p>TA16. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p><i>If respondent did not drink, circle "00".</i> <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>If "every day" or "almost every day", circle "30".</i></p>	<p>DID NOT HAVE ONE DRINK IN LAST ONE MONTH..... 00</p> <p>NUMBER OF DAYS..... <u>0</u> ____</p> <p>10 DAYS OR MORE BUT LESS THAN A MONTH 10</p> <p>EVERY DAY/ ALMOST EVERY DAY 30</p>	<p>00 ⇒ End</p>
<p>TA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS..... ____ ____</p>	

LIFE SATISFACTION		LS
<p>LS1. I would like to ask you some simple questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>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 SOMEWHAT HAPPY 2 NEITHER HAPPY NOR UNHAPPY 3 SOMEWHAT UNHAPPY 4 VERY UNHAPPY 5</p>	
<p>LS2. Show the picture of the ladder.</p> <p>Please note that the steps on this ladder are numbered from 0 to 10.</p> <p>Let us consider that the highest step on the ladder represents the best life condition and wellbeing, and the lowest step on the ladder represents the worst.</p> <p>Which of the ladder steps do you think you are currently standing on?</p> <p><i>Probe if necessary:</i> Which step comes closest to the way you feel?</p>	<p>LADDER STEP ____</p>	
<p>LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p>	<p>IMPROVED 1 MORE OR LESS THE SAME 2 WORSENERD 3</p>	
<p>LS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?</p>	<p>BETTER 1 MORE OR LESS THE SAME 2 WORSE 3</p>	



Best possible life



Worst possible life

WM10. Record the time.	HOUR AND MINUTES :	
WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM12. Language of the Questionnaire:	MONGOLIAN 1 KAZAKH 2	
WM13. Language of the interview:	MONGOLIAN 1 KAZAKH 2	
WM14. Native language of the Respondent.	MONGOLIAN 1 KAZAKH 2 TUVA 3 OTHER (specify) 6	
WM15. Was translator used in any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	
<p>WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p>		

INTERVIEWER'S OBSERVATIONS

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SUPERVISOR'S OBSERVATIONS

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