

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

<p>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</p>	WM7. Record the time:	
	<p>HOURS : MINUTES _____ : _____</p>	
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	<p>YES, INTERVIEWED ALREADY1 NO, FIRST INTERVIEW2</p>	<p>1 ⇨ WM9B 2 ⇨ WM9A</p>
<p>WM9A. Hello, my name is (<i>your name</i>). We are from the State Committee of the Republic of Uzbekistan on Statistics. 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. If you have any questions about the survey, we will provide contact of person from the State Committee on Statistics of the Republic of Uzbekistan, who is in charge of this survey. May I start now?</p>	<p>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?</p>	
<p>YES1 NO / NOT ASKED2</p>	<p>1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17</p>	

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

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 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	2 ⇒WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3 OR 4 1 ED5=0, 1, 8 OR BLANK 2	1 ⇒WB15 2 ⇒WB14
WB3. In what month and year were you born?	DATE OF BIRTH MONTH..... __ __ DK MONTH..... 98 YEAR __ __ __ __ DK YEAR..... 9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) __ __	
WB5. Have you ever attended school or any early childhood education programme?	YES..... 1 NO 2	2 ⇒WB14
WB6. What is the highest level and grade or year of school you have attended?	PRE-SCHOOL EDUCATION 000 PRIMARY 1 __ __ SECONDARY 2 __ __ SECONDARY SPECIALIZED VOCATIONAL 3 __ __ HIGHER 4 __ __	000 ⇒WB14
WB7. Did you complete that (grade/year)?	YES..... 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24..... 1 AGE 25-49..... 2	2 ⇒WB13
WB9. At any time during the current 2020/2021 school year did you attend school?	YES..... 1 NO 2	2 ⇒WB11
WB10. During this current 2020/2021 school year, which level and grade or year are you <u>attending</u> ?	PRIMARY 1 __ __ SECONDARY 2 __ __ SECONDARY SPECIALIZED VOCATIONAL 3 __ __ HIGHER 4 __ __	
WB11. At any time during the previous 2019/2020 school year did you attend school?	YES..... 1 NO 2	2 ⇒WB13

<p>WB12. During that previous 2019/2020 school year, which level and grade or year did you <u>attend</u>?</p>	<p>PRIMARY 1 SECONDARY 2 SECONDARY SPECIALIZED VOCATIONAL 3 HIGHER 4 </p>	
<p>WB13. Check WB6: Highest level of school attended:</p>	<p>WB6=2, 3 OR 4 1 WB6=1 2</p>	<p>1 ⇒WB15</p>
<p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p>	<p>CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE ... 3 NO SENTENCE IN REQUIRED LANGUAGE (specify language) 4</p>	
<p>WB15. How long have you been continuously living in (name of current city, town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS ALWAYS / SINCE BIRTH 95</p>	<p>95 ⇒ End</p>
<p>WB16. Just before you moved here, did you live in a city, in a town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>CITY 1 TOWN 2 RURAL AREA 3</p> <p>UNABLE TO DETERMINE IF CITY/TOWN/RURAL 5</p> <p>DK / DON'T REMEMBER 8</p>	
<p>WB17. Before you moved here, in which region did you live in?</p>	<p>REPUBLIC OF KARAKALPAKSTAN .. 01 ANDIJAN REGION 02 BUKHARA REGION 03 JIZZAKH REGION 04 KASHKADARYA REGION 05 NAVOI REGION 06 NAMANGAN REGION 07 SAMARKAND REGION 08 SURKHANDARYA REGION 09 SYRDARYA REGION 10 TASHKENT REGION 11 FERGANA REGION 12 KHOREZM REGION 13 TASHKENT CITY 14</p> <p>OUTSIDE OF UZBEKISTAN (specify) 96</p>	

FERTILITY/BIRTH HISTORY		CM
<p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p>	YES.....1 NO2	2 ⇒ CM8
<p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	YES.....1 NO2	2 ⇒ CM5
<p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p>	SONS AT HOME.....__ __	
<p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS AT HOME.....__ __	
<p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	YES.....1 NO2	2 ⇒ CM8
<p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	SONS ELSEWHERE.....__ __	
<p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS ELSEWHERE.....__ __	
<p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p>	YES.....1 NO2	2 ⇒ CM11
<p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p>	BOYS DEAD.....__ __	
<p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p>	GIRLS DEAD.....__ __	
<p>CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</p>	SUM.....__ __	
<p>CM12. Just to make sure that I have this right, you have had in total (total number in CM11) births during your life. Is this correct?</p>	YES.....1 NO2	1 ⇒ CM14
<p>CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.</p>		
<p>CM14. Check CM11: How many live births?</p>	NO LIVE BIRTHS, CM11=00.....0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE.....1	0 ⇒ End

FERTILITY/BIRTH HISTORY **BH**

BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines.


BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (name of birth) a boy or a girl?		BH4. In what month and year was (name of birth) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday? <i>Record age in completed years.</i>		BH7. Is (name of birth) living with you?		BH8. Record household line number of child (from HL1) <i>Record '00' if child is not listed.</i>		BH9. How old was (name of birth) when (he/she) died? <i>If '1 year', probe: How many months old was (name of birth)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth?	
		S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N		
01		1	2	1	2	___	___	___	1	2	___	___	1	2	___	___	___	DAYS 1 MONTHS 2 YEARS 3	___	___
															⇒ Next Birth					
02		1	2	1	2	___	___	___	1	2	___	___	1	2	___	___	___	DAYS 1 MONTHS 2 YEARS 3	___	___
															⇒ BH10				1	2
																			Add	Next
																			Birth	Birth
03		1	2	1	2	___	___	___	1	2	___	___	1	2	___	___	___	DAYS 1 MONTHS 2 YEARS 3	___	___
															⇒ BH10				1	2
																			Add	Next
																			Birth	Birth
04		1	2	1	2	___	___	___	1	2	___	___	1	2	___	___	___	DAYS 1 MONTHS 2 YEARS 3	___	___
															⇒ BH10				1	2
																			Add	Next
																			Birth	Birth
05		1	2	1	2	___	___	___	1	2	___	___	1	2	___	___	___	DAYS 1 MONTHS 2 YEARS 3	___	___
															⇒ BH10				1	2
																			Add	Next
																			Birth	Birth
06		1	2	1	2	___	___	___	1	2	___	___	1	2	___	___	___	DAYS 1 MONTHS 2 YEARS 3	___	___
															⇒ BH10				1	2
																			Add	Next
																			Birth	Birth
07		1	2	1	2	___	___	___	1	2	___	___	1	2	___	___	___	DAYS 1 MONTHS 2 YEARS 3	___	___
															⇒ BH10				1	2
																			Add	Next
																			Birth	Birth
08		1	2	1	2	___	___	___	1	2	___	___	1	2	___	___	___	DAYS 1 MONTHS 2 YEARS 3	___	___
															⇒ BH10				1	2
																			Add	Next
																			Birth	Birth
09		1	2	1	2	___	___	___	1	2	___	___	1	2	___	___	___	DAYS 1 MONTHS 2 YEARS 3	___	___
															⇒ BH10				1	2
																			Add	Next
																			Birth	Birth

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (name of birth) a boy or a girl?		BH4. In what month and year was (name of birth) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday? <i>Record age in completed years.</i>		BH7. Is (name of birth) living with you?		BH8. Record household line number of child (from HL1) <i>Record '00' if child is not listed.</i>		BH9. How old was (name of birth) when (he/she) died? <i>If '1 year', probe: How many months old was (name of birth)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>			BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth?		
		S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N	Y	N		
10		1	2	1	2	___	___	___	1	2	___	___	1	2	___	DAYS1 MONTHS2 YEARS3	___	1	2	1	2	
													⇒ BH10									
11		1	2	1	2	___	___	___	1	2	___	___	1	2	___	DAYS1 MONTHS2 YEARS3	___	1	2	1	2	
													⇒ BH10									
12		1	2	1	2	___	___	___	1	2	___	___	1	2	___	DAYS1 MONTHS2 YEARS3	___	1	2	1	2	
													⇒ BH10									
13		1	2	1	2	___	___	___	1	2	___	___	1	2	___	DAYS1 MONTHS2 YEARS3	___	1	2	1	2	
													⇒ BH10									
14		1	2	1	2	___	___	___	1	2	___	___	1	2	___	DAYS1 MONTHS2 YEARS3	___	1	2	1	2	
													⇒ BH10									
BH11. Have you had any live births since the birth of (name of last birth listed)?											YES1					1 ⇒ Record birth(s) in Birth History						
											NO2											

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

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

MATERNAL AND NEWBORN HEALTH		MN												
<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=11</p> <p>NO, CM17=0 OR BLANK2</p>	2 ⇒ End												
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES.....1</p> <p>NO2</p>	2 ⇒ MN19												
<p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE / MIDWIFE.....B</p> <p>FELDSHERC</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANTF</p> <p>OTHER (<i>specify</i>) _____ X</p>													
<p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p>	<p>WEEKS1 ___</p> <p>MONTHS2 0 ___</p> <p>DK998</p>													
<p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</p>	<p>NUMBER OF TIMES ___</p> <p>DK98</p>													
<p>MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>[A] Was your blood pressure measured?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</p>	<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> </tr> </thead> <tbody> <tr> <td>BLOOD PRESSURE.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BLOOD PRESSURE.....1	1	2	URINE SAMPLE1	1	2	BLOOD SAMPLE.....1	1	2	
	YES	NO												
BLOOD PRESSURE.....1	1	2												
URINE SAMPLE1	1	2												
BLOOD SAMPLE.....1	1	2												
<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person assisting and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE / MIDWIFE.....B</p> <p>FELDSHERC</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANTF</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>NO ONEY</p>													

<p>MN20. Where did you give birth to (<i>name</i>)? <i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR REPUBLICAN CHILDBIRTH FACILITY 21 REGIONAL CHILDBIRTH FACILITY 22 DISTRICT/CITY CHILDBIRTH FACILITY 23 OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE MATERNITY HOME / PRIVATE CHILDBIRTH FACILITY 33 OTHER PRIVATE MEDICAL (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒MN23 12 ⇒MN23</p> <p>96 ⇒MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒MN23</p>
<p>MN22. When was the decision made to have the caesarean section? <i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS 1 AFTER LABOUR PAINS 2</p>	
<p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest? <i>If necessary, show the picture of skin-to-skin position.</i></p> 	<p>YES 1 NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	<p>2 ⇒MN25 8 ⇒MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES 1 NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	
<p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES 1 NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	

<p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR 000</p> <p>HOURS 1 __ __</p> <p>DAYS 2 __ __</p> <p>NEVER BATHED 997</p> <p>DK / DON’T REMEMBER 998</p>	
<p>MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE..... 1</p> <p>LARGER THAN AVERAGE..... 2</p> <p>AVERAGE..... 3</p> <p>SMALLER THAN AVERAGE 4</p> <p>VERY SMALL..... 5</p> <p>DK 8</p>	
<p>MN33. Was (<i>name</i>) weighed at birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ MN35</p> <p>8 ⇒ MN35</p>
<p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If a Patient medical record (form 112) is available, record weight from document.</i></p>	<p>FROM CARD..... 1 (KG) __ . __ __ __</p> <p>FROM RECALL 2 (KG) __ . __ __ __</p> <p>DK 99998</p>	
<p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>MN36. Did you ever breastfeed (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ MN39B</p>
<p>MN37. How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour, record ‘00’ hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i></p>	<p>IMMEDIATELY 000</p> <p>HOURS 1 __ __</p> <p>DAYS 2 __ __</p> <p>DK / DON’T REMEMBER 998</p>	

<p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒MN39A 2 ⇒End</p>
<p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p> <p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p>	<p>MILK (OTHER THAN BREAST MILK)A PLAIN WATERB SUGAR OR GLUCOSE WATERC GRIPE WATERD SUGAR-SALT-WATER SOLUTIONE FRUIT JUICE.....F INFANT FORMULAG TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONSH PRESCRIBED MEDICINEJ NAVVATK BREAST MILK (NOT FROM MOTHER)L</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>NOT GIVEN ANYTHING TO DRINK.....Y</p>	

POST-NATAL HEALTH CHECKS		PN
<p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=11</p> <p>NO, CM17=0 OR BLANK2</p>	2 ⇒ End
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 761</p> <p>NO, MN20=11-12 OR 962</p>	2 ⇒ PN7
<p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>).</p> <p>You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p>	<p>HOURS1 __ __</p> <p>DAYS2 __ __</p> <p>WEEKS3 __ __</p> <p>DK / DON'T REMEMBER998</p>	
<p>PN4. 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 (<i>name</i>) is ok.</p> <p>Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?</p>	<p>YES1</p> <p>NO2</p>	
<p>PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you?</p> <p>Did anyone check on <u>your</u> health before you left (<i>name or type or facility in MN20</i>)?</p>	<p>YES1</p> <p>NO2</p>	
<p>PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?</p>	<p>YES1</p> <p>NO2</p>	1 ⇒ PN12 2 ⇒ PN17
<p>PN7. Check MN19: Did a health professional or traditional birth attendant assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED1</p> <p>NO, NONE OF THE CATEGORIES A TO F RECORDED2</p>	2 ⇒ PN11

<p>PN8. You have already said that (<i>person or persons in MN19</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 MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES1</p> <p>NO2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES1</p> <p>NO2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	<p>1 ⇒PN12</p> <p>2 ⇒PN19</p>
<p>PN11. 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>YES1</p> <p>NO2</p>	<p>2 ⇒PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE1</p> <p>MORE THAN ONCE2</p>	<p>1 ⇒PN13A</p> <p>2 ⇒PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS1 __ __</p> <p>DAYS2 __ __</p> <p>WEEKS3 __ __</p> <p>DK / DON’T REMEMBER998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE / MIDWIFEB</p> <p>FELDSHER.....C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>)X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME.....11</p> <p>OTHER HOME.....12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL.....21</p> <p>FACILITIES OF PRIMARY OUT-PATIENT CARE SUCH AS RURAL HEALTH POST, RURAL FAMILY POLYCLINIC, FAMILY POLYCLINIC, ADVISORY POLYCLINIC ..24</p> <p>OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL.....31</p> <p>PRIVATE OUT-PATIENT CLINIC/CENTER.....32</p> <p>PRIVATE MATERNITY HOME / PRIVATE CHILDBIRHT FACILITY33</p> <p>PRIVATE PRACTITIONER34</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>DK PUBLIC OR PRIVATE76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76.....1</p> <p>NO, MN20=11-12 OR 96.....2</p>	<p>2 ⇒PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES1</p> <p>NO.....2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN18. Check MN19: Did a health professional or traditional birth attendant assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED1</p> <p>NO, NONE OF THE CATEGORIES A TO F RECORDED2</p>	<p>2 ⇒PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES1</p> <p>NO.....2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES1</p> <p>NO.....2</p>	<p>2 ⇒PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE.....1</p> <p>MORE THAN ONCE2</p>	<p>1 ⇒PN22A</p> <p>2 ⇒PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS1 ___</p> <p>DAYS.....2 ___</p> <p>WEEKS.....3 ___</p> <p>DK / DON'T REMEMBER998</p>	

<p>PN23. Who checked on <u>your</u> health at that time?</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B FELDSHER..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE / FRIEND H OTHER (<i>specify</i>) X</p>	
<p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p>	<p>HOME RESPONDENT'S HOME.....11 OTHER HOME.....12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL.....21 FACILITIES OF PRIMARY OUT-PATIENT CARE SUCH AS RURAL HEALTH POST, RURAL FAMILY POLYCLINIC, FAMILY POLYCLINIC, ADVISORY POLYCLINIC..24 OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL.....31 PRIVATE OUT-PATIENT CLINIC / CENTER32 PRIVATE MATERNITY HOME / PRIVATE CHILDBIRHT FACILITY33 PRIVATE PRACTITIONER34 OTHER PRIVATE MEDICAL (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE76</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)'s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>EXAMINE THE CORD..... 1 2 8</p> <p>TAKE TEMPERATURE 1 2 8</p> <p>COUNSEL ON BREASTFEEDING..... 1 2 8</p>	
<p>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1..... 1 NO, MN36=2 2</p>	<p>2 ⇒PN28</p>
<p>PN27. Observe (<i>name</i>)'s breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING 1 2 8</p>	

<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1.....1 NO, MN33=22 DK, MN33=83</p>	<p>1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C</p>
<p>PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days?</p> <p>PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p>	<p>YES1 NO2</p>	
<p>PN30. During the first two days after (<i>name</i>)’s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES1 NO2</p>	

CP0. I would like to talk with you about another subject: family planning.
Couples use various ways or methods to delay or avoid getting pregnant.

Have you heard of:

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

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

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	2 ⇨ UN6
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS 0 ONE OR MORE BIRTHS 1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children?	LATER 1 NONE / NO MORE 2	
UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE / NONE 2 UNDECIDED / DK 8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A 1 NO, CP4≠A 2	1 ⇨ UN14
UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE / NONE 2 SAYS SHE CANNOT GET PREGNANT 3 UNDECIDED / DK 8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i>	MONTHS 1 __ __ YEARS 2 __ __ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	1 ⇨ UN14
UN10. Check CP2: Currently using a method?	YES, CP2=1 1 NO, CP2=2 2	1 ⇨ UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES 1 NO 2 DK 8	1 ⇨ UN14 8 ⇨ UN14

<p>UN12. Why do you think you are not physically able to get pregnant?</p>	<p>INFREQUENT SEX / NO SEX..... A MENOPAUSAL B NEVER MENSTRUATED..... C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULTE POSTPARTUM AMENORRHEIC F BREASTFEEDING G TOO OLD H FATALISTIC.....I OTHER (<i>specify</i>)..... X DK.....Z</p>	
<p>UN13. Check UN12: 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2</p>	<p>1 ⇒End</p>
<p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i></p> <p>How many months ago?</p>	<p>DAYS AGO 1 __ __ WEEKS AGO 2 __ __ MONTHS AGO 3 __ __ YEARS AGO 4 __ __ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED..... 995</p>	<p>993 ⇒End 994 ⇒End 995 ⇒End</p>
<p>UN15. Check UN14: Was the last menstrual period within last year?</p>	<p>YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2</p>	<p>2 ⇒End</p>
<p>UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p>	<p>YES 1 NO..... 2 DK / NOT SURE / NO SUCH ACTIVITY 8</p>	
<p>UN17. During your last menstrual period were you able to wash and change in privacy while at home?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>UN18. Did you use any materials such as sanitary pads, tampons or cloth?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	<p>2 ⇒End 8 ⇒End</p>
<p>UN19. Were the materials reusable?</p>	<p>YES 1 NO..... 2 DK..... 8</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:

		YES	NO	DK
[A] If she goes out without telling him?	GOES OUT WITHOUT TELLING.....	1	2	8
[B] If she neglects the children?	NEGLECTS CHILDREN	1	2	8
[C] If she argues with him?	ARGUES WITH HIM.....	1	2	8
[D] If she refuses to have sex with him?	REFUSES SEX	1	2	8
[E] If she burns the food?	BURNS FOOD	1	2	8
[F] If she does not do household chores?	DOESN'T DO HOUSEHOLD CHORES	1	2	8

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 this sort of incidents, so please take your time while you think about your answers.

YES 1
 NO 2 2 ⇒ VT9B
 DK 8 8 ⇒ VT9B

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 1
 NO, MORE THAN 12 MONTHS AGO 2 2 ⇒ VT5B
 DK / DON'T REMEMBER 8 8 ⇒ VT5B

VT3. How many times did this happen in the last 12 months?

If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?

ONE TIME 1
 TWO TIMES 2
 THREE OR MORE TIMES 3
 DK / DON'T REMEMBER 8

VT4. Check VT3: One or more times?

ONE TIME, VT3=1 1 1 ⇒ VT5A
 MORE THAN ONCE OR DK,
 VT3=2, 3 OR 8 2 2 ⇒ VT5B

VT5A. When this happened, was anything stolen from you?

YES 1
 NO 2

VT5B. The last time this happened, was anything stolen from you?

DK / NOT SURE 8

VT6. Did the person(s) have a weapon?

YES 1
 NO 2 2 ⇒ VT8
 DK / NOT SURE 8 8 ⇒ VT8

VT7. Was a knife, a gun or something else used as a weapon?

Record all that apply.

YES, A KNIFE A
 YES, A GUN B
 YES, SOMETHING ELSE X

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

<p>VT14A. At the time of the incident, did you recognize the person?</p> <p>VT14B. At the time of the incident, did you recognize at least one of the persons?</p>	<p>YES 1 NO 2</p> <p>DK / DON'T REMEMBER 8</p>																																	
<p>VT17. Did the person(s) have a weapon?</p>	<p>YES 1 NO 2</p> <p>DK / NOT SURE 8</p>	<p>2 ⇒ VT19 8 ⇒ VT19</p>																																
<p>VT18. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFE A YES, A GUN B YES, SOMETHING ELSE X</p>																																	
<p>VT19. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3</p> <p>DK / NOT SURE 8</p>																																	
<p>VT20. How safe do you feel walking alone in your neighbourhood after dark?</p>	<p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE 4</p> <p>NEVER WALK ALONE AFTER DARK 7</p>																																	
<p>VT21. How safe do you feel when you are at home alone after dark?</p>	<p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE 4</p> <p>NEVER ALONE AFTER DARK 7</p>																																	
<p>VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?</p> <p>[A] Ethnic or immigration origin?</p> <p>[B] Sex?</p> <p>[C] Sexual orientation?</p> <p>[D] Age?</p> <p>[E] Religion or belief?</p> <p>[F] Disability?</p> <p>[X] For any other reason?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ETHNIC / IMMIGRATION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEXUAL ORIENTATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AGE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RELIGION / BELIEF</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISABILITY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER REASON.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	ETHNIC / IMMIGRATION.....	1	2	8	SEX	1	2	8	SEXUAL ORIENTATION	1	2	8	AGE.....	1	2	8	RELIGION / BELIEF	1	2	8	DISABILITY	1	2	8	OTHER REASON.....	1	2	8	
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MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION..... 3	3 ⇒MA5
MA2. How old is your (husband/partner)? <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS __ __ DK..... 98	
MA3. Besides yourself, does your (husband/partner) have any other wives or partners or does he live with other women as if married?	YES 1 NO..... 2	2 ⇒MA7
MA4. How many other wives or partner does he have?	NUMBER __ __ DK..... 98	⇒MA7 98 ⇒MA7
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER .. 2 NO..... 3	3 ⇒End
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED..... 1 DIVORCED 2 SEPARATED 3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE..... 1 MORE THAN ONCE 2	1 ⇒MA8A 2 ⇒MA8B
MA8A. In what month and year did you start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR 9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998..... 2	2 ⇒End
MA10. Check MA7: In union only once?	YES, MA7=1 1 NO, MA7=2 2	1 ⇒MA11A 2 ⇒MA11B
MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS __ __	

INFORMED DECISION ON REPRODUCTIVE HEALTH CARE		ID
ID1. Check MA1: Is woman currently married or living together with someone as if married?	YES, MA1=1 OR 2 1 NO, MA1=3 OR BLANK..... 2	2 ⇒End
ID2. Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES..... 1 NO 2 NOT SURE / DEPENDS 8	
ID3. Now, I would like to ask you some questions about health care. Who usually makes decisions about health care for yourself: you, your (husband / partner), you and your (husband / partner) jointly, or someone else? <i>If someone else or together, probe:</i> Could you tell me (with) who(m)?	RESPONDENT 1 HUSBAND / PARTNER..... 2 JOINT DECISION 3 OTHER (<i>specify</i>) 6	
ID4. Can you also please tell me, who takes the decision on when you can go to seek reproductive health care; for example, if you experience a painful or burning sensation when urinating? <i>If someone else or together, probe:</i> Could you tell me (with) who(m)?	MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER..... 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 OTHER (<i>specify</i>) 6	
ID5A. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, NOT SURE, CP1=2 OR 8 2	1 ⇒End
ID5B. Check CP2: Is woman currently doing something or using any method to delay or avoid getting pregnant?	YES, CP2=1 1 NO, CP2=2 2	1 ⇒ID6A
ID5C. Check UN12: Is there at least one answer category (A to Z) recorded?	YES, AT LEAST ONE..... 1 NO, NONE RECORDED 2	1 ⇒End 2 ⇒ID6B
ID6A. You mentioned that you currently use contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, did you both decide together, or it is the decision of a health care worker? ID6B. You have mentioned that you currently do not use contraception. Would you say that not using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together, or it is the decision of a health care worker?	MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER..... 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 HEALTH CARE WORKER 4 OTHER (<i>specify</i>) 6	

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

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

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

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 NO 2 DK 8	1 ⇨ HA28 2 ⇨ HA28 8 ⇨ HA28
HA27. Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	2 ⇨ HA30
HA29. Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
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 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DK / NOT SURE / DEPENDS 8	
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 / DEPENDS 8	

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 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM12. Language of the Questionnaire.	UZBEK..... 2 RUSSIAN 3 KARAKALPAK 4	
WM13. Language of the Interview.	UZBEK..... 2 RUSSIAN 3 KARAKALPAK 4 OTHER LANGUAGE (specify) 96	
WM14. Native language of the Respondent.	UZBEK..... 02 RUSSIAN 03 KARAKALPAK 04 TAJK 05 KYRGYC 06 KAZAKH 07 TURKMEN 08 OTHER LANGUAGE (specify) 96	
WM15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	

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

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

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

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS