

| WOMAN'S INFORMATION PANEL | WM |
|----------------------------------------------------------|-----------------------------------------------------------------------------|
| WM1. Cluster number: _____ | WM2. Household number: _____ |
| WM3. Woman's name and line number: NAME _____ | WM4. Supervisor's name and number: NAME _____ |
| WM5. Interviewer's name and number: NAME _____ | WM6. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____ |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i></p> | WM7. Record the time: HOURS : MINUTES _____ : _____ |
| WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire? | YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2 1 ⇨ WM9B 2 ⇨ WM9A |
| WM9A. Hello, my name is (<i>your name</i>). We are from State Statistics Committee of Turkmenistan. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 20 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? |
| YES 1 NO / NOT ASKED 2 | 1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17 |

| | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WM17. Result of woman's interview. <i>Discuss any result not completed with Supervisor.</i> | COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>) _____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 06 OTHER (<i>specify</i>) _____ 96 |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| WOMAN'S BACKGROUND | | WB |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): | WM3=HH47 1 WM3≠HH47 2 | 2 ⇨ WB3 |
| WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest <u>level</u> of school attended: | ED5 (LEVEL) =2, 3 OR 4 1 ED5 (LEVEL) =0, 1, 8 OR BLANK..... 2 | 1 ⇨ WB14A |
| WB2A. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest school <u>class</u> attended: | ED5 (CLASS) =04 OR MORE 1 ED5 (CLASS) =01, 02, 03 OR BLANK..... 2 | 1 ⇨ WB14A 2 ⇨ WB14 |
| WB3. In what month and year were you born? | DATE OF BIRTH MONTH __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR..... 9998 | |
| WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i> | AGE (IN COMPLETED YEARS)..... __ __ | |
| WB5. Have you ever attended school, any preschool or kindergarten? | YES 1 NO..... 2 | 2 ⇨ WB14 |
| WB6. What is the highest level and grade or year of school you have attended? | PRESCHOOL/KINDERGARTEN 000 SECONDARY (1-11) 1 __ __ PRIMARY VOCATIONAL 2 __ __ SECONDARY VOCATIONAL 3 __ __ HIGHER 4 __ __ | 000 ⇨ WB14 |
| WB7. Did you complete that (grade/year)? | YES 1 NO..... 2 | |
| WB8. Check WB4/HL6: Age of respondent: | AGE 15-24 1 AGE 25-49 2 | 2 ⇨ WB13 |
| WB9. At any time during the 2018-2019 school year did you attend school? | YES 1 NO..... 2 | 2 ⇨ WB11 |
| WB10. During 2018-2019 school year, which level and grade or year are you <u>attending</u> ? | PRESCHOOL/KINDERGARTEN 000 SECONDARY (1-11) 1 __ __ PRIMARY VOCATIONAL 2 __ __ SECONDARY VOCATIONAL 3 __ __ HIGHER 4 __ __ | |
| WB11. At any time during the 2017-2018 school year did you attend school? | YES 1 NO..... 2 | 2 ⇨ WB13 |
| WB12. During 2017-2018 school year, which level and grade or year did you <u>attend</u> ? | PRESCHOOL/KINDERGARTEN 000 SECONDARY (1-11) 1 __ __ PRINMARY VOCATIONAL 2 __ __ SECONDARY VOCATIONAL 3 __ __ HIGHER 4 __ __ | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| WB13. Check WB6/ED5: Highest level of school attended: | WB6 (LEVEL) =2, 3 OR 4 1 WB6 (LEVEL) =1..... 2 | 1 ⇨WB14A |
| WB13A. Check WB6/ED5: Highest school class attended: | WB6 (CLASS) =04 OR MORE 1 WB6 (CLASS) =01, 02 OR 03 2 | 1 ⇨WB14A |
| WB14. Now I would like you to read this sentence to me. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i> | CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) 4 | |
| WB14A. Check WB4/HL6: Age 15-24? | YES, WB4/HL6=15-24..... 1 NO, WB4/HL6=25-49 2 | 2 ⇨WB15 |
| WB14B. Check WB9/ED9: Currently attending school? | YES, WB9/ED9=1 1 NO, WB9/ED9=2..... 2 | 2 ⇨WB14D |
| WB14C. Did you attend school within the last 4 weeks? <i>If 'No', probe to learn if school was on holidays or not in session for any reason.</i> | YES 1 NO..... 2 | 1 ⇨WB15 |
| WB14D. Did you attend an apprenticeship, internship or work-place training during the last 4 weeks? | YES 1 NO..... 2 | 1 ⇨WB15 |
| WB14E. In the past 4 weeks, did you attend any courses, seminars, conferences or received private lessons or instruction? | YES 1 NO..... 2 | 1 ⇨WB15 |
| WB14F. In the last year, that is since (<i>date of interview minus 1 year</i>), did you attend such training? | YES 1 NO..... 2 | |
| WB14G. Last week, from Monday to Sunday, did you do any work for a wage, salary or any other pay, even if only for one hour? | YES 1 NO..... 2 | 1 ⇨WB15 |
| WB14H. Last week, did you run or do any kind of business, farming or other activity to generate income, even if only for one hour? <i>Probe: Examples of activities include making things for sale, growing produce for sale, buying and reselling things, providing services for pay, raising animals or catching fish for sale.</i> | YES 1 NO..... 2 | 1 ⇨WB14Q |
| WB14I. Last week, did you help with the paid job or business of a household or family member? | YES 1 NO..... 2 | 1 ⇨WB14Q |
| WB14J. Even though you did not work last week, did you have a paid job or a business? <i>Probe: Absence could be due to leave, illness, maternity leave, leave to take care of a child under 3 years, seasonality of agricultural activities, etc.</i> | YES 1 NO..... 2 | 2 ⇨WB14S |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|----------|
| WB14K. Was the reason for your absence last week any of the following? | | YES NO | |
| [A] That you have shift work, flexi time, or similar nature of work? | SHIFT WORK | 1 2 | 1 ⇒WB14Q |
| [B] That you were on vacation or holidays? | VACATION..... | 1 2 | 1 ⇒WB14Q |
| [C] That you were sick, ill, or suffered an accident? | SICK | 1 2 | 1 ⇒WB14Q |
| [D] That you were on paid maternity leave? | PAID MATERNITY..... | 1 2 | 1 ⇒WB14Q |
| [E] That you were on unpaid leave to take care of a child under 3 years? | UNPAID MATERNITY | 1 2 | 1 ⇒WB14Q |
| WB14L. Was the reason for your absence last week that you are waiting to start new job or business? | YES..... | 1 | 1 ⇒WB14S |
| | NO..... | 2 | |
| WB14M. Was the reason for your absence last week that your paid job or business was in low or off-season? | YES..... | 1 | |
| | NO..... | 2 | 2 ⇒WB14O |
| WB14N. During the low or off-season, do you continue to do some work for that job or business? | YES..... | 1 | 1 ⇒WB14Q |
| | NO..... | 2 | 2 ⇒WB14S |
| WB14O. Including the time that you have been absent, will you return to that same job or business in 3 months or less? | YES..... | 1 | 1 ⇒WB14Q |
| | NO..... | 2 | |
| | DK..... | 8 | |
| WB14P. Do you continue to receive an income from your job or business during this absence? | YES..... | 1 | |
| | NO..... | 2 | 2 ⇒WB14S |
| | DK..... | 8 | 8 ⇒WB14S |
| WB14Q. Was this work that you mentioned in: | | YES NO | |
| [A] Farming or rearing farm animals? | FARMING | 1 2 | |
| [B] Fishing or fish farming? | FISHING..... | 1 2 | |
| [X] Another type of job or business? | OTHER | 1 2 | |
| <i>At least one 'yes' must be recorded in question [A], [B] or [X].</i> | | | |
| WB14R. Check WB14Q: Is [X]=1? | YES (WB14Q[X]=1) | 1 | 1 ⇒WB15 |
| | NO (WB14Q[X]=2)..... | 2 | 2 ⇒WB14T |
| WB14S. Last week did you do any work in farming, rearing animals, fishing or fish farming? | YES..... | 1 | |
| | NO..... | 2 | 2 ⇒WB15 |
| WB14T. Thinking about the products from (<i>farming and/or fishing</i>) you worked on, are they intended only for sale, mainly for sale, mainly for family use or only for family use? | ONLY FOR SALE..... | 1 | 1 ⇒WB15 |
| | MAINLY FOR SALE..... | 2 | 2 ⇒WB15 |
| | MAINLY FOR FAMILY USE..... | 3 | 3 ⇒WB14V |
| | ONLY FOR FAMILY USE..... | 4 | 4 ⇒WB14V |
| | DK..... | 8 | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| WB14U. In general, in the past have these products been only sold, mainly sold, mainly kept or only kept for family use? | ONLY SOLD 1 MAINLY SOLD 2 MAINLY KEPT FOR FAMILY USE 3 ONLY KEPT FOR FAMILY USE 4 | 1 ⇒WB15 2 ⇒WB15 |
| WB14V. Were you hired by someone else to do this work? | YES 1 NO 2 | |
| WB15. How long have you been continuously living in (<i>name of current city, town or village of residence</i>)? <i>If less than one year, record '00' years.</i> | YEARS __ __ ALWAYS / SINCE BIRTH 95 | 95 ⇒WB18 |
| WB16. Just before you moved here, did you live in a city, in a town/settlement, or in a rural area? <i>Probe to identify the type of place.</i> <i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i> _____ <i>(Name of place)</i> | CITY 1 TOWN/SETTLEMENT 2 RURAL AREA 3 | |
| WB17. Before you moved here, in which region did you live in? | ASHGABAT CITY 01 AKHAL VELAYAT 02 BALKAN VELAYAT 03 DASHOGUZ VELAYAT 04 LEBAP VELAYAT 05 MARY VELAYAT 06 OUTSIDE OF TURKMENISTAN <i>(specify)</i> _____ 96 | |
| WB18. Are you covered by any health insurance? | YES 1 NO 2 | |

MASS MEDIA AND ICT

MT

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <p>MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p> | <p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p> | |
| <p>MT2. Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i></p> | <p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p> | |
| <p>MT3. Do you watch television at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i></p> | <p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p> | |
| <p>MT4. Have you ever used a computer or a tablet from any location?</p> | <p>YES 1 NO 2</p> | <p>2 ⇒MT9</p> |
| <p>MT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i></p> | <p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p> | <p>0 ⇒MT9</p> |

| MT6. During the last 3 months, did you: | YES NO | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------|
| [A] Copy or move a file or folder? | COPY/MOVE FILE 1 2 | |
| [B] Use a copy and paste tool to duplicate or move information within a document? | USE COPY/PASTE IN DOCUMENT 1 2 | |
| [C] Send e-mail with attached file, such as a document, picture or video? | SEND E-MAIL WITH ATTACHMENT 1 2 | |
| [D] Use a basic arithmetic formula in a spreadsheet? | USE BASIC SPREADSHEET FORMULA. 1 2 | |
| [E] Connect and install a new device, such as a modem, camera or printer? | CONNECT DEVICE..... 1 2 | |
| [F] Find, download, install and configure software? | INSTALL SOFTWARE..... 1 2 | |
| [G] Create an electronic presentation with presentation software, including text, images, sound, video or charts? | CREATE PRESENTATION..... 1 2 | |
| [H] Transfer a file between a computer and other device? | TRANSFER FILE 1 2 | |
| [I] Write a computer program in any programming language? | PROGRAMMING..... 1 2 | |
| MT9. Have you ever used the internet from any location and any device? | YES 1 NO 2 | 2 ⇨ MT11 |
| <p>MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p> | NOT AT ALL..... 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3 | |
| MT11. Do you own a mobile phone? | YES 1 NO 2 | |
| <p>MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?</p> <p><i>Probe if necessary: I mean have you communicated with someone using a mobile phone.</i></p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p> | NOT AT ALL..... 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3 | |

| FERTILITY/BIRTH HISTORY | | CM |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------|
| <p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p> | YES 1 NO 2 | 2 ⇒ CM8 |
| <p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p> | YES 1 NO 2 | 2 ⇒ CM5 |
| <p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p> | SONS AT HOME __ __ | |
| <p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS AT HOME __ __ | |
| <p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p> | YES 1 NO 2 | 2 ⇒ CM8 |
| <p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | SONS ELSEWHERE __ __ | |
| <p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS ELSEWHERE __ __ | |
| <p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p> | YES 1 NO 2 | 2 ⇒ CM11 |
| <p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p> | BOYS DEAD __ __ | |
| <p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p> | GIRLS DEAD __ __ | |
| <p>CM11. <i>Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</i></p> | SUM __ __ | |
| <p>CM12. Just to make sure that I have this right, you have had in total (total number in CM11) births during your life. Is this correct?</p> | YES 1 NO 2 | 1 ⇒ CM14 |
| <p>CM13. <i>Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.</i></p> | | |
| <p>CM14. <i>Check CM11: How many live births?</i></p> | NO LIVE BIRTHS, CM11=00 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE 1 | 0 ⇒ End |

FERTILITY/BIRTH HISTORY

BH

BH0. 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.

| BH0. BH Line Number | BH1. What name was given to your (first/next) baby? | BH2. Were any of these births twins? | | BH3. Is (name of birth) a boy or a girl? | | BH4. In what month and year was (name of birth) born? Probe: What is (his/her) birthday? | | | BH5. Is (name of birth) still alive? | | BH6. How old was (name of birth) at (his/her) last birthday? Record age in completed years. | | BH7. Is (name of birth) living with you? | | BH8. Record household line number of child (from HL1) Record '00' if child is not listed. | BH9. How old was (name of birth) when (he/she) died? If '1 year', probe: How many months old was (name of birth)? Record days if less than 1 month; record months if less than 2 years; or years. | | | BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth? | | |
|------------------------------|--------------------------------------------------------|-----------------------------------------|---|---------------------------------------------|---|----------------------------------------------------------------------------------------------------|-------|------|-----------------------------------------|-----|-------------------------------------------------------------------------------------------------------|---|---------------------------------------------|--------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| | | S | M | B | G | Day | Month | Year | Y | N | Age | Y | N | Line No | | Unit | Number | Y | N | | |
| 01 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | 1 | 2 | ___ | ___ | ___ | DAYS1 MONTHS ..2 YEARS3 | ___ | ___ | | |
| | | | | | | | | | | | | | | ⇒ Next Birth | | | | | | | |
| 02 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | 1 | 2 | ___ | ___ | ___ | DAYS1 MONTHS ..2 YEARS3 | ___ | ___ | 1 | 2 |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | | Add | Next |
| | | | | | | | | | | | | | | | | | | | | Birth | Birth |
| 03 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | 1 | 2 | ___ | ___ | ___ | DAYS1 MONTHS ..2 YEARS3 | ___ | ___ | 1 | 2 |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | | Add | Next |
| | | | | | | | | | | | | | | | | | | | | Birth | Birth |
| 04 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | 1 | 2 | ___ | ___ | ___ | DAYS1 MONTHS ..2 YEARS3 | ___ | ___ | 1 | 2 |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | | Add | Next |
| | | | | | | | | | | | | | | | | | | | | Birth | Birth |
| 05 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | 1 | 2 | ___ | ___ | ___ | DAYS1 MONTHS ..2 YEARS3 | ___ | ___ | 1 | 2 |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | | Add | Next |
| | | | | | | | | | | | | | | | | | | | | Birth | Birth |
| 06 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | 1 | 2 | ___ | ___ | ___ | DAYS1 MONTHS ..2 YEARS3 | ___ | ___ | 1 | 2 |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | | Add | Next |
| | | | | | | | | | | | | | | | | | | | | Birth | Birth |
| 07 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | 1 | 2 | ___ | ___ | ___ | DAYS1 MONTHS ..2 YEARS3 | ___ | ___ | 1 | 2 |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | | Add | Next |
| | | | | | | | | | | | | | | | | | | | | Birth | Birth |
| 08 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | 1 | 2 | ___ | ___ | ___ | DAYS1 MONTHS ..2 YEARS3 | ___ | ___ | 1 | 2 |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | | Add | Next |
| | | | | | | | | | | | | | | | | | | | | Birth | Birth |
| 09 | | 1 | 2 | 1 | 2 | ___ | ___ | ___ | ___ | ___ | ___ | 1 | 2 | ___ | ___ | ___ | DAYS1 MONTHS ..2 YEARS3 | ___ | ___ | 1 | 2 |
| | | | | | | | | | | | | | | ⇒ BH10 | | | | | | Add | Next |
| | | | | | | | | | | | | | | | | | | | | Birth | Birth |

| BH0. BH Line Number | BH1. What name was given to your (first/next) baby? | BH2. Were any of these births twins? | BH3. Is (<i>name of birth</i>) a boy or a girl? | BH4. In what month and year was (<i>name of birth</i>) born? | | | BH5. Is (<i>name of birth</i>) still alive? | BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? | BH7. Is (<i>name of birth</i>) living with you? | BH8. Record household line number of child (from HL1) | BH9. How old was (<i>name of birth</i>) when (he/she) died? | | BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth? |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------|---------------------------------------------------|----------------------------------------------------------------|---------|-----------------|-----------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | Probe: What is (his/her) birthday? | | | | | | | If '1 year', probe: How many months old was (<i>name of birth</i>)? | | |
| | | S M | B G | Day | Month | Year | Y N | Age | Y N | Line No | Unit | Number | Y N |
| 10 | | 1 2 | 1 2 | ___ ___ | ___ ___ | ___ ___ ___ ___ | 1 2 ♂ BH9 | ___ ___ | 1 2 | ___ ___ ⇒BH10 | DAYS1 MONTHS ..2 YEARS3 | ___ ___ | 1 ♂ 2 ♂ Add Next Birth Birth |
| 11 | | 1 2 | 1 2 | ___ ___ | ___ ___ | ___ ___ ___ ___ | 1 2 ♂ BH9 | ___ ___ | 1 2 | ___ ___ ⇒BH10 | DAYS1 MONTHS ..2 YEARS3 | ___ ___ | 1 ♂ 2 ♂ Add Next Birth Birth |
| 12 | | 1 2 | 1 2 | ___ ___ | ___ ___ | ___ ___ ___ ___ | 1 2 ♂ BH9 | ___ ___ | 1 2 | ___ ___ ⇒BH10 | DAYS1 MONTHS ..2 YEARS3 | ___ ___ | 1 ♂ 2 ♂ Add Next Birth Birth |
| 13 | | 1 2 | 1 2 | ___ ___ | ___ ___ | ___ ___ ___ ___ | 1 2 ♂ BH9 | ___ ___ | 1 2 | ___ ___ ⇒BH10 | DAYS1 MONTHS ..2 YEARS3 | ___ ___ | 1 ♂ 2 ♂ Add Next Birth Birth |
| 14 | | 1 2 | 1 2 | ___ ___ | ___ ___ | ___ ___ ___ ___ | 1 2 ♂ BH9 | ___ ___ | 1 2 | ___ ___ ⇒BH10 | DAYS1 MONTHS ..2 YEARS3 | ___ ___ | 1 ♂ 2 ♂ Add Next Birth Birth |
| BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)? | | | | | | | | YES..... 1 | | | | 1 ⇒Record birth(s) in Birth History | |
| | | | | | | | | NO..... 2 | | | | | |


| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------|
| <p>CM15. Compare number in CM11 with number of births listed in the birth history above and check:</p> | <p>NUMBERS ARE THE SAME 1 NUMBERS ARE DIFFERENT 2</p> | <p>1 ⇒ CM17</p> |
| <p>CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.</p> | | |
| <p>CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in (year of interview minus 2)?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.</i></p> | <p>NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1</p> | <p>0 ⇒ End</p> |
| <p>CM18. Copy name of the last child listed in BH1.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p> | <p>NAME OF LAST-BORN CHILD</p> <p>_____</p> | |

| DESIRE FOR LAST BIRTH | | DB |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|
| DB1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____ | YES, CM17=1..... 1 NO, CM17=0 OR BLANK 2 | 2 ⇨ End |
| DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time? | YES 1 NO..... 2 | 1 ⇨ End |
| DB3. Check CM11: Number of births: | ONLY 1 BIRTH..... 1 2 OR MORE BIRTHS 2 | 1 ⇨ DB4A 2 ⇨ DB4B |
| DB4A. Did you want to have a baby later on, or did you not want any children? | LATER..... 1 NO MORE / NONE 2 | |
| DB4B. Did you want to have a baby later on, or did you not want any more children? | | |

MATERNAL AND NEWBORN HEALTH

MN

| | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----|----|----------------------|---|---|--------------------|---|---|--------------------|---|---|-------------------|---|---|--|
| <p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p> | <p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p> | <p>2 ⇒ End</p> | | | | | | | | | | | | | | | |
| <p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p> | <p>YES 1</p> <p>NO 2</p> | <p>2 ⇒ MN19</p> | | | | | | | | | | | | | | | |
| <p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p> | <p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>FELDSHER C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>OTHER (<i>specify</i>) X</p> | | | | | | | | | | | | | | | | |
| <p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p> | <p>WEEKS 1 _ _</p> <p>MONTHS 2 0 _</p> <p>DK 998</p> | | | | | | | | | | | | | | | | |
| <p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>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.</p> | <p>NUMBER OF TIMES _ _</p> <p>DK 98</p> | | | | | | | | | | | | | | | | |
| <p>MN6. 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] Ultra sound?</p> | <table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>BLOOD PRESSURE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>URINE SAMPLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>ULTRA SOUND</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table> | | YES | NO | BLOOD PRESSURE | 1 | 2 | URINE SAMPLE | 1 | 2 | BLOOD SAMPLE | 1 | 2 | ULTRA SOUND | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | |
| BLOOD PRESSURE | 1 | 2 | | | | | | | | | | | | | | | |
| URINE SAMPLE | 1 | 2 | | | | | | | | | | | | | | | |
| BLOOD SAMPLE | 1 | 2 | | | | | | | | | | | | | | | |
| ULTRA SOUND | 1 | 2 | | | | | | | | | | | | | | | |
| <p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person assisting and record all answers given.</p> | <p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>FELDSHER C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p> <p>NO ONE Y</p> | | | | | | | | | | | | | | | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <p>MN20. Where did you give birth to (<i>name</i>)?</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 and then temporarily record '76' until you learn the appropriate category for the response.</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 MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>GOVERNMENT HEALTH POST23</p> <p>OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) _____ 96</p> | <p>11 ⇒MN23</p> <p>12 ⇒MN23</p> <p>96 ⇒MN23</p> |
| <p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p> | <p>YES1</p> <p>NO.....2</p> | <p>2 ⇒MN23</p> |
| <p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p> | <p>BEFORE LABOUR PAINS.....1</p> <p>AFTER LABOUR PAINS2</p> | |
| <p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>  <p><small>Photo Credit: Joyce Galloway</small></p> | <p>YES1</p> <p>NO.....2</p> <p>DK/ DON'T REMEMBER8</p> | <p>2 ⇒MN25</p> <p>8 ⇒MN25</p> |
| <p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p> | <p>YES1</p> <p>NO.....2</p> <p>DK/ DON'T REMEMBER8</p> | |
| <p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p> | <p>YES1</p> <p>NO.....2</p> <p>DK/ DON'T REMEMBER8</p> | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p> | <p>IMMEDIATELY/LESS THAN 1 HOUR.....000</p> <p>HOURS 1 ___</p> <p>DAYS..... 2 ___</p> <p>NEVER BATHED997</p> <p>DK / DON’T REMEMBER998</p> | |
| <p>MN32. 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 SMALL5</p> <p>DK.....8</p> | |
| <p>MN33. Was (<i>name</i>) weighed at birth?</p> | <p>YES1</p> <p>NO.....2</p> <p>DK.....8</p> | <p>2 ⇒MN35</p> <p>8 ⇒MN35</p> |
| <p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If a medical document is available, record weight from the document.</i></p> | <p>FROM DOCUMENT 1 (KG) ___ . ___</p> <p>FROM RECALL 2 (KG) ___ . ___</p> <p>DK.....99998</p> | |
| <p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p> | <p>YES1</p> <p>NO.....2</p> | |
| <p>MN36. Did you ever breastfeed (<i>name</i>)?</p> | <p>YES1</p> <p>NO.....2</p> | <p>2 ⇒MN39B</p> |
| <p>MN37. 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> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i></p> | <p>IMMEDIATELY.....000</p> <p>HOURS 1 ___</p> <p>DAYS..... 2 ___</p> <p>DK / DON’T REMEMBER998</p> | |
| <p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p> | <p>YES1</p> <p>NO.....2</p> | <p>1 ⇒MN39A</p> <p>2 ⇒End</p> |
| <p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>‘Not given anything to drink’ is not a valid response and response category Y cannot be recorded.</i></p> <p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>‘Not given anything to drink’ (category Y) can only be recorded if no other response category is recorded.</i></p> | <p>MILK (OTHER THAN BREAST MILK)A</p> <p>PLAIN WATERB</p> <p>SUGAR OR GLUCOSE WATERC</p> <p>GRIPE WATERD</p> <p>SUGAR-SALT-WATER SOLUTION.....E</p> <p>FRUIT JUICEF</p> <p>INFANT FORMULA.....G</p> <p>TEA / TRADITIONAL HERBAL PREPARATIONSH</p> <p>HONEYI</p> <p>PRESCRIBED MEDICINEJ</p> <p>OTHER (<i>specify</i>)X</p> <p>NOT GIVEN ANYTHING TO DRINKY</p> | |

| MARRIAGE/UNION | | MA |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------|
| MA1. Are you currently married or living together with a man in an unregistered marriage? | YES, CURRENTLY MARRIED..... 1 YES, LIVING WITH A PARTNER..... 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 | ⇒MA7 98 ⇒MA7 |
| MA5. Have you ever been married or lived together with a man in an unregistered marriage? | YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER 2 NO..... 3 | 3 ⇒Module DV |
| 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 in an unregistered marriage 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 start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)? | DATE OF (FIRST) MARRIAGE/UNION MONTH..... __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR..... 9998 | |
| MA9. Check MA8A/B: Is 'DK YEAR' recorded? | YES, MA8A/B=9998..... 1 NO, MA8A/B≠9998 2 | 2 ⇒End |
| MA10. Check MA7: In union only once? | YES, MA7=1 1 NO, MA7=2 2 | 1 ⇒MA11A 2 ⇒MA11B |
| MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)? | AGE IN YEARS __ __ | |

CP0. I would like to talk with you about another subject – family planning.

Couples use various ways or methods to delay or avoid a pregnancy.

Have you heard about:

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <p>[A] Female sterilization? <i>Probe:</i> Women can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2</p> |
| <p>[B] Male sterilization? <i>Probe:</i> Men can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2</p> |
| <p>[C] IUD? <i>Probe:</i> Women can have a loop or coil placed inside them by a doctor or a nurse.</p> | <p>YES 1 NO 2</p> |
| <p>[D] Injectables? <i>Probe:</i> Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> | <p>YES 1 NO 2</p> |
| <p>[E] Implants? <i>Probe:</i> Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p> | <p>YES 1 NO 2</p> |
| <p>[F] Pill? <i>Probe:</i> Women can take a pill every day to avoid becoming pregnant.</p> | <p>YES 1 NO 2</p> |
| <p>[G] Male condom? <i>Probe:</i> Men can put a rubber sheath on their penis before sexual intercourse.</p> | <p>YES 1 NO 2</p> |
| <p>[H] Female condom? <i>Probe:</i> Women can place a sheath in their vagina before sexual intercourse.</p> | <p>YES 1 NO 2</p> |
| <p>[I] Diaphragm? <i>Probe:</i> Women can insert a soft rubber cup in their vagina to block the sperm from entering their uterus or fallopian tubes.</p> | <p>YES 1 NO 2</p> |
| <p>[J] Foam / Jelly? <i>Probe:</i> Women may use spermicidal products (e.g. foam, jelly, cream) that can kill or prevent the sperm from moving and reaching the egg.</p> | <p>YES 1 NO 2</p> |
| <p>[L] Periodic abstinence / Rhythm method? <i>Probe:</i> To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p> | <p>YES 1 NO 2</p> |
| <p>[M] Withdrawal? <i>Probe:</i> Men can be careful and pull out before climax.</p> | <p>YES 1 NO 2</p> |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <p>[N] Emergency / postcoital contraception? <i>Probe: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</i></p> <p>[X] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> | <p>YES 1 NO 2</p> <p>YES 1</p> <p>_____</p> <p style="text-align: center;"><i>(specify)</i></p> <p>_____</p> <p style="text-align: center;"><i>(specify)</i></p> <p>NO 2</p> | |
| <p>CP1. Are you pregnant now?</p> | <p>YES, CURRENTLY PREGNANT 1 NO 2</p> <p>DK OR NOT SURE 8</p> | <p>1 ⇒ CP3</p> |
| <p>CP2. Couples use various ways or methods to delay or avoid getting pregnant.</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p> | <p>YES 1 NO 2</p> | <p>1 ⇒ CP4</p> |
| <p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p> | <p>YES 1 NO 2</p> | <p>1 ⇒ End 2 ⇒ End</p> |
| <p>CP4. What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt. If more than one method is mentioned, record each one.</i></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> | |

| UNMET NEED | | UN |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| UN1. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2 | 2 ⇨ UN6 |
| 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 ⇨ UN5 |
| UN3. Check CM11: Any births? | NO BIRTHS 0 ONE OR MORE BIRTHS 1 | 0 ⇨ UN4A 1 ⇨ UN4B |
| UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children? | LATER 1 NONE / NO MORE 2 | |
| UN5. 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 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14 |
| UN6. Check CP4: Currently using 'Female sterilization'? | YES, CP4=A 1 NO, CP4≠A 2 | 1 ⇨ UN14 |
| UN7. 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 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10 |
| UN8. 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 __ __ YEARS 2 __ __ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998 | 994 ⇨ UN12 |
| UN9. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2 | 1 ⇨ UN14 |
| UN10. Check CP2: Currently using a method? | YES, CP2=1 1 NO, CP2=2 2 | 1 ⇨ UN14 |
| UN11. Do you think you are physically able to get pregnant at this time? | YES 1 NO 2 DK 8 | 1 ⇨ UN14 8 ⇨ UN14 |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <p>UN12. Why do you think you are not physically able to get pregnant?</p> | <p>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</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK Z</p> | |
| <p>UN13. Check UN12: 'Never menstruated' mentioned?</p> | <p>MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2</p> | <p>1 ⇒End</p> |
| <p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</p> | <p>DAYS AGO 1 __ __</p> <p>WEEKS AGO 2 __ __</p> <p>MONTHS AGO 3 __ __</p> <p>YEARS AGO 4 __ __</p> <p>IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED 995</p> | <p>993 ⇒End 994 ⇒End 995 ⇒End</p> |
| <p>UN15. Check UN14: Was the last menstrual period within last year?</p> | <p>YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2</p> | <p>2 ⇒End</p> |
| <p>UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p> | <p>YES 1 NO 2</p> <p>DK / NOT SURE / NO SUCH ACTIVITY 8</p> | |
| <p>UN17. During your last menstrual period were you able to wash and change in privacy while at home?</p> | <p>YES 1 NO 2</p> <p>DK 8</p> | |
| <p>UN18. Did you use any materials such as sanitary pads, tampons or cloth?</p> | <p>YES 1 NO 2</p> <p>DK 8</p> | <p>2 ⇒End 8 ⇒End</p> |
| <p>UN19. Were the materials reusable?</p> | <p>YES 1 NO 2</p> <p>DK 8</p> | |

| INFORMED DECISION ON REPRODUCTIVE HEALTH CARE | | ID |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| ID1. Check MA1: Is woman currently married or living together with someone as if married? | YES, MA1=1 OR 2 1 NO, MA1=3 OR BLANK..... 2 | 2 ⇒ End |
| ID2. Can you say no to your husband/partner if you do not want to have sexual intercourse? | YES..... 1 NO 2 NOT SURE / DEPENDS 8 | |
| ID3. Now, I would like to ask you some questions about health care. Who usually makes decisions about health care for yourself: you, your (husband / partner), you and your (husband / partner) jointly, or someone else? <i>If someone else or together, probe:</i> Could you tell me (with) who(m)? | RESPONDENT 1 HUSBAND / PARTNER..... 2 JOINT DECISION 3 OTHER (<i>specify</i>) 6 | |
| ID4. Can you also please tell me, who takes the decision on when you can go to seek reproductive health care; for example, if you experience a painful or burning sensation when urinating? <i>If someone else or together, probe:</i> Could you tell me (with) who(m)? | MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER..... 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 OTHER (<i>specify</i>) 6 | |
| ID5A. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, NOT SURE, CP1=2 OR 8 2 | 1 ⇒ End |
| ID5B. Check CP2: Is woman currently doing something or using any method to delay or avoid getting pregnant? | YES, CP2=1 1 NO, CP2=2 2 | 1 ⇒ ID6A |
| ID5C. Check UN12: Is there at least one answer category (A to Z) recorded? | YES, AT LEAST ONE..... 1 NO, NONE RECORDED..... 2 | 1 ⇒ End 2 ⇒ ID6B |
| ID6A. You mentioned that you currently use contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? | MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER..... 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 OTHER (<i>specify</i>) 6 | |
| ID6B. You have mentioned that you currently do not use contraception. Would you say that not using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? | | |

ATTITUDES TOWARD DOMESTIC VIOLENCE
DV

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

YES NO DK

| | | | | |
|----------------------------------------------------|-----------------------------------------------------|---|---|---|
| [A] If she goes out without telling him? | GOES OUT WITHOUT TELLING..... | 1 | 2 | 8 |
| [B] If she neglects the children? | NEGLECTS CHILDREN | 1 | 2 | 8 |
| [C] If she argues with him? | ARGUES WITH HIM..... | 1 | 2 | 8 |
| [D] If she refuses to have sex with him? | REFUSES SEX | 1 | 2 | 8 |
| [E] If she burns the food? | BURNS FOOD | 1 | 2 | 8 |
| [F] If she does not respect her husband's parents? | IF SHE DOES NOT RESPECT HER HUSBAND'S PARENTS | 1 | 2 | 8 |

VICTIMISATION

VT

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------|
| <p>VT1. <i>Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</i></p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p> | <p>YES..... 1 NO..... 2 DK..... 8</p> | <p>2 ⇒VT9B 8 ⇒VT9B</p> |
| <p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p> | <p>YES, DURING THE LAST 12 MONTHS 1 NO, MORE THAN 12 MONTHS AGO..... 2 DK / DON'T REMEMBER 8</p> | <p>2 ⇒VT5B 8 ⇒VT5B</p> |
| <p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p> | <p>ONE TIME..... 1 TWO TIMES 2 THREE OR MORE TIMES..... 3 DK / DON'T REMEMBER 8</p> | |
| <p>VT4. <i>Check VT3: One or more times?</i></p> | <p>ONE TIME, VT3=1 1 MORE THAN ONCE OR DK, VT3=2, 3 OR 8..... 2</p> | <p>1 ⇒VT5A 2 ⇒VT5B</p> |
| <p>VT5A. When this happened, was anything stolen from you?</p> <p>VT5B. The last time this happened, was anything stolen from you?</p> | <p>YES..... 1 NO..... 2 DK / NOT SURE 8</p> | |
| <p>VT6. Did the person(s) have a weapon?</p> | <p>YES..... 1 NO..... 2 DK / NOT SURE 8</p> | <p>2 ⇒VT8 8 ⇒VT8</p> |
| <p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p> | <p>YES, A KNIFE A YES, A GUN B YES, SOMETHING ELSE X</p> | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe:</i> Was the incident reported by you or someone else?</p> | <p>YES, RESPONDENT REPORTED..... 1 YES, SOMEONE ELSE REPORTED..... 2 NO, NOT REPORTED 3 DK / NOT SURE 8</p> | <p>1 ⇒VT9A 2 ⇒VT9A 3 ⇒VT9A 8 ⇒VT9A</p> |
| <p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), have you been physically attacked?</p> <p><i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p> | <p>YES..... 1 NO..... 2 DK..... 8</p> | <p>2 ⇒VT20 8 ⇒VT20</p> |
| <p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p> | <p>YES, DURING THE LAST 12 MONTHS 1 NO, MORE THAN 12 MONTHS AGO 2 DK / DON'T REMEMBER 8</p> | <p>2 ⇒VT12B 8 ⇒VT12B</p> |
| <p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p> | <p>ONE TIME..... 1 TWO TIMES 2 THREE OR MORE TIMES..... 3 DK / DON'T REMEMBER 8</p> | <p>1 ⇒VT12A 2 ⇒VT12B 3 ⇒VT12B 8 ⇒VT12B</p> |
| <p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p> | <p>AT HOME 11 IN ANOTHER HOME..... 12 IN THE STREET 21 ON PUBLIC TRANSPORT 22 PUBLIC RESTAURANT / CAFÉ / BAR..... 23 OTHER PUBLIC (<i>specify</i>) 26 AT SCHOOL 31 AT WORKPLACE 32 OTHER PLACE (<i>specify</i>) 96</p> | |
| <p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?</p> | <p>ONE PERSON 1 TWO PEOPLE..... 2 THREE OR MORE PEOPLE 3 DK / DON'T REMEMBER 8</p> | <p>1 ⇒VT14A 2 ⇒VT14B 3 ⇒VT14B 8 ⇒VT14B</p> |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------|
| VT14A. At the time of the incident, did you recognize the person? | YES..... 1 NO..... 2 | |
| VT14B. At the time of the incident, did you recognize at least one of the persons? | DK / DON'T REMEMBER..... 8 | |
| VT17. Did the person(s) have a weapon? | YES..... 1 NO..... 2 DK / NOT SURE 8 | 2 ⇒VT19 8 ⇒VT19 |
| VT18. Was a knife, a gun or something else used as a weapon? <i>Record all that apply.</i> | YES, A KNIFE A YES, A GUN B YES, SOMETHING ELSE X | |
| VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe: Was the incident reported by you or someone else?</i> | YES, RESPONDENT REPORTED..... 1 YES, SOMEONE ELSE REPORTED..... 2 NO, NOT REPORTED 3 DK / NOT SURE 8 | |
| VT20. How safe do you feel walking alone in your neighbourhood after dark? | VERY SAFE..... 1 SAFE..... 2 UNSAFE..... 3 VERY UNSAFE 4 NEVER WALK ALONE AFTER DARK..... 7 | |
| VT21. How safe do you feel when you are at home alone after dark? | VERY SAFE..... 1 SAFE..... 2 UNSAFE..... 3 VERY UNSAFE 4 NEVER ALONE AFTER DARK..... 7 | |
| VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds? | | |
| | | YES NO DK |
| [A] Ethnic or immigration origin? | ETHNIC / IMMIGRATION1 | 2 8 |
| [B] Sex? | SEX.....1 | 2 8 |
| [C] Sexual orientation? | SEXUAL ORIENTATION.....1 | 2 8 |
| [D] Age? | AGE1 | 2 8 |
| [E] Religion or belief? | RELIGION / BELIEF1 | 2 8 |
| [F] Disability? | DISABILITY1 | 2 8 |
| [X] For any other reason? | OTHER REASON1 | 2 8 |

ADULT FUNCTIONING

AF

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------|
| AF1. Check WB4: Age of respondent? | AGE 15-17 YEARS1 AGE 18-49 YEARS2 | 1 ⇒End |
| AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i> | YES1 NO2 | |
| AF3. Do you use a hearing aid? | YES1 NO2 | |
| AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all. | | |
| AF5. Check AF2: Respondent uses glasses or contact lenses? | YES, AF2=11 NO, AF2=22 | 1 ⇒AF6A 2 ⇒AF6B |
| AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing? | NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT SEE AT ALL4 | |
| AF7. Check AF3: Respondent uses a hearing aid? | YES, AF3=11 NO, AF3=22 | 1 ⇒AF8A 2 ⇒AF8B |
| AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing? | NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT HEAR AT ALL4 | |
| AF9. Do you have difficulty walking or climbing steps? | NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK/ CLIMB STEPS AT ALL4 | |
| AF10. Do you have difficulty remembering or concentrating? | NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT REMEMBER/ CONCENTRATE AT ALL4 | |
| AF11. Do you have difficulty with self-care, such as washing all over or dressing? | NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT CARE FOR SELF AT ALL4 | |
| AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood? | NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 | |

| HIV/AIDS | | HA | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----|----|------------------------|---|---|---|-----------------------|---|---|---|------------------------|---|---|---|--|
| HA1. Now I would like to talk with you about something else. Have you ever heard of an illness called AIDS? | YES 1 NO 2 DK 8 | 2 ⇒ End | | | | | | | | | | | | | | | | |
| HA2. Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA3. Can people get the AIDS virus from mosquito bites? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA4. Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA5. Can people get the AIDS virus by sharing food with a person who has the AIDS virus? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA6. Can people get the AIDS virus because of witchcraft or other supernatural means? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA7. Is it possible for a healthy-looking person to have the AIDS virus? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA8. Can the virus that causes AIDS be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY</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>DURING DELIVERY</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>BY BREASTFEEDING</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> | | YES | NO | DK | DURING PREGNANCY | 1 | 2 | 8 | DURING DELIVERY | 1 | 2 | 8 | BY BREASTFEEDING | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | |
| DURING PREGNANCY | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| DURING DELIVERY | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| BY BREASTFEEDING | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded? | YES 1 NO 2 | 2 ⇒ HA11 | | | | | | | | | | | | | | | | |
| HA10. 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? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA11. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____ | YES, CM17=1 1 NO, CM17=0 OR BLANK..... 2 | 2 ⇒ HA24 | | | | | | | | | | | | | | | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------|
| HA12. Check MN2: Was antenatal care received? | YES, MN2=1 1 NO, MN2=2 2 | 2⇒HA17 |
| HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about: | YES NO DK | |
| [A] Babies getting the AIDS virus from their mother? | HIV FROM MOTHER..... 1 2 8 | |
| [B] Things that you can do to prevent getting the AIDS virus? | THINGS TO DO 1 2 8 | |
| [C] Getting tested for the AIDS virus? | TESTED FOR HIV 1 2 8 | |
| Were you: | | |
| [D] Offered a test for the AIDS? | OFFERED A TEST FOR HIV 1 2 8 | |
| HA14. 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⇒HA17 8⇒HA17 |
| HA15. I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 DK 8 | 2⇒HA17 8⇒HA17 |
| HA16. After you received the result, were you given any health information or counselling related to the AIDS virus? | YES 1 NO 2 DK 8 | |
| HA17. Check MN20: Was the child delivered in a health facility? | YES, MN20=21-36 OR 76 1 NO, MN20=11-12 OR 96..... 2 | 2⇒HA21 |
| HA18. Between the time you went for delivery but before the baby was born were you offered an AIDS virus test? | YES 1 NO 2 | |
| HA19. I don't want to know the results, but were you tested for the AIDS virus at that time? | YES 1 NO 2 | 2⇒HA21 |
| HA20. I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 | 1⇒HA22 2⇒HA22 |
| HA21. Check HA14: Was the respondent tested for HIV as part of antenatal care? | YES, HA14=1 1 NO OR NO ANSWER, HA14≠1 2 | 2⇒HA24 |
| 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. How many months ago was your most recent AIDS virus test? | LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3 | 1⇒HA28 2⇒HA28 3⇒HA28 |
| HA24. I don't want to know the results, but have you ever been tested for the AIDS virus? | YES 1 NO 2 | 2⇒HA27 |
| HA25. How many months ago was your most recent AIDS virus test? | LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3 | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------|
| HA26. I don't want to know the results, but did you get the results of the test? | YES1 NO2 DK8 | 1 ⇒HA28 2 ⇒HA28 8 ⇒HA28 |
| HA27. Do you know of a place where people can go to get an AIDS virus test? | YES1 NO2 | |
| HA28. Have you heard of test kits people can use to test themselves for the AIDS virus? | YES1 NO2 | 2 ⇒HA30 |
| HA29. Have you ever tested yourself for the AIDS virus using a self-test kit? | YES1 NO2 | |
| HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus? | YES1 NO2 DK / NOT SURE / DEPENDS8 | |
| HA31. Do you think children living with the AIDS virus should be allowed to attend school with children who do not have the AIDS virus? | YES1 NO2 DK / NOT SURE / DEPENDS8 | |
| HA32. Do you think people hesitate to take an AIDS virus test because they are afraid of how other people will react if the test result is positive for the AIDS virus? | YES1 NO2 DK / NOT SURE / DEPENDS8 | |
| HA33. Do people talk badly about people living with the AIDS virus, or who are thought to be living with the AIDS virus? | YES1 NO2 DK / NOT SURE / DEPENDS8 | |
| HA34. Do people living with the AIDS virus, or thought to be living with the AIDS virus, lose the respect of other people? | YES1 NO2 DK / NOT SURE / DEPENDS8 | |
| HA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had the AIDS virus. | AGREE1 DISAGREE2 DK / NOT SURE / DEPENDS8 | |
| HA36. Do you fear that you could get the AIDS virus if you come into contact with the saliva of a person living with the AIDS virus? | YES1 NO2 SAYS SHE HAS AIDS virus7 DK / NOT SURE / DEPENDS8 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| WM10. <i>Record the time.</i> | HOURS AND MINUTES : .. | |
| WM11. <i>Was the entire interview completed in private or was there anyone else during the entire interview or part of it?</i> | YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3 | |
| WM12. <i>Language of the Questionnaire.</i> | ENGLISH..... 1 TURKMEN 2 RUSSIAN..... 3 | |
| WM13. <i>Language of the Interview.</i> | ENGLISH..... 1 TURKMEN 2 RUSSIAN..... 3 OTHER LANGUAGE (specify) 6 | |
| WM14. <i>Native language of the Respondent.</i> | TURKMEN 2 UZBEK..... 3 RUSSIAN..... 4 OTHER LANGUAGE (specify) 6 | |
| WM15. <i>Was a translator used for any parts of this questionnaire</i> | YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3 | |

WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

Is the respondent the mother or caretaker of any child age 0-4 living in this household?

- Yes* ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.
- No* ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?
 - Yes* ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?
 - Yes* ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.
 - No* ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.
 - No* ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS