

CONFIDENTIAL



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

3

MICS 3

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

- 1. Region..... Province..... HH7 - REG CWT
- 2. District..... Sub-district.....
- 3. Address No..... Rd..... Soi.....
- 4. Urban Area ED.....BLK.....Rural Area ED..... Village No..... Village Name..... AREA
- 5. Primary Sampling Unit No..... PSU_NO
- 6. Household No..... WIM2 - HH_NO

| WM3 - Name of Women (Copy from HL2 in MICS2 Questionnaire) | WM4. Women'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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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. Partly Completed
- 5. Incapacitated
- 6. Other (specify).....

Name..... Enumerator
 Name..... Editor
 Name..... Supervisor
 Editing and Coding Date Name..... Checker
 (.....)

| SECTION 1 GENERAL INFORMATION OF WOMEN (WM) | | | | | | | | | | | | | | | | | |
|---|------|---|--|--|--|---|---|--|--|-------|-------|-----|------|------|------|------|--|
| FOR ALL WOMEN AGE 15 - 49 YEARS | | | | | | | | | | | | | | | | | |
| NO. | NAME | MONTH AND YEAR OF BIRTH | | AGE | HAVE YOU EVER ATTENDED SCHOOL ? | WHAT IS THE HIGHEST LEVEL OF SCHOOL ATTENDED ? | FOR CODE 1 IN WM10 | | FOR CODE 2 IN WM10 OR RECORDED 1 OR 6 IN WM11 ASK THE RESPONDENT TO READ THE SENTENCE PROVIDED | | | | | | | | |
| | | MONTH | YEAR | | | | WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THE LEVEL ? | SENTENCE PROVIDED | | | | | | | | | |
| | | Record the Month of Birth If don't know, record "98" | Record the Year of Birth If don't know, record "9998" | Record age at the last birthday (Age in completed year) | YES.....1 (Cont.) NO.....2 (Skip to WM14) | CODE PRIMARY.....1 SECONDARY.....2 HIGHER.....3 NON STANDARD CURRICULUM.....6 | Record Grade, Certificate or Academic Degree in Detail (CODE 1 Cont., CODE 2 - 3 Skip to Section 2) | CANNOT READ AT ALL.....1 ABLE TO READ ONLY PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE.....3 NO SENTENCE IN REQUIRED LANGUAGE.....4 BLIND/MUTE/VISUALLY IMPAIRED.....5 | WM3 | WM8 M | WM8 Y | WM9 | WM10 | WM11 | WM12 | WM14 | |
| | | | | | | | | | | | | | | | | | |
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| 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 INTVIEW (CM12= Y) | | | | | | |
| WHEN DID YOU DELIVER THE LAST BIRTH (EVEN IF HE OR SHE HAS DIED) ? | | | FOR CODE Y IN CM12 | FOR THOSE RECORDED 1 IN TT2 | FOR THOSE RECORDED 2 OR 8 IN TT2, OR RECORDED LESS THAN 2 OR DK IN TT3 | FOR THOSE RECORDED 1 IN TT5 HOW MANY TIMES DID YOU RECEIVE IT ? | | | |
| DAY | MONTH | YEAR | WHETHER THE WOMEN'S LAST BIRTH OCCURE WITHIN THE LAST 2 YEARS | 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 ? | HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY ? | DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY ? | Record No. of time | |
| | | | CODE YES.....Y Record the name of the child and continue | CODE YES (See).....1 YES (Not Seen).....2 NO.....3 DK.....8 | CODE YES.....1 (Cont.) NO.....2 DK.....8 (CODE 2, 8 Skip to TT5) | Record No. of times, - If at least 2 times skip to Section 4 - If less than 2 times, continue - If DK, record '98' and continue | CODE YES.....1 (Cont.) NO.....2 DK.....8 (CODE 2, 8 Skip to Section 4) | | |
| If don't know, record '98' | MONTH and YEAR of the last birth have to be recorded in order to check for CM12 and to interview Section 3 and 4 (Don't know is not allowed) | | NO.....N (Skip to Section 5) | THEN.....1 LATER.....2 NO MORE.....3 | TT1 | TT2 | TT3 | TT5 | TT6 |
| CM11 D | CM11 M | CM11 Y | CM12 | TT1 | TT2 | TT3 | TT5 | TT6 | |
| | | | | | | | | | |
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| SECTION 3 TETANUS TOXOID (TT) | | | | SECTION 4 MATERNAL AND NEWBORN HEALTH (MN) | | | | | | | | | | | | | | |
|---|----------------------|-------|--------------------------------|---|--------|----------------|--------------|---|-----------------------------------|-----------------------------------|-----------------------------------|--|-----------------------------------|-----------------------------------|---|--|-------------------|--|
| FOR ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW (CM12= Y) | | | | FOR ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW (CM12= Y) | | | | | | | | | | | | | | |
| PRECEDING DATE OF INTERVIEW (CM12= Y) | | | | ANTENATAL CARE | | | | | | | | | | | | | | |
| IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY ? | Record MONTH an YEAR | YEAR | FOR THOSE RECORD 9998 IN TT7 Y | DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY ? | | | | AS PART OF ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE ? | | | | DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS ? | | | WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE ? | | FOR CODE 1 IN MN5 | |
| | | | | Check all that apply HEALTH PROFESSIONAL :- DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON :- TRADITIONAL BIRTH ATTENDANT...F COMMUNITY HEALTH WORKER.....G RELATIVE/FRIEND.....H OTHER (Specify).....X NO ONE.....Y (CODE Y Skip to MN7) | WEIGHT | BLOOD PRESSURE | URINE SAMPLE | BLOOD SAMPLE | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 | | | |
| MONTH | YEAR | TT7 Y | TT8 | MN2 | | | | MN3 A | MN3 B | MN3 C | MN3 D | MN4 | MN5 | MN6 | | | | |
| | | | | A | B | C | F | G | H | X | Y | | | | | | | |
| | | | | A | B | C | F | G | H | X | Y | | | | | | | |
| | | | | A | B | C | F | G | H | X | Y | | | | | | | |

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

