

QUESTIONNAIRE FOR INDIVIDUAL WOMEN TRINIDAD AND TOBAGO 2022 MICS



96

WOMAN'S INFORMATION PANEL	WM					
WM1. Cluster number:	WM2. Household number:					
WM3. Woman's name and line number:	WM4. Supervisor's name and number:					
NAME	NAME					
WM5. Interviewer's name and number:	WM6. Day / Month / Year of interview:					
NAME	//2_0_22					
	a noncentral b					
Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBER QUESTIONNAIRE: If age 15-17, verify in HH33 that adult cons not necessary (HL20=90). If consent is needed and not obtained commence and '06' should be recorded in WM17.	ent for interview is obtained or					
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 $1 \Rightarrow WM9B$ NO, FIRST INTERVIEW 2 $2 \Rightarrow WM9A$					
WM9A. Hello, my name is (<i>your name</i>). We are from Central Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 30 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 30 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						
NO / NOT ASKED	2 7 W W 1 /					
WM17. Result of woman's interview. Discuss any result not completed with Supervisor.	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04					
	INCAPACITATED (specify) 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 06					

OTHER (specify)

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): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, WM3=HH47	2 <i>⇔WB3</i>
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3, 4, 5, OR 6	1 <i>⇔WB15</i> 2 <i>⇔WB14</i>
WB3. In what month and year were you born?	DATE OF BIRTH MONTH	
WB4. How old are you? Probe: How old were you at your last birthday? If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.	AGE (IN COMPLETED YEARS)	
WB5. Have you ever attended school or any Early Childhood Care and Education (ECCE) programme?	YES	2 <i>⇒WB14</i>
WB6. What is the highest level and year of school you have attended?	EARLY CHILDHOOD CARE AND EDUCATION (ECCE) 000 PRIMARY 01 LOWER SECONDARY 02 UPPER SECONDARY 03 6 TH FORM 04 BACHELOR'S 05 MASTER'S/PH.D 06	000 <i>⇔WB14</i>
WB7. Did you complete that year?	YES1 NO2	
WB8. Check WB4: Age of respondent:	AGE 15-24	2 <i>⇒WB13</i>
WB9 . At any time during the 2021/2022 school year did you attend school?	YES	2 <i>⇒WB11</i>
WB10. During 2021/2022 school year, which level and year are you attending?	PRIMARY 01 LOWER SECONDARY 02 UPPER SECONDARY 03 6 TH FORM 04 BACHELOR'S 05 MASTER'S/PH.D 06	
WB11 . At any time during the 2020/2021 school year did you attend school?	YES1 NO2	2 <i>⇒WB13</i>

WB12. During 2020/2021 school year, which level and year did you attend?	PRIMARY 01 LOWER SECONDARY 02 UPPER SECONDARY 03 6 TH FORM 04 BACHELOR'S 05 MASTER'S/PH.D 06	
WB13. Check WB6: Highest level of school attended:	WB6=2, 3, 4, 5, OR 6	1 <i>⇒WB15</i>
WB14. Now I would like you to read this sentence to me.	CANNOT READ AT ALL	
Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?	ABLE TO READ WHOLE SENTENCE	
WB15. How long have you been continuously living in (name of current city, town or village of residence)? If less than one year, record '00' years.	YEARSALWAYS / SINCE BIRTH95	95 <i>⇔WB18</i>
WB17. Before you moved here, did you live in another part of Trinidad & Tobago, or did you live outside of the country? If respondent lived outside of T&T, probe: In what country was that?	IN ANOTHER PART OF T&T 11 GRENADA 21 GUYANA 22 ST. VINCENT 23 U.S.A 24	
·	VENEZUELA	
WB18 . Are you covered by any health insurance?	YES	2 <i>⇒End</i>
WB19. What type of health insurance are you covered by? Record all mentioned.	HEALTH INSURANCE THROUGH EMPLOYERB OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCED	
	OTHER (specify)X	

MASS MEDIA AND ICT		MT
MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	NOT AT ALL	
If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.	ALMOST EVERY DAY3	
MT2. Do you listen to the radio at least once a week, less than once a week or not at all?	NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2	
If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2	ALMOST EVERY DAY3	
MT3. Do you watch television at least once a week, less than once a week or not at all?	NOT AT ALL	
If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2	ALMOST EVERY DAY3	
MT4 . Have you ever used a computer or a tablet from any location?	YES	2 <i>⇒</i> MT9
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?	NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	0 <i>⇔MT9</i>
If 'At least once a week', probe: Would you say this happened almost every day? If 'Yes' record 3, if 'No' record 2		

MT6. During the last 3 months, did you:	YES NO	0
[A] Copy or move a file or folder?	COPY/MOVE FILE	2
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT1 2	2
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT1 2	2
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA1 2	2
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE1 2	2
[F] Find, download, install and configure software?	INSTALL SOFTWARE1 2	2
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION1 2	2
[H] Transfer a file between a computer and other device?	TRANSFER FILE1 2	2
[I] Write a computer program in any programming language?	PROGRAMMING1 2	2
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1 NO, MT6[C]=2	1 1 <i>⇒MT10</i> 2
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1	1 1 <i>⇒MT10</i>
MT9 . Have you ever used the internet from any location and any device?	YES	
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? If 'At least once a week', probe: Would you say this	NOT AT ALLLESS THAN ONCE A WEEKAT LEAST ONCE A WEEKALMOST EVERY DAY	1 2
happened almost every day? If 'Yes' record 3, if 'No' record 2.		
MT11. Do you own a mobile phone?	YES	

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?	NOT AT ALL	
Probe if necessary: I mean have you communicated with someone using a mobile phone.		
If 'At least once a week', probe: Would you say this happened almost every day? If 'Yes' record 3, if 'No' record 2.		

FERTILITY/BIRTH HISTORY		CM
CM1 . Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES	2 <i>⇒CM</i> 8
This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.		
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES	2 <i>⇒CM</i> 5
CM3. How many sons live with you? If none, record '00'.	SONS AT HOME	
CM4. How many daughters live with you? If none, record '00'.	DAUGHTERS AT HOME	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES	2 <i>⇒CM8</i>
CM6. How many sons are alive but do not live with you?	SONS ELSEWHERE	
If none, record '00'.		
CM7. How many daughters are alive but do not live with you?	DAUGHTERS ELSEWHERE	
If none, record '00'.		
CM8. Have you ever given birth to a boy or girl who was born alive but later died?	YES1 NO2	2 <i>⇒CM11</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?		
CM9. How many boys have died? If none, record '00'.	BOYS DEAD	
CM10. How many girls have died?	GIRLS DEAD	
If none, record '00'.		
CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM	
CM12. Just to make sure that I have this right, you have had in total (<i>total number in CM11</i>) births during your life. Is this correct?	YES	1 <i>⇔CM14</i>
CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		

APPENDIX E | TRINIDAD AND TOBAGO 2022 MICS QUESTIONNAIRES

CM14. Check CM11: How many live births?	NO LIVE BIRTHS, CM11=000 ONE OR MORE LIVE BIRTH,	0 <i>⇒End</i>
	CM11=01 OR MORE1	

ВН

FERTILITY/BIRTH HISTORY

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?	Wer any thes birth twin	Z. re of e ns ns? GLE LTI.	BH3. Is (name of birth) a boy or a girl?	BH4. On what (name of Probe: V	day, mo f birth) b What is (I	nis/her) birthday?	BH5. Is (name of birth) still alive?	(his/her) last birthday? Record age in completed years.	BH7. Is (name of birth) living with you? 1 YES 2 NO	BH8. Record household line number of child (from HL1) Record '00' if child is not listed.	(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		BH10. Were the other live between of previous birth) an of birth) including children died after 1 YES 1 NO	e births (name ous ad (name , g any who er birth?
		S	M	B G	Day	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y	N
01		1	2	1 2	<u> </u>			1 2 \(\Delta \) BH9		1 2	→ Next Birth	DAYS1 MONTHS2 YEARS3			
02		1	2	1 2				1 2 \(\Delta \) BH9		1 2	<i>→BH10</i>	DAYS1 MONTHS2 YEARS3		1 か Add Birth	2 か Next Birth
03		1	2	1 2	_			1 2 分 BH9		1 2	<i>⇒</i> B <i>H</i> 10	DAYS1 MONTHS2 YEARS3		1 \(\Delta \) Add Birth	2 か Next Birth
04		1	2	1 2	_			1 2 \(\Delta \) BH9		1 2	<i>⇒</i> B <i>H</i> 10	DAYS1 MONTHS2 YEARS3		1 \(\Delta \) Add Birth	2 \(\text\) Next Birth
05		1	2	1 2	_	_		1 2 \(\Delta \) BH9		1 2	<i>⇒</i> B <i>H</i> 10	DAYS1 MONTHS2 YEARS3		1 ☆ Add Birth	2 か Next Birth
06		1	2	1 2	_			1 2 \(\Delta\) BH9		1 2	<i>⇒</i> B <i>H</i> 10	DAYS1 MONTHS2 YEARS3		1 ☆ Add Birth	2 \(\text\) Next Birth
07		1	2	1 2	_	_		1 2 \(\Delta\) BH9		1 2	<i>⇒</i> B <i>H</i> 10	DAYS1 MONTHS2 YEARS3		1 \(\Delta \) Add Birth	2 \(\text\) Next Birth
08		1	2	1 2	_			1 2 \(\Delta \) BH9		1 2	<i>⇒</i> B <i>H</i> 10	DAYS1 MONTHS2 YEARS3		1 ☆ Add Birth	2 \(\Delta \) Next Birth
09		1	2	1 2				1 2 \(\Delta \) BH9		1 2	<i>⇒BH10</i>	DAYS1 MONTHS2 YEARS3		1 か Add Birth	2 \(\text\) Next Birth

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	Wer any thes birth twir	re of se hs	Is (no of bir	rth) boy a	was (nai	ne of bir			ne of (1) still	BH6. How old was (name of birth) at (his/her) last birthday? Record age in completed years.	(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	В	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
10		1	2	1	2				1	2 \(\Delta \) BH9 2 \(\Delta \) BH9		1	2	<i>⇒BH10</i>	DAYS1 MONTHS2 YEARS3 DAYS1 MONTHS2		1 \(\Delta \) Add Birth 1 \(\Delta \) Add	2 \(\Delta \) Next Birth 2 \(\Delta \) Next
12		1	2	1	2				1	2 \(\Delta \) BH9		1	2	⇒BH10 ⇒BH10	YEARS3 DAYS1 MONTHS2 YEARS3		Birth 1 \(\Delta \) Add Birth	Birth 2 \(\Delta \) Next Birth
13		1	2	1	2				1	2 か <i>BH9</i>		1	2	<i>⇒</i> B <i>H</i> 10	DAYS1 MONTHS2 YEARS3		1 か Add Birth	2 \triangle Next Birth
14		1	2	1	2		<u> </u>		1	2 か <i>BH9</i>		1	2	<i>⇒</i> B <i>H</i> 10	DAYS1 MONTHS2 YEARS3		1 か Add Birth	2 か Next Birth
вн11. Н	Iave you had any li	ve bi	irths s	since	e the	birth of (name of	last birth listed)?			YES					2	1 ⇒Reco birth(s Birth I) in

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

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:	YES, CM17=1	2 <i>⇔End</i>
Name		
DB2 . When you got pregnant with (<i>name</i>), did you want to get pregnant at that time?	YES	1 <i>⇒End</i>
DB3. Check CM11: Number of births:	ONLY 1 BIRTH	1 <i>⇔DB4A</i> 2 <i>⇔DB4B</i>
DB4A . Did you want to have a baby later on, or did you not want any children?	LATER	
DB4B . Did you want to have a baby later on, or did you not want any more children?		

MATERNAL AND NEWBORN HEALTH		MN
MN1. Check CM17: Was there a live birth in the last 2 years?	YES, CM17=1	2 <i>⇒End</i>
Copy name of last birth listed in the birth history (CM18) to here and use where indicated:		
Name		
MN2 . Did you see anyone for prenatal care during your pregnancy with (<i>name</i>)?	YES 1 NO 2	2 <i>⇒MN7</i>
MN3. Whom did you see?	HEALTH PROFESSIONAL	
Probe: Anyone else?	DOCTOR A NURSE / MIDWIFE B AUXILARY MIDWIFE C	
Probe for the type of person seen and record all answers given.	OTHER PERSON COMMUNITY HEALTH WORKERG DOULAH	
	OTHER (specify)X	
MN4. How many weeks or months pregnant were you	WEEKS1	
when you first received prenatal care for this pregnancy?	MONTHS2 <u>0</u>	
Record the answer as stated by respondent. If "9 months" or later, record 9.	DK	
MN5. How many times did you receive prenatal care during this pregnancy?	NUMBER OF TIMES	
Probe to identify the number of times prenatal care was received. If a range is given, record the minimum number of times prenatal care received.	DK	
MN6. As part of your prenatal care during this pregnancy, were any of the following done at least once:	YES NO	
[A] Was your blood pressure measured?	BLOOD PRESSURE 1 2	
[B] Did you give a urine sample?	URINE SAMPLE 1 2	
[C] Did you give a blood sample?	BLOOD SAMPLE 2	
MN7. Do you have a card or other document with your own immunisations listed?	YES (CARD OR OTHER DOCUMENT SEEN) 1 YES (CARD OR OTHER DOCUMENT NOT SEEN) 2	
If yes, ask: May I see it please?	NO	
If a card is presented, use it to assist with answers to the following questions.	DK 8	

MN8. When you were pregnant with (<i>name</i>), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after	YES	2 <i>⇒MN11</i>
birth?	DK 8	8 <i>⇔MN11</i>
MN9. How many times did you receive this tetanus injection during your pregnancy with (<i>name</i>)?	NUMBER OF TIMES	
	DK 8	8 <i>⇔MN11</i>
MN10. Check MN9: How many tetanus injections during last pregnancy were reported?	ONLY 1 INJECTION	2 <i>⇔MN19</i>
MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby?	YES	2 <i>⇒MN19</i>
Include DPT (Tetanus) vaccinations received as a child if mentioned.	DK 8	8 <i>⇔MN19</i>
MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection?	NUMBER OF TIMES	
If 7 or more times, record '7'. Include DPT (Tetanus) vaccinations received as a child if mentioned.	DK 8	
MN13. Check MN12: How many tetanus injections before last pregnancy were reported?	ONLY 1 INJECTION	1 <i>⇔MN14A</i> 2 <i>⇔MN14B</i>
MN14A. How many years ago did you receive that tetanus injection?	YEARS AGO	
MN14B. How many years ago did you receive the last of those tetanus injections?	DK98	
The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12. If less than 1 year, record '00'.		

MN19 . Who assisted with the delivery of (<i>name</i>)?	HEALTH PROFESSIONAL	
	DOCTOR	
Probe: Anyone else?	NURSE / MIDWIFEB	
	AUXILARY MIDWIFEC	
Probe for the type of person assisting and record all		
answers given.	OTHER PERSON	
	COMMUNITY HEALTH WORKER G	
	DOULAH	
	OTHER (specify)X	
	NO ONEY	
MN20. Where did you give birth to (name)?	номе	
	RESPONDENT'S HOME11	11 <i>⇒MN23</i>
Probe to identify the type of place.	OTHER HOME12	12 <i>⇒MN23</i>
If unable to determine whether public or private, write	PUBLIC MEDICAL SECTOR	
the name of the place and then temporarily record	GOVERNMENT HOSPITAL21	
'76' until you learn the appropriate category for the	GOVERNMENT CLINIC /	
response.	HEALTH CENTRE	
•	GOVERNMENT HEALTH POST23	
	OTHER PUBLIC (specify) 26	
(Name of place)	(1 00)	
,	PRIVATE MEDICAL SECTOR	
	PRIVATE HOSPITAL31	
	PRIVATE CLINIC	
	PRIVATE MATERNITY HOME	
	BIRTHING CENTRE34	
	OTHER PRIVATE MEDICAL	
	(specify) 36	
	DK PUBLIC OR PRIVATE76	
	OTHER (specify) 96	96 <i>⇒MN23</i>
MN21. Was (name) delivered by caesarean section?	YES 1	
That is, did they cut your belly open to take the baby out?	NO	2 <i>⇒</i> MN23
MN22. When was the decision made to have the	BEFORE LABOUR PAINS1	
caesarean section?	AFTER LABOUR PAINS	
Probe if necessary: Was it before or after your labour pains started?		

MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?	YES	2 <i>⇔MN25</i>
If necessary, show the picture of skin-to-skin position.	DK/ DON'T REMEMBER 8	8 <i>⇔MN25</i>
MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?	YES 1 NO 2 DK/ DON'T REMEMBER 8	
MN25. Was (name) dried or wiped soon after birth?	YES 1 NO 2 DK/ DON'T REMEMBER 8	
MN26. How long after the birth was (<i>name</i>) bathed for the first time?	IMMEDIATELY/LESS THAN 1 HOUR 000	
If "immediately" or less than 1 hour, record '000'. If less than 24 hours, record hours.	DAYS2	
If "1 day" or "next day", probe: About how many hours after the delivery?	NEVER BATHED	
If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day. If 24 hours or more, record days.	DK / DON'T REMEMBER 998	
MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DK 8	
MN33. Was (<i>name</i>) weighed at birth?	YES	2 <i>⇒MN35</i>
	DK 8	8 <i>⇒MN35</i>

MN34. How much did (name) weigh?		
W1\34. How much did (name) weigh:	FROM CARD1 (LB) (OZ)	
If a card is available, record weight from card.	TROW CARD1 (LB) (OL)	
if a cara is available, record weight from cara.	FROM RECALL2 (LB) (OZ)	
	DK99998	
MN35. Has your menstrual period returned since the birth of (<i>name</i>)?	YES	
MN36. Did you ever breastfeed (name)?	YES 1	
()	NO	2 <i>⇒MN39B</i>
MN37. How long after birth did you first put (<i>name</i>) to the breast?	IMMEDIATELY	
	HOURS1	
If less than 1 hour, record '00' hours.		
If less than 24 hours, record hours.	DAYS2	
Otherwise, record days.		
	DK / DON'T REMEMBER998	
MN38. In the first three days after delivery, was (<i>name</i>)	YES	1 <i>⇒MN39A</i>
given anything to drink other than breast milk?	NO2	2 <i>⇒End</i>
MN39A. What was (<i>name</i>) given to drink?	MILK (OTHER THAN BREAST MILK)A	
	PLAIN WATERB	
Probe: Anything else?	SUGAR OR GLUCOSE WATERC	
	GRIPE WATERD	
'Not given anything to drink' is not a valid response	SUGAR-SALT-WATER SOLUTIONE	
and response category Y cannot be recorded.	FRUIT JUICEF	
	INFANT FORMULAG	
MN39B. In the first three days after delivery, what was	TEA / INFUSIONS / TRADITIONAL HERBAL	
(name) given to drink?	PREPARATIONS	
Probe: Anything else?	PRESCRIBED MEDICINE	
Frove. Anything eise?	OTHER (specify) X	
'Not given anything to drink' (category Y) can only be	OTTIER (specify)A	
recorded if no other response category is recorded.	NOT GIVEN ANYTHING TO DRINKY	

CONTRACEPTION		CP
CP1 . I would like to talk with you about another subject: family planning.	YES, CURRENTLY PREGNANT 1 NO 2 DK OR NOT SURE 8	1 <i>⇒CP3</i>
Are you pregnant now?		
CP2 . Couples use various ways or methods to delay or avoid getting pregnant.	YES1	1 <i>⇒CP4</i>
Are you currently doing something or using any method to delay or avoid getting pregnant?	NO2	
CP3. Have you ever done something or used any method	YES1	1 <i>⇒End</i>
to delay or avoid getting pregnant?	NO2	2 <i>⇒End</i>
CP4. What are you doing to delay or avoid a pregnancy? Do not prompt. If more than one method is mentioned, record each one.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM / JELLY J PERIODIC ABSTINENCE / RHYTHM L WITHDRAWAL M BILLINGS N	
	OTHER (specify)X	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1	2 <i>⇒UN6</i>
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 <i>⇒UN5</i>
UN3. Check CM11: Any births?	NO BIRTHS 0 ONE OR MORE BIRTHS 1	0 <i>⇔UN4A</i> 1 <i>⇔UN4B</i>
UN4A. Did you want to have a baby later on or did you not want any children?	LATER	
UN4B . Did you want to have a baby later on or did you not want any more children?		
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 <i>⇔UN8</i> 2 <i>⇔UN14</i> 8 <i>⇔UN14</i>
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A	1 <i>⇒UN14</i>
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? Record the answer as stated by respondent.	MONTHS 1 YEARS 2 DOES NOT WANT TO WAIT (SOON/NOW) (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998	994 <i>⇔UN12</i>
UN9. Check CP1: Currently pregnant?	YES, CP1=1	1 <i>⇒UN14</i>
UN10. Check CP2: Currently using a method?	YES, CP2=1	1 <i>⇒UN14</i>
UN11. Do you think you are physically able to get pregnant at this time?	YES	1 <i>⇒UN14</i>
	DK8	8 <i>⇒UN14</i>

UN12. Why do you think you are not physically able to get pregnant?	INFREQUENT SEX / NO SEX	
	DKZ	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C	1 <i>⇒End</i>
UN14. When did your last menstrual period start?	DAYS AGO1	
Record the answer using the same unit stated by the respondent. If '1 year', probe: How many months ago?	WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	
	IN MENOPAUSE / HAS HAD HYSTERECTOMY	993 <i>⇒End</i> 994 <i>⇒End</i> 995 <i>⇒End</i>
UN15. Check UN14: Was the last menstrual period within last year?	YES, WITHIN LAST YEAR	2 <i>⇒</i> End
UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?	YES	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES	
UN18. Did you use any materials such as sanitary pads, tampons, cloth or menstrual cups?	YES	2 <i>⇒End</i>
TINIA W	DK8	8 <i>⇔End</i>
UN19. Were the materials reusable?	YES	
	DK8	

VICTIMISATION		VT
VT1. Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you personally were the victim. Let me assure you again that your answers are completely confidential and will not be told to anyone. In the last three years, that is since (month of interview) (year of interview minus 3), has anyone taken or tried taking something from you, by using force or threatening to use force? Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. 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 these sort of incidents, so please take your time while you think about your answers.	YES	2 <i>⇔VT9B</i> 8 <i>⇔VT9B</i>
VT2. Did this last happen during the last 12 months, that is, since (month of interview) (year of interview minus 1)?	YES, DURING THE LAST 12 MONTHS	2 <i>⇒VT5B</i>
	DK / DON'T REMEMBER 8	8 <i>⇒VT5B</i>
VT3. How many times did this happen in the last 12 months? If 'DK/Don't remember', probe: Did it happen once,	ONE TIME	
twice, or at least three times?	DK / DON'T REMEMBER 8	
VT4. Check VT3: One or more times?	ONE TIME, VT3=1	1 <i>⇒VT5A</i> 2 <i>⇒VT5B</i>
VT5A. When this happened, was anything stolen from you?	YES	
VT5B. The last time this happened, was anything stolen from you?	DK / NOT SURE 8	
VT6. Did the person(s) have a weapon?	YES	2 <i>⇒VT8</i>
	DK / NOT SURE8	8 <i>⇒VT8</i>
VT7. Was a knife, a gun or something else used as a weapon? Record all that apply.	YES, A KNIFE	

VT8. Did you or anyone else report the incident to the	YES, RESPONDENT REPORTED1	1 <i>⇒VT9A</i>
police?	YES, SOMEONE ELSE REPORTED2	2 <i>⇒VT9A</i>
	NO, NOT REPORTED3	3 <i>⇒VT9A</i>
If 'Yes', probe: Was the incident reported by you or		
someone else?	DK / NOT SURE 8	8 <i>⇒VT9A</i>
VT9A. Apart from the incident(s) just covered, have you		
in the last three years, that is since (month of interview)		
(year of interview minus 3), been physically attacked?		
VT9B. In the same period of the last three years, that is		
since (month of interview) (year of interview minus 3),		
have you been physically attacked?		
If 'No', probe: An attack can happen at home or any		
place outside of the home, such as in other homes, in	YES	
the street, at school, on public transport, public	NO	2 <i>⇒VT20</i>
restaurants, or at your workplace.		
	DK8	8 <i>⇒VT20</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.		
VT10. Did this last happen during the last 12 months,	YES, DURING THE LAST 12 MONTHS 1	
that is, since (month of interview) (year of interview	NO, MORE THAN 12 MONTHS AGO2	2 <i>⇒VT12B</i>
minus 1)?		
	DK / DON'T REMEMBER 8	8 <i>⇒VT12B</i>
VT11. How many times did this happen in the last 12	ONE TIME1	1 <i>⇒VT12A</i>
months?	TWO TIMES2	2 <i>⇒VT12B</i>
	THREE OR MORE TIMES 3	3 <i>⇒VT12B</i>
If 'DK/Don't remember', probe: Did it happen once,	DIV / DOLVET DELVEL (DED	0 11/71/20
twice, or at least three times?	DK / DON'T REMEMBER 8	8 <i>⇒VT12B</i>
VT12A. Where did this happen?	AT HOME11	
	IN ANOTHER HOME	
VT12B. Where did this happen the last time?	IN THE STREET	
	ON PUBLIC TRANSPORT 22	
	PUBLIC RESTAURANT / CAFÉ / BAR	
	OTHER PUBLIC (specify) 26	
	AT SCHOOL31	
	AT WORKPLACE 32	
	52	
	OTHER PLACE (specify)96	
VT13. How many people were involved in committing	ONE PERSON 1	1 <i>⇒VT14A</i>
the offence?	TWO PEOPLE2	2 <i>⇒VT14B</i>
	THREE OR MORE PEOPLE 3	3 <i>⇒VT14B</i>
If 'DK/Don't remember', probe: Was it one, two, or at		
least three people?	DK / DON'T REMEMBER 8	8 <i>⇔VT14B</i>
	4	

VT14A. At the time of the incident, did you recognize the person?	YES	
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	2 <i>⇒VT19</i>
	DK / NOT SURE 8	8 <i>⇒VT19</i>
VT18. Was a knife, a gun or something else used as a weapon? Record all that apply.	YES, A KNIFE	
VT19. Did you or anyone else report the incident to the	YES, RESPONDENT REPORTED1	
police?	YES, SOMEONE ELSE REPORTED	
	NO, NOT REPORTED3	
If 'Yes', probe: Was the incident reported by you or someone else?	DK / NOT SURE 8	
VT20. How safe do you feel walking alone in your	VERY SAFE 1	
neighbourhood after dark?	SAFE	
	UNSAFE	
	VERY UNSAFE4	
	NEVER WALK ALONE AFTER DARK 7	
VT21. How safe do you feel when you are at home alone	VERY SAFE 1	
after dark?	SAFE 2	
	UNSAFE	
NYTPOOLE (12 de la	NEVER ALONE AFTER DARK7	
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 / IMMIGRATION 1 2 8	
[B] Sex?	SEX 1 2 8	
[C] Sexual orientation?	SEXUAL ORIENTATION 1 2 8	
[D] Age?	AGE 1 2 8	
[E] Religion or belief?	RELIGION / BELIEF 1 2 8	
[F] Disability?	DISABILITY 1 2 8	
[X] For any other reason?	OTHER REASON 1 2 8	

MARRIAGE/UNION		MA
MA1 . Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED	3 <i>⇔MA5</i>
MA2. How old is your (husband/partner)? Probe: How old was your (husband/partner) on his last birthday?	AGE IN YEARS	
MA3. Besides yourself, does your (husband/partner) have any other wives or partners or does he live with other women as if married?	YES	2 <i>⇔MA7</i>
MA4. How many other wives or partners does he have?	NUMBER	<i>⇒MA7</i> 98 <i>⇒MA7</i>
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED	3 ⇒End
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED	
MA7 . Have you been married or lived with someone only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	1 <i>⇔MA8A</i> 2 <i>⇔MA8B</i>
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 first (husband/partner)?	DATE OF (FIRST) UNION MONTH	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998	2 <i>⇒End</i>
MA10. Check MA7: In union only once?	YES, MA7=1	1 <i>⇔MA11A</i> 2 <i>⇔MA11B</i>
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	

SEXUAL BEHAVIOUR		SB
SB1. Check for the presence of others. Before continuing, make every effort to ensure privacy. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.		
Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.	NEVER HAD INTERCOURSE00 AGE IN YEARS	00 <i>⇒End</i>
How old were you when you had sexual intercourse for the very first time?	FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND / PARTNER	
SB2. I would like to ask you about your recent sexual activity.	DAYS AGO 1	
When was the last time you had sexual intercourse?	WEEKS AGO 2	
Record answers in days, weeks or months if less than 12 months (one year).	MONTHS AGO 3	
If 12 months (one year) or more, answer must be recorded in years.	YEARS AGO4	4 <i>⇒End</i>
SB3. The last time you had sexual intercourse, was a condom used?	YES	
SB4. What was your relationship to this person with whom you last had sexual intercourse?	HUSBAND 1 COHABITING PARTNER 2	2 -tgp.c
Probe to ensure that the response refers to the relationship at the time of sexual intercourse	BOYFRIEND	3 ⇔SB6 4 ⇔SB6 5 ⇔SB6
If 'Boyfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.	OTHER (specify) 6	6 <i>⇒SB6</i>
SB5. Check MA1: Currently married or living with a partner?	YES, MA1=1 OR 2	1 <i>⇒SB7</i>
SB6. How old is this person?	AGE OF SEXUAL PARTNER	
If response is 'DK', probe: About how old is this person?	DK98	
SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES	2 <i>⇒End</i>
SB8. The last time you had sexual intercourse with another person, was a condom used?	YES 1 NO 2	

SB9. What was your relationship to this person?	HUSBAND 1 COHABITING PARTNER 2	
Probe to ensure that the response refers to the relationship at the time of sexual intercourse If 'Boyfriend' then ask:	BOYFRIEND	3 ⇔SB12 4 ⇔SB12 5 ⇔SB12
Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.	OTHER (specify) 6	6 <i>⇒SB12</i>
SB10 . Check MA1: Currently married or living with a partner?	YES, MA1=1 OR 2	2 <i>⇒SB12</i>
SB11. Check MA7: Married or living with a partner only once?	YES, MA7=1	1 <i>⇒End</i>
SB12. How old is this person?	AGE OF SEXUAL PARTNER	
If response is 'DK', probe: About how old is this person?	DK98	

HIV/AIDS		HA
HA1 . Now I would like to talk with you about something	YES 1	
else.	NO2	2 <i>⇒End</i>
Have you ever heard of HIV or AIDS?		
HA2. HIV is the virus that can lead to AIDS.	YES1	
	NO2	
Can people reduce their chance of getting HIV by		
having just one uninfected sex partner who has no	DK8	
other sex partners?	LANCE TO THE PARTY OF THE PARTY	
HA3. Can people get HIV from mosquito bites?	YES	
	2	
	DK8	
HA4. Can people reduce their chance of getting HIV by	YES	
using a condom every time they have sex?	NO2	
	DK8	
HA5 . Can people get HIV by sharing food with a person	YES	
who has HIV?	NO	
	DK8	
HA6. Can people get HIV because of witchcraft or other	YES	
supernatural means?	NO2	
	DK8	
HA7. Is it possible for a healthy-looking person to have	YES1	
HIV?	NO	
	DK8	
HA8. Can HIV be transmitted from a mother to her		
baby:	VEG NO DV	
[A] During pregnancy?	YES NO DK DURING PREGNANCY 1 2 8	
[B] During delivery?	DURING DELIVERY	
[C] By breastfeeding?	BY BREASTFEEDING 1 2 8	
HA9. Check HA8[A], [B] and [C]: At least one 'Yes'	YES1	
recorded?	NO2	2 <i>⇒HA11</i>
HA10. Are there any special drugs that a doctor or a	YES1	
nurse can give to a woman infected with HIV to	NO	
reduce the risk of transmission to the baby?	DV.	
HAM CLICHT W. J. P. L. J. J. J.	DK	
HA11 . Check CM17: Was there a live birth in the last 2 years?	YES, CM17=1	2 <i>⇒HA24</i>
years:	110, CMIT/ U OR DEANK	2→11/124
Copy name of last birth listed in the birth history		
(CM18) to here and use where indicated:		
Name		
1vanie		

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HA12. Check MN2: Was prenatal care received?	YES, MN2=1	2 <i>⇒HA17</i>
HA13 . During any of the prenatal visits for your pregnancy with (<i>name</i>), were you given any information about:	YES NO DK	
[A] Babies getting HIV from their mother?	HIV FROM MOTHER 1 2 8	
[B] Things that you can do to prevent getting HIV?	THINGS TO DO 1 2 8	
[C] Getting tested for HIV?	TESTED FOR HIV 1 2 8	
Were you: [D] Offered a test for HIV?	OFFERED A TEST FOR HIV 1 2 8	
HA14. I don't want to know the results, but were you tested for HIV as part of your prenatal care?	YES	2 <i>⇒</i> HA17
	DK8	8 <i>⇔HA17</i>
HA15 . I don't want to know the results, but did you get the results of the test?	YES	2 <i>⇒HA17</i>
	DK8	8 <i>⇔HA17</i>
HA16 . After you received the result, were you given any health information or counselling related to HIV?	YES	
	DK8	
HA17 . Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 76	2 <i>⇒HA21</i>
HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES	
HA19. I don't want to know the results, but were you tested for HIV at that time?	YES	2 <i>⇒HA21</i>
HA20 . I don't want to know the results, but did you get the results of the test?	YES	1 <i>⇒HA22</i> 2 <i>⇒HA22</i>
HA21 . Check HA14: Was the respondent tested for HIV as part of prenatal care?	YES, HA14=1	2 <i>⇒</i> HA24
HA22. Have you been tested for HIV since that time you were tested during your pregnancy?	YES	1 <i>⇒HA25</i>
HA23. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	1 <i>⇔HA28</i> 2 <i>⇔HA28</i> 3 <i>⇔HA28</i>
HA24. I don't want to know the results, but have you ever been tested for HIV?	YES	2 <i>⇒HA27</i>

HA25. How many months ago was your most recent HIV 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?	YES	1 <i>⇔HA28</i> 2 <i>⇔HA28</i>
	DK	8 <i>⇒HA28</i>
HA27 . Do you know of a place where people can go to get an HIV test?	YES	
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	2 <i>⇒HA30</i>
HA29 . Have you ever tested yourself for HIV using a self-test kit?	YES	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES	
	DK / NOT SURE / DEPENDS8	
HA31 . Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES	
	DK / NOT SURE / DEPENDS8	
HA32 . Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES	
	DK / NOT SURE / DEPENDS8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES	
	DK / NOT SURE / DEPENDS8	
HA34 . Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES	
	DK / NOT SURE / DEPENDS8	
HA35. Do you agree or disagree with the following statement?	AGREE 1 DISAGREE 2	
I would be ashamed if someone in my family had HIV.	DK / NOT SURE / DEPENDS8	
HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 7	
	DK / NOT SURE / DEPENDS8	

TOBACCO AND ALCOHOL USE		TA
TA1. Have you ever tried cigarette smoking, even one or	YES	
two puffs?	NO2	2 <i>⇒TA6</i>
TA2 . How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE 00	00 <i>⇒TA6</i>
	AGE	
TA3. Do you currently smoke cigarettes?	YES	2 <i>⇒TA6</i>
TA4 . In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES	
TA5. During the last one month, on how many days did you smoke cigarettes?	NUMBER OF DAYS <u>0</u>	
If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.	10 DAYS OR MORE BUT LESS THAN A MONTH10	
ij Every day or Almost every day, record 30.	EVERY DAY / ALMOST EVERY DAY30	
TA6 . Have you ever tried any smoked tobacco products other than cigarettes, such as cigars or pipe?	YES 1 NO 2	2 <i>⇒TA10</i>
TA7. During the last one month, did you use any smoked	YES1	
tobacco products?	NO2	2 <i>⇒TA10</i>
TA8 . What type of smoked tobacco product did you use or smoke during the last one month?	CIGARS A PIPE D	
Record all mentioned.	OTHER (specify)X	
TA9 . During the last one month, on how many days did you use (<i>names of products mentioned in TA8</i>)?	NUMBER OF DAYS <u>0</u>	
If less than 10 days, record the number of days.	10 DAYS OR MORE BUT LESS THAN A MONTH	
If 10 days or more but less than a month, record '10'.	10	
If 'Every day' or 'Almost every day', record '30'.	EVERY DAY / ALMOST EVERY DAY 30	
TA10. Have you ever tried any form of smokeless	YES1	
tobacco products, such as chewing tobacco, snuff, or dip?	NO2	2 <i>⇒TA14</i>
TA11. During the last one month, did you use any	YES1	
smokeless tobacco products?	NO2	2 <i>⇒</i> TA14

TA12. What type of smokeless tobacco product did you use during the last one month? Record all mentioned.	CHEWING TOBACCO A SNUFF B DIP C OTHER (specify) X	
TA13. During the last one month, on how many days did you use (<i>names of products mentioned in TA12</i>)?	NUMBER OF DAYS <u>0</u>	
If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.	10 DAYS OR MORE BUT LESS THAN A MONTH	
TA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES	2 <i>⇒End</i>
TA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips?	NEVER HAD ONE DRINK OF ALCOHOL 00 AGE	00 <i>⇒End</i>
TA16. During the last one month, on how many days did you have at least one drink of alcohol? If respondent did not drink, record '00'. If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.	DID NOT HAVE ONE DRINK IN LAST ONE MONTH	00 <i>⇒End</i>
TA17 . In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS	

LIFE SATISFACTION		LS
LS1. I would like to ask you some simple questions on happiness and satisfaction. First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy? I am now going to show you pictures to help you with your response. Show smiley card and explain what each symbol represents. Record the response code selected by the	VERY HAPPY 1 SOMEWHAT HAPPY 2 NEITHER HAPPY NOR UNHAPPY 3 SOMEWHAT UNHAPPY 4 VERY UNHAPPY 5	
respondent. LS2. Show the picture of the ladder. Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.		
Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder do you feel you stand at this time?	LADDER STEP	
Probe if necessary: Which step comes closest to the way you feel?		
LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	IMPROVED	
LS4 . And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?	BETTER	

WM10. Record the time.	HOURS AND MINUTES: ::
WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE
WM13. Language of the Interview.	ENGLISH 1 SPANISH 2
WM14. Native language of the Respondent.	ENGLISH 1 SPANISH 2 MANDARIN 3 OTHER LANGUAGE 6
WM15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE

WM15A. Check the respondent's line number (WM3)	YES, RESPONDENT IS THE SAME,	
in WOMAN'S INFORMATION PANEL and the respondents to the HOUSEHOLD QUESTIONAIRE	WM3=HH47 OR WM3=FS4 OR WM3=UF41	1 <i>⇒WM16</i>
(HH47) or 5 to 17 QUESTIONNAIRE (FS4) or UNDER FIVE QUESTIONNAIRE (UF4): Has this respondent been already interviewed for any of the other questionnaires?	NO, RESPONDENT IS NOT THE SAME, WM3#HH47 AND WM3#FS4 AND WM3#UF42	
WM15B. Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?	YES, HC7[A]=1 OR HC12=1	2 <i>⇒WM16</i>

WM15C. Thank you for your participation.

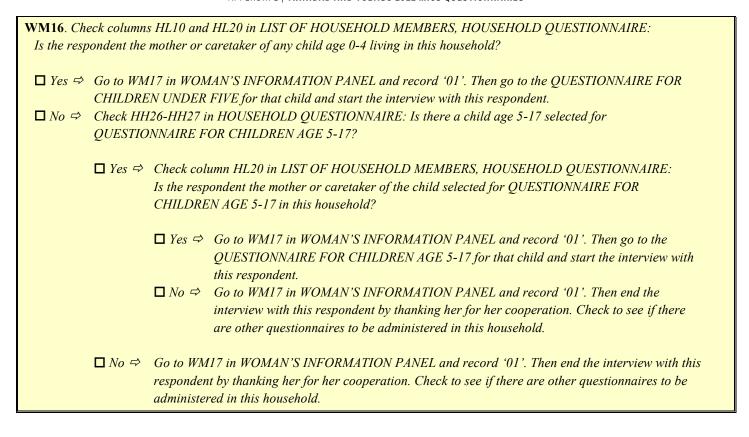
The Central Statistical Office will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 15 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

YES1	
NO2	2 <i>⇒WM16</i>

WM15D. Do you have a personal phone number or	YES1	
does your household have a communal number	NO2	2 <i>⇒WM16</i>
where you can be reached?		

WM15E. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
WM15F. Ask for and record phone number.			
WM15G. Just to confirm, the number is (number from WM15F)?	YES1	YES1	YES1
If no, return to WM15F and correct entry.	NO2 ₩M15F	NO2 ₩M15F	NO2 WM15F
WM15H . Is this a fixed line or a mobile phone number?	FIXED LINE 1 MOBILE 2	FIXED LINE 1 MOBILE 2	FIXED LINE
WM15I. What is the best day of the week and time of the day to call you on this number? Probe: Any other day or time? Record all mentioned.	WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) H	WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X	WEEKEND MORNINGE AFTERNOONF EVENINGG OTHER
WM15J. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES	YES	YES
			Tick here if additional questionnaire



SUPERVISOR'S OBSERVATIONS	
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