

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2010
QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: _____	WM2. Household serial number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and code number: Name _____ code ____	WM6. Day / Month / Year of interview in BS: _____ / _____ / _____	

Repeat greeting if not already read to this woman:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL ACCORDING TO THE **STATISTICS Act 2015 BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **35** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed..... 01
	Not at home..... 02
	Refused 03
	Partly completed 04
	Incapacitated 05
	Other (<i>specify</i>) _____ 96

WM8. Field edited by (Name and code number): Name _____ Code No ____	WM9. Data entry clerk (Name and code number): Name _____ Code No ____
WM10. Record the time	Hour and minutes : ____

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth in BS Month..... DK month98 Year DK year9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years).....	
WB3. HAVE YOU EVER ATTENDED ANY SCHOOL OR PRESCHOOL?	Yes1 No2	2⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU HAVE COMPLETED? <i>If less than 1 grade, enter "00"</i>	Grade	
WB5A. See question WB5 and tick the appropriate box: <input type="checkbox"/> Grade '11'(SLC) or higher ⇒ Go to next module <input type="checkbox"/> Lower than Grade '11'⇒ Start from question WB5B		
WB5B. ARE YOU CURRENTLY STUDYING IN ANY SCHOOL?	Yes 1 No 2	1⇒WB6
WB5C. WHAT WAS THE MAIN REASON WHY YOU DIDN'T CONTINUE YOUR STUDIES FURTHER?	Due to poverty 01 Parents didn't allow 02 Got married..... 03 School facility far away 04 Need to do household works 05 Didn't like to study myself 06 Physically disabled..... 07 Others (Specify) 96	
WB6. See question WB5 tick appropriate box: <input type="checkbox"/> Grade '6' or higher ⇒ Go to next module <input type="checkbox"/> Lower than grade '6'⇒ Start from question WB7		
WB7. NOW I WOULD LIKE YOU TO READ OUT THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent and request to read out loud.</i>	Cannot read at all..... 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 <i>(specify language)</i> Blind/ visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check question WB5 and WB7 and tick appropriate box : <input type="checkbox"/> Grade 6 or above in WB5 ⇒ Start from question MT2. <input type="checkbox"/> Able to read or Sentence not in the readable and required language (code 2, 3 or 4 in WB 7) ⇒ Start from question MT2. <input type="checkbox"/> Cannot read at all or blind (code 1 or 5 in WB7) ⇒ Go to question MT3.		
MT2. HOW OFTEN DO YOU READ NEWSPAPERS OR MAGAZINES: ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK OR DO NOT READ AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Do not read at all 4	
MT3. HOW OFTEN DO YOU LISTEN TO THE RADIO : ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK OR DO NOT LISTEN AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Do not listen at all 4	
MT4. HOW OFTEN DO YOU WATCH TV: ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK OR DO NOT WATCH AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Do not watch at all 4	
MT5. See question WB2; does the respondent belong to the age group 15-24? <input type="checkbox"/> Age group 15-24 ⇒ Start from question MT6. <input type="checkbox"/> Age group 25-49 ⇒ Go to next module		
MT6. HAVE YOU EVER USED (OR OPERATED) A COMPUTER?	YES 1 No 2	2 ⇒ MT 9
MT7. DID YOU EVER USE THE COMPUTER AT ANY PLACE IN THE PAST 12 MONTHS?	YES 1 No 2	2 ⇒ MT 9
MT8. HOW OFTEN DID YOU USE THE COMPUTER DURING THE <u>PAST ONE MONTH</u> : ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK, DID NOT USE AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Did not use at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	YES 1 No 2	2 ⇒ Next Module
MT10. HAVE YOU USED THE INTERNET IN THE <u>PAST 12 MONTHS</u> ? <i>If necessary, ask additional questions about the place and means.</i>	YES 1 No 2	2 ⇒ Next Module
MT11. HOW OFTEN DID YOU USE THE INTERNET IN THE <u>PAST 1 MONTH</u> : ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK, DID NOT USE AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Did not use at all 4	

DESIRE OF LAST BIRTH		DB
<i>The questionnaire of this module is to be administered to all mothers who have given birth to live babies</i>		
DB1A. NOW, LET'S TALK ABOUT ALL THE CHILDREN YOU HAVE GIVEN BIRTH TO. HAVE YOU EVER GIVEN BIRTH TO A CHILD? <i>PROBE: I WISH TO KNOW ABOUT THE FIRST CHILD YOU HAVE GIVEN BIRTH TO, EVEN IF IT IS NOT ALIVE TODAY OR ITS FATHER IS NOT YOUR CURRENT HUSBAND?</i>	YES 1 NO 2	2 ⇒ ILLNESS SYMPTOMS MODULE
DB1B. OUT OF THE CHILDREN YOU GAVE LIVE BIRTH TO, WHEN DID YOU GIVE BIRTH TO THE LAST ONE? <i>PROBE: I WISH TO KNOW ABOUT THE FIRST CHILD YOU HAVE GIVEN BIRTH TO, EVEN IF IT IS NOT ALIVE TODAY OR ITS FATHER IS NOT YOUR CURRENT HUSBAND?</i> <i>Month and year must be disclosed.</i>	Date of birth of the latest child Day 98 Don't know day 98 Month Year	
DB1C. Check question DB1B on whether the child was born within the last two years and circle the appropriate response code.	Yes 1 No 2	2 ⇒ ILLNESS SYMPTOMS MODULE
DB1D. CHECK DB1C, IF THE ANSWER IS YES, WRITE DOWN THE NAME OF THE CHILD BELOW AFTER ASKING THE NAME OF THE CHILD WITH THE RESPONDENT. NAME _____ <i>While asking the questions hereafter, refer to the name of this child where mentioned. If the child is dead, be particularly careful while talking about such children by referring to them by the name in the modules below.</i>		
DB1. DID YOU WANT TO BECOME PREGNANT WHEN (name) WAS CONCEIVED?	Yes 1 No 2	1 ⇒ Next Module
DB2. DID YOU WANT TO GIVE BIRTH TO A CHILD A LITTLE LATER OR DID YOU NOT WANT TO GIVE BIRTH TO ANY MORE (ADDITIONAL) CHILD?	Wanted to give birth later 1 Didn't want to give birth to more (additional) children 2	2 ⇒ Next Module
DB3. HOW LONG DID YOU WANT TO WAIT?	Months 1 ____ Years 2 ____ Don't know 998	

MATERNAL AND NEW BORN HEALTH		MN												
<p>The questions in this module are to be administered to all mothers who have given birth to live babies within the past 2 years.</p> <p>Write down the name of the most recent child last born within the last two years from DB1D here.</p> <p>Name of the child _____.</p> <p>Mention the name of the child in the following questions where required.</p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CHECK-UP (ANC) DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE FOR ANC CHECK-UP? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health workers: Doctors..... A Staff Nurses..... B Assistant Nurse Midwife..... C Health assistant/AHW..... D Other persons Midwife (Traditional birth attendant, TBA).... F Village health worker (VHW)..... G Maternal child Health worker (MCHW)..... H Female community health volunteer (FCHV) ..I Others (Specify) _____ X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>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												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED WHEN YOU WERE PREGNANT WITH (name)? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen)..... 2 No 3 DK 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH? MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Yes 1 No 2 DK 8 Number of times DK 8	2⇒MN9 8⇒MN9 8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Only one tetanus injections during last pregnancy. ⇒ Continue with MN9														

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i>, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p> <p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, write '7'.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p> <p>Number of times ___</p> <p>DK 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If less than one year, write '00'.</i></p>	<p>Years ago ___</p>	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes in MN1, antenatal care received ⇒ Continue with MN16A</p> <p><input type="checkbox"/> No in MN1, no antenatal check-up done ⇒ Go to MN17</p>		
<p>MN 16A. DURING THIS PREGNANCY, DID YOU TAKE IRON/FOLIC ACID TABLETS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ MN16C</p> <p>8⇒ MN16C</p>
<p>MN 16B DURING THIS WHOLE PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE THE IRON/FOLIC ACID TABLETS?</p>	<p>Number of Days..... ___</p> <p>DK 998</p>	
<p>MN 16C DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINES FOR INTESTINAL WORMS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health workers:</p> <p>Doctors A</p> <p>Staff Nurses B</p> <p>Assistant Nurse Midwife C</p> <p>Health assistant /AHW D</p> <p>Other persons</p> <p>Midwife (Traditional birth attendant) F</p> <p>Village Health Worker G</p> <p>Relatives or Friends H</p> <p>Maternal Child Health Worker I</p> <p>Female Community Health Volunteer (FCHV) J</p> <p>Others (<i>Specify</i>) X</p> <p>Nobody helped Y</p>	

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p><u>Home</u></p> <p>Own house.....11</p> <p>Other's house.....12</p> <p><u>Gov t agency</u></p> <p>Govt hospital..... 21</p> <p>Primary health care centre.....22</p> <p>Health post/sub health post.....23</p> <p>Other Govt agency (<i>Specify</i>).....26</p> <p>Priv ate health agency</p> <p>Private hospital.....31</p> <p>Private clinic.....32</p> <p>Private maternity home.....33</p> <p>Other priv ate health agency (<i>Specify</i>)36</p> <p>Others (<i>Specify</i>).....96</p>	<p>21⇒MN19</p> <p>22⇒MN19</p> <p>23⇒MN19</p> <p>26⇒MN19</p> <p>31⇒MN19</p> <p>32⇒MN19</p> <p>33⇒MN19</p> <p>36⇒MN19</p> <p>96⇒MN19</p>
<p>MN18A. WAS THE SAFE/HOME DELIVERY KIT USED DURING THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know.....8</p>	
<p>MN 18B. BEFORE DISCHARGE OF PLACENTA, WAS <i>(name)</i> WIPED WITH A CLOTH AND DRIED?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know.....8</p>	<p>2⇒MN 18D</p> <p>8⇒MN 18D</p>
<p>MN 18C. BEFORE DISCHARGE OF PLACENTA, WAS <i>(name)</i> COVERED WITH ANOTHER DRY CLOTH AFTER WIPING?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know..... 8</p>	
<p>MN 18D. WHAT TOOLS OR EQUIPMENT WERE USED TO CUT THE PLACENTA DURING <i>(name)</i> DELIVERY?</p>	<p>New blade/boiled/sterilized blade..... 1</p> <p><u>Unsterilized Instruments</u></p> <p>Used blade 21</p> <p>Knif e 22</p> <p>Sickle..... 23</p> <p>Khukuri 24</p> <p>Scissors 25</p> <p>Others (<i>Specify</i>)..... 96</p> <p>Don't know..... 98</p>	
<p>MN 18E. WAS ANYTHING APPLIED ON THE WOUND AFTER CUTTING THE CORD AND REMOVING THE PLACENTA?</p> <p>MN 18F. HOW LONG AFTER DELIVERY, WAS <i>(name)</i> BATHED FOR THE FIRST TIME?</p> <p><i>(Write hour if less than 1 day and write day if more than a day)</i></p> <p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know.....8</p> <p>Hours 1__</p> <p>Day s 2__</p> <p>Don't know..... 998</p> <p>Yes1</p> <p>No2</p>	<p>1⇒MN 20</p> <p>2⇒MN 20</p> <p>998⇒MN20</p>

MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large1 Larger than average2 Average3 Smaller than average4 Very small5 DK8	
MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes1 No2 DK8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (<i>name</i>) WEIGH AT BIRTH? <i>Record weight from health card, if available.</i>	From card1 (kg) __ . ____ From recall2 (kg) __ . ____ DK9998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes1 No2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes1 No2	2⇒MN27A
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREASTS? <i>If less than 1 hour, record in minutes. If 1 hour to less than 24 hours, record hours. If 24 hours or more record in days.</i>	Minutes0 __ __ Hours1 __ __ Days2 __ __ Don't know / remember998	
MN26. IN THE FIRST THREE DAYS AFTER BIRTH, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREASTMILK?	Yes1 No2	2⇒MN 27A
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe: ANYTHING ELSE?</i>	Milk (other than breastmilk)A Plain waterB Sugar or glucose waterC Gripe waterD Sugar-salt-water solutionE Fruit juiceF Infant formulaG Tea / InfusionsH HoneyI Other (<i>specify</i>) _____ X	
MN 27A. AFTER (<i>name</i>) WAS BORN, DID ANY HEALTH CARE PROVIDER CHECK ON YOUR HEALTH AS POST NATAL CHECK-UP?	Yes1 No2 DK8	2⇒Next Module 8⇒Next Module
MN 27B. HOW LONG AFTER DELIVERY DID THE FIRST CHECK TAKE PLACE? <i>If less than one day, record hours If less than one week, record days</i>	Hours1 __ __ Days2 __ __ Weeks3 __ __ DK998	

ILLNESS SYMPTOMS

IS

IS1. Check Household Listing form, column HL9 and tick appropriate box.

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

No ⇒ Go to **Next Module**.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:

ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever C
- Child has fast breathing D
- Child has difficult breathing E
- Child has blood in stool F
- Child is drinking poorly G

Other (*specify*) _____ X

Other (*specify*) _____ Y

Other (*specify*) _____ Z

CONTRACEPTION		CP
<p>CP1. LET'S US TALK ABOUT ANOTHER SUBJECT: FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	1⇒Next Module
<p>CP2. THERE ARE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY: ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒Next Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization A</p> <p>Male sterilization..... B</p> <p>IUD/copper T C</p> <p>Injectables/Dipo/ Sargini D</p> <p>Implants/Norplant/zadelle E</p> <p>Pill F</p> <p>Male condom..... G</p> <p>Female condom..... H</p> <p>Diaphragm I</p> <p>Foam / Jelly/Kamal J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence/Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
UN1. Check CPI. Currently pregnant or not tick appropriate codes . <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
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⇒UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later..... 1 No more..... 2	
UN4. 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 / Don't know 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using "Female sterilization" or not tick appropriate box. <input type="checkbox"/> Yes ⇒ Go to UN13. <input type="checkbox"/> No, ⇒ Continue with UN6.		
UN6. Now I would like to ask you some questions about the future. 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 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. How long would you like to wait before the birth of (another) child?	Months 1 ___ Years..... 2 ___ Soon / Now993 Says she cannot get pregnant994 After marriage995 Other996 Don't know998	994⇒UN11
UN8. Check CPI. Currently pregnant or not tick appropriate box <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

<p>UN9. Check CP2. Currently using a family planning method or not tick appropriate box.</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1 ⇒UN13</p> <p>8 ⇒UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sexA</p> <p>MenopausalB</p> <p>Never menstruated C</p> <p>Hysterectomy (surgical removal of uterus) D</p> <p>Has been trying to get pregnant for 2 years or more without resultE</p> <p>Postpartum amenorrheaF</p> <p>Breastfeeding..... G</p> <p>Too old H</p> <p>FatalisticI</p> <p>Male SterilizationJ</p> <p>Other (specify) _____ X</p> <p>Don't knowZ</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned or is code "C" circled or not tick appropriate box.</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago 1 ___</p> <p>Weeks ago 2 ___</p> <p>Months ago 3 ___</p> <p>Years ago 4 ___</p> <p>In menopause / Has had hysterectomy994</p> <p>Before last birth995</p> <p>Never menstruated996</p>	
<p>UN 13A. DO YOU SEEK ANY HELP/ADVICE IF REQUIRED ON REPRODUCTIVE HEALTH?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2 ⇒UN13C</p>

<p>UN 13B. FROM WHOM DO YOU SEEK ADVICE ON REPRODUCTIVE HEALTH?</p>	<p>MotherA Mother in LawB Elder SisterC HusbandD FriendsE FCHVF MCHW/VHWG Health Facilities/HospitalsH Others (<i>specify</i>) X</p>																									
<p>UN 13C. DO YOU FACE ANY OF THE FOLLOWING SITUATIONS DURING YOUR MENSTRUAL PERIOD? <i>Ask one by one</i></p> <p>[A] HAVE TO LIVE IN DIFFERENT HOUSE/ [B] HAVE TO LIVE IN DIFFERENT ROOM OF SAME HOUSE [C] HAVE TO LIVE IN ANIMAL SHED [D] HAVE TO EAT DIFFERENT TYPES OF FOOD [E] HAVE TO BATH IN SEPARATE PLACE [F] HAVE TO BE ABSENT FROM SCHOOL OR WORK [G] HAVE TO AVOID SOCIAL GATHERINGS</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Live in different house.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Different room of same house ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal shed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Eat different food.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bath in separate place</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Absent from school/work</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Avoid Social gatherings</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Live in different house.....	1	2	Different room of same house ..	1	2	Animal shed	1	2	Eat different food.....	1	2	Bath in separate place	1	2	Absent from school/work	1	2	Avoid Social gatherings	1	2	
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ATTITUDES TOWARD DOMESTIC VIOLENCE		DV		
<p>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:</p>				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects 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 BURNS THE FOOD?	Burns food	1	2	8
<p>DV2A. SOMETIMES A MOTHER-IN-LAW IS ANNOYED OR ANGERED BY THINGS THAT THEIR DAUGHTER-IN-LAW DOES. IN YOUR OPINION, IS A MOTHER-IN-LAW JUSTIFIED IN VERBAL ABUSE OR THREAT THEIR DAUGHTER-IN-LAW IN THE FOLLOWING SITUATIONS:</p>				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HER?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HER?	Argues with them	1	2	8
[D] IF SHE REFUSES TO OBEY HER ORDER?	Refuses to obey orders	1	2	8
[E] IF SHE DID NOT BRING DOWRY?	Did not bring Dowry	1	2	8
[F] IF SHE DID NOT COMPLETE HER WORK ON TIME?	Didn't complete work on time ...	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, 1	3⇒MA5
	No..... 3	
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe.</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years__ __ DK98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes..... 1	2⇒MA7
	No..... 2	
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number..... __	⇒MA7
	DK 8	8⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married 1	3 ⇒Next Module
	No..... 3	
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1	
	Divorced 2	
	Separated..... 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once 1	
	More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU (FIRST) MARRY?	Date of first marriage	⇒Next Module
	Month__ __	
	DK month98	
	Year.....__ __ __ __	
DK year 9998		
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR (FIRST) HUSBAND?	Age in years__ __	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AIDS?	Yes 1 No 2	2→Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER: [A] DURING PREGNANCY TO HER BABY? [B] DURING DELIVERY TO HER BABY? [C] BY BREASTFEEDING TO HER BABY?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAS THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																	

<p>HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>																					
<p>HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>																					
<p>HA13. Check DB1C: Any live birth in last 2 years or not tick appropriate box.</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p> <p>HA14. Check MN1: Received antenatal care or not tick appropriate box</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<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>AIDS from mother</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>Things to do.....</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>Tested for AIDS</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>Offered a test.....</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	AIDS from mother	1	2	8	Things to do.....	1	2	8	Tested for AIDS	1	2	8	Offered a test.....	1	2	8	
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<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒HA19 8⇒HA19</p>																				
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒HA22 8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes 1 No 2 DK 8</p>	<p>1⇒HA22 2⇒HA22 8⇒HA22</p>																				

HA19. Check MN17: Birth delivered by health professional (A, B or C) or not tick appropriate box.

Yes, birth delivered by health professional ⇒ Continue with HA20

No, birth not delivered by health professional ⇒ Go to HA24

HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes 1 No 2 DK 8	2⇒HA24 8⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes 1 No 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	1⇒ Next Module 2⇒ Next Module 3⇒ Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	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 No 2 DK 8	1⇒ Next Module 2⇒ Next Module 8⇒ Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

CONSUMPTION OF TOBACCO OR ALCOHOLIC SUBSTANCES		TA
TA1. HAVE YOU EVER SMOKED A CIGARETTE/ <i>BIDI</i> , EVEN IF A PUFF OR TWO?	Yes..... 1 No..... 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE STICK OF CIGARETTE/ <i>BIDI</i> THE VERY FIRST TIME?	Never smoked af ull stick of cigarete.....00 Age in completedy ears..... _____	00⇒TA6
TA3. DO YOU SMOKE CIGARETTE/ <i>BIDI</i> NOW-A-DAYS?	Yes..... 1 No..... 2	2⇒TA6
TA4. HOW MANY CIGARETTE/ <i>BIDI</i> STICKS HAVE YOU SMOKED IN THE PAST 24 HOURS?	No. of cigarette sticks..... _____	
TA5. HOW MANY DAYS DID YOU SMOKE CIGARETTE/ <i>BIDI</i> IN THE PAST ONE MONTH? <i>Write number of days if less than 10 days. Circle 10 if 10 days or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i>	No. of days..... _____ 10 days or more but less than a month10 Ev ery day/almost every day.....30	
TA6. HAVE YOU EVER CONSUMED A TOBACCO-BASED SUBSTANCE THAT IS SMOKED OTHER THAN CIGARETTE/ <i>BIDI</i> , SUCH AS TOBACCO, <i>KAKKAD, SULFA, HUKKAH</i> (HUBBLE-BUBBLE), <i>CHILIM, CIGAR, ETC.</i> ?	Yes..... 1 No..... 2	2⇒TA10
TA7. HAVE YOU SMOKED ANY TOBACCO-BASED SUBSTANCE OTHER THAN CIGARETTE/ <i>BIDI</i> (SUCH AS TOBACCO, <i>KAKKAD, SULFA, HUKKAH, CHILIM, CIGAR, ETC</i>) IN THE PAST ONE MONTH?	Yes..... 1 No..... 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO-BASED SUBSTANCE DID YOU CONSUME IN THE PAST ONE MONTH? <i>Circle on all answers given by respondents.</i>	Cigar..... A Hubble-bubble B Sulfa/Chilim/Kulfi..... D Others (mention)..... X	
TA9. HOW MANY DAYS DID YOU SMOKE A TOBACCO-BASED SUBSTANCE OTHER THAN CIGARETTE/ <i>BIDI</i> (SUCH AS TOBACCO, <i>KAKKAD, SULFA, HUKKAH, CHILIM, CIGAR, ETC</i>) IN THE PAST ONE MONTH? <i>Write number of days if less than 10 days. Circle 10 if 10 days or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i>	No. of days..... _____ 10 days or more but less than a month.....10 Ev ery day/almost every day.....30	
TA10. HAVE YOU EVER CONSUMED SMOKELESS TOBACCO-BASED SUBSTANCES SUCH AS <i>SURTI</i> (TOBACCO PLANT LEAVES), <i>KHAINI, SNUFF</i> ?	Yes..... 1 No..... 2	2 ⇒TA14

<p>TA11. HAVE YOU CONSUMED ANY SMOKELESS TOBACCO SUBSTANCES (SUCH AS <i>SURTI</i> TOBACCO PLANT LEAVES, <i>KHAINI</i>, SNUFF) IN THE PAST ONE MONTH?</p>	<p>Yes..... 1 No..... 2 2 ⇒ TA14</p>
<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO DID YOU CONSUME OR CHEW IN THE PAST ONE MONTH?</p> <p><i>Tick circle on every answer.</i></p>	<p>Chewing tobacco..... A Snuff..... B Gutkha..... D Khaini..... E Others (<i>Specify</i>)..... X</p>
<p>TA13. HOW MANY DAYS DID YOU CONSUME SMOKELESS TOBACCO SUBSTANCES (SUCH AS <i>SURTI</i> TOBACCO PLANT LEAVES, <i>KHAINI</i>, SNUFF) IN THE PAST ONE MONTH?</p> <p><i>Write number of days if less than 10 days. Circle 10 if days 10 or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i></p>	<p>No. of days..... ____ ____ 10 days or more but less than a month..... 10 Every day/almost every day..... 30</p>
<p>TA14. NOW, I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT ALCOHOL-DRINKING? HAVE YOU EVER HAD ALCOHOL (SUCH AS BEER, WINE OR HOMEMADE LIQUOR)?</p>	<p>Yes..... 1 No..... 2 2 ⇒ Next Module</p>
<p>TA15A. HOW OLD WERE YOU WHEN YOU FIRST HAD AN ALCOHOLIC DRINK?</p>	<p>Age..... ____ ____</p>
<p>TA16A. HOW MANY DAYS DID YOU DRINK ALCOHOL IN THE PAST ONE MONTH?</p> <p><i>Write number of days if less than 10 days. Circle 10 if 10 days or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i></p>	<p>Didn't drink any alcohol last month..... 00 00 ⇒ Next Module No. of days..... ____ ____ 10 days or more but less than a month..... 10 Everyday/almost everyday..... 30</p>

LIFE SATISFACTION

LS

LS1. Check WB2: Age of respondent is between 15 and 24 or not and tick appropriate response.

- Age 25-49 ⇒ Go to WM11
- Age 15-24 ⇒ Continue with LS2

LS2. NOW I WOULD LIKE TO ASK YOU SOME VERY SIMPLE QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, I WOULD LIKE TO KNOW WHERE YOU WOULD PLACE YOURSELF: WHETHER YOU ARE VERY OR SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, OR SOMEWHAT OR VERY UNSATISFIED.

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Give response card to respondent and prompt her to look at the card while and after you ask each question from LS2 to LS10.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

- Does not have family..... 0
- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

LS3. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

- Does not have friends 0
- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

LS4. HOW SATISFIED ARE YOU WITH YOUR SCHOOL?

- Does not go to school..... 0
- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

<p>LS5. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p>	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS6. HOW SATISFIED ARE YOU WITH YOURSELF?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS7. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p>	<p>Does not have any income 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS10. TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY OR SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, OR SOMEWHAT OR VERY UNHAPPY?</p>	<p>Very happy 1</p> <p>Somewhat happy 2</p> <p>Neither happy nor unhappy 3</p> <p>Somewhat unhappy 4</p> <p>Very unhappy 5</p>	
<p>LS11. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED OR WORSENERED, OVERALL?</p>	<p>Improved 1</p> <p>More or less the same 2</p> <p>Worsened 3</p>	
<p>LS12. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER OR WORSE, OVERALL?</p>	<p>Better 1</p> <p>More or less the same 2</p> <p>Worse 3</p> <p>Don't Know 8</p>	

WM11. Record the time.

Hour and minutes :

WM12. See question HL9 of the Household Listing Form and tick appropriate box.

Is the current respondent the mother or caretaker of the child in the age group of 0-4 years of this household?

- Yes ⇒ start administering the Personal Questionnaire for below 5 Children on this respondent for that child.
- No ⇒ Conclude the interview by thanking the respondent for cooperating.

Find out whether there are other women or children below 5 years in this household for administering the questionnaire.

If None, collect all the questionnaires filled in this household. Now fill in the relevant information in the HH8-HH15 in the household information panel in the Household Questionnaire.

After collecting all the questionnaires filled in this households (Household, individual women and children under 5) check the information panel on the first page of each questionnaire to ensure that the details are correctly filled up by comparing the details with the Household listing form of the household questionnaire.

After filling up all necessary information in the covering envelope, keep all the filled questionnaires for this household in this envelope. While keeping in the envelope, put it in the order of HH's questionnaire at the top followed by women's questionnaire (in the order of line number in Household Listing Form) and finally the children questionnaire (in the same order of the line number of U5 Children in the Household Listing form). For example if eligible women are listed in the line number 02, 04 and 07, in the household listing form, arrange the questionnaires in the following order. First the HH's questionnaire, followed by women's questionnaire of line no 02 then 04 and finally 07.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations