

WOMAN'S INFORMATION PANEL	WM
WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / 2 0 2 _____

<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 Bureau of Statistics. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 30 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 30 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

WM17. Result of woman's interview. <i>Discuss any result not completed with Supervisor.</i>	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
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WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, WM3=HH47 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	2 ⇒WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5= 41 1 ED5=00, 11, 21, 22, 31, 32, 98 OR BLANK 2	1 ⇒WB15 2 ⇒WB14
WB3. In what month and year were you born?	DATE OF BIRTH MONTH ___ DK MONTH 98 YEAR ___ DK YEAR 9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) ___	
WB5. Have you ever attended school or any early childhood education programme?	YES 1 NO 2	2 ⇒WB14
WB6. What is the highest level and grade class or year of school you have attended?	EARLY CHILDHOOD EDUCATION 000 PRIMARY 11 ___ JUNIOR SECONDARY 21 ___ VEI/IEI 22 ___ SENIOR SECONDARY 31 ___ SECONDARY TECHNICAL 32 ___ HIGHER/TERTIARY 41 ___	000 ⇒WB14
WB7. Did you complete that (grade/year)?	YES 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24 1 AGE 25-49 2	2 ⇒WB13
WB9. At any time during the current school year did you attend school?	YES 1 NO 2	2 ⇒WB11
WB10. During this current school year, which level and grade or year are you <u>attending</u> ?	PRIMARY 11 ___ JUNIOR SECONDARY 21 ___ VEI/IEI 22 ___ SENIOR SECONDARY 31 ___ SECONDARY TECHNICAL 32 ___ HIGHER/TERTIARY 41 ___	
WB11. At any time during the previous school year did you attend school?	YES 1 NO 2	2 ⇒WB13

<p>WB12. During that previous school year, which level and grade or year did you <u>attend</u>?</p>	<p>PRIMARY..... 11 ___</p> <p>JUNIOR SECONDARY 21 ___</p> <p>VEI/IEI..... 22 ___</p> <p>SENIOR SECONDARY 31 ___</p> <p>SECONDARY TECHNICAL..... 32 ___</p> <p>HIGHER/TERTIARY..... 41 ___</p>	
<p>WB13. Check WB6: Highest level of school attended:</p>	<p>WB6=41 1</p> <p>WB6=11, 21, 22, 31 OR 32..... 2</p>	<p>1 ⇒WB15</p>
<p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i> Can you read part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE..... 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) _____ 4</p>	
<p>WB15. How long have you been continuously living in (name of current city, town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS..... ___</p> <p>ALWAYS / SINCE BIRTH..... 95</p>	<p>95 ⇒WB18</p>
<p>WB16. Just before you moved here, did you live in a city, in a town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><u><i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</i></u></p> <p>_____</p> <p>(Name of place)</p>	<p>CITY 1</p> <p>TOWN..... 2</p> <p>RURAL AREA..... 3</p> <p>UNABLE TO DETERMINE IF CITY/TOWN/RURAL..... 5</p> <p>DK / DON'T REMEMBER 8</p>	
<p>WB17. Before you moved here, in which state did you live in?</p> <p><i>Record state name and code.</i></p>	<p>NAME _____</p> <p>OUTSIDE OF NIGERIA (specify) _____ 96</p>	
<p>WB18. Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO..... 2</p>	<p>2 ⇒End</p>
<p>WB19. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p>	<p>MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER..... B</p> <p>SOCIAL SECURITY (NATIONAL HEALTH INSURANCE SCHEME, STATE HEALTH INSURANCE SCHEME) C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER (specify) _____ X</p>	

<p>MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><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></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	
<p>MT2. Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><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></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	
<p>MT3. Do you watch television at least once a week, less than once a week or not at all?</p> <p><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></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	
<p>MT4. Have you ever used a computer or a tablet from any location?</p>	<p>YES 1 NO..... 2</p>	<p>2 ⇒ MT9</p>
<p>MT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	<p>0 ⇒ MT9</p>

	YES	NO	
MT6. During the last 3 months, did you:			
[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] Send 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 a 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	2	1 ⇒ MT10
	NO, MT6[C]=2 2		
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1 1	2	1 ⇒ MT10
	NO, MT6[F]=2 2		
MT9. Have you ever used the internet from any location and any device?	YES 1	2	2 ⇒ MT11
	NO..... 2		
MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3		
MT11. Do you own a mobile phone?	YES 1	2	
	NO..... 2		
MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? <i>Probe if necessary: I mean have you communicated with someone using a mobile phone. If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3		

FINANCIAL INCLUSION

FN

<p>FN1. We would like to ask whether you are aware of the following words used in the finance industry:</p> <p>[A] Insurance?</p> <p>[B] Pension?</p> <p>[C] Mobile money?</p> <p>[D] Saving account</p> <p>[E] Debit card</p> <p>[F] Credit card?</p> <p>[G] Cheque ?</p> <p>[H] POS machine?</p> <p>[I] ATM machine?</p> <p>[J] Shares?</p> <p>[K] Mutual fund?</p> <p>[L] Mortgage?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>INSURANCE</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>PENSION</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>MOBILE MONEY</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>SAVING ACCOUNT</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>DEBIT CARD</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>CREDIT CARD.....</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>CHEQUE.....</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>POS MACHINE</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>ATM MACHINE.....</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>SHARES</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>MUTUAL FUND</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>MORTGAGE</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	INSURANCE	1	2	8	PENSION	1	2	8	MOBILE MONEY	1	2	8	SAVING ACCOUNT	1	2	8	DEBIT CARD	1	2	8	CREDIT CARD.....	1	2	8	CHEQUE.....	1	2	8	POS MACHINE	1	2	8	ATM MACHINE.....	1	2	8	SHARES	1	2	8	MUTUAL FUND	1	2	8	MORTGAGE	1	2	8	
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<p>FN2. Do you own a bank account or a similar setup in any other financial institution that you use?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 8</p>	<p><i>1 ⇒ FN4</i></p>																																																				
<p>FN3. Can you please tell me the reasons you do not have a bank account?</p> <p><i>Record all mentioned.</i></p>	<p>BANKS NOT AVAILABLE IN MY LOCALITY A</p> <p>IT COSTS TOO MUCH TO REACH THE NEAREST BANK B</p> <p>DON'T HAVE STABLE INCOME C</p> <p>UNEMPLOYED / LOST JOB D</p> <p>I DON'T TRUST BANKS.....E</p> <p>RELIGIOUS REASONS F</p> <p>TIME WASTING BECAUSE OF DOCUMENTATION G</p> <p>I CAN'T SEE THE BENEFIT OF A BANK ACCOUNT H</p> <p>NO REASON I</p> <p>OTHER (<i>specify</i>) X</p>																																																					

<p>FN4. Where do you save your money?</p> <p><i>Record all mentioned.</i></p>	<p>COMMERCIAL BANK A MICROFINANCE BANK B NON-INTEREST BANK..... C ON THE MOBILE PHONE (E-WALLET)..... D NON-BANK MICROFINANCE INSTITUTION.....E CO-OPERATIVE GROUP F THRIFT COLLECTOR G AT HOME..... H OTHER (<i>specify</i>) X</p>	
<p>FN5. During the last 12 months, where did you borrow most money from?</p>	<p>DID NOT BORROW..... 11 COMMERCIAL BANK 21 MICROFINANCE BANK 22 NON-INTEREST BANK..... 23 FAMILY MEMBER..... 24 FRIEND 25 CO-OPERATIVE GROUP 26 ONLINE PLATFORM 27 COMMUNITY MONEY LENDER..... 28 OTHER (<i>specify</i>) 96</p>	

FERTILITY/BIRTH HISTORY
CM

<p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p>	YES 1 NO 2	2 ⇒ CM8
<p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	YES 1 NO 2	2 ⇒ CM5
<p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p>	SONS AT HOME _ _	
<p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS AT HOME _ _	
<p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	YES 1 NO 2	2 ⇒ CM8
<p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	SONS ELSEWHERE _ _	
<p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS ELSEWHERE _ _	
<p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p>	YES 1 NO 2	2 ⇒ CM11
<p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p>	BOYS DEAD _ _	
<p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p>	GIRLS DEAD _ _	
<p>CM11. 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 (total number in CM11) births during your life. Is this correct?</p>	YES 1 NO 2	1 ⇒ CM14
<p>CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.</p>		

CM14. <i>Check CM11: How many live births?</i>	NO LIVE BIRTHS, CM11=00..... 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE 1	0 ⇒ <i>End</i>
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FERTILITY/BIRTH HISTORY

BH

BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in **BH1**. Record twins and triplets on separate lines.

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins? 1 SINGLE 2 MULTI.	BH3. Is (name of birth) a boy or a girl? 1 BOY 2 GIRL	BH4. On what day, month and year was (name of birth) born? Probe: What is (his/her) birthday?			BH5. Is (name of birth) still alive? 1 YES 2 NO	BH6. How old was (name of birth) at (his/her) last birthday? Record age in completed years.	BH7. Is (name of birth) living with you? 1 YES 2 NO	BH8. Record household line number of child (from HL1) 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; or years			BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth? 1 YES 2 NO
				Day	Month	Year					Y	N	Age	
01		1 2	1 2	___	___	___	1 2	___	1 2	___	⇒ Next Birth	DAYS 1 MONTHS .. 2 YEARS 3	___	
02		1 2	1 2	___	___	___	1 2	___	1 2	___	⇒ BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
03		1 2	1 2	___	___	___	1 2	___	1 2	___	⇒ BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
04		1 2	1 2	___	___	___	1 2	___	1 2	___	⇒ BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
05		1 2	1 2	___	___	___	1 2	___	1 2	___	⇒ BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
06		1 2	1 2	___	___	___	1 2	___	1 2	___	⇒ BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
07		1 2	1 2	___	___	___	1 2	___	1 2	___	⇒ BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
08		1 2	1 2	___	___	___	1 2	___	1 2	___	⇒ BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you?	BH8. <i>Record household line number of child (from HL1)</i> <i>Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)? Record days if less than 1 month; record months if less than 2 years; or years</i>	BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?	
		S M	B G	Day	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
09		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
10		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
11		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
12		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
13		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
14		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS 1 MONTHS . 2 YEARS 3	___	1 2 Add Next Birth Birth
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?								YES..... 1				1 ⇒Record birth(s) in Birth History	
								NO 2					

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

DESIRE FOR LAST BIRTH

DB

<p>DB1. 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 NO, CM17=0 OR BLANK 2</p>	<p>2 ⇒ End</p>
<p>DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time?</p>	<p>YES..... 1 NO 2</p>	<p>1 ⇒ End</p>
<p>DB3. Check CM11: Number of births:</p>	<p>ONLY 1 BIRTH..... 1 2 OR MORE BIRTHS 2</p>	<p>1 ⇒ DB4A 2 ⇒ DB4B</p>
<p>DB4A. Did you want to have a baby later on, or did you not want any children?</p> <p>DB4B. Did you want to have a baby later on, or did you not want any more children?</p>	<p>LATER..... 1 NO MORE / NONE..... 2</p>	


MATERNAL AND NEWBORN HEALTH

MN

<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1..... 1 NO, CM17=0 OR BLANK..... 2</p>	<p>2 ⇒ End</p>												
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ MN7</p>												
<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 DOCTOR A NURSE / MIDWIFE B AUXILLIARY MIDWIFE/ MCH AIDE/ COMMUNITY HEALTH EXTENSION WORKER (CHEW) C OTHER PERSON TRADITIONAL BIRTH ATTENDANT F COMMUNITY HEALTH WORKER G OTHER (<i>specify</i>) X</p>													
<p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p>	<p>WEEKS 1 ___ MONTHS 2 <u>0</u> DK 998</p>													
<p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</p>	<p>NUMBER OF TIMES ___ DK 98</p>													
<p>MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>[A] Was your blood pressure measured?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BLOOD PRESSURE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BLOOD PRESSURE	1	2	URINE SAMPLE.....	1	2	BLOOD SAMPLE	1	2	
	YES	NO												
BLOOD PRESSURE	1	2												
URINE SAMPLE.....	1	2												
BLOOD SAMPLE	1	2												
<p>MN7. Do you have a card or other document with your own immunisations listed?</p> <p>If yes, ask: May I see it please?</p> <p>If a card is presented, use it to assist with answers to the following questions.</p>	<p>YES (CARD OR OTHER DOCUMENT SEEN).... 1 YES (CARD OR OTHER DOCUMENT NOT SEEN) 2 NO 3 DK 8</p>													
<p>MN8. When you were pregnant with (<i>name</i>), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ MN11 8 ⇒ MN11</p>												

<p>MN9. How many times did you receive this tetanus injection during your pregnancy with (<i>name</i>)?</p>	<p>NUMBER OF TIMES..... __</p> <p>DK..... 8</p>	<p>8 ⇒MN11</p>
<p>MN10. Check MN9: How many tetanus injections during last pregnancy were reported?</p>	<p>ONLY 1 INJECTION..... 1</p> <p>2 OR MORE INJECTIONS..... 2</p>	<p>2 ⇒MN19</p>
<p>MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby?</p> <p><i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2 ⇒MN19</p> <p>8 ⇒MN19</p>
<p>MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>NUMBER OF TIMES..... __</p> <p>DK..... 8</p>	
<p>MN13. Check MN12: How many tetanus injections before last pregnancy were reported?</p>	<p>ONLY 1 INJECTION..... 1</p> <p>2 OR MORE INJECTIONS OR DK..... 2</p>	<p>1 ⇒MN14A</p> <p>2 ⇒MN14B</p>
<p>MN14A. How many years ago did you receive that tetanus injection</p> <p>MN14B. How many years ago did you receive the last of those tetanus injections?</p> <p><i>The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12.</i></p> <p><i>If less than 1 year, record '00'.</i></p>	<p>YEARS AGO..... __ __</p> <p>DK..... 98</p>	

<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>AUXILLIARY MIDWIFE/ MCH AIDE/ COMMUNITY HEALTH EXTENSION WORKER (CHEW) C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANTF</p> <p>COMMUNITY HEALTH WORKER..... G</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p> <p>NO ONE Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</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>(<i>Name of place</i>)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>TERTIARY HOSPITAL 21</p> <p>GENERAL/SPECIALIST HOSPITAL 22</p> <p>HEALTH CENTRE / CLINIC..... 23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC..... 32</p> <p>PRIVATE MATERNITY HOME..... 33</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒MN23</p> <p>12 ⇒MN23</p> <p>96 ⇒MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS 1</p> <p>AFTER LABOUR PAINS..... 2</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 Baldwin</small></p>	<p>YES 1 NO 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	<p>2 ⇒MN25</p> <p>8 ⇒MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES 1 NO 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	
<p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES 1 NO 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	
<p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR 000</p> <p>HOURS..... 1 ___</p> <p>DAYS 2 ___</p> <p>NEVER BATHED 997</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p>MN27. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76 1 NO, MN20=11-12 OR 96 2</p>	<p>1 ⇒MN30</p>
<p>MN28. What was used to cut the cord?</p>	<p>NEW BLADE 1 BLADE USED FOR OTHER PURPOSES..... 2 SCISSORS 3</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK 8</p>	
<p>MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?</p>	<p>YES 1 NO 2</p> <p>DK / DON'T REMEMBER..... 8</p>	
<p>MN30. After the cord was cut and until it fell off, was anything applied to the cord?</p>	<p>YES 1 NO 2</p> <p>DK / DON'T REMEMBER..... 8</p>	<p>2 ⇒MN32</p> <p>8 ⇒MN32</p>

<p>MN31. What was applied to the cord?</p> <p><i>Probe: Anything else?</i></p>	<p>CHLORHEXIDINE.....A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET).....B MUSTARD OILC ASH.....D ANIMAL DUNG.....E LOCAL HERBS (OFUNGURU BERI/ OMBUSA- DIRI) F OTHER (<i>specify</i>) _____ X DK / DON'T REMEMBER.....Z</p>	
<p>MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE..... 4 VERY SMALL 5 DK 8</p>	
<p>MN33. Was (<i>name</i>) weighed at birth?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒MN35 8 ⇒MN35</p>
<p>MN34. 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>	
<p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p>	<p>YES 1 NO 2</p>	
<p>MN36. Did you ever breastfeed (<i>name</i>)?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒MN39B</p>
<p>MN37. How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>IMMEDIATELY..... 000 HOURS..... 1 __ __ DAYS 2 __ __ DK / DON'T REMEMBER..... 998</p>	
<p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒MN39A 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>	MILK (OTHER THAN BREAST MILK) A PLAIN WATER..... B SUGAR OR GLUCOSE WATER..... C GRIPE WATER D SUGAR-SALT-WATER SOLUTION.....E FRUIT JUICEF INFANT FORMULA..... G TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONS H HONEYI PRESCRIBED MEDICINE.....J OTHER (<i>specify</i>) _____ X NOT GIVEN ANYTHING TO DRINK Y	
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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 NO, CM17=0 OR BLANK 2</p>	<p>2⇒End</p>
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76..... 1 NO, MN20=11-12 OR 96 2</p>	<p>2⇒PN7</p>
<p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>).</p> <p>You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p>	<p>HOURS 1 __ __ DAYS..... 2 __ __ WEEKS..... 3 __ __ 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 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 <u>your</u> health before you left (<i>name or type or facility in MN20</i>)?</p>	<p>YES..... 1 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>YES..... 1 NO 2</p>	<p>1⇒PN12 2⇒PN17</p>
<p>PN7. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED..... 1 NO, NONE OF THE CATEGORIES A TO G RECORDED..... 2</p>	<p>2⇒PN11</p>

<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>NO2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES.....1</p> <p>NO2</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>NO2</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>NO2</p>	<p>2 ⇨PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE.....1</p> <p>MORE THAN ONCE.....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>DOCTORA</p> <p>NURSE / MIDWIFE.....B</p> <p>COMMUNITY EXTENSION HEALTH WORKER (CHEW).....C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANTF</p> <p>COMMUNITY HEALTH WORKER.....G</p> <p>RELATIVE / FRIEND.....H</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>HOME</p> <p>RESPONDENT'S HOME.....11</p> <p>OTHER HOME12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>TERTIARY HOSPITAL.....21</p> <p>GENERAL/SPECIALIST HOSPITAL22</p> <p>HEALTH CENTRE / CLINIC23</p> <p>OTHER PUBLIC (<i>specify</i>).....26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL31</p> <p>PRIVATE CLINIC32</p> <p>PRIVATE MATERNITY HOME33</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>)36</p> <p>DK PUBLIC OR PRIVATE76</p> <p>OTHER (<i>specify</i>).....96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76.....1</p> <p>NO, MN20=11-12 OR 962</p>	<p>2 ⇒PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES.....1</p> <p>NO2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN18. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED.....1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED.....2</p>	<p>2 ⇒PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES.....1</p> <p>NO2</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>NO2</p>	<p>2 ⇒PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE.....1</p> <p>MORE THAN ONCE.....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 DOCTORA NURSE / MIDWIFE..... B COMMUNITY EXTENSION HEALTH WORKER (CHEW)..... C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT F COMMUNITY HEALTH WORKERG RELATIVE / FRIEND.....H</p> <p>OTHER (<i>specify</i>)_____ X</p>	
<p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p>	<p>HOME RESPONDENT'S HOME.....11 OTHER HOME12</p> <p>PUBLIC MEDICAL SECTOR TERTIARY HOSPITAL.....21 GENERAL/SPECIALIST HOSPITAL22 HEALTH CENTRE / CLINIC23 OTHER PUBLIC (<i>specify</i>)_____26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE MATERNITY HOME33 OTHER PRIVATE MEDICAL (<i>specify</i>)_____36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (<i>specify</i>)_____96</p>	
<p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (name)'s cord?</p> <p>[B] Take the temperature of (name)?</p> <p>[C] Counsel you on breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>EXAMINE THE CORD 1 2 8</p> <p>TAKE TEMPERATURE..... 1 2 8</p> <p>COUNSEL ON BREASTFEEDING.... 1 2 8</p>	
<p>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1.....1 NO, MN36=22</p>	<p>2 ⇒PN28</p>
<p>PN27. Did any health provider observe (name)'s breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING1 2 8</p>	
<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1.....1 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>YES.....1</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>YES.....1</p> <p>NO2</p>	

CONTRACEPTION

CP

<p>CP1. I would like to talk with you about another subject: family planning.</p> <p>Are you pregnant now?</p>	<p>YES, CURRENTLY PREGNANT 1 NO..... 2 DK OR NOT SURE..... 8</p>	<p>1 ⇒CP3</p>
<p>CP2. Couples use various ways or methods to delay or avoid getting pregnant.</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES..... 1 NO..... 2</p>	<p>1 ⇒CP4</p>
<p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES..... 1 NO..... 2</p>	<p>1 ⇒End 2 ⇒End</p>
<p>CP4. What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, record each one.</i></p>	<p>FEMALE STERILIZATION A MALE STERILIZATION.....B IUDC INJECTABLES D IMPLANTSE PILL F MALE CONDOM G FEMALE CONDOM..... H DIAPHRAGM.....I FOAM / JELLY.....J LACTATIONAL AMENORRHOEA METHOD (LAM)..... K PERIODIC ABSTINENCE / RHYTHM.....L WITHDRAWALM OTHER (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	2 ⇨ UN6
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES..... 1 NO 2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS..... 0 ONE OR MORE BIRTHS..... 1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children?	LATER 1 NONE / NO MORE 2	
UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE / NONE 2 UNDECIDED / DK..... 8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A 1 NO, CP4≠A..... 2	1 ⇨ UN14
UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD..... 1 NO MORE / NONE 2 SAYS SHE CANNOT GET PREGNANT 3 UNDECIDED / DK..... 8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i>	MONTHS.....1 _ _ YEARS2 _ _ DOES NOT WANT TO WAIT (SOON/NOW)..... 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER..... 996 DK 998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	1 ⇨ UN14
UN10. Check CP2: Currently using a method?	YES, CP2=1 1 NO, CP2=2..... 2	1 ⇨ UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES..... 1 NO 2 DK 8	1 ⇨ UN14 8 ⇨ UN14

<p>UN12. Why do you think you are not physically able to get pregnant?</p>	<p>INFREQUENT SEX / NO SEX..... A MENOPAUSALB NEVER MENSTRUATEDC HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS)..... D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULTE POSTPARTUM AMENORRHEIC F BREASTFEEDING..... G TOO OLD H FATALISTIC.....I OTHER (<i>specify</i>) _____ X DK Z</p>	
<p>UN13. Check UN12: 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C..... 1 NOT MENTIONED, UN12≠C..... 2</p>	<p>1 ⇒End</p>
<p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</p>	<p>DAYS AGO1 __ __ WEEKS AGO2 __ __ MONTHS AGO3 __ __ YEARS AGO.....4 __ __ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH..... 994 NEVER MENSTRUATED 995</p>	<p>993 ⇒End 994 ⇒End 995 ⇒End</p>
<p>UN15. Check UN14: Was the last menstrual period within last year?</p>	<p>YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2</p>	<p>2 ⇒End</p>
<p>UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p>	<p>YES..... 1 NO 2 DK / NOT SURE / NO SUCH ACTIVITY..... 8</p>	
<p>UN17. During your last menstrual period were you able to wash and change in privacy while at home?</p>	<p>YES..... 1 NO 2 DK 8 NO RESPONSE..... 9</p>	
<p>UN18. Did you use any materials such as sanitary pads, tampons or cloth?</p>	<p>YES..... 1 NO 2 DK 8</p>	<p>2 ⇒End 8 ⇒End</p>
<p>UN19. Were the materials reusable?</p>	<p>YES..... 1 NO 2 DK 8 NO RESPONSE..... 9</p>	

FEMALE GENITAL MUTILATION		FG
FG1. Have you ever heard of female circumcision?	YES 1 NO..... 2	1 ⇒FG3
FG2. In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO..... 2	2 ⇒End
FG3. Have you yourself ever been circumcised?	YES 1 NO..... 2	2 ⇒FG9
FG4. Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES 1 NO..... 2 DK..... 8	1 ⇒FG6
FG5. Was the genital area just nicked without removing any flesh?	YES 1 NO..... 2 DK..... 8	
FG6. Was the genital area sewn closed? <i>If necessary, probe: Was it sealed?</i>	YES 1 NO..... 2 DK..... 8	
FG7. How old were you when you were circumcised? <i>If the respondent does not know the exact age, probe to get an estimate.</i>	AGE AT CIRCUMCISION __ __ DK / DON'T REMEMBER 98	
FG8. Who performed the circumcision?	HEALTH PROFESSIONAL DOCTOR..... 11 NURSE/MIDWIFE 12 COMMUNITY HEALTH EXTENSION WORKER 13 OTHER HEALTH PROFESSIONAL <i>(specify)</i> 16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT..... 22 OTHER TRADITIONAL <i>(specify)</i> 26 DK..... 98	
FG9. Sum CM4 for Number of daughters at home and CM7 for Number of daughters elsewhere:	TOTAL NUMBER OF LIVING DAUGHTERS __ __	
FG10. Just to make sure that I have this right, you have (total number in FG9) living daughters. Is this correct?	YES 1 NO..... 2	1 ⇒FG12
FG11. Check responses to CM1-CM11 and make corrections as necessary until response in FG10 is 'Yes'.		
FG12. Check FG9: Number of living daughters?	NO LIVING DAUGHTERS 0 AT LEAST ONE LIVING DAUGHTER 1	0 ⇒FG24

FG13. Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG14. Then, ask questions FG15 to FG22 for each daughter at a time.

The total number of daughters in FG14 should be equal to the number in FG9.

If more than 4 daughters, use additional questionnaires.

	[D1] YOUNGEST	[D2] 2 ND YOUNGEST	[D3] 3 RD YOUNGEST	[D4] 4 TH YOUNGEST
FG14. Name of daughter	_____	_____	_____	_____
FG15. How old is (<i>name</i>)?	AGE..... ____	AGE..... ____	AGE..... ____	AGE..... ____
FG16. Is (<i>name</i>) younger than 15 years of age?	YES 1 NO 2 ♡ FG23	YES..... 1 NO 2 ♡ FG23	YES..... 1 NO..... 2 ♡ FG23	YES 1 NO..... 2 ♡ FG23
FG17. Is (<i>name</i>) circumcised?	YES 1 NO 2 ♡ FG23	YES..... 1 NO 2 ♡ FG23	YES..... 1 NO..... 2 ♡ FG23	YES 1 NO..... 2 ♡ FG23
FG18. How old was (<i>name</i>) when this occurred? <i>If the respondent does not know the age, probe to get an estimate.</i>	AGE..... ____ DK 98	AGE..... ____ DK 98	AGE..... ____ DK..... 98	AGE..... ____ DK..... 98
FG19. Now I would like to ask you what was done to (<i>name</i>) at that time. Was any flesh removed from the genital area?	YES 1 ♡ FG21 NO 2 DK 8	YES..... 1 ♡ FG21 NO 2 DK 8	YES..... 1. ♡ FG21 NO..... 2 DK..... 8	YES 1 ♡ FG21 NO..... 2 DK..... 8
FG20. Was her genital area just nicked without removing any flesh?	YES 1 NO 2 DK 8	YES..... 1 NO 2 DK 8	YES..... 1 NO..... 2 DK..... 8	YES 1 NO..... 2 DK..... 8
FG21. Was her genital area sewn closed? <i>If necessary, probe: Was it sealed?</i>	YES 1 NO 2 DK 8	YES..... 1 NO 2 DK 8	YES..... 1 NO..... 2 DK..... 8	YES 1 NO..... 2 DK..... 8
FG22. Who performed the circumcision?	HEALTH PROFESSIONAL DOCTOR..... 11 NURSE/MIDWIFE..... 12 OTHER HEALTH PROFESSIONAL (specify) 16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT 22 OTHER TRADITIONAL (specify) 26 DK 98	HEALTH PROFESSIONAL DOCTOR..... 11 NURSE/MIDWIFE..... 12 OTHER HEALTH PROFESSIONAL (specify) 16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT 22 OTHER TRADITIONAL (specify) 26 DK 98	HEALTH PROFESSIONAL DOCTOR 11 NURSE/MIDWIFE 12 OTHER HEALTH PROFESSIONAL (specify) 16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT 22 OTHER TRADITIONAL (specify) 26 DK 98	HEALTH PROFESSIONAL DOCTOR 11 NURSE/MIDWIFE 12 OTHER HEALTH PROFESSIONAL (specify) 16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT 22 OTHER TRADITIONAL (specify) 26 DK 98

FG23. Is there another daughter?	YES 1 ☺ [D2]	YES.....1 ☺ [D3]	YES..... 1 ☺ [D4]	YES 1 ☺ [D5]
	NO 2 ☺ FG24	NO2 ☺ FG24	NO..... 2 ☺ FG24	NO..... 2 ☺ FG24
				Tick here if additional questionnaire used: <input type="checkbox"/>

FG24. Do you think this practice should be continued or should it be discontinued?	CONTINUED 1	
	DISCONTINUED 2	
	DEPENDS..... 3	
	DK 8	

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?	1	2	8
[B] If she neglects the children?	1	2	8
[C] If she argues with him?	1	2	8
[D] If she refuses to have sex with him?	1	2	8
[E] If she burns the food?	1	2	8
[F] If she sleeps with another man?	1	2	8

VICTIMISATION

VT

<p>VT20. How safe do you feel walking alone in your neighbourhood after dark?</p>	<p>VERY SAFE1 SAFE.....2 UNSAFE3 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 SAFE1 SAFE.....2 UNSAFE3 VERY UNSAFE.....4 NEVER ALONE AFTER DARK7</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] Ethnic or immigration origin?</p> <p>[B] Sex?</p> <p>[C] Sexual orientation?</p> <p>[D] Age?</p> <p>[E] Religion or belief?</p> <p>[F] Disability?</p> <p>[X] For any other reason?</p>	<table border="0"> <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>ETHNIC / IMMIGRATION</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>SEX.....</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>OTHER REASON</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	ETHNIC / IMMIGRATION	1	2	8	SEX.....	1	2	8	SEXUAL ORIENTATION.....	1	2	8	AGE	1	2	8	RELIGION / BELIEF	1	2	8	DISABILITY.....	1	2	8	OTHER REASON	1	2	8	
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MARRIAGE/UNION

MA

<p>MA1. Are you currently married or living together with someone as if married?</p>	<p>YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION 3</p>	<p>3 ⇒ MA5</p>
<p>MA2. How old is your (husband/partner)?</p> <p><i>Probe:</i> How old was your (husband/partner) on his last birthday?</p>	<p>AGE IN YEARS _ _ DK 98</p>	
<p>MA3. Besides yourself, does your (husband/partner) have any other wives or partners or does he live with other women as if married?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ MA7</p>
<p>MA4. How many other wives or partners does he have?</p>	<p>NUMBER _ _ DK 98</p>	<p>⇒ MA7 98 ⇒ MA7</p>
<p>MA5. Have you ever been married or lived together with someone as if married?</p>	<p>YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER .. 2 NO 3</p>	<p>3 ⇒ End</p>
<p>MA6. What is your marital status now: are you widowed, divorced or separated?</p>	<p>WIDOWED 1 DIVORCED 2 SEPARATED 3</p>	
<p>MA7. Have you been married or lived with someone only once or more than once?</p>	<p>ONLY ONCE 1 MORE THAN ONCE 2</p>	<p>1 ⇒ MA8A 2 ⇒ MA8B</p>
<p>MA8A. In what month and year did you start living with your (husband/partner)?</p> <p>MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?</p>	<p>DATE OF (FIRST) UNION MONTH _ _ DK MONTH 98</p> <p>YEAR _ _ _ _ DK YEAR 9998</p>	
<p>MA9. Check MA8A/B: Is 'DK YEAR' recorded?</p>	<p>YES, MA8A/B=9998 1 NO, MA8A/B≠9998 2</p>	<p>2 ⇒ End</p>
<p>MA10. Check MA7: In union only once?</p>	<p>YES, MA7=1 1 NO, MA7=2 2</p>	<p>1 ⇒ MA11A 2 ⇒ MA11B</p>
<p>MA11A. How old were you when you started living with your (husband/partner)?</p> <p>MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?</p>	<p>AGE IN YEARS _ _</p>	

SEXUAL BEHAVIOUR

SB

<p>SB1. <i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i> 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 INTERCOURSE 00</p> <p>AGE IN YEARS__ __</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND / PARTNER..... 95</p>	<p>00 ⇨ End</p>
<p>SB2. I would like to ask you about your recent sexual activity.</p> <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 ⇨ End</p>
<p>SB3. The last time you had sexual intercourse, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>SB4. 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', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND 1</p> <p>COHABITING PARTNER 2</p> <p>BOYFRIEND 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT / SEX WORKER 5</p> <p>OTHER (<i>specify</i>) 6</p>	<p>3 ⇨ SB6</p> <p>4 ⇨ SB6</p> <p>5 ⇨ SB6</p> <p>6 ⇨ SB6</p>
<p>SB5. <i>Check MA1: Currently married or living with a partner?</i></p>	<p>YES, MA1=1 OR 2 1</p> <p>NO, MA1=3 2</p>	<p>1 ⇨ SB7</p>
<p>SB6. 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>	
<p>SB7. Apart from this person, 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 ⇨ End</p>
<p>SB8. The last time you had sexual intercourse with another person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	

<p>SB9. What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend' then ask:</i> Were you living together as if married? <i>If 'Yes', record '2'. If 'No', record '3'.</i></p>	HUSBAND 1 COHABITING PARTNER 2 BOYFRIEND..... 3 CASUAL ACQUAINTANCE..... 4 CLIENT / SEX WORKER 5 OTHER (<i>specify</i>) _____ 6	 3 ⇨ SB12 4 ⇨ SB12 5 ⇨ SB12 6 ⇨ SB12
<p>SB10. Check MA1: Currently married or living with a partner?</p>	YES, MA1=1 OR 2 1 NO, MA1=3 2	2 ⇨ SB12
<p>SB11. Check MA7: Married or living with a partner only once?</p>	YES, MA7=1 1 NO, MA7≠1 2	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>	AGE OF SEXUAL PARTNER__ __ DK 98	

<p>LS1. I would like to ask you some simple questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>I am now going to show you pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i></p>	<p>VERY HAPPY 1 SOMEWHAT HAPPY 2 NEITHER HAPPY NOR UNHAPPY 3 SOMEWHAT UNHAPPY 4 VERY UNHAPPY 5</p>	
<p>LS2. <i>Show the picture of the ladder.</i></p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary: Which step comes closest to the way you feel?</i></p>	<p>LADDER STEP ____ ____</p>	
<p>LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p>	<p>IMPROVED 1 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>	

WM10. <i>Record the time.</i>	HOURS AND MINUTES.....__ __ : __ __	
WM11. <i>Was the entire interview completed in private or was there anyone else during the entire interview or part of it?</i>	<p>YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1</p> <p>NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) _____ 2</p> <p>NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) _____ 3</p>	

WM12. Language of the Questionnaire.	ENGLISH..... 11 HAUSA 12 IGBO..... 13 YORUBA 14 FULANI 15 PIDGIN 16	
WM13. Language of the Interview.	ENGLISH..... 11 HAUSA 12 IGBO..... 13 YORUBA 14 FULANI 15 PIDGIN 16 OTHER LANGUAGE <i>(specify)</i> 96	
WM14. Native language of the Respondent.	HAUSA 11 IGBO..... 12 YORUBA 13 FULANI 14 KANURI 15 IJAW 16 TIV 17 IBIBIO 18 EDO 19 OTHER LANGUAGE <i>(specify)</i> 96	
WM15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	

MICS PLUS CONSENT

<p>WM15A. Check the name and line number of this questionnaire's respondent (WM3). Check the names and line numbers of the respondents to all other questionnaires that have been completed in this household: HOUSEHOLD QUESTIONNAIRE (HH47), 5 TO 17 QUESTIONNAIRE (FS4) or UNDER 5 QUESTIONNAIRE (UF4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?</p>	<p>YES, ALREADY INTERVIEWED (WM3=HH47 OR WM3=FS4 OR WM3=UF4)..... 1</p> <p>NO, FIRST INTERVIEW (WM3≠HH47 AND WM3≠FS4 AND WM3≠UF4) 2</p>	<p>1 ⇒ WM16</p>
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<p>WM15B. Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?</p>	<p>YES, HC7[A]=1 OR HC12=1 1</p> <p>NO, HC7[A]=2 AND HC12=2 2</p>	<p>2 ⇒ WM16</p>
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WM15C. Thank you for your participation.

The National Bureau of Statistics will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 10 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

<p>YES.....1</p> <p>NO.....2</p>	<p>2 ⇒ WM16</p>
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<p>WM15D. Do you have a personal phone number or does your household have a communal number where you can be reached?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ WM16</p>
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WM15E. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
WM15F. Ask for and record phone number.	-----	-----	-----
WM15G. Just to confirm, the number is (number from WM15F)? If no, return to WM15F and correct entry.	YES..... 1 NO 2 ☒ WM15F	YES..... 1 NO 2 ☒ WM15F	YES..... 1 NO 2 ☒ WM15F
WM15H. Is this a non-mobile or a mobile phone number?	NON-MOBILE..... 1 MOBILE 2	NON-MOBILE 1 MOBILE 2	NON-MOBILE 1 MOBILE 2
WM15I. What is the best day of the week and time of the day to call you on this number? Probe: Any other day or time? Record all mentioned.	WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X	WEEKDAYS MORNING..... A AFTERNOON..... B EVENING..... C OTHER (specify) D WEEKEND MORNING.....E AFTERNOON.....F EVENING..... G OTHER (specify) H OTHER (specify)..... X	WEEKDAYS MORNING..... A AFTERNOON.....B EVENING.....C OTHER (specify)..... D WEEKEND MORNING.....E AFTERNOON.....F EVENING..... G OTHER (specify)..... H OTHER (specify)..... X
WM15J. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES..... 1 ☒ [P2] NO 2 ☒ WM16	YES..... 1 ☒ [P3] NO 2 ☒ WM16	YES..... 1 ☒ [P4] NO 2 ☒ WM16

Tick here if additional questionnaire used:.....

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?

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.

No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?

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?

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.

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.

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.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS