

# QUESTIONNAIRE FOR INDIVIDUAL WOMEN

[Qatar]



## WOMAN'S INFORMATION PANEL WM

*This questionnaire is to be administered to all eligible women (see Household Listing Form, column HL7 (age 15 through 49) and column HL3 (relationship code is not '20')). A separate questionnaire should be used for each eligible woman.*

WM1. Cluster number:  _____	WM2. Household number:  _____
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 QATAR STATISTICS AUTHORITY. 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 30 - 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 - 45 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 (specify) _____ 96
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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⇒Go TO MT3
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Preparatory..... 2 Secondary ..... 3 University and above..... 4	0⇒Go TO MT3
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "00"</i>	Grade .....__ __	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
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. <i>Check WB2: Age of respondent?</i>  <input type="checkbox"/> <i>Age 15-24 ⇒ Continue with MT6</i>  <input type="checkbox"/> <i>Age 25-49 ⇒ Go to Next Module</i>		
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 No, not married..... 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND?  <i>Probe: HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?</i>	Age in years..... __ __ DK..... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes ..... 1 No ..... 3	3⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number ..... __ __ DK..... 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married ..... 1 No ..... 2	2 ⇒IS 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	
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND?	Age in years..... __ __	

**DESIRE FOR LAST BIRTH**
**DB**

*This module is to be administered to all ever-married 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.

DB1. WHEN YOU GOT PREGNANT WITH ( <i>name</i> ), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No ..... 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years ..... 2 __ __ DK..... 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all ever-married women with a live birth in the 2 years preceding date of interview. Check child mortality module CMI3 and record name of last-born child here _____.</i></p> <p>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)?	Yes..... 1 No..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor..... A Nurse / Midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Other (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?  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?	Yes..... 1  No..... 2  DK ..... 8	2⇒MN9  8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times..... _ _  DK ..... 8	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 MN17  <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9														

MATERNAL AND NEWBORN HEALTH		MN
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⇒MN17 8⇒MN17
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⇒MN17
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago.....	
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?  <i>Probe:</i> ANYONE ELSE? <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 Auxiliary midwife ..... C  Other person Traditional birth attendant ..... F Community health worker ..... G Relative / Friend ..... H  Other ( <i>specify</i> ) ..... X No one ..... Y	
MN18. WHERE DID YOU GIVE BIRTH TO (NAME)?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE WHETHER PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.  (NAME OF PLACE)	HOME YOUR HOME ..... 11 OTHER HOME ..... 12  PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT. CLINIC / HEALTH CENTRE ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC ( <i>SPECIFY</i> ) ..... 26  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL ..... 31 PRIVATE CLINIC ..... 32 PRIVATE MATERNITY HOME ..... 33 OTHER PRIVATE MEDICAL ( <i>SPECIFY</i> ) ..... 36  OTHER ( <i>SPECIFY</i> ) ..... 96	11⇒MN20 12⇒MN20           96⇒MN20
MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes ..... 1 No ..... 2	
MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK ..... 8	

MATERNAL AND NEWBORN HEALTH		MN
MN21. WAS ( <i>name</i> ) WEIGHED AT BIRTH?	Yes ..... 1 No..... 2 DK ..... 8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID ( <i>name</i> ) WEIGH?  <i>Record weight from health card, if available.</i>	From card..... 1 (kg) _ . ____ From recall ..... 2 (kg) _ . ____ DK ..... 99998	
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⇒Next Module
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 _ _  Don't know / remember ..... 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No..... 2	2⇒NEXT  MOD ULE
MN27. WHAT WAS (NAME) GIVEN TO DRINK?  PROBE: ANYTHING ELSE?	Milk (other than breast milk) .....A Plain water .....B Sugar or glucose water .....C Gripe water .....D Sugar-salt-water solution .....E Fruit juice .....F Infant formula .....G Tea / Infusions .....H Honey.....I  Other (specify) .....X	



MATERNAL AND NEWBORN HEALTH		MN
POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all ever-married women with a live birth in the 2 years preceding the date of interview. Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p>Use this child's name in the following questions, where indicated.</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 (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</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>Don't know / remember ..... 998</p>	
<p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'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 (name or type of facility in MN18)?</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 (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</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, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN10</p>		

MATERNAL AND NEWBORN HEALTH		MN
<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>	Yes ..... 1 No ..... 2	
<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>	Yes ..... 1 No ..... 2	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	Yes ..... 1 No ..... 2	1⇒PN11 2⇒PN18
<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>	Yes ..... 1 No ..... 2	2⇒PN19
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	Once ..... 1 More than once ..... 2	1⇒PN12A 2⇒PN12B
<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>	Hours ..... 1 ___ Days ..... 2 ___ Weeks ..... 3 ___ Don't know / remember ..... 998	

MATERNAL AND NEWBORN HEALTH		MN
PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional Doctor .....A Nurse / Midwife.....B Auxiliary midwife..... C Other person Traditional birth attendant.....F Community health worker..... G Relative / Friend ..... H Other (specify) _____ X	
PN14. WHERE DID THIS CHECK TAKE PLACE?  <i>Probe to identify the type of source.</i>  <i>If unable to determine whether public or private, write the name of the place.</i>  _____ (Name of place)	Home Your home ..... 11 Other home ..... 12  Public sector Govt. hospital .....21 Govt. clinic / health centre .....22 Govt. health post .....23 Other public (specify)_____ 26  Private medical sector Private hospital .....31 Private clinic .....32 Private maternity home .....33 Other private medical (specify)_____ 36 Other (specify) _____ 96	
PN15. Check MN18: Was the child delivered in a health facility?  <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16  <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17		
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No ..... 2	1⇒PN20 2⇒Next Module
PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?  <input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN18  <input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN19		
PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No ..... 2	1⇒PN20 2⇒Next Module

MATERNAL AND NEWBORN HEALTH		MN
<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>	Yes ..... 1 No ..... 2	2⇒Next Module
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	Once ..... 1 More than once ..... 2	1⇒PN21A 2⇒PN21B
<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>	Hours ..... 1 ___ Days ..... 2 ___ Weeks ..... 3 ___ Don't know / remember ..... 998	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	Health professional Doctor ..... A Nurse / Midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative / Friend ..... H Other ( <i>specify</i> ) _____ X	
<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>	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. clinic / health centre ..... 22 Govt. health post ..... 23 Other public ( <i>specify</i> ) _____ 26 Private medical sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical ( <i>specify</i> ) _____ 36 Other ( <i>specify</i> ) _____ 96	

**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 breathing ..... E
- Child has blood in stool ..... F
- Child is drinking poorly ..... G
- Other (*specify*) \_\_\_\_\_ X
- Other (*specify*) \_\_\_\_\_ Y
- Other (*specify*) \_\_\_\_\_ Z

**CONTRACEPTION**

**CP**

CP0. Check MA1. Is respondent currently married

MA 1= 1 Currently married ⇒ Continue with CPI

MA1= 3 Not married ⇒ Go to Domestic Violence module

<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 ⇒ Next Module</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>2 ⇒ Next Module</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization ..... A</p> <p>Male sterilization ..... B</p> <p>IUD ..... C</p> <p>Injectables ..... D</p> <p>Implants ..... E</p> <p>Pill ..... F</p> <p>Male condom ..... G</p> <p>Female condom ..... H</p> <p>Diaphragm ..... I</p> <p>Foam / Jelly ..... J</p> <p>Lactational amenorrhoea method (LAM) ..... K</p> <p>Periodic abstinence / Rhythm ..... L</p> <p>Withdrawal ..... M</p> <p>Other (<i>specify</i>) ..... X</p>	

UNMET NEED		UN
<p>UN1. <i>Check CPI. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p>		
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
<p>UN5. <i>Check CP3. Currently using "Female sterilization"?</i></p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p>		
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 / Don't know ..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months ..... 1 __ __ Years..... 2 __ __ Soon / Now ..... 993 Says she cannot get pregnant ..... 994 Other ..... 996 Don't know ..... 998	994⇒UN11
<p>UN8. <i>Check CPI. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p>		

UNMET NEED		UN
UN9. Check CP2. Currently using a method?  <input type="checkbox"/> Yes ⇒ Go to UN13  <input type="checkbox"/> No ⇒ Continue with UN10		
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 Menopausal ..... B Never menstruated ..... C Hysterectomy (surgical removal of uterus)..... D Has been trying to get pregnant for 2 years or more without result ..... E Postpartum amenorrhic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I  Other ( <i>specify</i> ) _____ X  Don't know ..... Z	
UN12. Check UN11. "Never menstruated" mentioned?  <input type="checkbox"/> Mentioned ⇒ Go to Next Module  <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
UN13. When did your last menstrual period start? (Record the answer using the same unit stated by the respondent)	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**

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 No ..... 2 DK..... 8	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 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?	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?

- No live birth in last 2 years (CM13= "No or blank") ⇒ Go to HA24
- One or more live births in last 2 years ⇒ Continue with HA14

HA14. Check MN1: Received antenatal care?

- Received antenatal care ⇒ Continue with HA15
- Did not receive antenatal care ⇒ Go to HA24

<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</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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Tested for AIDS.....	1	2	8																			
Offered a test.....	1	2	8																			
<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</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒HA19</p> <p>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</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA19. Check MN17: Birth delivered by health professional (A, B or C)?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</li> <li><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</li> </ul>																						
<p>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?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒HA24</p>																				
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>																					
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1⇒HA25</p>																				

HIV/AIDS		HA
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	

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 "everyday" or "almost every day", circle "30"</i>	Number of days ..... 0 ____ 10 days or more but less than a month ..... 10 Everyday / Almost every day ..... 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS WATER PIPE, 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 (specify) ..... 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 "everyday" or "almost every day", circle "30"</i>	Number of days ..... 0 ____ 10 days or more but less than a month ..... 10 Everyday / Almost every day ..... 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No ..... 2	2 ⇒NEXT MODULE
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No ..... 2	2 ⇒NEXT MODULE

TOBACCO USE		TA
<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</p> <p>Snuff ..... B</p> <p>Dip ..... C</p> <p>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.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "everyday" or "almost every day", circle "30"</i></p>	<p>Number of days ..... 0 ____</p> <p>10 days or more but less than a month ..... 10</p> <p>Everyday / Almost every day ..... 30</p>	

**LIFE SATISFACTION**

**LS**

<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 pointed by the respondent.</i></p>	<p>Very happy ..... 1  Somewhat happy.....2  Neither happy nor unhappy .....3  Somewhat unhappy.....4  Very unhappy .....5</p>	
<p>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 shown by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied ..... 1  Somewhat satisfied .....2  Neither satisfied nor unsatisfied .....3  Somewhat unsatisfied .....4  Very unsatisfied .....5</p>	
<p>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied ..... 1  Somewhat satisfied .....2  Neither satisfied nor unsatisfied .....3  Somewhat unsatisfied .....4  Very unsatisfied .....5</p>	
<p>LS5. DURING THE (2011 - 2012) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>2⇒LS7</p>
<p>LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied ..... 1  Somewhat satisfied .....2  Neither satisfied nor unsatisfied .....3  Somewhat unsatisfied .....4  Very unsatisfied .....5</p>	

**LIFE SATISFACTION**
**LS**

<p>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><i>If the respondent says that he/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 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>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</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 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>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</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>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</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>LS12. 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>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent responds that he/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 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>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENERED, OVERALL?</p>	<p>Improved ..... 1</p> <p>More or less the same ..... 2</p> <p>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>Improved ..... 1</p> <p>More or less the same ..... 2</p> <p>Worse ..... 3</p>	



WM11. Record the time.	Hour and minutes ..... : .....
------------------------	--------------------------------






WM12. Check Household Listing Form, column HL9.  
 Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

No ⇒ End the interview with this respondent by thanking her for her cooperation.  
 Check for the presence of any other eligible woman, man or child under-5 in the household.

**Response card:**

**Side 1**

<b>Very happy</b>	<b>Somewhat happy</b>	<b>Neither happy, nor unhappy</b>	<b>Somewhat unhappy</b>	<b>Very unhappy</b>
				

**Side 2**

<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Neither satisfied, nor unsatisfied</b>	<b>Somewhat unsatisfied</b>	<b>Very unsatisfied</b>
