

APPENDIX F2. Questionnaire for Individual Women

QUESTIONNAIRE FOR INDIVIDUAL WOMEN		Kosovo*
WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number: _____	HH2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____	
<p><i>Repeat greeting if not already read to this woman:</i> WE ARE FROM THE Kosovo* AGENCY OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>		<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i> NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>		
WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) 96	
WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____	

WM10. Record the time.		Hour and minutes..... : ..
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 PRE-PRIMARY SCHOOL?	Yes 1 No 2	2⇒ WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-primary..... 0 Primary..... 1 Lower secondary 2 Upper secondary..... 3 Higher..... 4	0⇒ WB7
WB5. WHAT IS THE HIGHEST GRADE/YEAR YOU COMPLETED AT THAT LEVEL? <i>If the first grade/year at this level is not completed, enter "00"</i>	Grade/Year	
WB5A. Check WB4: <input type="checkbox"/> Higher (WB4 = 4) ⇒ Go to Next Module <input type="checkbox"/> Primary, lower secondary or upper secondary (WB4 = 1, 2 or 3) ⇒ Continue with WB5B		
WB5B. IS THE HIGHEST LEVEL OF SCHOOL YOU HAVE ATTENDED PART OF THE OLD OR THE NEW SCHOOL SYSTEM?	Old school system..... 1 New school system..... 2	
WB6. Check WB4: <input type="checkbox"/> Upper secondary (WB4 = 3) ⇒ Go to Next Module <input type="checkbox"/> Primary or lower secondary (WB4 = 1 or 2) ⇒ 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 <i>(specify language)</i> Blind / visually impaired..... 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check WB7: <input type="checkbox"/> Question left blank (Respondent has upper secondary or higher education) ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind/visually impaired (WB7 = 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	
MT5. Check WB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module		
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 ⇒ Next Module
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 ⇒ Next Module
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?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

FERTILITY/BIRTH HISTORY		CM
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒ CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	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 No 2	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> 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?	Yes 1 No 2	2⇒ CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead ____ Girls dead ____	
CM10. Sum answers to CM5, CM7, and CM9.	Sum ____	
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?		
<input type="checkbox"/> Yes. Check below: <ul style="list-style-type: none"> <input type="checkbox"/> No live births ⇒ Go to CM12B <input type="checkbox"/> One or more live births ⇒ Continue with the BIRTH HISTORY module 		
<input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or CM12B		

BIRTH HISTORY

BH

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. If there are more than 14 births, use an additional questionnaire.

BH. Line no.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN?		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. 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			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
				Month	Year					Unit	Number	Y	
01		1 2	1 2			1 2 ⇒ BH9				Days1 Months2 Years3			
02		1 2	1 2			1 2 ⇒ BH9				Days1 Months2 Years3	1 Add Birth	2 Next Birth	
03		1 2	1 2			1 2 ⇒ BH9				Days1 Months2 Years3	1 Add Birth	2 Next Birth	
04		1 2	1 2			1 2 ⇒ BH9				Days1 Months2 Years3	1 Add Birth	2 Next Birth	
05		1 2	1 2			1 2 ⇒ BH9				Days1 Months2 Years3	1 Add Birth	2 Next Birth	
06		1 2	1 2			1 2 ⇒ BH9				Days1 Months2 Years3	1 Add Birth	2 Next Birth	
07		1 2	1 2			1 2 ⇒ BH9				Days1 Months2 Years3	1 Add Birth	2 Next Birth	

BH.	Line no.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?	BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. 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	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No		
Line		Name	S M	B G	Month	Year	Y N	Age	Y N	Line No.	Unit	Number	Y N
08			1 2	1 2	---	---	1 2 ⇒ BH9	---	1 2	⇒ BH10	Days.....1 Months.....2 Years.....3	---	1 2 Add Birth Next Birth
09			1 2	1 2	---	---	1 2 ⇒ BH9	---	1 2	⇒ BH10	Days.....1 Months.....2 Years.....3	---	1 2 Add Birth Next Birth
10			1 2	1 2	---	---	1 2 ⇒ BH9	---	1 2	⇒ BH10	Days.....1 Months.....2 Years.....3	---	1 2 Add Birth Next Birth
11			1 2	1 2	---	---	1 2 ⇒ BH9	---	1 2	⇒ BH10	Days.....1 Months.....2 Years.....3	---	1 2 Add Birth Next Birth
12			1 2	1 2	---	---	1 2 ⇒ BH9	---	1 2	⇒ BH10	Days.....1 Months.....2 Years.....3	---	1 2 Add Birth Next Birth
13			1 2	1 2	---	---	1 2 ⇒ BH9	---	1 2	⇒ BH10	Days.....1 Months.....2 Years.....3	---	1 2 Add Birth Next Birth
14			1 2	1 2	---	---	1 2 ⇒ BH9	---	1 2	⇒ BH10	Days.....1 Months.....2 Years.....3	---	1 2 Add Birth Next Birth
15			1 2	1 2	---	---	1 2 ⇒ BH9	---	1 2	⇒ BH10	Days.....1 Months.....2 Years.....3	---	1 2 Add Birth Next Birth

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?
 Yes.....1
 No.....2

1 ⇒ Record birth(s) in Birth History

<p>CM12A. Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:</p> <p><input type="checkbox"/> Numbers are same ⇒ Continue with CM12B</p> <p><input type="checkbox"/> Numbers are different ⇒ Probe and reconcile</p>		
<p>CM12B. SOMETIMES PREGNANCIES DO NOT END WITH A LIVE BIRTH.</p> <p>HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN A STILLBIRTH, OR THAT WAS ABORTED?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ CM13</p>
<p>CM12C. HOW MANY MISCARRIAGES DID YOU HAVE DURING YOUR LIFETIME?</p> <p>BY MISCARRIAGE, I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	<p>None 00</p> <p>Number of miscarriages ____</p>	
<p>CM12D. IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH?</p> <p>BY STILLBIRTH, I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5TH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.</p>	<p>None 00</p> <p>Number of stillbirths ____</p>	
<p>CM12E. AND HOW MANY ABORTIONS DID YOU HAVE DURING YOUR LIFETIME?</p> <p>BY ABORTION, I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	<p>None 00</p> <p>Number of abortions ____</p>	
<p>CM13. Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in 2012 (if the month of interview and the month of birth are the same, and the year of birth is 2012, consider this as a birth within the last 2 years)</p> <p><input type="checkbox"/> Question left blank or no live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Record name of last born child and continue with next module</p> <p style="padding-left: 40px;">Name of last-born child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p>		

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p>Record name of last-born child from CM13 here _____.</p> <p>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?	Yes	1
	No	2
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later	1
	No more	2
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i>	Months	1 ___
	Years	2 ___
	DK	998
		1⇒ Next Module
		2⇒ Next Module

MATERNAL AND NEWBORN HEALTH		MN																								
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p>Record name of last-born child from CM13 here _____.</p> <p>Use this child's name in the following questions, where indicated.</p>																										
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN17																								
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant F Other (specify) X																									
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? <i>Record the answer as stated by respondent.</i>	Weeks..... 1 ___ Months 2 0 ___ DK 998																									
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>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.</i>	Number of times..... ___ DK 98																									
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE? [D] DID YOU HAVE AN ULTRASOUND? [E] WAS YOUR WEIGHT MEASURED? [F] WAS YOUR UTERINE HEIGHT MEASURED? [G] WAS YOUR PREGNANCY BOOK UPDATED?	<table style="width:100%; border:none;"> <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.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Ultrasound.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Weight.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Uterine height</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Pregnancy book.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </tbody> </table>		Yes	No	Blood pressure.....	1	2	Urine sample	1	2	Blood sample.....	1	2	Ultrasound.....	1	2	Weight.....	1	2	Uterine height	1	2	Pregnancy book.....	1	2	
	Yes	No																								
Blood pressure.....	1	2																								
Urine sample	1	2																								
Blood sample.....	1	2																								
Ultrasound.....	1	2																								
Weight.....	1	2																								
Uterine height	1	2																								
Pregnancy book.....	1	2																								
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant F Relative / Friend H Other (specify) X No one Y																									

<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 style="text-align: center;"><i>(Name of place)</i></p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Public hospital..... 21</p> <p>Family Health Centre/Maternity 22</p> <p>Gynaecology/Obstetric Clinic 24</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>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>Yes 1</p> <p>No 2</p>	<p>2⇒ MN20</p>
<p>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before 1</p> <p>After 2</p>	
<p>MN19B. WHO WAS THE MAIN INFLUENCE TO HAVE THE CAESAREAN SECTION?</p>	<p>Respondent 01</p> <p>Respondent and partner 02</p> <p>Doctor..... 03</p> <p>Other health personnel 04</p> <p>Family members..... 05</p> <p>Friends..... 06</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 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>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ MN23</p> <p>8⇒ MN23</p>
<p>MN22. HOW MUCH DID (name) WEIGH?</p> <p><i>If a card/discharge letter is available, record weight from card/discharge letter.</i></p>	<p>From card 1 (kg) ____</p> <p>From recall..... 2 (kg) ____</p> <p>DK 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><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>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ Next Module</p>
<p>MN27. WHAT WAS (name) GIVEN TO DRINK?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p>	<p>Milk (other than breast milk)..... A</p> <p>Plain water B</p> <p>Sugar or glucose water C</p> <p>Sugar-salt-water solution E</p> <p>Fruit juice..... F</p> <p>Infant formula G</p> <p>Tea H</p> <p>Other (<i>specify</i>) X</p>	

POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p>Record name of last-born child from CM13 here _____.</p> <p>Use this child's name in the following questions, where indicated.</p>		
<p>PN1. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p>PN2. 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 MN18)</i>. HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</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>Hours 1 ____</p> <p>Days 2 ____</p> <p>Weeks 3 ____</p> <p>DK / don't remember 998</p>	
<p>PN3. 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 MN18)</i>, DID ANYONE CHECK ON <i>(name)</i>'S HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN4. 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 of facility in MN18)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	
<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</p> <p>No 2</p>	<p>1⇒ PN11</p> <p>2⇒ PN16</p>
<p>PN6. Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or traditional birth attendant (A-F 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</p> <p>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</p> <p>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</p> <p>No 2</p>	<p>1⇒ PN11</p> <p>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</p> <p>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?	Hours..... 1 ____	
PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Days..... 2 ____ Weeks..... 3 ____ DK / don't remember..... 998	
PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional Doctor..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant F Relative / Friend H Other (specify)..... X	
PN14. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place)	Home Respondent's home..... 11 Other home 12 Public sector Public hospital..... 21 Family Health Centre/Maternity 22 Gynaecology/Obstetric Clinic 24 Other public (specify) 26 Private medical sector Private hospital 31 Private clinic..... 32 Other private medical (specify)..... 36 Other (specify)..... 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=21-26 or 31-36) ⇒ 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 traditional birth attendant assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN18 <input type="checkbox"/> No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN19		
PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next Module
PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON YOUR 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?	Hours..... 1 ____	
PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Days..... 2 ____ Weeks..... 3 ____ DK / don't remember..... 998	

PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional Doctor..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant F Relative / Friend H Other (<i>specify</i>) X	
PN23. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (<i>Name of place</i>)	Home Respondent's home.....11 Other home12 Public sector Public hospital.....21 Family Health Centre/Maternity 22 Gynaecology/Obstetric Clinic24 Other public (<i>specify</i>) 26 Private medical sector Private hospital31 Private clinic.....32 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	

ILLNESS SYMPTOMS		IS
<p>IS1. Check List of Household Members, columns HL7B and HL15 Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2. <input type="checkbox"/> No ⇒ Go to Next Module.</p>		
<p>IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions</i></p>	<p>Child not able to drink or breastfeed..... A Child becomes sicker B Child develops a fever..... C Child has fast breathing..... D Child has difficulty breathing E Child has blood in stool F Child is drinking poorly..... G</p> <p>Other (specify) _____ X Other (specify) _____ Y Other (specify) _____ Z</p>	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK 8	1⇒ CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	1⇒ CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	1⇒ Next Module 2⇒ Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	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 Other (specify) X	
CP3A. Check CP3 for contraception method used to delay or avoid a pregnancy <input type="checkbox"/> CP3 = C – J ⇒ Continue with CP4. <input type="checkbox"/> Else ⇒ Go to CP5.		
CP4. WHERE DID YOU OBTAIN (name of current method in CP3)? <i>If more than one method code circled for CP3 categories C-J, ask this question for highest method in list.</i> <i>Probe to identify the type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Public hospital.....11 Family Health Centre/Maternity12 Gynaecology/Obstetric Clinic14 Other public (specify)16 Public pharmacy.....17 Private medical sector Private hospital / clinic.....21 Private physician22 Private pharmacy.....23 Other private medical (specify)26 Other source Relative / Friend31 Shop32 Other (specify)96	
CP5. WOULD YOU SAY THAT USING CONTRACEPTION IS MAINLY YOUR DECISION, MAINLY YOUR HUSBAND'S/PARTNER'S DECISION, OR DID YOU BOTH DECIDE TOGETHER?	Mainly respondent 1 Mainly husband/partner 2 Joint decision..... 3 Other (specify) 6	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> 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 / DK..... 8	1⇒UN7 2⇒UN13 8⇒UN13
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 / DK..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. 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⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		
UN9. Check CP2. Currently using a method? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with 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 amenorrhic F Breastfeeding..... G Too old H Fatalistic I Other (specify) X DK Z	

<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>	
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p><i>Record the answer using the same unit stated by the respondent</i></p>	<p>Days ago 1 ___</p> <p>Weeks ago 2 ___</p> <p>Months ago..... 3 ___</p> <p>Years ago 4 ___</p> <p>In menopause / Has had hysterectomy 994</p> <p>Before last birth..... 995</p> <p>Never menstruated..... 996</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 NEGLECTS THE HOUSEHOLD AND HYGIENE WORK?	Neglects household and hygiene work.....	1	2	8
[G] IF SHE NEGLECTS HIS PARENTS?	Neglects his parents.....	1	2	8
[H] IF SHE MAKES HIM JEALOUS BY HER BEHAVIOUR TO OTHER MEN?	Makes him jealous.....	1	2	8
[I] IF SHE MAKES DECISIONS FOR THE FAMILY WITHOUT CONSULTING HIM?	Makes decisions without consulting him.....	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3⇒ MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	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 PARTNERS DOES HE HAVE?	Number ____ DK 98	⇒ MA7 98⇒ MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3⇒ Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN 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 MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month ____ DK month 98	
MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Year ____ DK year 9998	⇒ Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER?	Age in years ____	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before continuing, ensure privacy.		
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. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse 00 Age in years First time when started living with (first) husband/partner..... 95	00⇒Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2 DK / Don't remember..... 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record answers in days, weeks or months if less than 12 months (one year).</i> <i>If 12 months (one year) or more, answer must be recorded in years.</i>	Days ago 1 ___ Weeks ago 2 ___ Months ago..... 3 ___ Years ago 4 ___	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'boyfriend/fiancé', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend/Fiancé 3 Casual acquaintance 4 Other (specify) 6	3⇒SB7 4⇒SB7 6⇒SB7
SB6. Check MA1: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	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/fiancé' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend/ Fiancé 3 Casual acquaintance 4 Other (specify) 6	3⇒SB12 4⇒SB12 6⇒SB12
SB11. Check MA1 and MA7: <input type="checkbox"/> 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 <input type="checkbox"/> Else ⇒ Continue with SB12		

<p>SB12. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner ____ DK 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No 2</p>	2⇒SB15
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... ____</p>	
<p>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.</i> <i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ____ DK 98</p>	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED HIV/AIDS?	Yes 1 No 2	2⇒ Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																	
HA3A. CAN PEOPLE GET THE HIV/AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH HIV/AIDS?	Yes 1 No 2 DK 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																	
HA5. CAN PEOPLE GET THE HIV/AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																	
HA6. CAN PEOPLE GET THE HIV/AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE HIV/AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV/AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA8. CAN THE VIRUS THAT CAUSES HIV/AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> <th style="text-align: right;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>During delivery.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>By breastfeeding.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">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. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV/AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends..... 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV/AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends..... 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/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 HIV/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 CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13="No") ⇒ 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 HIV/AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE HIV/AIDS VIRUS? [C] GETTING TESTED FOR THE HIV/AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE HIV/AIDS VIRUS?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></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>HIV/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 HIV/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	HIV/AIDS from mother	1	2	8	Things to do	1	2	8	Tested for HIV/AIDS	1	2	8	Offered a test	1	2	8	
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HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/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 COUNSELLING 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 (MN17 = A, B or C) ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24																						
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/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 HIV/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 HIV/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 HIV/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																					
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⇒ Next Module 2⇒ Next Module 8⇒ Next Module																				
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE HIV/AIDS VIRUS?	Yes 1 No 2																					

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No 2	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?	Yes 1 No 2	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 "every day" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day..... 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	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 Cigarillos..... C Pipe..... D 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 "every day" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day..... 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes 1 No 2	2⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA14
TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobacco A Snuff B Dip C 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 "every day" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day..... 30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes 1 No 2	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, RAKI, VODKA, WHISKEY OR RUM. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol 00 Age ____	00⇒Next Module

<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i> <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>If "every day" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month..... 00</p> <p>Number of days 0 ____</p> <p>10 days or more but less than a month 10</p> <p>Every day / Almost every day..... 30</p>	<p>00⇒ Next Module</p>
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks..... ____ ____</p>	

LIFE SATISFACTION		LS
LS1. Check WB2: Age of respondent is between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to WM11 <input type="checkbox"/> 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. <i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i>	Very happy 1 Somewhat happy 2 Neither happy nor unhappy..... 3 Somewhat unhappy 4 Very unhappy 5	
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. <i>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.</i> HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS5. DURING THE CURRENT SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes 1 No 2	2 ⇒ LS7
LS6. HOW SATISFIED ARE YOU WITH YOUR SCHOOL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
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 job 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	

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 satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <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>	Does not have any income 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved 1 More or less the same 2 Worsened 3	
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?	Better 1 More or less the same 2 Worse 3	

WM11. Record the time.	Hour and minutes..... ____: ____
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WM12. Check List of Household Members, columns HL7B and HL15.

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

Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then 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 and proceed to complete the result of woman's interview (WM7) on the cover page

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

RESPONSE CARD:

SIDE 1

Very happy



Somewhat happy



Neither happy, nor unhappy



Somewhat unhappy



Very unhappy



SIDE 2

Very satisfied



Somewhat satisfied



Neither satisfied, nor unsatisfied



Somewhat unsatisfied



Very unsatisfied

