

WOMAN'S INFORMATION PANEL		WM
<p><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></p>		
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 number: Name _____	WM6. Day / Month / Year of interview: <div style="text-align: right;">_ _ / _ _ / 2014</div>	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM CENTRAL STATISTICAL OFFICE. 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 50 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 50 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
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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	Completed 01 Not at home..... 02 Refused 03 Partly completed 04 Incapacitated 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 _____

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 Secondary 2 High 3 Tertiary 4	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00".</i>	Grade	
WB6. Check WB4: <input type="checkbox"/> Secondary or high or tertiary (WB4=2 or 3 or 4) ⇒ WB8. <input type="checkbox"/> Primary (WB4=1) ⇒ Continue with WB7.		

<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>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 _____ 4 <i>(specify language)</i></p> <p>Blind / visually impaired..... 5</p>	
<p>WB8. WHAT IS YOUR RELIGION?</p>	<p>Christianity..... 01</p> <p>Islam..... 02</p> <p>Judaism..... 03</p> <p>Hinduism..... 04</p> <p>Buddhism..... 05</p> <p>Traditionalist..... 06</p> <p>No religion..... 07</p> <p>Other religion (<i>specify</i>) _____ 96</p>	

MT1. Check WB7:

- Question left blank (Respondent has secondary or high or tertiary education) ⇒ Continue with MT2.
- Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2.
- 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?

- Age 15-24 ⇒ Continue with MT6.
- Age 25-49 ⇒ Go to Next Module.

MT6. HAVE YOU EVER USED A COMPUTER?	Yes.....	1	2⇒MT9
	No.....	2	

MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes.....	1	2⇒MT9
	No.....	2	

MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK AT 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	2⇒Next Module
	No.....	2	

<p>MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ Next Module</p>
<p>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?</p>	<p>Almost every day 1</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	<p>4⇒ Next Module</p>
<p>MT12. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE SOCIAL NETWORKS: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day 1</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	<p>4⇒ Next Module</p>
<p>MT13. DURING THE LAST ONE MONTH, WHAT TYPE OF SOCIAL NETWORK DID YOU USE?</p> <p><i>Circle all mentioned.</i></p>	<p>Facebook A</p> <p>Twitter B</p> <p>WhatsApp C</p> <p>Twoo D</p> <p>Mixit E</p> <p>Other (<i>specify</i>) _____ X</p>	

FERTILITY		CM
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
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 __ __ Daughters at home __ __	
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. Sum answers to CM5, CM7, and CM9.

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.

No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module.

BIRTH HISTORY

BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD. Record names of all of the births in *BH1*. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

	S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01	1	2	1	2	—	—	1	2	—	1	2	— ⇒ Next Line	Days 1 Months 2 Years 3	—	—	—
02	1	2	1	2	—	—	1	2	—	1	2	— ⇒ BH10	Days 1 Months 2 Years 3	—	1	2
03	1	2	1	2	—	—	1	2	—	1	2	— ⇒ BH10	Days 1 Months 2 Years 3	—	1	2
04	1	2	1	2	—	—	1	2	—	1	2	— ⇒ BH10	Days 1 Months 2 Years 3	—	1	2
05	1	2	1	2	—	—	1	2	—	1	2	— ⇒ BH10	Days 1 Months 2 Years 3	—	1	2
06	1	2	1	2	—	—	1	2	—	1	2	— ⇒ BH10	Days 1 Months 2 Years 3	—	1	2
07	1	2	1	2	—	—	1	2	—	1	2	— ⇒ BH10	Days 1 Months 2 Years 3	—	1	2
08	1	2	1	2	—	—	1	2	—	1	2	— ⇒ BH10	Days 1 Months 2 Years 3	—	1	2
09	1	2	1	2	—	—	1	2	—	1	2	— ⇒ BH10	Days 1 Months 2 Years 3	—	1	2
10	1	2	1	2	—	—	1	2	—	1	2	— ⇒ BH10	Days 1 Months 2 Years 3	—	1	2

CM12A. Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:

Numbers are same ⇒ Continue with CM13.

Numbers are different ⇒ Probe and reconcile.

CM13. Check BH4 in BIRTH HISTORY Module: 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.

One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module.

Name of last-born child _____

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

DESIRE FOR LAST BIRTH**DB**

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.

<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

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.

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH <i>(name)</i>?</p>	<p>Yes 1 No 2</p>	<p>2⇒MN5</p>
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse / Midwife B Other person Traditional birth attendant F Community health worker/ RHM G Other (<i>specify</i>) _____ 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 __ __ Months 2 0 __ 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 __ __ 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] WAS YOUR WEIGHT MEASURED?</p> <p>[E] WAS YOUR HEIGHT MEASURED?</p>	<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 measured</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Height measured</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 measured	1	2	Height measured	1	2	
	Yes	No																		
Blood pressure	1	2																		
Urine sample	1	2																		
Blood sample	1	2																		
Weight measured	1	2																		
Height measured	1	2																		
<p>MN4A. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE GIVEN IRON SUPPLEMENTS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																			
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) 1</p> <p>Yes (card not seen) 2</p> <p>No 3</p> <p>DK 8</p>																			
<p>MN6. WHEN YOU WERE PREGNANT WITH (<i>name</i>), 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>	<p>2 ⇒ MN9</p> <p>8 ⇒ MN9</p>																		
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (<i>name</i>)?</p>	<p>Number of times —</p> <p>DK 8</p>	<p>8 ⇒ MN9</p>																		

<p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12.</p> <p><input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9.</p>		
<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times _</p> <p>DK 8</p>	<p>8⇒MN12</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</p> <p><i>If less than 1 year, record '00'.</i></p>	<p>Years ago _ _</p>	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13.</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to MN17.</p>		
<p>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?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN17</p> <p>8⇒MN17</p>
<p>MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?</p> <p><i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>	<p>SP / Fansidar A</p> <p>Chloroquine B</p> <p>Mefloquine C</p> <p>Coartem D</p> <p>Quinine E</p> <p>Other (specify) _____ X</p> <p>DK Z</p>	

MN15. Check MN14 for medicine taken:

SP / Fansidar taken. ⇒ Continue with MN16.

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>Doctor A</p> <p>Nurse / Midwife B</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker/RHM G</p> <p>Relative / Friend H</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 place.</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>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Govt. health centre 22</p> <p>Govt. Clinic/PHU 23</p> <p>Govt. outreach site 24</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>Other private medical (<i>specify</i>) _____ 36</p> <p>On the way 41</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>41⇒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>MN19B. WHAT WERE THE REASONS FOR HAVING A CAESAREAN SECTION?</p> <p><i>Probe and circle all mentioned.</i></p>	<p>Breach A</p> <p>Overdue B</p> <p>Intensive labour C</p> <p>Complications with delivery D</p> <p>Very large E</p> <p>Elective F</p> <p>Other (<i>specify</i>) X</p>	
<p>MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>DK 8</p>	
<p>MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>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>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>

<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record "00" hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours..... 1 __ __</p> <p>Days..... 2 __ __</p> <p>DK / Don't remember 998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p>	<p>Milk (other than breast milk).....A</p> <p>Plain waterB</p> <p>Sugar or glucose waterC</p> <p>Gripe water.....D</p> <p>Sugar-salt-water solutionE</p> <p>Fruit juice.....F</p> <p>Infant formulaG</p> <p>Tea / Infusions.....H</p> <p>Honey.....I</p> <p>Other (<i>specify</i>)_____ X</p>	

POST-NATAL HEALTH CHECKS

PN

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.

PN1. Check MN18: Was the child delivered in a health facility?

Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2.

No, the child was not delivered in a health facility (MN18=11-12 or 41-96) ⇒ Go to PN6.

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name). YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

*If less than one day, record hours.
If less than one week, record days.
Otherwise, record weeks.*

Hours..... 1 __ __
Days 2 __ __
Weeks 3 __ __
DK / Don't remember 998

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. BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?

Yes 1
No..... 2

<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 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 No..... 2</p>	<p>1⇒PN11 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/RHM (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/RHM (A-G 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</p> <p>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</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>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</p> <p>No..... 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1</p> <p>More than once 2</p>	<p>1⇒PN12A</p> <p>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.</i></p> <p><i>If less than one week, record days.</i></p> <p><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>PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?</p>	<p>Health professional Doctor A Nurse / Midwife B Other person Traditional birth attendant F Community health worker/RHM G Relative / Friend H Other (<i>specify</i>) _____ X</p>	
<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of place.</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 Your home 11 Other home 12</p> <p>Public sector Govt. hospital 21 Govt. health centre 22 Govt. Clinic/PHU 23 Govt. outreach site 24 Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector Private hospital 31 Private clinic 32 Other private medical (<i>specify</i>) _____ 36</p> <p>On the way 41</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 41-96) ⇒ Go to PN17.</p>		

PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> 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/RHM (MN17=A-G) ⇒ Continue with PN18 <input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker/RHM (A-G not circled in MN17) ⇒ Go to PN19		
PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No..... 2	1⇒PN20 2⇒Next Module
PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes 1 No..... 2	2⇒Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once..... 1 More than once 2	1⇒PN21A 2⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Hours..... 1 __ __ Days 2 __ __ Weeks 3 __ __ DK / Don't remember 998	

<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional DoctorA Nurse / MidwifeB Other person Traditional birth attendant F Community health worker/RHM G Relative / FriendH Other (<i>specify</i>) _____ X</p>	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of place.</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 Your home 11 Other home 12 Public sector Govt. hospital 21 Govt. health centre 22 Govt. Clinic/PHU 23 Govt. outreach site 24 Other public (<i>specify</i>) _____ 26 Private Medical Sector Private hospital 31 Private clinic 32 Other private medical (<i>specify</i>) _____ 36 On the way 41 Other (<i>specify</i>) _____ 96</p>	

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/ feeding poorly G
- Child has diarrhoea H
- Child vomiting excessively I
- Child convulsing J
- Child lethargic/unconsciously K
- Other (*specify*) _____ X
- Other (*specify*) _____ Y
- Other (*specify*) _____ Z

CONTRACEPTION

CP

<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	<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>CP2B. WHAT IS THE <u>MAIN</u> REASON THAT YOU HAVE <u>NEVER</u> USED ANY METHOD TO DELAY OR AVOID PREGNANCY?</p>	<p>Religious beliefs..... 01</p> <p>Partner refuses 02</p> <p>Can't afford/expensive 03</p> <p>Side effects 04</p> <p>Not sexually active/Abstinence 05</p> <p>Do not wish to avoid pregnancy..... 06</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒Next Module</p> <p>02⇒Next Module</p> <p>03⇒Next Module</p> <p>04⇒Next Module</p> <p>05⇒Next Module</p> <p>06⇒Next Module</p> <p>96⇒Next Module</p>

<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization A Male sterilization B IUD C Injectables D Implants E Pill F Male condom G Female condom H Diaphragm I Foam / Jelly J Periodic abstinence / Rhythm L Withdrawal M</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CP3A. Check CP3: Is <u>only</u> “periodic abstinence, withdrawal and/or male sterilization” mentioned?</p> <p><input type="checkbox"/> Yes, <u>only</u> periodic abstinence, withdrawal and/ or male sterilization mentioned (CP3 = B, L or M) ⇒ Go to CP6.</p> <p><input type="checkbox"/> No, other options selected ⇒ Continue with CP4.</p>		
<p>CP4. Check CP3: Is “male condom or female condom” mentioned?</p> <p><input type="checkbox"/> Yes, male or female condom mentioned (CP3 = G or H) ⇒ Go to CP6.</p> <p><input type="checkbox"/> No, male or female condom not mentioned (CP3 not equal to G or H) ⇒ Continue with CP5.</p>		
<p>CP5. IS YOUR HUSBAND/ PARTNER AWARE YOU ARE CURRENTLY USING A CONTRACEPTIVE METHOD?</p>	<p>Yes 1 No 2</p>	
<p>CP6. Check CP3: Is “Withdrawal and/or Periodic abstinence” mentioned?</p> <p><input type="checkbox"/> Yes, withdrawal and/or Periodic abstinence mentioned (CP3 = L-M) ⇒ Go to CP8.</p> <p><input type="checkbox"/> No, withdrawal and Periodic abstinence not mentioned (CP3 =A-J, X) ⇒ Continue with CP7.</p>		

<p>CP7. WHERE DID YOU OBTAIN (the current method) THE LAST TIME?</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>Govt. hospital 21</p> <p>Govt. health centre 22</p> <p>Govt. clinic / PHU 23</p> <p>Govt. outreach sites 24</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>Private physician 34</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Other sources</p> <p>Shop 44</p> <p>Pharmacy 45</p> <p>Market 46</p> <p>Relative / Friend 47</p> <p>Traditional practitioner 48</p> <p>Spiritual healer 49</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK 98</p>	
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CP8. Check CP3: Is Pills or Condoms mentioned?

Yes, pills or condoms mentioned (CP3=F or G or H) ⇒ Continue with CP9.

No, pills or condoms not mentioned (CP3=A-E or I-X) ⇒ Next Module.

CP9. MAY I SEE THE PACKAGE OF PILLS?	Package seen 1 Package not seen 2 No pills 3	 2 ⇨ CP10A 3 ⇨ CP10A
CP10. Circle name on the package for the pills given.	Lo-femenal 1 Ovral 2 Other pills (<i>specify</i>) _____ 6	
CP10A. MAY I SEE THE CONDOMS YOU ARE CURRENTLY USING?	Package seen 1 Package not seen 2 No condoms..... 3	 2 ⇨ CP12 3 ⇨ CP12
CP11. Circle name on the package for the condoms given . <i>If more than one package type shown, probe for the last used.</i>	Trust..... 1 Government 2 Lovers 3 Other condoms (<i>specify</i>) _____ 6	
CP12. Check CP3: Is “Pills” mentioned? <input type="checkbox"/> <i>Yes, pills mentioned (CP3=F) ⇨ Continue with CP13.</i> <input type="checkbox"/> <i>No, pills not mentioned (CP3=A-E or G-X) ⇨ Go to CP14.</i>		
CP13. HOW MANY PILL CYCLES DID YOU GET THE LAST TIME?	Number of pill cycles..... __ __ DK 98	
CP14. Check CP3: Is “Condoms” mentioned? <input type="checkbox"/> <i>Yes, condoms mentioned (CP3=G or H) ⇨ Continue with CP15.</i> <input type="checkbox"/> <i>No, condoms not mentioned (CP3=A-F or I-X) ⇨ Next module.</i>		
CP15. HOW MANY CONDOMS DID YOU GET THE LAST TIME?	Number of condoms..... __ __ DK 98	

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 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

<p>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Months 1 __ __</p> <p>Years..... 2 __ __</p> <p>Does not want to wait (soon/now)..... 993</p> <p>Says she cannot get pregnant 994</p> <p>After marriage 995</p> <p>Other 996</p> <p>DK 998</p>	<p>994⇒UN11</p>
<p>UN8. Check CPI: Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13.</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9.</p>		

UN9. Check CP2: Currently using a method?

Yes ⇒ Go to UN13.

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?

Probe and circle all mentioned.

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 (*specify*) X
 DK Z

UN12. Check UN11: “Never menstruated” mentioned?

Mentioned ⇒ Go to Next Module.

Not mentioned ⇒ Continue with UN13.

<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p>Record the answer using the same unit stated by the respondent.</p>	<p>Days ago 1 __ __</p> <p>Weeks ago 2 __ __</p> <p>Months ago 3 __ __</p> <p>Years ago 4 __ __</p> <p>In menopause /</p> <p> Has had hysterectomy 994</p> <p> Before last birth 995</p> <p> Never menstruated 996</p>	
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ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

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

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

[B] IF SHE NEGLECTS THE CHILDREN?

[C] IF SHE ARGUES WITH HIM?

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

[E] IF SHE BURNS THE FOOD?

[F] IF SHE REFUSES TO ACCEPT STEP CHILDREN?

[G] IF SHE SLEEPS WITH ANOTHER MAN?

[H] IF SHE INITIATES SEX?

[I] IF SHE REFUSES TO GIVE FOOD?

	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
Refuses step children.....	1	2	8
Sleeps with another man	1	2	8
Initiates sex	1	2	8
Refuses to give food.....	1	2	8

MARRIAGE/UNION		MA
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 __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes..... 1 No 2 DK..... 8	2⇒MA7 8⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number __ __ DK 98	⇒MA7 98⇒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 <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month __ __ DK month 98 Year..... __ __ __ __ DK year 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER?	Age in years __ __	

Check for the presence of others. Before continuing, ensure privacy.

<p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years __ __</p> <p>First time when started living with (first) husband/partner 95</p> <p>DK/ Can't recall 98</p>	<p>00⇒Next Module</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p>	<p>Days ago 1 __ __</p> <p>Weeks ago 2 __ __</p> <p>Months ago 3 __ __</p> <p>Years ago 4 __ __</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If "boyfriend", then ask:</i></p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If "yes", circle "2". If "no", circle "3".</i></p>	<p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>

SB6. Check MA1:

Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8.

Not married / Not in union (MA1 = 3) ⇒ Continue with SB7.

<p>SB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is "DK", probe:</i></p> <p>ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner..... _ _</p> <p>DK..... 98</p>	
<p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒SB15</p>
<p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p>	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If “boyfriend” then ask:</i></p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If “yes”, circle “2”. If “no”, circle “3”.</i></p>	<p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend..... 3</p> <p>Casual acquaintance 4</p> <p>Other (<i>specify</i>) _____ 6</p>	<p>3⇒SB12</p> <p>4⇒SB12</p> <p>6⇒SB12</p>
<p>SB11. <i>Check MA1 and MA7:</i></p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)</i></p> <p style="padding-left: 40px;"><i>AND</i></p> <p style="padding-left: 40px;"><i>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13.</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12.</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i></p> <p>ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner..... __ __</p> <p>DK..... 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... __ __</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write “95”.</i></p>	<p>Number of lifetime partners __ __</p> <p>DK..... 98</p>	

<p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒Next Module</p>																
<p>HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																	
<p>HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																	
<p>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																	
<p>HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																	
<p>HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																	
<p>HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																	
<p>HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</p> <p>[A] DURING PREGNANCY?</p> <p>[B] DURING DELIVERY?</p> <p>[C] BY BREASTFEEDING?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>During pregnancy.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>During delivery.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>By breastfeeding.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8	
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During pregnancy.....	1	2	8															
During delivery.....	1	2	8															
By breastfeeding.....	1	2	8															

HA8A. Check HA8[A], [B], and [C]:

All 'No' or 'DK' ⇒ Go to HA9.

At least one 'yes' ⇒ Continue with HA8B.

<p>HA8B. ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH THE AIDS VIRUS TO REDUCE THE RISK OF TRANSMISSION TO THE BABY?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>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?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>	
<p>HA9A. DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>	
<p>HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>	
<p>HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>	
<p>HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>	
<p>HA12A. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ORAL SEX?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>	
<p>HA12B. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ANAL SEX?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>	

HA12C. IN YOUR OPINION CAN HIV /AIDS BE CURED?	Yes 1 No 2 DK / Not sure / Depends 8	2⇒HA13																				
HA12D. IN YOUR OPINION CAN A MAN INFECTED WITH THE AIDS VIRUS BE CURED THROUGH HAVING SEX WITH A VIRGIN?	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 (name), 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></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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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 or B)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A or B) ⇒ 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 No..... 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..... 1 12-23 months ago 2 2 or more years ago..... 3	1⇒Next Module 2⇒Next Module 3⇒Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2⇒HA27

<p>HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p>	<p>Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3</p>	
<p>HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No 2 DK 8</p>	<p>1⇒Next Module 2⇒Next Module 8⇒Next Module</p>
<p>HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?</p>	<p>Yes 1 No 2</p>	

NON COMMUNICABLE DISEASES

ND

<p>ND1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HAVE YOU BEEN TOLD BY A HEALTH PROFESSIONAL THAT YOU ARE SUFFERING FROM ANY OF THE FOLLOWING:</p> <p>[A] DIABETES MELLITUS?</p> <p>[B] HIGH BLOOD PRESSURE?</p> <p>[C] HEART DISEASES?</p> <p>[D] EPILEPSY?</p> <p>[E] CATARACT?</p> <p>[F] BREAST CANCER?</p> <p>[G] CERVICAL CANCER?</p>	<p style="text-align: right;">Y N DK</p> <p>Diabetes 1 2 8</p> <p>High blood pressure 1 2 8</p> <p>Heart diseases 1 2 8</p> <p>Epilepsy 1 2 8</p> <p>Cataract 1 2 8</p> <p>Breast cancer 1 2 8</p> <p>Cervical cancer 1 2 8</p>	
<p>ND2. DID YOU HAVE AN INJURY IN THE PAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>ND3. DO YOU HAVE A GREEN CARD FROM THE PSYCHIATRIC UNIT?</p>	<p>Yes 1</p> <p>No 2</p>	

TOBACCO AND ALCOHOL 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

<p>TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Cigars A Water pipe B Cigarillos C Pipe D Other (<i>specify</i>) _____ X</p>	
<p>TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED 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>	
<p>TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?</p>	<p>Yes 1 No 2</p>	<p>2⇒TA14</p>
<p>TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?</p>	<p>Yes 1 No 2</p>	<p>2⇒TA14</p>

<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 Snuff B Dip C 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 days0 ____ 10 days or more but less than a month 10 Every day / Almost every day30</p>	
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes 1 No2</p>	<p>2⇒Next Module</p>
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR ONE JAR OF TRADITIONAL BREW (UMCOMBOTSI, BUGANU).</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol.....00 Age ____</p>	<p>00⇒Next Module</p>
<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00". 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>Did not have one drink in last one month ..00 Number of days0 ____ 10 days or more but less than a month 10 Every day / Almost every day30</p>	<p>00⇒Next Module</p>
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks ____</p>	

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

Age 25-49 ⇒ Go to Next Module.

Age 15-24 ⇒ Continue with LS2.

LS2. 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 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

<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 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>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</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>LS5. DURING THE CURRENT (2014) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒LS7
<p>LS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied..... 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied..... 5</p>	

<p>LS7. HOW SATISFIED ARE YOU WITH 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>	

SOCIAL PARTICIPATION
SP

<p>SP1. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON YOUR PARTICIPATION IN SOCIAL AND CULTURAL EVENTS.</p> <p>DID YOU GO OUT TO A CINEMA OR TO WATCH A MOVIE IN THE LAST 12 MONTHS (MOVIE ZONE AT GABLES)?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SP2. DID YOU GO TO A THEATRE IN THE LAST 12 MONTHS? (POETRY PERFORMANCES, SIPHILA NJE DRAMA SOCIETY SHOWS)</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SP3. DID YOU PARTICIPATE IN COMMUNITY CELEBRATIONS OF CULTURAL/ HISTORICAL EVENTS OR TRADITIONAL DANCE IN THE LAST 12 MONTHS? (SIBHIMBI, CARNIVAL, REED DANCE, INCWALA, BUGANU FESTIVAL)</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SP4. DID YOU VISIT A HISTORICAL/ CULTURAL PARK OR HERITAGE SITE (INCLUDING MONUMENTS, HISTORICAL OR ARTISTIC PLACES, ARCHAEOLOGICAL SITES) IN THE LAST 12 MONTHS? (SIBEBE, NGWENYA, MANTENGA CULTURAL VILLAGE)</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SP5. DID YOU VISIT A MUSEUM, AN ART GALLERY OR A CRAFTS EXPOSITION OR EXHIBITIONS IN THE LAST 12 MONTHS? (EMSAMO, NDINGILIZI/ GUAVA ART GALLERY, ESHOWINI)</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SP6. DID YOU ATTEND A NATIONAL OR LOCAL FESTIVAL IN THE LAST 12 MONTHS? (SOMHLOLO FESTIVAL OF PRAISE, SCHOOL'S CULTURE DAYS, INDEPENDENCE DAY)</p>	<p>Yes 1</p> <p>No 2</p>	

<p>SP7. DID YOU PARTICIPATE IN COMMUNITY RITES/ EVENTS/ CEREMONIES (SUCH AS WEDDINGS, FUNERALS, BIRTHS, BABY SHOWER, HOUSE-WARMING, KUPHAHLA, KUGEZA EMANTI AND SIMILAR RITES OF PASSAGE) IN THE LAST 12 MONTHS? (KING'S BIRTHDAY)</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SP8. DID YOU GO TO A CONCERT, A LIVE MUSICAL PERFORMANCE OR MODERN LIVE DANCE SHOW IN THE LAST 12 MONTHS? (BUSH FIRE, SIMUNYE FUN FAIR)</p>	<p>Yes 1</p> <p>No 2</p>	

WM11. Record the time.

Hour and minutes ____ : ____

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?

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