

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___	

Repeat greeting if not already read to this woman:

WE ARE FROM THE STATE STATISTICS SERVICE OF UKRAINE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- YES, PERMISSION IS GIVEN* ⇒ *Go to WM10 to record the time and then BEGIN THE INTERVIEW.*

NO, PERMISSION IS NOT GIVEN ⇒ *COMPLETE WM7. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.*

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 40 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
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WM8. Field edited by (Name and number): Name _____	WM9. First data entry clerk (Name and number): Name _____
WM9A. Second data entry clerk (Name and number): Name _____	

WM10. Record the time.	Hour and minutes _ _ : _ _	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month _ _ DK month 98 Year _ _ _ _ DK year 9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) _ _	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR OTHER EDUCATIONAL FACILITY?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Secondary 2 PTU 3 Technikum/ uchylyshche 4 Higher 5	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade _ _	
WB6. Check WB4: <input type="checkbox"/> Secondary, PTU, technikum/uchylyshche or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. 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:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 Blind / visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY

MT

MT1. *Check WB4:*

Respondent has secondary, PTU, technikum/uchylyshche or higher education(codes 2-5)
⇒ Continue with MT2

Respondent has pre-school or primary education(codes 0 or 1) ⇒ Check WB7:

Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2

Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3

MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week.....2 Less than once a week.....3 Not at all.....4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week.....2 Less than once a week.....3 Not at all.....4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week.....2 Less than once a week.....3 Not at all.....4	
MT6. HAVE YOU EVER USED A COMPUTER?	Yes.....1 No.....2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes.....1 No.....2	2⇒MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week.....2 Less than once a week.....3 Not at all.....4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes.....1 No.....2	2⇒MT12
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes.....1 No.....2	2⇒MT12

<p>MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1 At least once a week.....2 Less than once a week.....3 Not at all4</p>	
<p>MT12. FROM WHAT SOURCES DO YOU GET INFORMATION ON HEALTH RELATED ISSUES FOR YOU AND YOUR FAMILY/CHILDREN? <i>Probe: FROM ANY OTHER SOURCE? .</i></p>	<p>Television A Newspapers B Friends/relatives C Magazines D Radio E Health workers F Internet G Recommendations from pharmacies ...H Books I Other (<i>specify</i>) X</p>	
<p>MT13. WHAT SOURCES OF INFORMATION YOU CONSIDER RELIABLE IN ISSUES RELATED TO YOUR HEALTH AND HEALTH OF YOUR FAMILY/RELATIVES? <i>Probe: ANY OTHER SOURCE?.</i></p>	<p>Do not trust any source Z Trust Television A Newspapers B Friends/relatives C Magazines D Radio E Health workers F Internet G Recommendations from pharmacies ...H Books I Other (<i>specify</i>) X</p>	

CHILD MORTALITY		CM
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes.....1 No2	2⇒CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes.....1 No2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home__ __ Daughters at home.....__ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes.....1 No2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere__ __ Daughters elsewhere.....__ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes.....1 No2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead__ __ Girls dead__ __	
CM9A. WERE THERE ANY OTHER CHILDREN WHO WERE BORN ALIVE, BUT WHO DIED WITHIN A FEW MINUTES, HOURS, OR DAYS?	Yes.....1 No2	2⇒CM10

CM9B. Correct CM9 and CM9A and then continue with question CM10.		
CM10. Sum answers to CM5, CM7, and CM9.	Sum.....__ __	
<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>TOTAL NUMBER IN CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Continue with CM11A:</p> <p><input type="checkbox"/> No ⇒ Check responses to CM1-CM10 and make corrections as necessary.</p>		
<p>CM11A. <i>WOMEN SOMETIMES HAVE PREGNANCIES WHICH DO NOT RESULT IN A LIVE BORN CHILD. THAT IS, A PREGNANCY CAN BE ENDED EARLY BY AN ABORTION, A MISCARRIAGE, OR A STILLBIRTH. I WILL NOW ASK YOU ABOUT EACH OF THEM SEPARATELY.</i></p> <p><i>IN TOTAL, HOW MANY ABORTIONS HAVE YOU HAD?</i></p> <p>If “None” probe: <i>I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</i></p> <p>if none, record '00'.</p>	Total abortions.....__ __	
<p>CM11B. <i>HOW MANY MISCARRIAGES HAVE YOU HAD?</i></p> <p>If “None” probe: <i>I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5TH MONTH OF PREGNANCY.</i></p> <p>if none, record '00'.</p>	Total miscarriages__ __	
<p>CM11C. <i>HOW MANY STILLBIRTHS HAVE YOU HAD?</i></p> <p>If “None” probe: <i>I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5TH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.</i></p> <p>if none, record '00'.</p>	Total stillbirths.....__ __	
CM11D. Sum answers to CM11A, CM11B and CM11C. if none, record '00'	Total.....__ __	

CM11E. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL, NOT COUNTING THE CHILDREN BORN ALIVE, (*TOTAL NUMBER IN CM11D*) ABORTIONS, MISCARRIAGES AND STILLBIRTHS. IS THIS CORRECT?

Yes.

No ⇒ *Check responses to CM11A-CM11C and make corrections.*

CM11F. Check CM10 and CM11D. Has the respondent had any pregnancies?

ONE OR MORE PREGNANCIES ⇒ CONTINUE WITH PH1

NO PREGNANCIES ⇒ GO TO ILLNESS SYMPTOMS MODULE

PH**PH**

PH14. WERE THERE ANY OTHER PREGNANCIES BETWEEN PREVIOUS pregnancy AND THIS ONE

1 Yes
2 No

PH13. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED?

If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?

Record days if less than 1 month; record months if less than 2 years; or years

PH12. Record household line number of child (from HLI)

Record "00" if child is not listed.

PH11. Is (name) LIVING WITH YOU?

1 Yes
2 No

PH10. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?

Record age in completed years.

PH9. IS (name) STILL ALIVE?

1 Yes
2 No

PH8. IS/WAS (name) A BOY OR A GIRL?

1 Boy
2 Girl

PH7. WHAT NAME WAS GIVEN TO THIS CHILD?

Write "BABY 1" "BABY 2" etc. If no name was given to a child.

PH6. Check PH2, write same response

1 Live Birth
2 Stillbirth
3 Miscarriage
4 Abortion

PH4. IN WHAT MONTH AND YEAR (WAS THIS CHILD BORN/DID THIS PREGNANCY END?)

PH3. WAS THIS A SINGLE OR A MULTIPLE BIRTH?

1 Single
2 Multiple

PH2. Did YOUR (LAST/NEXT TO LAST/ETC) PREGNANCY END IN A LIVE BIRTH, A STILLBIRTH, A MISCARRIAGE, OR AN ABORTION?

1 Live Birth
2 Stillbirth
3 Miscarriage
4 Abortion

PH1. Line No

PH14. Add Preg.

PH13. Add Preg.

PH12. Add Preg.

PH11. Add Preg.

PH10. Add Preg.

PH9. Add Preg.

PH8. Add Preg.

PH7. Add Preg.

PH6. Add Preg.

PH4. Add Preg.

PH3. Add Preg.

PH2. Add Preg.

PH1. Add Preg.

PH14. Add Preg.

PH13. Add Preg.

PH12. Add Preg.

PH11. Add Preg.

PH10. Add Preg.

PH9. Add Preg.

PH8. Add Preg.

PH7. Add Preg.

PH6. Add Preg.

PH4. Add Preg.

PH3. Add Preg.

PH2. Add Preg.

PH1. Add Preg.

PH14. Add Preg.

PH13. Add Preg.

PH12. Add Preg.

PH11. Add Preg.

PH10. Add Preg.

PH9. Add Preg.

PH8. Add Preg.

PH7. Add Preg.

PH6. Add Preg.

PH4. Add Preg.

PH3. Add Preg.

PH2. Add Preg.

PH1. Add Preg.

PH14. Add Preg.

05	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2	—	—	—	—	1 2 Add Preg.
06	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2	—	—	—	—	1 2 Add Preg.
07	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2	—	—	—	—	1 2 Add Preg.
08	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2	—	—	—	—	1 2 Add Preg.
09	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2	—	—	—	—	1 2 Add Preg.
10	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2	—	—	—	—	1 2 Add Preg.

<p>CM11G. HAVE YOU HAD ANY BIRTH, MISCARRIAGE OR ABORTION SINCE THE [BIRTH OF (NAME OF LAST BIRTH IN PREGNANCY HISTORY) OR LAST MISCARRIAGE/ABORTION YOU DESCRIBED]?</p> <p>if “Yes, record pregnancies in table above.</p>	<p>Yes.....</p> <p>No.....</p>	<p>1⇒RECORD IN PREG-NANCY HISTORY</p>
<p>CM15. Record and compare number of live births recorded in pregnancy history(code 1 in PH6) with earlier responses:</p> <p>TOTAL NUMBER OF LIVE BIRTH: __ __</p> <p><input type="checkbox"/> Same as number in CM10 ⇒ Continue with CM16</p> <p><input type="checkbox"/> Numbers are different ⇒ Probe and reconcile</p>		
<p>CM16. Record and compare number of abortions recorded in pregnancy history (code 4 in PH6) with earlier responses:</p> <p>TOTAL NUMBER OF ABORTIONS: __ __</p> <p><input type="checkbox"/> Same as number in CM11A ⇒ Continue with CM18</p> <p><input type="checkbox"/> Numbers are different ⇒ Probe and reconcile</p>		
<p>CM18. Check:</p> <p>For each child in the Pregnancy History module, PH4 has been recorded. <input type="checkbox"/></p> <p>For each living child(PH9): current age (PH10) is recorded, <input type="checkbox"/></p> <p>For each child born alive who is dead (PH9): Age at death is recorded (PH13) <input type="checkbox"/></p> <p>For age at death 12 months or 1 year: probe to determine exact number of months (PH13) <input type="checkbox"/></p>		
<p>CM19. Check PH2 and PH4: Enter the number of live births in (month of the interview) 2007 or later (in PH2 circled code “1”)</p>	<p>Number of live births.....__ __</p> <p>None.....98</p>	

<p>CM23 IN THE LAST FIVE YEARS HAVE YOU BEEN TAKING ANY FACILITATING ABORTION TABLETS OR MEDICATIONS WITH AN ABORTIVE EFFECT?</p>	<p>Yes1 No2</p>	<p>2⇒CM26</p>
<p>CM24 FOR HOW MANY CASES OF EXPERIENCED MENSTRUATION DELAYS IN TOTAL HAVE YOU BEEN TAKING THIS MEDICATION DURING THE LAST FIVE YEARS?</p>	<p>Total cases__ __</p>	
<p>CM25 THE LAST TIME YOU HAVE USED THIS MEDICATION, WHAT WAS THE NAME OF THIS MEDICATION?</p>	<p>Cytotec/Misoporostol1 RU486/Mifepristone/Mifeprex2 Other _____ _____6 (specify)</p>	
<p>CM26. CHECK PH2 AND PH4 IN 'PREGNANCY HISTORY': LAST LIVE BIRTH OCCURRED WITHIN THE LAST 2 YEARS, THAT IS, SINCE (DAY AND MONTH OF INTERVIEW) IN 2010</p> <p><input type="checkbox"/> <i>No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.</i></p> <p><input type="checkbox"/> <i>One or more live births in last 2 years. ⇒ Ask for the name of the last-born child</i></p> <p style="text-align: center;"><i>Name of last-born child _____</i></p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with the next module.</i></p>		

DESIRE FOR LAST BIRTH

DB

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check child mortality module CM26 and record name of last-born child here

_____.

Use this child's name in the following questions, where indicated.

<p>DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes..... 1 No 2</p>	<p>1⇒Next Module</p>
<p>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later..... 1 No more..... 2</p>	<p>2⇒Next Module</p>
<p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?</p>	<p>Months..... 1 __ __ Years..... 2 __ __ DK 998</p>	

MATERNAL AND NEWBORN HEALTH

MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check child mortality module CM26 and record name of last-born child here

_____.

Use this child's name in the following questions, where indicated.

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH <i>(name)</i>?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒MN1 7</p>												
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse / Midwife..... B</p> <p>Other person Traditional birth attendant F Other (<i>specify</i>) _____ X</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times _ _ _ DK 98</p>													
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<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> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample.....	1	2												
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional: Doctor A Nurse / Midwife..... B</p> <p>Other person Traditional birth attendant F Relative / Friend H</p> <p>Other (<i>specify</i>) _____ X No one Y</p>													

<p>MN18. WHERE DID YOU GIVE BIRTH TO (NAME)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home11</p> <p>Other home.....12</p> <p>Public sector</p> <p>Govt. maternity hospital / maternity department.....21</p> <p>Govt. clinic / health centre22</p> <p>Govt. health post23</p> <p>Other public (<i>specify</i>) _____26</p> <p>Private Medical Sector</p> <p>Private hospital.....31</p> <p>Private clinic32</p> <p>Private maternity home33</p> <p>Other private medical (<i>specify</i>) _____36</p> <p>Other (<i>specify</i>) _____96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (NAME) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes1</p> <p>No2</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large1</p> <p>Larger than average2</p> <p>Average.....3</p> <p>Smaller than average4</p> <p>Very small5</p> <p>DK8</p>	
<p>MN21. WAS (NAME) WEIGHED AT BIRTH?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID (NAME) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kg) __ . __ __ __</p> <p>From recall..... 2 (kg) __ . __ __ __</p> <p>DK99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (NAME)?</p>	<p>Yes1</p> <p>No2</p>	
<p>MN24. DID YOU EVER BREASTFEED (NAME)?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒Next Module</p>

<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>NAME</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately000</p> <p>Hours1 __ __</p> <p>Days2 __ __</p> <p>Don't know / remember.....998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</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 juice.....F</p> <p>Infant formula.....G</p> <p>Tea / InfusionsH</p> <p>HoneyI</p> <p>Other (<i>specify</i>) _____ X</p>	

POST-NATAL HEALTH CHECKS

PN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.

Check child mortality module CM26 and record name of last-born child here

Use this child's name in the following questions, where indicated.

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

- Yes, the child was delivered in a health facility (MN18=21-36) ⇒ Continue with PN2*
- No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6*

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name*).

YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

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

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

PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK.

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

Yes..... 1
No 2

PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?

Yes..... 1
No 2

<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name or type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)’S HEALTH AFTER YOU LEFT (<i>name or type of facility in MN18</i>)?</p>	<p>Yes..... 1 No 2</p>	<p>1⇒PN11 2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional or nurse/midwife assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or nurse/midwife (MN17=A or B) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional nor nurse/midwife (A or B not circled in MN17) ⇒ Go to PN10</p>		
<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes..... 1 No 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes..... 1 No 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes..... 1 No 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒PN19</p>

PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1 ⇨ PN12A 2 ⇨ PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i>	Hours 1 ___ Days 2 ___ Weeks 3 ___ Don't know / remember 998	
PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional Doctor A Nurse / Midwife B Other person Traditional birth attendant F Relative / Friend H Other (<i>specify</i>) X	
PN14. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source. If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place)	Home Your home 11 Other home 12 Public sector Govt. maternity hospital / maternity department 21 Govt. clinic / health centre 22 Govt. health post 23 Other public (<i>specify</i>) 26 Private medical sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	
PN15. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-36) ⇨ Continue with PN16 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN17		
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON YOUR HEALTH?	Yes 1 No 2	1 ⇨ PN20 2 ⇨ Next Module

PN17. Check MN17: Did a health professional or nurse/midwife assist with the delivery?

Yes, delivery assisted by a health professional or nurse/midwife (MN17=A-B) ⇒ Continue with PN18

No, delivery not assisted by a health professional nor nurse/midwife (A-B not circled in MN17) ⇒ Go to PN19

PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes..... 1 No..... 2	1⇒PN20 2⇒Next Module
PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes..... 1 No..... 2	2⇒Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once..... 2	1⇒PN21A 2⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i>	Hours 1 ___ Days..... 2 ___ Weeks 3 ___ Don't know / remember 998	
PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional Doctor A Nurse / Midwife B Other person Traditional birth attendant F Relative / Friend H Other (<i>specify</i>) X	

<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Home</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. maternity hospital / maternity department 21</p> <p>Govt. clinic / health centre 22</p> <p>Govt. health post 23</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private</p> <p> medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
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IS1. *Check Household Listing, column HL9*

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:

ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do not prompt with any suggestions

- Child not able to drink or breastfeed A
- Child becomes sicker..... B
- Child develops a fever C
- Child has fast breathing D
- Child has difficult breathing..... E
- Child has blood in stool..... F
- Child is drinking poorly G

Other (*specify*) _____ X

Other (*specify*) _____ Y

Other (*specify*) _____ Z

CONTRACEPTION

CP

<p>CP0. NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.</p>		
<p>CP0A. HAVE YOU EVER HEARD OF FEMALE STERILIZATION?</p> <p><i>Probe: WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.</i></p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0B. HAVE YOU EVER HEARD OF MALE STERILIZATION?</p> <p><i>Probe: MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.</i></p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0C. HAVE YOU EVER HEARD OF IUD?</p> <p><i>Probe: WOMEN CAN HAVE A LOOP OR COIL PLACED INSIDE THEM BY A DOCTOR OR A NURSE.</i></p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0D. HAVE YOU EVER HEARD OF INJECTABLES?</p> <p><i>Probe: WOMEN CAN HAVE AN INJECTION BY A HEALTH PROVIDER THAT STOPS THEM FROM BECOMING PREGNANT FOR ONE OR MORE MONTHS.</i></p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0E. HAVE YOU EVER HEARD OF IMPLANTS?</p> <p><i>Probe: 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.</i></p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0F. HAVE YOU EVER HEARD OF PILL?</p> <p><i>Probe: WOMEN CAN TAKE A PILL EVERY DAY TO AVOID BECOMING PREGNANT.</i></p>	<p>Yes..... 1 No..... 2</p>	

<p>CP0G. HAVE YOU EVER HEARD OF CONDOM?</p> <p><i>Probe:</i> MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.</p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0H. HAVE YOU EVER HEARD OF FEMALE CONDOM?</p> <p><i>Probe:</i> WOMEN CAN PLACE A SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE.</p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0I. HAVE YOU EVER HEARD OF LACTATIONAL AMENORRHEA METHOD?</p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0J. HAVE YOU EVER HEARD OF RHYTHM METHOD?</p> <p><i>Probe:</i> EVERY MONTH THAT A WOMAN IS SEXUALLY ACTIVE SHE CAN AVOID PREGNANCY BY NOT HAVING SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH SHE IS MOST LIKELY TO GET PREGNANT..</p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0K. HAVE YOU EVER HEARD OF WITHDRAWAL?</p> <p><i>Probe:</i> MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0L. HAVE YOU EVER HEARD OF DIAPHRAGM?</p> <p><i>Probe:</i> A CAP CAN BE PLACED IN THE VAGINA TO COVER THE CERVIX AND PREVENT THE SPERM FROM GETTING INTO THE UTERUS.</p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0M. HAVE YOU EVER HEARD OF FOAM/JELLY?</p> <p><i>Probe:</i> A SPECIAL FOAM/JELLY CAN BE PUT IN THE VAGINA TO DISABLE SPERMATOZOIDS OR TO CREATE A CHEMICAL BARRIER PREVENTING THEM FROM GETTING INTO THE UTERUS.</p>	<p>Yes..... 1 No..... 2</p>	

<p>CP0N. HAVE YOU EVER HEARD OF PATCH?</p> <p><i>Probe: WOMEN CAN WEAR A SMALL ADHESIVE PATCH ON THE BODY ALL TIME EVERY WEEK TO AVOID BECOMING PREGNANT.</i></p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0O. HAVE YOU EVER HEARD OF RING?</p> <p><i>Probe: WOMEN CAN PLACE A FLEXIBLE RING IN THE VAGINA EVERY 3 WEEKS TO AVOID BECOMING PREGNANT</i></p>	<p>Yes..... 1 No..... 2</p>	
<p>CP0P. HAVE YOU EVER HEARD OF EMERGENCY CONTRACEPTION?</p> <p><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>Yes..... 1 No..... 2</p>	
<p>CP0Q. 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>	2⇒CP1
<p>CP0R. WHICH OTHER METHODS OF CONTRACEPTION HAVE YOU HEARD OF?</p>	<p>Other (specify) _____ X Other (specify) _____ Y</p>	
<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1 No..... 2 Unsure or DK 8</p>	1⇒CP10
<p>CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1 No..... 2</p>	2⇒NEXT MODULE

<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p> <p><i>If more than one method mentioned, follow skip instruction for highest method in list.</i></p>	<p>Female sterilization A</p> <p>Male sterilization..... B</p> <p>IUD..... C</p> <p>Injectables..... D</p> <p>Implants..... E</p> <p>Pill F</p> <p>Male condom..... G</p> <p>Female condom H</p> <p>Diaphragm.....I</p> <p>Foam / Jelly J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence / Rhythm..... L</p> <p>Withdrawal M</p> <p>Patch N</p> <p>Ring O</p> <p>Other method..... X</p>	<p>B⇒CP6</p> <p>C⇒CP7A</p> <p>D⇒ CP7A</p> <p>E⇒ CP7A</p> <p>F⇒CP7A</p> <p>G⇒CP7A</p> <p>H⇒CP7A</p> <p>I⇒ CP7A</p> <p>J⇒ CP7A</p> <p>K⇒ CP7A</p> <p>L⇒ CP7A</p> <p>M⇒ CP7A</p> <p>N⇒CP7A</p> <p>O⇒CP7A</p> <p>X⇒ CP7A</p>
<p>CP3AA. DOES YOUR HUSBAND/PARTNER KNOW THAT YOU HAVE BEEN STERILIZED?</p>	<p>No husband/partner 0</p> <p>Yes..... 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	
<p>CP6. IN WHAT FACILITY DID THE STERILIZATION TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital11</p> <p>Maternity home.....12</p> <p>Health center (Urban/Rural)13</p> <p>Reproductive health center14</p> <p>Heath house.....15</p> <p>Polyclinics.....16</p> <p>Children health center17</p> <p>Immunoprophylaxis center18</p> <p>AIDS center19</p> <p>Healthy lifestyle center20</p> <p>Family medicine center.....21</p> <p>Other public sector (<i>specify</i>) _____ 22</p> <p>Private Medical Sector</p> <p>Private hospital/clinic.....31</p> <p>Private doctor's office.....32</p> <p>Pharmacy.....33</p> <p>Other private sector (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p> <p>Don't know98</p>	

<p>CP7. IN WHAT MONTH AND YEAR WAS THE STERILIZATION PERFORMED?</p>	<p>Month__ __ Year__ __ __ __ DK/Don't remember.....98</p>	<p>⇒CP10A ⇒CP10A 98⇒CP10A</p>
<p>CP7A SINCE WHAT MONTH AND YEAR HAVE YOU BEEN USING (<i>current method</i>) WITHOUT STOPPING?</p> <p><i>Probe: FOR HOW LONG HAVE YOU BEEN USING (current method) NOW WITHOUT STOPPING?</i></p>	<p>Month__ __ Year__ __ __ __</p>	
<p>CP7B. DOES YOUR HUSBAND/PARTNER KNOW THAT YOU ARE USING THIS METHOD/THESE METHODS OF CONTRACEPTION?</p>	<p>No husband/partner0 Yes1 No2 Unsure or DK8</p>	
<p>CP8. Check CP7/CP7A, PH2, PH4: Any birth or pregnancy termination after month and year of start of use of contraception in CP7/CP7A?</p> <p><input type="checkbox"/> Yes ⇒ Go back to CP7/CP7A, probe and record month and year at start of continuous use of current method (must be after last birth)</p> <p><input type="checkbox"/> No ⇒ Go to CP10A</p>		
<p>CP10. HAVE YOU EVER USED ANYTHING OR TRIED IN ANY WAY TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes1 No2</p>	<p>1⇒CP10B 2⇒CP22</p>
<p>CP10A. BESIDE THE METHOD(S) YOU ARE CURRENTLY USING, HAVE YOU EVER USED ANYTHING ELSE OR TRIED ANY OTHER WAY TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes1 No2</p>	<p>2⇒CP11</p>

<p>CP10B. WHAT HAVE YOU USED OR DONE?</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 Lactational amenorrhoea method (LAM) K Periodic abstinence / Rhythm L Withdrawal M Patch N Ring O Other method X</p>	
<p>CP11. Check CP3:</p> <p><i>Circle method code.</i></p> <p><i>If more than one method code circled in CP3, circle code for highest method in list.</i></p>	<p>No code circled/CP3 skipped (pregnant/does not use a method of contraception)..... 00 Female sterilization 01 Male sterilization 02 IUD 03 Injectables 04 Implants..... 05 Pill 06 Male condom 07 Female condom 08 Diaphragm..... 09 Foam / Jelly..... 10 Lactational amen.method (LAM) 11 Periodic abstinence / Rhythm 12 Withdrawal..... 13 Patch..... 14 Ring..... 15 Other method 96</p>	<p>00⇒CP22 01⇒CP14A 02⇒CP24 11⇒CP12A 12⇒CP12A 13⇒CP24 96⇒CP24</p>

<p>CP12. YOU STARTED USING (<i>current method</i>) CONTINUOUSLY IN (<i>date from, CP7/CP7A</i>). WHERE DID YOU GET IT AT THAT TIME?</p> <p>CP12A. WHERE DID YOU LEARN HOW TO USE THE RHYTHM/LACTATIONAL AMMENORRHEA METHOD?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Maternity home 12</p> <p>Health center (Urban/Rural)..... 13</p> <p>Reproductive health center 14</p> <p>Heath house 15</p> <p>Polyclinics 16</p> <p>Children health center 17</p> <p>Immuniprophylaxis center..... 18</p> <p>AIDS center 19</p> <p>Healthy lifestyle center..... 20</p> <p>Family medicine center 21</p> <p>Other public sector (<i>specify</i>) _____ 22</p> <p>Private Medical Sector</p> <p>Private hospital/clinic 31</p> <p>Private doctor's office 32</p> <p>Pharmacy 33</p> <p>Other private sector (<i>specify</i>) _____ 36</p> <p>Other source</p> <p>Shop/Market 41</p> <p>Friend/Relative 43</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>CP13. Check CP11:</p> <p><i>Circle method code.</i></p>	<p>IUD 03</p> <p>Injectables 04</p> <p>Implants..... 05</p> <p>Pill 06</p> <p>Male condom 07</p> <p>Female condom 08</p> <p>Diaphragm..... 09</p> <p>Foam / Jelly..... 10</p> <p>Lactational amen.method (LAM) 11</p> <p>Periodic abstinence / Rhythm 12</p> <p>Patch..... 14</p> <p>Ring..... 15</p>	<p>07⇒CP19</p> <p>08⇒CP19</p> <p>09⇒ CP19</p> <p>10⇒ CP19</p> <p>11⇒ CP24</p> <p>12⇒ CP24</p>
<p>CP14. AT THAT TIME, WERE YOU TOLD ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒CP16</p> <p>2⇒CP15</p>
<p>CP14A. WHEN YOU GOT STERILIZED, WERE YOU TOLD ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒CP16</p>

<p>CP15. WERE YOU EVER TOLD BY A HEALTH OR FAMILY PLANNING WORKER ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒CP17</p>
<p>CP16. WERE YOU TOLD WHAT TO DO IF YOU EXPERIENCED SIDE EFFECTS OR PROBLEMS?</p>	<p>Yes 1 No..... 2</p>	
<p>CP17. Check CP14: <input type="checkbox"/> Yes ⇒ Go to CP18 <input type="checkbox"/> No ⇒ Go to CP18A</p>		
<p>CP18. AT THAT TIME, WERE YOU TOLD ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE? CP18A WHEN YOU OBTAINED (<i>current method from CP11</i>) FROM (<i>source of method from CP12 or CP12A</i>), WERE YOU TOLD ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?</p>	<p>Yes 1 No..... 2</p>	<p>1⇒CP20</p>
<p>CP19. WERE YOU EVER TOLD BY A HEALTH OR FAMILY PLANNING WORKER ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?</p>	<p>Yes 1 No..... 2</p>	
<p>CP20. Check CP11: <i>Circle method code.</i></p>	<p>Female sterilization..... 01 IUD 03 Injectables 04 Implants..... 05 Pill 06 Male condom 07 Female condom..... 08 Diaphragm..... 09 Foam / Jelly..... 10 Patch..... 14 Ring..... 15</p>	<p>01⇒ CP24 03⇒ CP24 05⇒ CP24</p>

<p>CP21. WHERE DID YOU OBTAIN (current method) THE LAST TIME?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Maternity home 12</p> <p>Health center (Urban/Rural)..... 13</p> <p>Reproductive health center..... 14</p> <p>Health house 15</p> <p>Polyclinics 16</p> <p>Children health center 17</p> <p>Immunoprophylaxis center..... 18</p> <p>AIDS center..... 19</p> <p>Healthy lifestyle center..... 20</p> <p>Family medicine center 21</p> <p>Other public sector (<i>specify</i>) _____ 22</p> <p>Private Medical Sector</p> <p>Private hospital/clinic 31</p> <p>Private doctor's office 32</p> <p>Pharmacy 33</p> <p>Other private sector (<i>specify</i>) _____ 36</p> <p>Other source</p> <p>Shop/Market 41</p> <p>Friend/Relative 43</p> <p>Other (<i>specify</i>)..... 96</p>	
<p>CP22. DO YOU KNOW OF ANY (OTHER) PLACE WHERE YOU CAN OBTAIN A METHOD OF FAMILY PLANNING?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒ CP24</p>

<p>CP23. WHERE IS THAT?</p> <p>ANY OTHER PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital A</p> <p>Maternity homeB</p> <p>Health center (Urban/Rural).....C</p> <p>Reproductive health center..... D</p> <p>Heath house E</p> <p>Polyclinics F</p> <p>Children health center G</p> <p>Immuniprophylaxis center..... H</p> <p>AIDS center.....I</p> <p>Healthy lifestyle center.....J</p> <p>Family medicine center K</p> <p>Other public sector (<i>specify</i>) _____ L</p> <p>Private Medical Sector</p> <p>Private hospital/clinicM</p> <p>Private doctor's office N</p> <p>Pharmacy O</p> <p>Other private sector (<i>specify</i>) _____ P</p> <p>Other source</p> <p>Shop/Market Q</p> <p>Friend/RelativeR</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CP24. IN THE LAST 12 MONTHS, WERE YOU VISITED BY A HEALTH WORKER WHO TALKED TO YOU ABOUT FAMILY PLANNING?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CP25 IN THE LAST 12 MONTHS, HAVE YOU VISITED A HEALTH FACILITY FOR CARE FOR YOURSELF (OR YOUR CHILDREN)?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒CP27
<p>CP26. DID ANY STAFF MEMBER AT THE HEALTH FACILITY SPEAK TO YOU ABOUT FAMILY PLANNING METHODS?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CP27. IN THE LAST THREE MONTHS, HAVE YOU HEARD/SEEN/READ A FAMILY PLANNING MESSAGE?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK..... 8</p>	2⇒CP32 8⇒CP32

<p>CP28. COULD YOU RECALL WHAT THE MESSAGE WAS?</p> <p><i>Probe: ANY OTHER MESSAGE?</i></p>	<p>Contraceptives can prevent an unintended pregnancy.....A Hormonal contraceptives are safeB Hormonal contraceptives are effective Visit a specific website to get more information about contraceptivesD Call a toll-free/hotline number to get more information about contraceptives.....E Ask the doctor what is the best family planning method for you.....F Other (specify)_____X</p>	
<p>CP29. WHERE DID YOU HEAR/SEE/READ THE MESSAGE?</p> <p><i>Probe: ANYWHERE ELSE?</i></p> <p><i>Record all responses mentioned.</i></p>	<p>Radio advertisement/program..... A Television advertisement/show.....B Newspaper or magazine advert/article..C Internet D Health workerE Partner/Friend/Relative F Teacher G Public event..... H Public message board.....I Other (specify)_____X</p>	
<p>CP30. DID THE MESSAGE MOTIVATE YOU TO LEARN ANYTHING NEW OR DO ANYTHING DIFFERENT?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CP32 8⇒CP32</p>
<p>CP31. WHAT DID THE MESSAGE MOTIVATE YOU TO LEARN OR DO DIFFERENTLY?</p>	<p>Learn something new (specify) _____ ... A Visit FP health providerB Discuss it with a partner/spouseC Talk with friend or relative D Started to use method of contraceptionE Call to Hot Line F Looking for additional information in the Internet G Other (specify)_____X</p>	
<p>CP32. WHAT IS YOUR GENERAL ATTITUDE TOWARDS HORMONAL CONTRACEPTIVES, POSITIVE, SOMEWHAT POSITIVE, UNDECIDED, SOMEWHAT NEGATIVE OR VERY</p>	<p>Never heard of hormonal contraceptives0 Very positive..... 1 Somewhat positive 2 Undecided 3</p>	<p>0 ⇒CP35</p>

<p>NEGATIVE?</p> <p>HORMONAL CONTRACEPTIVES INCLUDES: PILL, INJECTABLE, IMPLANTS, PATCH, RING</p>	<p>Somewhat negative 4</p> <p>Very negative 5</p>	
<p>CP33. IN YOUR VIEW THE HORMONAL CONTRACEPTIVES ARE ABSOLUTELY SAFE, SAFE, NOT REALLY SAFE, NOT AT ALL SAFE OR YOU ARE UNDECIDED?</p>	<p>Absolutely safe 1</p> <p>Safe 2</p> <p>Undecided 3</p> <p>Not really safe 4</p> <p>Not at all safe 5</p>	
<p>CP35. NOW I WOULD LIKE TO ASK YOU ABOUT A THE RISK OF PREGNANCY. FROM ONE MENSTRUAL PERIOD TO THE NEXT, ARE THERE CERTAIN DAYS WHEN A WOMAN IS MORE LIKELY TO BECOME PREGNANT IF SHE HAS SEXUAL RELATIONS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know 8</p>	<p>2⇒ NEXT MODULE 8⇒ NEXT MODULE</p>
<p>CP36. IN THIS TIME JUST BEFORE HER PERIOD BEGINS, DURING HER PERIOD, RIGHT AFTER HER PERIOD ENDED, OR HALFWAY BETWEEN TWO PERIODS?</p>	<p>Just before her period begins 1</p> <p>During her period..... 2</p> <p>Right after her period has ended 3</p> <p>Halfway between two periods..... 4</p> <p>Other (<i>specify</i>) 6</p> <p>Don't know 8</p>	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married1 Yes, living with a man.....2 No, not in union3	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__ __ DK98	⇒ MA7 98⇒ MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married1 Yes, formerly lived with a man2 No3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once.....1 More than once2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month__ __ DK month98 Year__ __ __ __ DK year9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years__ __	

UNMET NEED

UN

UN1. Check CP1. Currently pregnant?

 Yes, currently pregnant ⇒ Continue with UN2 No, unsure or DK ⇒ Go to UN5

UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more..... 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None 2 Undecided / Don't know 8	2⇒UN13 8⇒UN13
UN4A. AFTER THE BIRTH OF THE CHILD YOU ARE EXPECTING NOW, HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF ANOTHER CHILD?	Months..... 1 __ __ Years..... 2 __ __ Soon / Now..... 993 After marriage 995 Other..... 996 Don't know..... 998	1⇒UN9F 2⇒UN9F 993⇒UN9F 995⇒UN9F 996⇒UN9F 998⇒UN9F
UN5. Check CP3. Currently using "Female sterilization"?		
<input type="checkbox"/> Yes ⇒ Go to UN13		
<input type="checkbox"/> No ⇒ CONTINUE WITH UN6		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child..... 1 No more / None 2 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9E

UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months..... 1 _ _	
	Years..... 2 _ _	
	Soon / Now..... 993	993⇒UN9E
	Says she cannot get pregnant 994	994⇒UN11
	After marriage 995	995⇒UN9E
	Other (<i>specify</i>) _____ 996	996⇒UN9E
	Don't know..... 998	998⇒UN9E

UN9. Check CP2. Currently using a method of contraception?

- Yes ⇒ Go to UN12.
- No ⇒ Check UN7. How long would she like to wait until the birth of a/another baby?
 - Wants to wait for 00-23 months or 00-01 year ⇒ Go to UN9F
 - Wants to wait for 24 or more months or 02 or more years, or UN7 is blank ⇒ Check UN6: Would she like to have a/another baby?
 - Wants to have a/another child ⇒ Go to UN9D
 - Wants no more/none ⇒ Continue with UN9C

<p>UN9C. YOU HAVE SAID THAT YOU DO NOT WANT ANY (MORE) CHILDREN. CAN YOU TELL ME WHY YOU ARE NOT USING A METHOD TO PREVENT PREGNANCY?</p> <p>ANY OTHER REASON?</p> <p><i>Record all reasons mentioned.</i></p> <p>UN9D. YOU HAVE SAID THAT YOU DO NOT WANT (A/ANOTHER) CHILD SOON. CAN YOU TELL ME WHY YOU ARE NOT USING A METHOD TO PREVENT PREGNANCY?</p> <p>ANY OTHER REASON?</p> <p><i>Record all reasons mentioned.</i></p>	<p>Not married A</p> <p>Fertility-related reasons</p> <p>Not having sex B</p> <p>Infrequent sex C</p> <p>Menopausal..... D</p> <p>Hysterectomy (surgical removal of uterus)..... E</p> <p>Can't get pregnant.....F</p> <p>Not menstruated since last birth G</p> <p>Breastfeeding H</p> <p>Postpartum amenorrheicI</p> <p>Too old..... J</p> <p>Up to God/Fatalistic..... K</p> <p>Opposition to use</p> <p>Respondent opposed L</p> <p>Husband/partner opposed M</p> <p>Others opposed N</p> <p>Religious prohibition O</p> <p>Lack of knowledge</p> <p>Knows no methodP</p> <p>Knows no source Q</p> <p>Method -related reasons</p> <p>Side effect/Health concerns R</p> <p>Lack of access/too farS</p> <p>Costs too much T</p> <p>Preferred method not available..... U</p> <p>No method available V</p> <p>Inconvenient to use..... W</p> <p>Interferes with body's normal processes..... X</p> <p>Other (<i>specify</i>) Y</p> <p>Don't know..... Z</p>	
<p>UN9E. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN15</p> <p><input type="checkbox"/> No ⇒ Continue with UN9F</p>		
<p>UN9F. DO YOU THINK YOU WILL USE A CONTRACEPTIVE METHOD TO DELAY OR AVOID PREGNANCY AT ANY TIME IN THE FUTURE?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒UN9H</p> <p>8⇒ UN9J</p>

UN9G. WHICH CONTRACEPTIVE METHOD WOULD YOU PREFER TO USE?	Female sterilization	01	01⇒ UN9J
	Male sterilization	02	02⇒ UN9J
	IUD	03	03⇒ UN9J
	Injectables	04	04⇒ UN9J
	Implants	05	05⇒ UN9J
	Pill	06	06⇒ UN9J
	Male condom	07	07⇒ UN9J
	Female condom	08	08⇒ UN9J
	Diaphragm	09	09⇒ UN9J
	Foam / Jelly	10	10⇒ UN9J
	Lactational amen.method (LAM).....	11	11⇒ UN9J
	Periodic abstinence / Rhythm.....	12	12⇒ UN9J
	Withdrawal	13	13⇒ UN9J
	Patch	14	14⇒ UN9J
	Ring	15	15⇒ UN9J
	Other method.....	96	96⇒ UN9J
Unsure	98	98⇒ UN9J	
UN9H. WHAT IS THE MAIN REASON THAT YOU THINK YOU WILL NOT USE A CONTRACEPTIVE METHOD AT ANY TIME IN THE FUTURE?	Not married	01	01⇒UN9I
	Fertility-related reasons		
	Infrequent sex/No sex.....	02	02⇒UN10
	Menopausal/histerectomy.....	03	03⇒UN10
	Subfecund/Infecund	04	04⇒UN10
	Wants as many children as possible....	05	05⇒UN10
	Opposition to use		
	Respondent opposed.....	06	06⇒UN10
	Husband/partner opposed.....	07	07⇒UN10
	Others opposed.....	08	08⇒UN10
	Religious prohibition.....	09	09⇒UN10
	Lack of knowledge		
	Knows no method.....	10	10⇒UN10
	Knows no source	11	11⇒UN10
	Method-related reasons		
	Health concerns	12	12⇒UN10
	Fear of side effects	13	13⇒UN10
	Lack of access/too far.....	14	14⇒UN10
	Costs too much	15	15⇒UN10
	Inconvenient to use.....	16	16⇒UN10
Interferes with body's normal processes.....	17	17⇒UN10	
Other _____	96	96⇒UN10	
(specify)			
Don't know	98	98⇒UN10	

UN9I. WOULD YOU EVER USE A CONTRACEPTIVE METHOD IF YOU WERE MARRIED?	Yes..... 1 No 2 DK 8	
UN9J. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN13. <input type="checkbox"/> No, unsure or DK ⇒ Go to UN10.		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes..... 1 No 2 DK 8	1 ⇒ UN13 8 ⇒ UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	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 Other (<i>specify</i>) _____ X Don't know..... Z	
UN12. Check UN11. "Never menstruated" mentioned (C response)? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> NOT MENTIONED ⇒ CONTINUE WITH UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? Record the answer using the same unit stated by the respondent	Days ago..... 1 __ __ Weeks ago 2 __ __ Months ago..... 3 __ __ Years ago..... 4 __ __ In menopause / Has had hysterectomy 994 Before last birth 995 Never menstruated..... 996	

<p>UN15. Check CM4 and CM6</p> <p><input type="checkbox"/> No living children ⇒ Go to UN16A</p> <p><input type="checkbox"/> Has living children ⇒ Continue with UN16</p>		
<p>UN16. IF YOU COULD GO BACK TO THE TIME YOU DID NOT HAVE ANY CHILDREN AND COULD CHOOSE EXACTLY THE NUMBER OF CHILDREN TO HAVE IN YOUR WHOLE LIFE, HOW MANY WOULD THAT BE?</p> <p><i>Probe for a numeric response.</i></p> <p>UN16A. IF YOU COULD CHOOSE EXACTLY THE NUMBER OF CHILDREN TO HAVE IN YOUR WHOLE LIFE, HOW MANY WOULD THAT BE?</p> <p><i>Probe for a numeric response.</i></p>	<p>None00</p> <p>Number..... _ _</p> <p>Other (<i>specify</i>)96</p>	<p>00⇒UN20</p> <p>96⇒UN20</p>
<p>UN17. HOW MANY OF THESE CHILDREN WOULD YOU LIKE TO BE BOYS, HOW MANY WOULD YOU LIKE TO BE GIRLS AND FOR HOW MANY WOULD IT NOT MATTER IF IT'S A BOY OR A GIRL?</p> <p><i>If one answer category is recorded fill '00' for the two remaining ones. If two answer categories are recorded fill '00' for the remaining one.</i></p>	<p>Boys..... _ _</p> <p>Girls..... _ _</p> <p>Either _ _</p>	
<p>UN20. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Continue with UN21</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Go to UN25</p>		

<p>UN21. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Continue with UN22</p> <p><input type="checkbox"/> No ⇒ Go to UN24</p>		
<p>UN22. WOULD YOU SAY THAT USING CONTRACEPTION IS MAINLY YOUR DECISION, MAINLY YOUR (HUSBAND'S/PARTNER'S) DECISION, OR DID YOU BOTH DECIDE TOGETHER?</p>	<p>Mainly respondent..... 1</p> <p>Mainly husband/partner..... 2</p> <p>Joint decision..... 3</p> <p>Other (<i>specify</i>) _____ 6</p>	
<p>UN23. Check CP3.</p> <p><input type="checkbox"/> He or she sterilized ⇒ UN25</p> <p><input type="checkbox"/> Neither sterilized ⇒ Continue with UN24</p>		
<p>UN24. DOES YOUR (HUSBAND/PARTNER) WANT THE SAME NUMBER OF CHILDREN THAT YOU WANT, OR DOES HE WANT MORE OR FEWER THAN YOU WANT?</p>	<p>Same number..... 1</p> <p>More children..... 2</p> <p>Fewer children..... 3</p> <p>Don't know _____ 8</p>	
<p>UN25. ARE THERE ANY CIRCUMSTANCES UNDER WHICH A WOMAN SHOULD NOT GET PREGNANT?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>2⇒Next Module</p> <p>8⇒ Next Module</p>
<p>UN26. UNDER WHICH CIRCUMSTANCE?</p> <p><i>Probe: ANY OTHER CIRCUMSTANCES?</i></p>	<p>Too young A</p> <p>Too old B</p> <p>Already too many children C</p> <p>Has a transmissible infection..... D</p> <p>Physically impaired/sick E</p> <p>Mentally impaired F</p> <p>Does not have work/poor G</p> <p>Not married H</p> <p>Sexually abused..... I</p> <p>Abnormal fetus..... J</p> <p>Does not want a child..... K</p> <p>Threat to woman's life L</p> <p>Homeless M</p> <p>Alcoholism/Narcomania/ Social/Criminal behaviour..... N</p> <p>Other (<i>specify</i>) _____ X</p>	

<p>UN27. IF A WOMAN GOT PREGNANT UNDER THE CIRCUMSTANCES THAT YOU MENTIONED, WHAT DO YOU THINK THAT SHE SHOULD DO ABOUT HER PREGNANCY?</p>	<p>Keep the pregnancy 1 Terminate pregnancy/Abortion 2 Woman's personal decision 3 Other (<i>specify</i>) 6 Don't know..... 8</p>	
<p>UN28. IF A WOMAN GOT PREGNANT UNDER THE CIRCUMSTANCES THAT YOU MENTIONED AND FINALLY GAVE BIRTH, WHAT DO YOU THINK THAT SHE SHOULD DO ABOUT THE CHILD?</p>	<p>Keep the child..... 01 Give the child up for abortion 02 Give the child up to foster family 03 Give the child to an orphanage..... 04 Seek help from a family member to care for the child..... 05 Woman's personal decision 06 Other (<i>specify</i>) 96 Don't know..... 98</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

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

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

[B] IF SHE NEGLECTS THE CHILDREN?

[C] IF SHE ARGUES WITH HIM?

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

[E] IF SHE BURNS THE FOOD?

	Yes	No	DK
Goes out without telling.....1	2	8	
Neglects children1	2	8	
Argues with him.....1	2	8	
Refuses sex1	2	8	
Burns food.....1	2	8	

SEXUAL BEHAVIOUR
SB

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

<p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years _ _</p> <p>First time when started living with (first) husband/partner 95</p>	<p>00⇒Next Module</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If more than 12 months (one year), answer must be recorded in years.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago..... 2 _ _</p> <p>Months ago 3 _ _</p> <p>Years ago 4 _ _</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>
<p>SB6. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</p>		

SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner..... __ __ DK 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'boyfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Other (<i>specify</i>) 6	3⇒SB12 4⇒SB12 6⇒SB12
SB11. <i>Check MA1 and MA7:</i> <input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i> <input type="checkbox"/> <i>Else ⇒ Continue with SB12</i>		
SB12. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner..... __ __ DK 98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners..... __ __	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners __ __ DK 98	

HIV/AIDS	HA																	
<p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2 ⇒Next Module</p>																
<p>HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																	
<p>HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																	
<p>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																	
<p>HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																	
<p>HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																	
<p>HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																	
<p>HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</p> <p>[A] DURING PREGNANCY?</p> <p>[B] DURING DELIVERY?</p> <p>[C] BY BREASTFEEDING?</p>	<table 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															
<p>HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK / Not sure / Depends 8</p>																	

HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No 2 DK / Not sure / Depends 8																					
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No 2 DK / Not sure / Depends 8																					
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No 2 DK / Not sure / Depends 8																					
HA13. Check CM26: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM26= "No" or blank) ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24																						
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Things to do.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Tested for AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Offered a test</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS	1	2	8	Offered a test	1	2	8	
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Offered a test	1	2	8																			
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No 2 DK 8	2⇒HA19 8⇒HA19																				

HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2 DK 8	2⇒HA22 8⇒HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes..... 1 No 2 DK 8	1⇒HA22 2⇒HA22 8⇒HA22
HA19. Check MN17: Birth delivered by health professional (A, B or C)? <input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24		
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes..... 1 No 2	2⇒ HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No 2	1⇒ HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	1 ⇒Next Module 2 ⇒Next Module 3 ⇒Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No 2	2⇒ HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	

<p>HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>1 ⇒Next Module 2 ⇒Next Module 8 ⇒Next Module</p>
<p>HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?</p>	<p>Yes..... 1 No..... 2</p>	

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes1 No2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette.....00 Age.....__ __	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes1 No2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes__ __	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 __ 10 days or more but less than a month 10 Everyday / Almost every day30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes1 No2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes1 No2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars.....A Water pipe.....B CigarillosC PipeD Other (<i>specify</i>)X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day",</i>	Number of days0 __ 10 days or more but less than a month 10 Everyday / Almost every day30	

<i>circle "30"</i>		
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes1 No2	2 ⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes1 No2	2 ⇒TA14
TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobaccoA SnuffB DipC Other (<i>specify</i>)X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month 10 Everyday / Almost every day30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes1 No2	2⇒Next Module
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 alcohol00 Age..... ____ ____	00⇒Next Module
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Did not have one drink in last one month00 Number of days0 ____ 10 days or more but less than a month 10 Everyday / Almost every day30	00⇒Next Module
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE?	Number of drinks..... ____ ____	

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

- Age 25-49 ⇒ Go to WM11
- Age 15-24 ⇒ Continue with LS2

LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.

FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.

- Very happy1
- Somewhat happy.....2
- Neither happy nor unhappy3
- Somewhat unhappy.....4
- Very unhappy5

LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions LS3 to LS13.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

- Very satisfied.....1
- Somewhat satisfied.....2
- Neither satisfied nor unsatisfied3
- Somewhat unsatisfied4
- Very unsatisfied.....5

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS5. DURING THE CURRENT SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes1 No2	2⇒LS7
LS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job0 Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	

<p>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	
<p>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i></p>	<p>Does not have any income0 Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	
<p>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?</p>	<p>Improved1 More or less the same2 Worsened3</p>	
<p>LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>Better1 More or less the same2 Worse3</p>	

<p>WM11. Record the time.</p>	<p>Hour and minutes :</p>	
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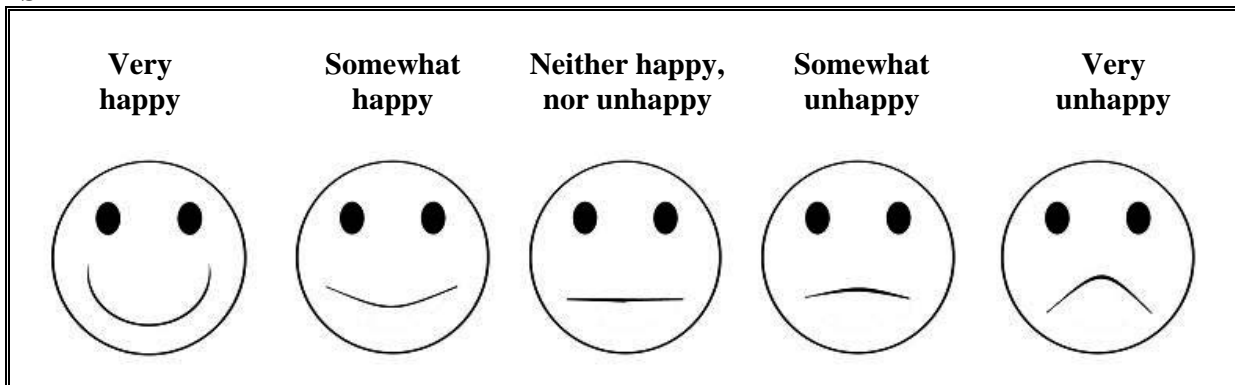
WM12. Check Household Listing Form, column HL9.
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

No ⇒ *End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman, man or child under-5 in the household.*

RESPONSE CARD:

SIDE 1



SIDE 2

