

QUESTIONNAIRE FOR WOMEN AGE 15–49 YEARS

MODULE WM – WOMAN'S INFORMATION PANEL

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.

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: <div style="text-align: right;"> _ _ </div>				
WM5. Interviewer's name and ID code: Name: _____ <div style="text-align: right;"> _ _ </div>	WM6. Day / Month / Year of interview: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> _ _ (Day)</div> <div style="text-align: center;"> _ _ (Month)</div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">0</td> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">4</td> </tr> </table> (Year) </div> </div>	2	0	1	4
2	0	1	4		

Repeat greeting if not already read to this woman:

WE ARE FROM THE **STATISTICAL OFFICE OF THE REPUBLIC OF SERBIA**. 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 **15** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

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 **15** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

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 ⇒ Circle '03' in WM7. Discuss this result with your supervisor.*

WM7. Result of woman's interview:	Questionnaire completed	01
	Woman not at home	02
	Refuses interview	03
	Questionnaire partly completed	04
	Woman incapacitated	05
	Other (specify): _____	96

WM8. Field editor's name and ID code: Name: _____ <div style="text-align: right;"> _ _ </div>	WM9. Main data entry clerk's name and ID code: Name: _____ <div style="text-align: right;"> _ _ </div>
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WM10. Record the time.

Hour and minute :

MODULE WB – WOMAN'S BACKGROUND

<p>WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?</p>	<p>Date of birth</p> <p>Month..... <input type="text"/></p> <p>DK month..... 98</p> <p>Year..... <input type="text"/></p> <p>DK year..... 9998</p>	
<p>WB2. HOW OLD ARE YOU?</p> <p><i>Probe: HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?</i></p> <p><i>Compare and correct WB1 and/or WB2 if inconsistent.</i></p>	<p>Age (in completed years)..... <input type="text"/></p>	
<p>WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒WB7
<p>WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTEND / ATTENDED?</p>	<p>Preschool..... 0</p> <p>Primary 1</p> <p>Secondary 2</p> <p>Higher 3</p>	0⇒WB7
<p>WB5. WHAT IS THE HIGHEST GRADE / YEAR YOU COMPLETED AT THAT LEVEL?</p> <p><i>If the first grade/year at this level is not completed, enter "00".</i></p>	<p>Grade/Year <input type="text"/></p>	
<p>WB6. Check WB4:</p> <p><input type="checkbox"/> Secondary or higher (WB4= 2 or 3) ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Primary (WB4= 1) ⇒ Continue with WB7.</p>		
<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all 1</p> <p>Able to read only parts of sentence..... 2</p> <p>Able to read whole sentence 3</p> <p>No sentence in required language</p> <p>_____ 4</p> <p><i>(specify language)</i></p> <p>Blind / visually impaired..... 5</p>	

MODULE CM – FERTILITY

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, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Month DK month 98 Year DK year 9998	⇒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 <input type="text"/> Daughters at home <input type="text"/>	
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 <input type="text"/> Daughters elsewhere <input type="text"/>	
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 <input type="text"/> Girls dead <input type="text"/>	
CM10. Sum answers to CM5, CM7 and CM9.	Sum <input type="text"/>	

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

Yes. Check below:

No live births ⇒ Go to CM12B.

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

CM12B. SOMETIMES PREGNANCIES DO NOT END WITH LIVE BIRTHS.

HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN STILLBRITH OR THAT WAS ABORTED?

Yes 1

No 2

2⇒CM13

CM12C. HOW MANY MISCARRIAGES DID YOU HAVE DURING YOUR LIFETIME?

BY MISCARRIAGE, I MEAN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5 MONTHS OF PREGNANCY.

None 00

Number of miscarriages

CM12E. HOW MANY ABORTIONS DID YOU HAVE DURING YOUR LIFETIME?

BY ABORTION, I MEAN A PREGNANCY THAT WAS WILLINGLY TERMINATED IN THE FIRST 5 MONTHS OF PREGNANCY.

None 00

Number of abortions

CM12D. IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH?

BY STILLBIRTH, I MEAN A BIRTH THAT OCCURED AFTER THE FIFTH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.

None 00

Number of stillbriths

CM13. Check CM12: Last birth occurred within the last 2 years, that is since (month of interview) in 2012 (if the month of interview and the month of birth are the same, and the year of birth is 2012, consider this as a birth within the last 2 years).

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

Yes, 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.

MODULE DB – DESIRE FOR LAST BIRTH

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.

Record name of last-born child from CM13 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?	Late..... 1 No more 2	2⇒ Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by the respondent.</i>	Months1 <input type="text"/> <input type="text"/> Years 2 <input type="text"/> <input type="text"/> DK..... 998	

MODULE MN – MATERNAL AND NEWBORN HEALTH

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview:

Check CM13 and record name of last-born child here: _____

Use this child's name in the following questions, where indicated.

MN1. DID ANYONE CONDUCT A CHECK AND/OR CONTROL YOU DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒ MN4A															
MN2. WHO CHECKED YOU/CONTROLLED YOU? <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 Other person: Traditional birth attendant F Other (specify): X																
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU HAD YOUR FIRST CHECK-UP? <i>Record the answer as stated by the respondent.</i>	Weeks 1 ----- Months 2 0 ----- Don't know 998																
MN3. HOW MANY TIMES WERE YOU CHECKED DURING THIS PREGNANCY? <i>Probe to identify the number of times antenatal care was received. For a range of values, record the minimum number of times antenatal care received.</i>	Number of times. <input type="text"/> <input type="text"/> DK 98																
MN4. AS PART OF CHECK-UPS 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? [D] DID THEY MEASURE YOUR WEIGHT?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Weight</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	Weight	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample	1	2															
Weight	1	2															
MN4A. DURING THIS PREGNANCY, DID AUXILIARY NURSE (PATRONAGE NURSE) VISIT YOU AT YOUR HOME?	Yes 1 No 2																
MN4B. DURING THIS PREGNANCY, DID YOU ATTEND ANY CHILD BIRTH PREPARATION PROGRAMME (PARENTING AND PREGNANCY EDUCATION WITH HEALTH CARE INSTITUTION)?	Yes 1 No 2	2⇒ MN4D															

<p>MN4C. WHILE YOU ATTENDED PREPARATION PROGRAMME DID YOU RECEIVE INFORMATION ABOUT THE FOLLOWING SUBJECTS:</p> <p>[A] WOMAN'S HEALTH DURING PREGNANCY?</p> <p>[B] BREASTFEEDING?</p> <p>[C] NEWBORN' CARE?</p> <p>[D] PARENTING SKILLS?</p>	<p style="text-align: right;">Yes No</p> <p>Woman's health during pregnancy.....1 2</p> <p>Breastfeeding1 2</p> <p>Newborn care1 2</p> <p>Parenting skills1 2</p>	<p>⇒ MN17</p>
<p>MN4D. WHAT WAS THE MAIN REASON THAT YOU DID NOT ATTEND CHILDBIRTH PREPARATION PROGRAMME (PARENTING AND PREGNANCY EDUCATION WITH HEALTH CARE INSTITUTION)?</p>	<p>Did not know it exists..... 1</p> <p>No need..... 2</p> <p>No time..... 3</p> <p>Not organized in my neighborhood..... 4</p> <p>Do not know / do not remember..... 5</p> <p>Other (<i>specify</i>)..... 6</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If the respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Nurse / M dwife..... B</p> <p>Other person:</p> <p>Traditional birth attendant..... F</p> <p>Relatives / Friends..... H</p> <p>Husband / partner..... I</p> <p>Other (<i>specify</i>):..... X</p> <p>No one..... Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place, organisation, etc.</i></p> <p>_____ (<i>Name of place, organisation, etc.</i>)</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 clinic / health centre..... 22</p> <p>Government health post..... 23</p> <p>Other public (<i>specify</i>) 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>)..... 96</p>	<p>11⇒ MN20</p> <p>12⇒ MN20</p> <p>96⇒ MN20</p>
<p>MN19. WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>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 BEFOFE OR AFTER LABOR PAINS STARTED?</p>	<p>Before 1</p> <p>After 2</p>	

MN20. WHEN (<i>name</i>) 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	
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 a hospital discharge letter, if available.</i>	From discharge letter... 1 (kg) <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> From recall 2 (kg) <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 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⇒ MN27A
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 <input type="text"/> <input type="text"/> Days 2 <input type="text"/> <input type="text"/> 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⇒ MN27A
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) A Plain water B Sugar or glucose water C Anti-colic (cramps) remedy D Sugar-salt-water solution E Fruit juice F Infant formula G Tea/ Herbal infusion H Other (specify) X DK Z	
MN27A. WAS CHILD WITH YOU IN THE ROOM AFTER BIRTH? <i>If "No" probe by asking: WHY WAS THE CHILD NOT IN THE ROOM WITH YOU AFTER</i>	Yes 1 No, I did not want that though conditions existed 2 No, no conditions. 3 No, due to illness of mother and / or baby 4	
MN27B. DID PATRONAGE NURSE VISIT YOU AT YOUR HOME IN THE WEEK YOU RETURNED HOME AFTER AFTER DELIVERY?	Yes 1 No 2	2⇒ Next Module
MN27C. HOW MANY TIMES DID PATRONAGE NURSE VISIT YOU AFTER BIRTH?	Number of times <input type="text"/> <input type="text"/> DK 98	

MODULE IS – ILLNESS SYMPTOMS

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 ILLNESS AND SHOULD BE TAKEN IMMEDIATELY TO DOCTOR. IN CASE OF WHAT SYMPTOMS OF ILLNESS WOULD YOU TAKE THE CHILD UNDER THE AGE OF 5 TO THE DOCTOR 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 any suggestions.

Child not able to drink or breastfeed.....A
 Child becomes sicker.....B
 Child develops a feverC
 Child has fast breathingD
 Child has difficulty breathing.....E
 Child has blood in stoolF
 Child is drinking poorly.....G

Other (specify): _____ X

Other (specify): _____ Y

Other (specify): _____ Z

MODULE CP – CONTRACEPTION

CP0. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.

COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID PREGNANCY.

HAVE YOU HEARD OF:

[A] FEMALE STERILIZATION?

Probe: WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN („TUBAL LIGATION“).

Yes 1
No 2

[B] MALE STERILIZATION?

Probe: MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.

Yes 1
No 2

[C] IUD?

Probe: WOMEN CAN HAVE A LOOP OR COILD PLACED INSIDE THEM BY A DOCTOR.

Yes 1
No 2

[D] INJECTABLES?

Probe: WOMEN CAN HAVE AN INJECTION BY A DOCTOR THAT STOPS THEM FROM GETTING PREGNANT FOR ONE OR MORE MONTHS.

Yes 1
No 2

[E] IMPLANTS?

Probe: WOMEN CAN HAVE ONE OR MORE SMALL IMPLANTS (RODS) PLACED IN THEIR UPPER ARM BY A DOCTOR WHICH CAN PREVENT PREGNANCY FOR ONE OR MORE YEARS.

Yes 1
No 2

[F] PILL?

Probe: WOMEN CAN TAKE A PILL EVERY DAY TO AVOID GETTING PREGNANT.

Yes 1
No 2

[G] CONDOM?

Probe: MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.

Yes 1
No 2

[H] FEMALE CONDOM?

Probe: WOMEN CAN PLACE A RUBBER SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE.

Yes 1
No 2

[I] DIAPHRAGM?

Probe: WOMEN CAN PLACE A SOFT RUBBER CUP IN THEIR VAGINA TO BLOCK SPERM FROM ENTERING UTERUS OR TUBES.

Yes 1
No 2

<p>[J] FOAM/JELLY? <i>Probe: WOMEN MAY USE SPERMICIDAL PRODUCTS (E.G. FOAM, JELLY, CREAM) THAT CAN KILL OR PREVENT THE SPERM FROM MOVING AND REACHING THE EGG.</i></p> <p>[L] PERIODIC ABSTINENCE/RHYTHM METHOD? <i>Probe: TO AVOID PREGNANCY, WOMEN DO NOT HAVE SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH THEY THINK THEY CAN GET PREGNANT</i></p> <p>[M] WITHDRAWAL? <i>Probe: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX ("THE HUSBAND KEEPS ME" OR "WE KEEP OURSELVES").</i></p> <p>[N] EMERGENCY CONTRACEPTION? <i>Probe: AS AN EMERGENCY MEASURE WITHIN THREE DAYS AFTER THEY HAVE UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY ("MORNING AFTER PILL")</i></p> <p>[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHOD THAT WOMEN OR MAN CAN APPLY TO AVOID PREGNANCY?</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1</p> <p>_____ (specify) _____ (specify)</p> <p>No 2</p>	
<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1 No..... 2 Unsure or DK..... 8</p>	<p>1 ⇒ CP2A</p>
<p>CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1 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 No 2</p>	<p>1 ⇒ Next Module</p>
<p>CP2B. WHY HAVE YOU NEVER DONE SOMETHING OR USED ANY METHOD TO AVOID OR DELAY GETTING PREGNANT?</p>	<p>Have not had sex before. 1 Wanted to get pregnant 2 Husband/partner was against..... 3 Insufficient means (too expensive) 4 Uninformed. 5</p> <p>Other 6 DK 8</p>	<p>⇒ Next Module</p>

CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?

*Do not prompt.
If more than one method is mentioned, circle each one.*

- Female sterilization..... A
- Male sterilization B
- IUD C
- Injectables..... D
- Implants E
- Pill F
- Male condom G
- Female condom H
- Diaphragm I
- Foam /jelly J
- Rhythm method L
- Withdrawal M
- Other (specify): _____ X

MODULE UN – UNMET NEED

UN1. Check CP1. Currently pregnant?

Yes, currently pregnant ⇒ Continue with UN2

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	1⇒UN4
	No..... 2	

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	1⇒UN7
	No more / None 2	2⇒UN13
	Undecided / DK 8	8⇒UN13

UN5. Check CP3. Currently using "Female sterilization"?

Yes ⇒ Go to UN13

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	2⇒UN9
	Says she cannot get pregnant..... 3	3⇒UN11
	Undecided / DK 8	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	<input type="text"/>	994⇒UN*1
	Years 2	<input type="text"/>	
	Does not want to wait (soon/now)..... 993		
	Says she cannot get pregnant..... 994		
	After marriage..... 995		
	Other..... 996		
	DK..... 998		

UN8. Check CP1. Currently pregnant?

Yes, currently pregnant ⇒ Go to UN13

No, unsure or DK ⇒ Continue with UN9

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	1 ⇒ UN13
	No..... 2	
	DK..... 8	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 amenorrheic..... F	
	Breastfeeding..... G	
	Too old..... H	
	Fatalistic..... I	
	Other (specify)..... X	
DK..... 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? <i>Record the answer using the same unit stated by the respondent.</i>	Days ago..... 1	<input type="text"/> <input type="text"/>
	Weeks ago..... 2	<input type="text"/> <input type="text"/>
	Months ago..... 3	<input type="text"/> <input type="text"/>
	Years ago..... 4	<input type="text"/> <input type="text"/>
	In menopause / Has had hysterectomy.....	994
	Before last birth.....	995
	Never menstruated.....	996

MODULE DV – ATTITUDES TOWARD DOMESTIC VIOLENCE

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?

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

[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?

MODULE MA – MARRIAGE/UNION

MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man..... 2 No, not in union..... 3	3 ⇒ MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years <input type="text"/> <input type="text"/> Does not know 98	⇒ MA7 ⇒ MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man..... 2 No 3	3 ⇒ Next 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 OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once..... 2	1 ⇒ MA8A 2 ⇒ MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? MA8B. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month..... <input type="text"/> <input type="text"/> DK month 98 Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998	⇒ Next Module
MA9 HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age in years..... <input type="text"/> <input type="text"/>	

MODULE LS – LIFE SATISFACTION

LS1. Check WB2: Age of respondent is between 15 and 24?

Age 25-49 ⇒ Go to WML1

Age 15-24 ⇒ Continue with LS2

LS2. NOW I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.

FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

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

Show side 1 of response card to the respondent and explain what each symbol represents. Circle the response code selected by the respondent.

Very happy 1
Somewhat happy 2
Neither happy nor unhappy 3
Somewhat unhappy 4
Very unhappy 5

LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

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.

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

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.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied 5

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied 5

LS5. DURING THE CURRENT SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

Yes 1
No 2

2⇒LS7

LS6. HOW SATISFIED ARE YOU WITH YOUR SCHOOL?

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied 5

<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 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 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 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 WORSENERD, 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>Better 1</p> <p>More or less the same 2</p> <p>Worse 3</p>	

WM11. Record the time

Hour and minute

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WM12. Check the *Household Questionnaire*, Module HI – 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?

- Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then 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 and proceed to complete the result of woman's interview (WM7) on the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations