

WOMAN'S INFORMATION PANEL	WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i>	
WM1. Cluster number: <div style="text-align: right;">_____</div>	WM2. Household number: <div style="text-align: right;">_____</div>
WM3. Woman's name: Name _____	WM4. Woman's line number: (copy from HL1) <div style="text-align: right;">_____</div>
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: <div style="text-align: right;">_____/_____/ 2016</div>

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM <i>Planning & Development Department, Government of the Gilgit-Baltistan.</i> WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</i></p>	

WM7. Result of woman's interview	Completed..... 01 Not at home..... 02 Refused..... 03 Partly completed 04 Incapacitated (Not capable) 05 Other (<i>specify</i>) _____ 96
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WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's 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	0⇒WB7										
WB5. WHAT IS THE HIGHEST GRADE/CLASS YOU COMPLETED AT THAT LEVEL? Use the following class codes: <table border="0"> <tr> <td>Level</td> <td>Class</td> </tr> <tr> <td>Primary</td> <td>01-05</td> </tr> <tr> <td>Middle</td> <td>01-03</td> </tr> <tr> <td>Matric</td> <td>01-02</td> </tr> <tr> <td>Higher</td> <td>01-07</td> </tr> </table> <i>If the first grade at this level is not completed, enter "00"</i>	Level	Class	Primary	01-05	Middle	01-03	Matric	01-02	Higher	01-07	Grade/Class	
Level	Class											
Primary	01-05											
Middle	01-03											
Matric	01-02											
Higher	01-07											
WB6. Check WB4: <input type="checkbox"/> Middle or matric or higher (WB4=2 or 3 or 4) ⇒ Go to Next Module <input type="checkbox"/> Primary (WB4=1) ⇒ 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 English and Urdu..... 4 Blind / visually impaired..... 5											

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY MT

MT1. Check WB7: <input type="checkbox"/> Question left blank (Respondent has middle or matric or higher education) ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence in English and Urdu language (WB7 = 2, 3 or 4) ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
MT5. Check WB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes (currently married) 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..... ____ DK..... 98	
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..... 98	98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes 1	3 ⇒IS 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	1⇒MA8A
	More than once..... 2	2⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY?	Date of marriage Month..... ____ DK month..... 98	⇒Next Module
MA8B. IN WHAT MONTH AND YEAR DID <u>FIRST</u> YOU MARRY?	Year ____ DK year..... 9998	
MA9. WHAT WAS YOUR AGE AT FIRST MARRIAGE?	Age in completed years ____	

FERTILITY		CM
<i>All questions refer only to LIVE births from ever married women 15-49 years.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, EVEN IF THE FATHER IS NOT YOUR CURRENT HUSBAND. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Month & Year of first birth Month DK month98 Year DK year9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth.....	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home with you Daughters at home with you	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere..... Daughters elsewhere	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <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>	Yes 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead Girls dead	
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL _____ (total number in CM10) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

Yes. Check below:

No live births ⇒ Go to ILLNESS SYMPTOMS Module

One or more live births ⇒ Continue with CM12

No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12

CM12. OF THESE (total number in CM10) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

Month and year must be recorded.

Date of last birth

Month _ _

Year _ _ _ _

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in 2014 (if the month of interview and the month of birth are the same, and the year of birth is 2014, consider this as a birth within the last 2 years)

N No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.

Y One or more live births in last 2 years. ⇒ Ask for the name of the last-born child

Name of last-born child _____

If child has died, take special care when referring to this child by name in the following modules.

Continue with Next Module.

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all ever married women of age 15-49 years with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p>DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒Next Module</p>
<p>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later 1</p> <p>No more 2</p>	<p>2⇒Next Module</p>
<p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Months 1 __ __</p> <p>Years 2 __ __</p> <p>DK 998</p>	

MATERNAL AND NEWBORN HEALTH		MN															
<p><i>This module is to be administered to all ever married women of age 15-49 years with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒MN5															
<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:</p> <p>Doctor A</p> <p>Nurse / Midwife B</p> <p>Lady Health Visitor (LHV) D</p> <p>Lady Health Worker (LHW) E</p> <p>Other person</p> <p>Traditional birth attendant (TBA) F</p> <p>Relatives/Friends H</p> <p>Other (specify) X</p>																
<p>MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Weeks 1 ___</p> <p>Months 2 0 ___</p> <p>DK 998</p>																
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p> <p><i>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.</i></p>	<p>Number of times ___</p> <p>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> <p>[D] WERE YOU WEIGHED?</p>	<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> </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> <tr> <td>Weighed</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	Weighed	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample	1	2															
Weighed	1	2															
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? 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</p> <p>Yes (card not seen) 2</p> <p>No 3</p> <p>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</p> <p>No 2</p> <p>DK 8</p>	2⇒MN9 8⇒MN9															
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p>	<p>Number of times ___</p> <p>DK 8</p>	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 injection during last pregnancy. ⇒ Continue with MN9		
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)? <i>If less than 1 year, record '00'.</i>	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) YOUR ANTENATAL VISIT(S) FOR THE PREGNANCY WITH (name), 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 / FansidarA Chloroquine.....B Other (specify)X DKZ	
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 YOUR PREGNANCY WITH (name), HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR IN TOTAL? PLEASE INCLUDE ALL THAT YOU OBTAINED EITHER DURING AN ANTENATAL CARE VISIT, DURING A VISIT TO A HEALTH FACILITY OR FROM ANOTHER SOURCE?	Number of times..... DK..... 98	

<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>DoctorA</p> <p>Nurse / MidwifeB</p> <p>Lady Health Visitor (LHV).....D</p> <p>Other person</p> <p>Traditional birth attendant (TBA)F</p> <p>Relatives/FriendsH</p> <p>Other (<i>specify</i>) _____ X</p> <p>No one.....Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</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>(Name of place)</p>	<p>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government mother & child care centre /Health centre/Community 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>MN19. WAS (name) 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⇒MN20</p>
<p>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before..... 1</p> <p>After..... 2</p>	
<p>MN20. WHEN (name) 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 (name) 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 (name) WEIGH?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>From card..... 1 (kg) ____ . ____</p> <p>From recall 2 (kg) ____ . ____</p> <p>DK 99998</p>	

MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i> ?	Yes 1 No..... 2	
MN24. DID YOU EVER BREASTFEED <i>(name)</i> ?	Yes 1 No..... 2	2⇒MN28
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately..... 000 Hours..... 1 ___ Days 2 ___ DK / Don't remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS <i>(name)</i> GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No..... 2	2⇒MN28
MN27. WHAT WAS <i>(name)</i> GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk).....A Plain waterB Sugar or glucose waterC Gripe water.....D Sugar-salt-water solutionE Fruit juice.....F Infant formula G Tea / Infusions.....H Honey I Rose water J Other (<i>specify</i>) _____ X	
MN28. HAS THIS HOUSEHOLD BEEN VISITED BY A LADY HEALTH WORKER DURING THE PAST MONTH?	Yes 1 No..... 2 DK 8	2⇒Next Module 8⇒Next Module
MN29. WHAT DID SHE PROVIDE? <i>Probe:</i> ANYTHING ELSE?	ORT, vitamins, medicinesA Weighed child.....B Education/advice.....C Family planning methodD Other (<i>specify</i>) _____ X DK Z	

POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all ever married women of age 15-49 years with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p>PN1. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p>PN2. 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 MN18</i>). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>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>PN3. 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 MN18</i>), DID ANYONE CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN4. 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 MN18</i>)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name or type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)'S HEALTH AFTER YOU LEFT (<i>name or type of facility in MN18</i>)?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN10</p>		

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</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 MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes 1 No 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes 1 No 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1 No 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once 1 More than once 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. 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>PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?</p>	<p>Health professional DoctorA Nurse / MidwifeB Lady Health Visitor (LHV).....D Lady Health Worker (LHW)E</p> <p>Other person Traditional birth attendant F Relative / FriendH</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</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>(Name of place)</p>	<p>Home Respondent's home 11 Other home 12</p> <p>Public sector Government hospital 21 Government mother & child care centre/ Health centre/Community centre 22</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1 No..... 2</p>	<p>1 ⇒ PN20 2 ⇒ Next Module</p>
<p>PN17. Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or traditional birth attendant health worker (A-F not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1 No..... 2</p>	<p>1 ⇒ PN20 2 ⇒ Next Module</p>

<p>PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No..... 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once 2</p>	<p>1⇒PN21A 2⇒PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 ___ Days 2 ___ Weeks 3 ___ DK / Don't remember 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional Doctor.....A Nurse / MidwifeB Lady Health Visitor (LHV).....D Lady Health Worker (LHW)E</p> <p>Other person Traditional birth attendantF Relative / FriendH</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</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 Respondent's home 11 Other home 12</p> <p>Public sector Government hospital 21 Government Mother & Child Health centre.. 22 Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	

ILLNESS SYMPTOMS

IS

IS1. Check List of Household Members, columns HL7B and HL15

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 A CHILD UNDER THE AGE OF 5 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 difficulty 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>CP1A. Check MA1. Woman is currently married?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CP1</p> <p><input type="checkbox"/> No ⇒ Go to ATTITUDES TOWARDS DOMESTIC VIOLENCE module</p>		
<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>	<p>1⇒CP2A</p>
<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>	<p>1⇒CP3</p>
<p>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilizationA</p> <p>Male sterilization.....B</p> <p>IUDC</p> <p>InjectablesD</p> <p>Implants.....E</p> <p>Pill.....F</p> <p>Male condom.....G</p> <p>Female condom.....H</p> <p>Diaphragm.....I</p> <p>Periodic abstinence / RhythmL</p> <p>Withdrawal.....M</p> <p>Other (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <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 / DK..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using “Female sterilization”? <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 (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⇒UN9 3⇒UN11 8⇒UN9
UN7. 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 ___ Years..... 2 ___ Does not want to wait (soon/now)..... 993 Says she cannot get pregnant 994 Other 996 DK 998	994⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

UN9. Check CP2. Currently using a method? <input type="checkbox"/> <i>Yes</i> ⇒ <i>Go to UN13</i> <input type="checkbox"/> <i>No</i> ⇒ <i>Continue with UN10</i>		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes..... 1 No 2 DK..... 8	1 ⇒UN13 8 ⇒UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	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 amenorrhicF Breastfeeding.....G Too oldH Fatalistic.....I Other (<i>specify</i>) _____ X DK..... Z	
UN12. Check UN11. “Never menstruated” mentioned? <input type="checkbox"/> <i>Mentioned</i> ⇒ <i>Go to Next Module</i> <input type="checkbox"/> <i>Not mentioned</i> ⇒ <i>Continue with UN13</i>		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? <i>Record the answer using the same unit stated by the respondent</i>	Days ago..... 1 ___ Weeks ago 2 ___ Months ago 3 ___ Years ago..... 4 ___ In menopause / Has had hysterectomy 994 Before last birth..... 995 Never menstruated 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE**DV***This module is to be administered to all women of age 15-49 years.*

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects 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

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	2 ⇒ Next Module																
	No 2																	
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY LIVING WITH UNINFECTED HUSBAND WHO HAS NO OTHER WIFE?	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 THE AIDS VIRUS?	Yes 1																	
	No 2																	
	DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1																	
	No 2																	
	DK 8																	
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																	

HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24																						
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>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	
	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																			
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes 1 No 2 DK..... 8	2⇒HA19 8⇒HA19																				
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK..... 8	2⇒HA22 8⇒HA22																				
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes 1 No 2 DK..... 8	1⇒HA22 2⇒HA22 8⇒HA22																				
HA19. Check MN17: Birth delivered by health professional (A, B or D)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or D) ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ 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	2⇒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	1 ⇨ HA25
	No	2	

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago	1	1 ⇨ Next Module
	12-23 months ago	2	2 ⇨ Next Module
	2 or more years ago	3	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	2 ⇨ HA27
	No	2	
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	1 ⇨ Next Module
	No	2	2 ⇨ Next Module
	DK	8	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	

TOBACCO USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age ____	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes 1 No 2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos C Pipe D Other (<i>specify</i>) X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, PAAN WITH TOBACCO, GUTKA, NASWAR, MAWA TUMBAKU, NAAS AND MAIN PURI?	Yes 1 No 2	2 ⇒ <i>Next Module</i>
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No 2	2 ⇒ <i>Next Module</i>

<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco A Paan with tobacco D Gutka E Naswar F Other (<i>specify</i>) X</p>	
<p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i></p>	<p>Number of days 0 ____ 10 days or more but less than a month.... 10 Every day / Almost every day..... 30</p>	

LIFE SATISFACTION		LS
<p>LS1. Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to WM11</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2</p>		
<p>LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i></p>	<p>Very happy1</p> <p>Somewhat happy2</p> <p>Neither happy nor unhappy3</p> <p>Somewhat unhappy4</p> <p>Very unhappy5</p>	
<p>LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS5. DURING THE <i>current</i> / 2015-2016 SCHOOL YEAR, DID YOU ATTEND SCHOOL/ EDUCATIONAL INSTITUTE AT ANY TIME?</p>	<p>Yes1</p> <p>No2</p>	2⇒LS7

<p>LS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL/EDUCATIONAL INSTITUTE?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><i>If the respondent says that she does not have a job, circle “0” and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i></p>	<p>Does not have a job0</p> <p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS9. 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 satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent says that she does not have any income, circle “0” and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i></p>	<p>Does not have any income0</p> <p>Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor unsatisfied.....3 Somewhat unsatisfied.....4 Very unsatisfied5</p>	
<p>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?</p>	<p>Improved1 More or less the same2 Worsened.....3</p>	
<p>LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>Better.....1 More or less the same2 Worse.....3</p>	

WM11. Record the time.	Hour and minutes ____ : ____	
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<p>WM12. Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> for that child and start the interview with this respondent..</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.</p>

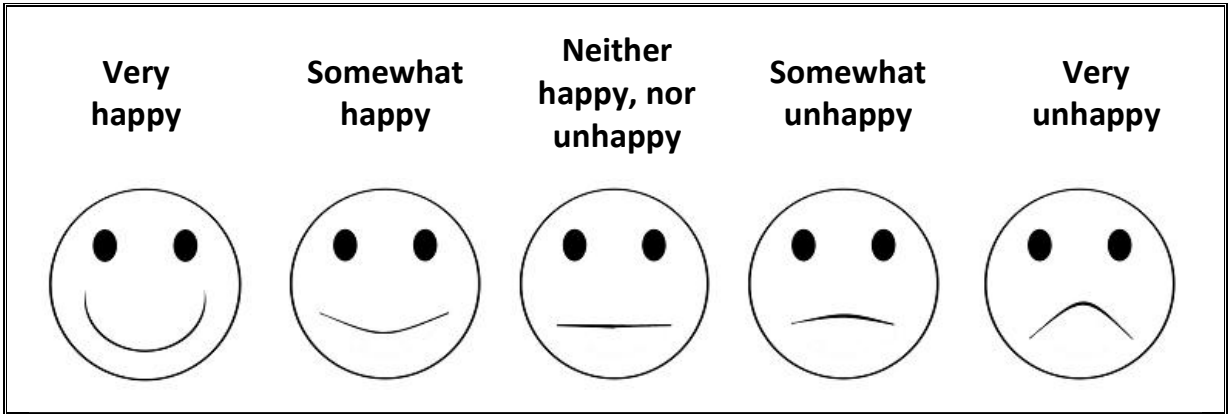
Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

RESPONSE CARD:

SIDE 1



SIDE 2

