



B INDIVIDUAL WOMEN QUESTIONNAIRE

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM1A. Name of District _____ District Code ____	WM1B. Area Code Urban..... 1, Rural.....2	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ____ / ____ / _____	

Repeat greeting if not already read to this woman:

WE ARE FROM (**Planning and Development department, Government of Balochistan**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (**number**) MINUTES. 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.....1 Not at home2 Refused.....3 Partly completed.....4 Incapacitated.....5 Other (<i>specify</i>).....6
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WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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WM10. Record the time.	Hour and minutes _ _ : _ _	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... _ _ DK month 98 Year _ _ _ _ DK year..... 9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) _ _	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool..... 0 Primary..... 1 Middle..... 2 Matric 3 Higher 4 Madrassa 5 DK..... 8	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade..... _ _	
WB6. Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence..... 2 Able to read whole sentence..... 3 No sentence in required language Urdu..... 4 Blind / mute, visually / speech impaired..... 5	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married 1 No..... 3	1⇒MA7 3⇒MA5
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married 1 No..... 3	⇒Domestic violence Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced..... 2 Separated..... 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of first marriage Month.....__ __ DK month..... 98 Year.....__ __ __ __ DK year 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND?	Age in years.....__ __	

CHILD MORTALITY

CM

All questions refer only to LIVE births.

<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>Yes 1 No 2</p>	<p>2⇒CM8</p>
<p>CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING.</p> <p><i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i></p>	<p>Date of first birth Day __ __ DK day 98</p> <p>Month __ __ DK month 98</p> <p>Year __ __ __ __ DK year 9998</p>	<p>⇒CM4</p>
<p>CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth __ __</p>	
<p>CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes 1 No 2</p>	<p>2⇒CM6</p>
<p>CM5. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons at home __ __ Daughters at home __ __</p>	
<p>CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1 No 2</p>	<p>2⇒CM8</p>
<p>CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons elsewhere __ __ Daughters elsewhere __ __</p>	
<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 A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i></p>	<p>Yes 1 No 2</p>	<p>2⇒CM10</p>
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead __ __ Girls dead __ __</p>	
	<p>Sum __ __</p>	

<p>CM10. Sum answers to CM5, CM7, and CM9.</p>		
<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p style="padding-left: 40px;"><input type="checkbox"/> No births ⇒ Go to <i>ILLNESS SYMPTOMS</i> Module</p> <p style="padding-left: 40px;"><input type="checkbox"/> One or more births ⇒ Continue with CM12</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</p>		
<p>CM12. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>Month and year must be recorded.</p>	<p>Date of last birth</p> <p>Day..... _ _</p> <p>DK day..... 98</p> <p>Month..... _ _</p> <p>Year _ _ _ _</p>	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2007</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to <i>ILLNESS SYMPTOMS</i> Module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Ask for the name of the child</p> <p style="text-align: center;">Name of child _____</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p> <p>Continue with the next module.</p>		

MATERNAL AND NEWBORN HEALTH

MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1 No 2</p>	<p>2⇒MN5</p>												
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse / Midwife B Lady health visitor C Lady health worker D Other person Traditional birth attendant F Relative/friend G Other (specify) X</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times — — DK 98</p>													
<p>MN4. 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 border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </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>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8</p>													
<p>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?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒MN9 8⇒MN9</p>												
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times — DK 8</p>	<p>8⇒MN9</p>												
<p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12</p> <p><input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</p>														

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes 1 No 2 DK 8	2⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times..... DK 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago	
MN12. Check MN1 for presence of antenatal care during this pregnancy: <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13 <input type="checkbox"/> No antenatal care received ⇒ Go to MN17		
MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes 1 No 2 DK..... 8	2⇒MN17 8⇒MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i>	SP / Fansidar A Chloroquine..... B Other (specify) X DK.....Z	
MN15. Check MN14 for medicine taken: <input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16 <input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN17		
MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times..... DK..... 98	
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe: ANYONE ELSE?</i> <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor A Nurse / Midwife B Lady health visitor C Lady health worker F Other person Traditional birth attendant..... G Relative / Friend..... H Other (specify) X No one..... Y	

<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>Home</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital..... 21</p> <p>Govt. clinic / health centre 22</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>Other (<i>specify</i>) _____ 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN20. 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</p> <p>Larger than average..... 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small..... 5</p> <p>DK..... 8</p>	
<p>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kg) __ . __ __</p> <p>From recall 2 (kg) __ . __ __</p> <p>DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>

<p>MN26. 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>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<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.....H Honey..... I</p> <p>Other (<i>specify</i>) _____ X</p>	

ILLNESS SYMPTOMS

IS

IS1. *Check Household Listing, column HL9*

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 breathingE
- Child has blood in stool.....F
- Child is drinking poorly G
- Other (*specify*) _____ X
- Other (*specify*) _____ Y
- Other (*specify*) _____ Z

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</p> <p>No 2</p> <p>Unsure or DK..... 8</p>	1⇒Next Module
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</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.</p> <p>If more than one method is mentioned, circle each one.</p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill..... F</p> <p>Male condom G</p> <p>Female condom..... H</p> <p>Diaphragm I</p> <p>Foam / Jelly..... J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence/Rhythm..... L</p> <p>Withdrawal..... M</p> <p>Other (<i>specify</i>)..... X</p>	

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:

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

[B] IF SHE NEGLECTS THE CHILDREN?

[C] IF SHE ARGUES WITH HIM?

[D] IF SHE REFUSES TO HAVE SEX WITH HIM?

[E] IF SHE BURNS THE FOOD?

	Yes	No	DK
Goes out without telling	1	2	8
Neglects children.....	1	2	8
Argues.....	1	2	8
Refuses sex.....	1	2	8
Burns food.....	1	2	8

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2	2⇒WM11																
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	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 TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK															
During pregnancy.....	1	2	8															
During delivery	1	2	8															
By breastfeeding.....	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8																	
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?	Yes 1 No 2 DK / Not sure / Depends 8																	

WM11. <i>Record the time.</i>	Hour and minutes __ : __	
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<p>WM12. <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i> <i>Check household listing, column HL8.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview with this respondent by thanking her for her cooperation.</i> <i>Check for the presence of any other eligible woman or children under-5 in the household.</i></p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations