

CONFIDENTIAL



CHILDREN SITUATION SURVEY IN THAILAND 2005-2006
QUESTIONNAIRE FOR WOMEN AGE 15 - 49 YEARS

MICS 3

Page no.....in total....pages for this Household

3

WM3 - Name of Women (Copy from HH2 in MICS2 Questionnaire)	WM4. Woman's Line No. (Copy from HL6 in MICS2 Questionnaire)	WM6D-Day	WM6M-Month	WM6Y-Year of Interview	WM7- Interview Results (see Code in no. 7)
1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Result of Interview for Women Age 15-49 (Record Code in in WM7)

1. Completed 2. Not at Home (3 times call back) 3. Refused 4. Party Completed 5. Incapacitated 6. Other (specify).....

Editing and Coding Date
 Name.....
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Editor

Supervisor

SECTION 2 CHILD MORTALITY (CM)

SECTION 2 CHILD MORTALITY (CM)			SECTION 3 TETANUS TOXOID (TT)		
FOR ALL WOMEN AGE 15 - 49 YEARS			FOR ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW (CM12= Y)		
WHEN DID YOU DELIVER THE LAST BIRTH (EVEN IF HE OR SHE HAS DIED) ? Record DAY, MONTH and YEAR of the last birth	CHECK IN CM11 WHETHER THE WOMEN'S LAST BIRTH OCCURE WITHIN THE LAST 2 YEARS	FOR CODE Y IN CM12	DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED ?	WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS ?	FOR THOSE RECORDED 1 IN TT2 HOW MANY TIMES DID YOU RECEIVE IT ?
					FOR THOSE RECORDED 1 FOR THOSE RECORDED 2 OR 8 IN TT2, OR RECORDED LESS THAN 2 OR DK IN TT3
If don't know, have to be recorded in order to check for CM12 and to interview Section 3 and 4 (Don't know is not allowed) record "98"	NO..... (Skip to Section 5)	YES..... Y	YES (See)..... 1 YES (Not Seen)..... 2 NO..... 3 DK..... 8	YES..... 1 (Cont.) NO..... 2 DK..... 8	FOR THOSE RECORDED 1 IN TT2 HOW MANY TIMES DID YOU RECEIVE IT ?
CM11 D	CM11 M	CM11 Y	CM12	CM13	TT1
					TT2
					TT3
					TT5
					TT6

SECTION 4 MATERNAL AND NEWBORN HEALTH (MN)									
FOR ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW (CM12= Y)									
WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD....?	WHERE DID YOU GIVE BIRTH TO ?	WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN ...WEIGHTED ?	BIRTH WEIGHT ?	FOR CODE 1 IN MN10		DID YOU EVER BREASTFEED ?	FOR CODE 1 IN MN12		
				CODE	RECORD THE BIRTH WEIGHT OF THE NEWBORN FROM 1. HEALTH CARD, OR 2. INTERVIEWING		CODE	TIME	
HEALTH PROFESSIONAL :-									
DOCTOR.....	A	PUBLIC SECTOR :-							
NURSE/MIDWIFE.....	B	GOVT. HOSPITAL.....	21						
AUXILIARY MIDWIFE.....	C	CLINIC/HEALTH CENTER.....	22						
OTHER PERSON :-		OTHER (Specify).....	26	CODE					
TRADITIONAL BIRTH ATTENDANT.....	F	VERY LARGE.....	1	YES.....	1	YES.....	1	IMMEDIATELY.....	
COMMUNITY HEALTH WORKER.....	G	LARGER THAN AVERAGE.....	2	(Cont.)		(Cont.)		0 0	
RELATIVE/FRIEND.....	H	AVERAGE.....	3	NO.....	2	LESS THAN 1 HOUR.....	1	0 0 HOUR	
OTHER (Specify).....	X	SMALLER THAN	4	DK.....	8	IN 24 HOURS.....	1	...HOURS	
NO ONE.....	Y	OTHER (Specify).....	5	(CODE 2, 8 Skip to MN12)	CODE	MORE THAN 24 HOURS.....	2	...DAYS	
(Can circle more than 1 Code)		OTHER (Specify).....	6	CARD.....	1	DK.....	9	9 8	
		INTERVIEW.....	8	INTERVIEW.....	2				
MN7	MN8	MN9	MN10	MN11 A	MN11	MN12	MN13 U	MN13 N	
A B C D E F G H X Y									
A B C D E F G H X Y									
A B C D E F G H X Y									

Example of Recording

- If birth weight of the baby is 2,500 gram
CODE then record **2 | • | 5 | 0 | 0**

- If don't know, ask the respondent to estimate the weight.

Example of Recording

- If breastfeed 2 hours after gave birth, then record.. UNIT CODE =1, TIME =02

Section 5

Skip to

SECTION 5 MARRIAGE/UNION (MA)

FOR ALL WOMEN AGE 15 - 49 YEARS							
ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED ?	FOR CODE 1 OR 2 IN MA 1	FOR CODE 3 IN MA 1 MA 3	FOR CODE 1 OR 2 IN MA 3	HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE ?	IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED ?	FOR CODE 99 AND/OR 999 IN MA6M, MA6Y	HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR HUSBAND/PARTNER ?
	HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY ?	HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN ?	MARITAL STATUS NOW ?	CODE WIDOWED..... DIVORCED..... SEPARATED..... A MAN..... NO..... (Cont.)	Record MONTH and YEAR Record MONTH and YEAR, 1. After record MONTH and YEAR skip to Section 6 CODE 2. If could not recall MONTH and YEAR, record "98" for MONTH and "9998" for YEAR, 1 record "98" for MONTH and "9998" for YEAR, MORE THAN ONCE..... ONLY ONCE..... 1 2 3	1. After record MONTH and YEAR skip to Section 6 CODE 2. If could not recall MONTH and YEAR, record "98" for MONTH and "9998" for YEAR, 1 record "98" for MONTH and "9998" for YEAR, MORE THAN ONCE..... ONLY ONCE..... 1 2 3	
YES, CURRENTLY MARRIED..... 1	YES, LIVING WITH A MAN WITHOUT REGISTER..... 2	YEARS AT THE LAST BIRTH DAY (CODE 1, 2 Cont.)	FORMERLY MARRIED..... 1 FORMERLY LIVED WITH A MAN..... 2 (Cont.)	MONTH	YEAR		
NO, NOT IN UNION..... 3	- If don't know, record "98" (Skip to MA3)	NO..... 3 (Skip to Section 6)	If don't know, record "98" If don't know, record "998"				
		skip to MN5					
MA1	MA2	MA3	MA4	MA5	MA6 M	MA6 Y	MA8

SECTION 6 CONTRACEPTION (CP)			
FOR ALL WOMEN AGE 15 - 49 YEARS			
		FOR THOSE RECORDED	WHICH METHOD ARE YOU USING ?
ARE YOU PREGNANT	NOW ?	FOR CODE 1 CP 1	FOR CODE 1 CP 2
YES..... (Skip to Section 7)	1 ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT ?	Record CODE (Circle all that apply)	
		CODE	CODE
NO..... UNSURE/DK..... (CODE 2, 8 Cont.)	2	FEMALE STERILIZATION..... MALE STERILIZATION..... PILL..... IUD..... INJECTIONS..... IMPLANTS..... CONDOM..... CONDOM..... LACTATIONAL AMENORRHOEA METHOD (LAM)..... PERIODIC ABSTINENCE..... WITHDRAWAL..... OTHER (Specify).....	A..... B..... C..... D..... E..... F..... G..... H..... I..... J..... K..... L..... M..... X.....
YES..... (Cont.)	1		
NO..... (Skip to Section 7)	2		
CP1	CP2	CP3	
		A B C D E F G K L M X	
		A B C D E F G K L M X	
		A B C D E F G K L M X	

MIC3 - 9

SECTION 7 HIV/AIDS (HA)														
FOR ALL WOMEN AGE 15 - 49 YEARS														
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS ?			THE KNOWLEDGE AND UNDERSTANDING OF HIV/AIDS OF THE WOMEN "NO" OR THEY DON'T KNOW AND THEN RECORDED THE CODE			CODE								
YES.....1 (Cont.)	CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED THE AIDS VIRUS BY OTHER AIDS VIRUS BY SUPERNATURAL MEANS ?	CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER AIDS VIRUS BY MOSQUITO BITES ?	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS FROM GETTING AIDS VIRUS BY CONDOM EVERY TIME THEY HAVE SEX ?	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS ?	CAN PEOPLE GET THE AIDS VIRUS BY NOT HAVING SEX AT ALL ?	CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE ?	CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY ?		IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE/SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL ?	IF A MEMBER OF YOUR FAMILY BECAME SICK INFECTED WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN SECRET ?	IF A MEMBER OF YOUR FAMILY BECAME SICK INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET ?			
							IS IT POSSIBLE FOR A PERSON TO HAVE THE AIDS VIRUS ?	DURING PREGNANCY DELIVERY				DURING BREASTFEEDING	BY	
NO.....2 If record CODE 2 stop interviewing other partners ?	?	?	?	?	?	?	YES.....1	NO.....2	DK/UNSURE.....8					
							YES.....1	NO.....2						
HA1	HA2	HA3	HA4	HA5	HA6	HA7	HA8	HA9 A	HA9 B	HA9 C	HA10	HA11	HA12	HA13