# QUESTIONNAIRE FOR INDIVIDUAL WOMEN
## 2019–2020 Kosovo MICS

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

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| *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.* | **WM7**. *Record the time:*<br><br>HOURS : MINUTES<br><br>__ __ : __ __ |
| **WM8**. *Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?* | YES, INTERVIEWED ALREADY .........1    1⇨WM9B<br>NO, FIRST INTERVIEW ........................2    2⇨WM9A |
| **WM9A**. Hello, my name is (*your name*). We are from 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 your health and other topics. This interview usually takes about 20 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | **WM9B**. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? |
| YES .......................................................................1<br>NO / NOT ASKED ....................................................2 | 1⇨*WOMAN'S BACKGROUND Module*<br>2⇨*WM17* |

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

| WOMAN'S BACKGROUND | | WB |
|---|---|---|
| **WB1**. *Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?* | YES, RESPONDENT IS THE SAME, WM3=HH47 ....................................... 1 <br> 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=3 OR 4 ....................................... 1 <br> ED5=0, 1, 2, 8 OR BLANK.................... 2 | 1⇨WB15 <br> 2⇨WB14 |
| **WB3**. In what month and year were you born? | DATE OF BIRTH <br>   MONTH........................................... __ __ <br>   DK MONTH ...................................... 98 <br><br>    YEAR.....................................__ __ __ __ <br>   DK YEAR ........................................ 9998 | |
| **WB4**. How old are you? <br><br> *Probe:* How old were you at your last birthday? <br><br> *If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.* | AGE (IN COMPLETED YEARS) .................. __ __ | |
| **WB5**. Have you ever attended school or preschool education? | YES........................................................ 1 <br> NO......................................................... 2 | 2⇨WB14 |
| **WB6**. What is the highest level and grade or year of school you have attended? | PRESCHOOL ....................................... 000 <br> PRIMARY .........................................**1**    __ __ <br> LOWER SECONDARY ...........................**2**    __ __ <br> UPPER SECONDARY...........................**3**    __ __ <br> HIGHER .............................................**4**    __ __ | 000⇨WB14 |
| **WB7**. Did you complete that (grade/year)? | YES........................................................ 1 <br> NO......................................................... 2 | |
| **WB7A.** *Check WB6: Highest level of school attended:* | WB6=4.................................................... 1 <br> WB6=1, 2 OR 3 ....................................... 2 | 1⇨WB8 <br> 2⇨WB7B |
| **WB7B**. Is the highest level of school you have attended part of the old or the new school system? | OLD ...................................................... 1 <br> NEW ..................................................... 2 <br> DK ........................................................ 3 | |
| **WB8**. *Check WB4: Age of respondent:* | AGE 15-24 ............................................. 1 <br> AGE 25-49 ............................................. 2 | 2⇨WB13 |
| **WB9**. At any time during the current school year (2019/2020) did you attend school? | YES........................................................ 1 <br> NO......................................................... 2 | 2⇨WB11 |
| **WB10**. During this current school year (2019/2020), which level and grade or year are you <u>attending</u>? | PRIMARY .........................................**1**    __ __ <br> LOWER SECONDARY ...........................**2**    __ __ <br> UPPER SECONDARY...........................**3**    __ __ <br> HIGHER .............................................**4**    __ __ | |
| **WB11**. At any time during the previous school year (2018/2019) did you attend school? | YES........................................................ 1 <br> NO......................................................... 2 | 2⇨WB13 |

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|---|---|---|
| **WB12**. During that previous school year (2018/2019), which level and grade or year did you <u>attend</u>? | PRIMARY ......................................................**1**   __ __<br>LOWER SECONDARY ...........................**2**   __ __<br>UPPER SECONDARY............................**3**   __ __<br>HIGHER ......................................................**4**   __ __ | |
| | | |
| **WB14**. Now I would like you to read this sentence to me.<br><br>*Show sentence on the card to the respondent.*<br><br>*If respondent cannot read whole sentence, probe:* Can you read part of the sentence to me? | CANNOT READ AT ALL ...................................... 1<br>ABLE TO READ ONLY PARTS<br>  OF SENTENCE ..................................................... 2<br>ABLE TO READ WHOLE SENTENCE ............... 3<br>NO SENTENCE IN<br>  REQUIRED LANGUAGE / BRAILLE<br>  (*specify language*) _____ 4 | |
| **WB15**. How long have you been continuously living in (*name of current city or village of residence*)?<br><br>*If less than one year, record '00' years.* | YEARS ......................................................... __ __<br>ALWAYS / SINCE BIRTH.................................. 95 | 95 ⇨*WB18* |
| **WB16**. Just before you moved here, did you live in a city or in a village?<br><br>*Probe to identify the type of place.*<br><br><u>*If unable to determine whether the place is a city, or a village*</u>, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.<br><br>_____<br>           *(Name of place)* | CITY ....................................................................... 1<br>VILLAGE ............................................................... 3<br><br><br>UNABLE TO DETERMINE IF<br>  CITY/VILLAGE.................................................... 5<br><br>DK / DON'T REMEMBER................................... 8 | |
| **WB17**. Before you moved here, which municipality did you live in?<br><br>*If unable to determine the exact municipality, show the respondent the list of municipalities and if necessary read it out loud and then record the respective code.* | MUNICIPALITY...........................................__ __<br><br>OUTSIDE OF KOSOVO<br>  (*specify*) _____ 96 | |
| **WB18**. Are you covered by any health insurance? | YES........................................................................ 1<br><br>NO.......................................................................... 2 | 2 ⇨*End* |
| **WB19**. What type of health insurance are you covered by?<br><br>*Record all mentioned.* | HEALTH INSURANCE THROUGH<br>  EMPLOYER ..........................................................B<br>OTHER PRIVATELY PURCHASED COMMERCIAL<br>  HEALTH INSURANCE......................................D<br><br>OTHER (*specify*) _____ X | |

| 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? *This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.* | YES...............................................................1 <br> NO................................................................2 | 2⇨*CM8* |
| **CM2**. Do you have any sons or daughters to whom you have given birth who are now living with you? | YES...............................................................1 <br> NO................................................................2 | 2⇨*CM5* |
| **CM3**. How many sons live with you? <br> *If none, record '00'.* | SONS AT HOME .............................................. __ __ | |
| **CM4**. How many daughters live with you? <br> *If none, record '00'.* | DAUGHTERS AT HOME ................................ __ __ | |
| **CM5**. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES...............................................................1 <br> NO................................................................2 | 2⇨*CM8* |
| **CM6**. How many sons are alive but do not live with you? <br> *If none, record '00'.* | SONS ELSEWHERE........................................... __ __ | |
| **CM7**. How many daughters are alive but do not live with you? <br> *If none, record '00'.* | DAUGHTERS ELSEWHERE............................ __ __ | |
| **CM8**. Have you ever given birth to a boy or girl who was born alive but later died? <br> *If 'No' probe by asking:* <br> 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? | YES...............................................................1 <br> NO................................................................2 | 2⇨*CM11* |
| **CM9**. How many boys have died? <br> *If none, record '00'.* | BOYS DEAD...................................................... __ __ | |
| **CM10**. How many girls have died? <br> *If none, record '00'.* | GIRLS DEAD..................................................... __ __ | |
| **CM11**. *Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.* | SUM................................................................. __ __ | |
| **CM12**. Just to make sure that I have this right, you have had in total (***total number in CM11***) births during your life. Is this correct? | YES...............................................................1 <br> NO................................................................2 | 1⇨*CM14* |
| **CM13**. *Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.* | | |
| **CM14**. *Check CM11: How many live births?* | NO LIVE BIRTHS, CM11=00 ..................................0 <br> ONE OR MORE LIVE BIRTH, <br> CM11=01 OR MORE ............................................1 | 0⇨*End* |

MICS6.WM.4

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

MICS6.WM.5

| 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?<br><br>*Probe*: What is (his/her) birthday? | | | BH5. Is (*name of birth*) still alive? | | BH6. How old was (*name of birth*) at (his/her) last birthday?<br><br>*Record age in completed years.* | BH7. Is (*name of birth*) living with you? | | BH8. *Record household line number of child (from HL1)*<br><br>*Record '00' if child is not listed.* | BH9. How old was (*name of birth*) when (he/she) died?<br><br>*If '1 year', probe: How many months old was (**name of birth**)?*<br><br>*Record days if less than 1 month; record months if less than 2 years; or years* | | BH10. Were there any other live births between (*name of previous birth*) and (*name of birth*), including any children who died after birth? | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | S | M | B | G | Day | Month | Year | Y | N | Age | Y | N | Line No | Unit | Number | Y | N |
| 10 | | 1 | 2 | 1 | 2 | __ __ | __ __ | __ __ __ __ | 1 | 2 ✆<br>BH9 | __ __ | 1 | 2 | ___ ___<br>⇨BH10 | DAYS ........1<br>MONTHS ..2<br>YEARS ......3 | __ __ | 1 ✆<br>Add Birth | 2 ✆<br>Next Birth |
| 11 | | 1 | 2 | 1 | 2 | __ __ | __ __ | __ __ __ __ | 1 | 2 ✆<br>BH9 | __ __ | 1 | 2 | ___ ___<br>⇨BH10 | DAYS ........1<br>MONTHS ..2<br>YEARS ......3 | __ __ | 1 ✆<br>Add Birth | 2 ✆<br>Next Birth |
| 12 | | 1 | 2 | 1 | 2 | __ __ | __ __ | __ __ __ __ | 1 | 2 ✆<br>BH9 | __ __ | 1 | 2 | ___ ___<br>⇨BH10 | DAYS ........1<br>MONTHS ..2<br>YEARS ......3 | __ __ | 1 ✆<br>Add Birth | 2 ✆<br>Next Birth |
| 13 | | 1 | 2 | 1 | 2 | __ __ | __ __ | __ __ __ __ | 1 | 2 ✆<br>BH9 | __ __ | 1 | 2 | ___ ___<br>⇨BH10 | DAYS ........1<br>MONTHS ..2<br>YEARS ......3 | __ __ | 1 ✆<br>Add Birth | 2 ✆<br>Next Birth |
| 14 | | 1 | 2 | 1 | 2 | __ __ | __ __ | __ __ __ __ | 1 | 2 ✆<br>BH9 | __ __ | 1 | 2 | ___ ___<br>⇨BH10 | DAYS ........1<br>MONTHS ..2<br>YEARS ......3 | __ __ | 1 ✆<br>Add Birth | 2 ✆<br>Next Birth |

**BH11**. Have you had any live births since the birth of (*name of last birth listed*)?

YES ....................................................................................................................................... 1

NO............................................................................................................................................ 2

1 ⇨*Record birth(s) in Birth History*

MICS6.WM.6

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

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

| MATERNAL AND NEWBORN HEALTH | | MN |
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| **MN2**. Did you see anyone for antenatal care during your pregnancy with (***name***)? | YES ......................................................1<br>NO .......................................................2 | 2 ⇨ *MN19* |
| **MN3**. Whom did you see?<br><br>*Probe:* Anyone else?<br><br>*Probe for the type of person seen and record all answers given.* | **HEALTH PROFESSIONAL**<br>  DOCTOR.............................................A<br>  NURSE / MIDWIFE ...........................................B<br>**OTHER PERSON**<br>  TRADITIONAL BIRTH ATTENDANT ............. F<br><br>OTHER (*specify*) _____X | |
| **MN4**. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?<br><br>*Record the answer as stated by respondent. If "9 months" or later, record 9.* | WEEKS ......................................**1** __ __<br><br>MONTHS ...................................**2** <u>0</u> __<br><br>DK ...................................................998 | |
| **MN5**. How many times did you receive antenatal care during this pregnancy?<br><br>*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.* | NUMBER OF TIMES .......................__ __<br><br>DK ...................................................98 | |
| **MN6**. As part of your antenatal care during this pregnancy, were any of the following done at least once: |                         YES    NO | |
|   [A] Was your blood pressure measured? | BLOOD PRESSURE ..................1    2 | |
|   [B] Did you give a urine sample? | URINE SAMPLE .......................1    2 | |
|   [C] Did you give a blood sample? | BLOOD SAMPLE ......................1    2 | |
|   [D] Did you have an ultrasound? | ULTRASOUND.........................1    2 | |
|   [E] Was your weight measured? | WEIGHT ...................................1    2 | |
|   [F] Was your uterine height measured? | UTERINE HEIGHT ...................1    2 | |
|   [G] Did you have a blood sugar analysis? | BLOOD SUGAR........................1    2 | |
|   [H] Was your pregnancy book updated? | PREGNANCY BOOK ................1    2 | |

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| **MN19**. Who assisted with the delivery of (*name*)?<br><br>*Probe:* Anyone else?<br><br>*Probe for the type of person assisting and record all answers given.* | **HEALTH PROFESSIONAL**<br>  DOCTOR................................................................A<br>  NURSE / MIDWIFE .............................................B<br>**OTHER PERSON**<br>  TRADITIONAL BIRTH ATTENDANT ............. F<br>  RELATIVE / FRIEND ........................................H<br><br>  OTHER (*specify*) _____ X<br>  NO ONE.................................................................Y | |
| **MN20**. Where did you give birth to (*name*)?<br><br>*Probe to identify the type of place.*<br><br><u>If unable to determine whether public or private</u>, *write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.*<br><br>_____<br>             *(Name of place)* | **HOME**<br>  RESPONDENT'S HOME ................................. 11<br>  OTHER HOME ................................................ 12<br><br>**PUBLIC MEDICAL SECTOR**<br>  PUBLIC HOSPITAL/REGIONAL .................... 21<br>  MATERNITY/ FAMILY<br>    HEALTH CENTRE ........................................ 22<br>  OBSTETRICS AND GYNAECOLOGY<br>    CLINIC.......................................................24<br>  OTHER PUBLIC (*specify*) _____ 26<br><br>**PRIVATE MEDICAL SECTOR**<br>  PRIVATE HOSPITAL ...................................... 31<br>  PRIVATE CLINIC ........................................... 32<br><br>  OTHER PRIVATE MEDICAL<br>    (*specify*) _____ 36<br><br>  DK PUBLIC OR PRIVATE................................. 76<br><br>  OTHER (*specify*) _____ 96 | 11 ⇨*MN23*<br>12 ⇨*MN23*<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>96 ⇨*MN23* |
| **MN21**. Was (*name*) delivered by caesarean section? That is, did they cut your belly open to take the baby out? | YES .......................................................................1<br>NO .........................................................................2 | 2 ⇨*MN23* |
| **MN22**. When was the decision made to have the caesarean section?<br><br>*Probe if necessary:* Was it before or after your labour pains started? | BEFORE LABOUR PAINS.....................................1<br>AFTER LABOUR PAINS .......................................2 | |

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| **MN23**. Immediately after the birth, was (*name*) put directly on the bare skin of your chest?<br><br>*If necessary, show the picture of skin-to-skin position.*<br> | YES .......................................................................1<br>NO .........................................................................2<br><br>DK/ DON'T REMEMBER .....................................8 | 2 ⇨*MN25*<br><br>8 ⇨*MN25* |
| **MN24.** Before being placed on the bare skin of your chest, was the baby wrapped up? | YES .......................................................................1<br>NO .........................................................................2<br><br>DK/ DON'T REMEMBER .....................................8 | |
| **MN25**. Was (*name*) dried or wiped soon after birth? | YES .......................................................................1<br>NO .........................................................................2<br><br>DK/ DON'T REMEMBER .....................................8 | |
| **MN26**. How long after the birth was (*name*) bathed for the first time?<br><br>*If "immediately" or less than 1 hour, record '000'.*<br>*If less than 24 hours, record hours.*<br><br>*If "1 day" or "next day", probe:* About how many hours after the delivery?<br><br>*If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.*<br>*If 24 hours or more, record days.* | IMMEDIATELY/LESS THAN 1 HOUR ............000<br><br>HOURS ...........................................................**1** __ __<br><br>DAYS .............................................................**2** __ __<br><br>NEVER BATHED ...............................................997<br><br>DK / DON'T REMEMBER ..................................998 | |
| **MN32**. When (*name*) was born, was (he/she) very large, larger than average, average, smaller than average, or very small? | VERY LARGE................................................1<br>LARGER THAN AVERAGE ..................................2<br>AVERAGE.........................................................3<br>SMALLER THAN AVERAGE ..............................4<br>VERY SMALL ..................................................5<br><br>DK.....................................................................8 | |
| **MN33**. Was (*name*) weighed at birth? | YES .......................................................................1<br>NO .........................................................................2<br><br>DK.......................................................................8 | 2 ⇨*MN35*<br><br>8 ⇨*MN35* |

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| **MN34**. How much did (*name*) weigh?<br><br>*If a letter of discharge, child health book or pregnancy book are available, record weight from the document.* | FROM DOCUMENTATION...**1 (KG)** __ . __ __ __<br><br>FROM RECALL ......................**2 (KG)** __ . __ __ __<br><br>DK.................................................................99998 | |
| **MN35**. Has your menstrual period returned since the birth of (*name*)? | YES ......................................................................1<br>NO .......................................................................2 | |
| **MN36**. Did you ever breastfeed (*name*)? | YES ......................................................................1<br>NO .......................................................................2 | 2 ⇨*MN39B* |
| **MN37**. How long after birth did you first put (*name*) to the breast?<br><br>*If less than 1 hour, record '00' hours.*<br>*If less than 24 hours, record hours.*<br>*Otherwise, record days.* | IMMEDIATELY .................................................000<br><br>HOURS .........................................................**1** __ __<br><br>DAYS ............................................................**2** __ __<br><br>DK / DON'T REMEMBER .................................998 | |
| **MN38**. In the first three days after delivery, was (*name*) given anything to drink other than breast milk? | YES .......................................................................1<br>NO .........................................................................2 | 1 ⇨*MN39A*<br>2 ⇨*End* |
| **MN39A**. What was (*name*) given to drink?<br><br>*Probe:* Anything else?<br><br>*'Not given anything to drink' is not a valid response and response category Y cannot be recorded.*<br><br>**MN39B**. In the first three days after delivery, what was (*name*) given to drink?<br><br>*Probe:* Anything else?<br><br>*'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.* | MILK (OTHER THAN BREAST MILK) ..............A<br>PLAIN WATER ........................................................B<br>SUGAR OR GLUCOSE WATER ..........................C<br>SUGAR-SALT-WATER SOLUTION....................E<br>FRUIT JUICE .......................................................... F<br>INFANT FORMULA..............................................G<br>TEA / INFUSIONS / TRADITIONAL HERBAL<br>  PREPARATIONS .................................................H<br>PRESCRIBED MEDICINE ....................................J<br><br>OTHER (*specify*) _____X<br><br>NOT GIVEN ANYTHING TO DRINK .................Y | |

| POST-NATAL HEALTH CHECKS | | PN |
|---|---|---|
| **PN1**. *Check CM17: Was there a live birth in the last 2 years?*<br><br>*Copy name of last birth listed in the birth history (CM18) to here and use where indicated:*<br><br>*Name* _____ | YES, CM17=1.........................................1<br>NO, CM17=0 OR BLANK ......................................2 | 2⇨*End* |
| **PN2**. *Check MN20: Was the child delivered in a health facility?* | YES, MN20=21-36 OR 76.......................................1<br>NO, MN20=11-12 OR 96.......................................2 | 2⇨*PN7* |
| **PN3**. Now I would like to ask you some questions about what happened in the hours and days after the birth of (*name*).<br><br>You have said that you gave birth in (*name or type of facility in MN20*). How long did you stay there after the delivery?<br><br>*If less than one day, record hours.*<br>*If less than one week, record days.*<br>*Otherwise, record weeks.* | HOURS ........................................................**1** __ __<br><br>DAYS...........................................................**2** __ __<br><br>WEEKS ........................................................**3** __ __<br><br>DK / DON'T REMEMBER .................................998 | |
| **PN4**. I would like to talk to you about checks on (*name*)'s health after delivery – for example, someone examining (*name*), checking the cord, or seeing if (*name*) is ok.<br><br>Before you left the (*name or type of facility in MN20*), did anyone check on (*name*)'s health? | YES .........................................................1<br><br>NO..........................................................2 | |
| **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?<br><br>Did anyone check on <u>your</u> health before you left (*name or type or facility in MN20*)? | YES .........................................................1<br><br>NO..........................................................2 | |
| **PN6**. Now I would like to talk to you about what happened after you left (*name or type of facility in MN20*).<br><br>Did anyone check on (*name*)'s health after you left (*name or type of facility in MN20*)? | YES .........................................................1<br><br>NO..........................................................2 | 1⇨*PN12*<br><br>2⇨*PN17* |
| **PN7**. *Check MN19: Did a health professional or traditional birth attendant assist with the delivery?* | YES, AT LEAST ONE OF THE CATEGORIES A<br>    TO F RECORDED .................................................1<br>NO, NONE OF THE CATEGORIES A TO F<br>    RECORDED ........................................2 | <br><br>2⇨*PN11* |

| | | |
|---|---|---|
| **PN8**. You have already said that (*person or persons in MN19*) assisted with the birth. Now I would like to talk to you about checks on (*name*)'s health after delivery, for example examining (*name*), checking the cord, or seeing if (*name*) is ok.<br><br>After the delivery was over and before (*person or persons in MN19*) left you, did (*person or persons in MN19*) check on (*name*)'s health? | YES ....................................................................1<br><br>NO......................................................................2 | |
| **PN9**. And did (*person or persons in MN19*) check on <u>your</u> health before leaving, for example asking questions about your health or examining you? | YES ....................................................................1<br><br>NO......................................................................2 | |
| **PN10**. After the (*person or persons in MN19*) left you, did anyone check on the health of (*name*)? | YES ....................................................................1<br><br>NO......................................................................2 | 1⇨*PN12*<br><br>2⇨*PN19* |
| **PN11**. I would like to talk to you about checks on (*name*)'s health after delivery – for example, someone examining (*name*), checking the cord, or seeing if the baby is ok.<br><br>After (*name*) was delivered, did anyone check on (his/her) health? | YES ....................................................................1<br><br>NO......................................................................2 | <br><br>2⇨*PN20* |
| **PN12**. Did such a check happen only once, or more than once? | ONCE..................................................................1<br><br>MORE THAN ONCE .............................................2 | 1⇨*PN13A*<br><br>2⇨*PN13B* |
| **PN13A**. How long after delivery did that check happen?<br><br>**PN13B**. How long after delivery did the first of these checks happen?<br><br>*If less than one day, record hours.*<br>*If less than one week, record days.*<br>*Otherwise, record weeks.* | HOURS .........................................................**1** __ __<br><br>DAYS............................................................**2** __ __<br><br>WEEKS .........................................................**3** __ __<br><br>DK / DON'T REMEMBER .................................998 | |
| **PN14**. Who checked on (*name*)'s health at that time? | **HEALTH PROFESSIONAL**<br>   DOCTOR .............................................................A<br>   NURSE / MIDWIFE ...........................................B<br>**OTHER PERSON**<br>   TRADITIONAL BIRTH ATTENDANT............. F<br>   RELATIVE / FRIEND ........................................H<br><br>OTHER (*specify*) _____X | |

| | | |
|---|---|---|
| **PN15**. Where did this check take place?<br><br>*Probe to identify the type of place.*<br><br><u>*If unable to determine whether public or private*</u>*, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.*<br><br>_____<br>*(Name of place)* | **HOME**<br>   RESPONDENT'S HOME..................................11<br>   OTHER HOME.................................................12<br><br>**PUBLIC MEDICAL SECTOR**<br>   PUBLIC HOSPITAL/REGIONAL ....................21<br>   MATERNITY/ FAMILY<br>     HEALTH CENTRE ........................................22<br>   OBSTETRICS AND GYNAECOLOGY<br>     CLINIC .............................................................24<br>   OTHER PUBLIC (*specify*) _____ 26<br><br>**PRIVATE MEDICAL SECTOR**<br>   PRIVATE HOSPITAL......................................31<br>   PRIVATE CLINIC...........................................32<br><br>   OTHER PRIVATE MEDICAL<br>     (*specify*) _____ 36<br><br>   DK PUBLIC OR PRIVATE ...............................76<br><br>   OTHER (*specify*) _____ 96 | |
| **PN16**. *Check MN20: Was the child delivered in a health facility?* | YES, MN20=21-36 OR 76.....................................1<br>NO, MN20=11-12 OR 96....................................... 2 | <br>*2⇨PN18* |
| **PN17**. After you left (***name or type of facility in MN20***), did anyone check on <u>your</u> health? | YES ...........................................................................1<br>NO ............................................................................ 2 | *1⇨PN21*<br>*2⇨PN25* |
| **PN18**. *Check MN19: Did a health professional or traditional birth attendant assist with the delivery?* | YES, AT LEAST ONE OF THE CATEGORIES A<br>   TO F RECORDED ...................................................1<br>NO, NONE OF THE CATEGORIES A TO F<br>   RECORDED ........................................................ 2 | <br><br><br>*2⇨PN20* |
| **PN19**. After the delivery was over and (***person or persons in MN19***) left, did anyone check on <u>your</u> health? | YES ...........................................................................1<br><br>NO ............................................................................ 2 | *1⇨PN21*<br><br>*2⇨PN25* |
| **PN20**. After the birth of (***name***), did anyone check on <u>your</u> health, for example asking questions about your health or examining you? | YES ...........................................................................1<br><br>NO ............................................................................ 2 | <br><br>*2⇨PN25* |
| **PN21**. Did such a check happen only once, or more than once? | ONCE.........................................................................1<br>MORE THAN ONCE ............................................ 2 | *1⇨PN22A*<br>*2⇨PN22B* |
| **PN22A**. How long after delivery did that check happen?<br><br>**PN22B**. How long after delivery did the first of these checks happen?<br><br>*If less than one day, record hours.*<br>*If less than one week, record days.*<br>*Otherwise, record weeks.* | HOURS ..........................................................**1** __ __<br><br>DAYS.............................................................**2** __ __<br><br>WEEKS .........................................................**3** __ __<br><br>DK / DON'T REMEMBER ............................... 998 | |

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|---|---|---|
| **PN23**. Who checked on <u>your</u> health at that time? | **HEALTH PROFESSIONAL**<br>　　DOCTOR ..........................................................A<br>　　NURSE / MIDWIFE ......................................B<br>**OTHER PERSON**<br>　　TRADITIONAL BIRTH ATTENDANT ............ F<br>　　RELATIVE / FRIEND ......................................H<br><br>　　OTHER (*specify*) _____X | |
| **PN24**. Where did this check take place?<br><br>*Probe to identify the type of place.*<br><br><u>*If unable to determine whether public or private,*</u> *write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.*<br><br>_____<br>*(Name of place)* | **HOME**<br>　　RESPONDENT'S HOME ..................................11<br>　　OTHER HOME ................................................12<br><br>**PUBLIC MEDICAL SECTOR**<br>　　PUBLIC HOSPITAL/REGIONAL .....................21<br>　　MATERNITY/ FAMILY<br>　　　HEALTH CENTRE .......................................22<br>　　OBSTETRICS AND GYNAECOLOGY<br>　　　CLINIC ........................................................24<br>　　OTHER PUBLIC (*specify*) _____ 26<br><br>**PRIVATE MEDICAL SECTOR**<br>　　PRIVATE HOSPITAL.......................................31<br>　　PRIVATE CLINIC...........................................32<br><br>　　OTHER PRIVATE MEDICAL<br>　　　(*specify*) _____ 36<br><br>　　DK PUBLIC OR PRIVATE ................................76<br><br>　　OTHER (*specify*) _____ 96 | |
| **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:<br><br>[A] Examine (*name*)'s cord?<br><br>[B] Take the temperature of (*name*)?<br><br>[C] Counsel you on breastfeeding? | 　　　　　　　　　　　　　　YES　NO　DK<br><br>EXAMINE THE CORD........................1　2　8<br><br>TAKE TEMPERATURE .......................1　2　8<br><br>COUNSEL ON BREASTFEEDING.....1　2　8 | |
| **PN26**. *Check MN36: Was child ever breastfed?* | YES, MN36=1...................................................... 1<br>NO, MN36=2 ........................................................ 2 | 2⇨*PN28* |
| **PN27**. Observe (*name*)'s breastfeeding? | 　　　　　　　　　　　　　　YES　NO　DK<br><br>OBSERVE BREASTFEEDING ...........1　2　8 | |
| **PN28**. *Check MN33: Was child weighed at birth?* | YES, MN33=1......................................................1<br>NO, MN33=2 .......................................................2<br>DK, MN33=8 .......................................................3 | 1⇨*PN29A*<br>2⇨*PN29B*<br>3⇨*PN29C* |

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| **PN29A**. You mentioned that (*name*) was weighed at birth. After that, was (*name*) weighed again by a health care provider within two days? | YES .............................................................................1<br><br>NO ..............................................................................2 | |
| **PN29B**. You mentioned that (*name*) was not weighed at birth. Was (*name*) weighed at all by a health care provider within two days after birth? | | |
| **PN29C**. You mentioned that you do not know if (*name*) was weighed at birth. Was (*name*) weighed at all by a health care provider within two days after birth? | | |
| **PN30**. During the first two days after (*name*)'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? | YES ..........................................................................1<br><br>NO ............................................................................2 | |

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

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| **UN1**. *Check CP1: Currently pregnant?* | YES, CP1=1 ....................................................1 | |
| | NO, DK OR NOT SURE, <br>   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 <br> NO ...................................................................2 | 1⇨*UN5* |
| **UN3**. *Check CM11: Any births?* | NO BIRTHS......................................................0 <br> ONE OR MORE BIRTHS ...................................1 | 0⇨*UN4A* <br> 1⇨*UN4B* |
| **UN4A**. Did you want to have a baby later on or did you not want any children? <br><br> **UN4B**. Did you want to have a baby later on or did you not want any more children? | LATER.............................................................1 <br> 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 <br> NO MORE / NONE ............................................2 <br> UNDECIDED / DK............................................8 | 1⇨*UN8* <br> 2⇨*UN14* <br> 8⇨*UN14* |
| **UN6**. *Check CP4: Currently using 'Female sterilization'?* | YES, CP4=A ....................................................1 <br> 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 <br> NO MORE / NONE ............................................2 <br> SAYS SHE CANNOT GET <br>   PREGNANT .................................................3 <br> UNDECIDED / DK............................................8 | 2⇨*UN10* <br><br> 3⇨*UN12* <br> 8⇨*UN10* |
| **UN8**. How long would you like to wait before the birth of (a/another) child? <br><br> *Record the answer as stated by respondent.* | MONTHS...............................................**1** __ __ <br><br> YEARS ..................................................**2** __ __ <br><br> DOES NOT WANT TO WAIT <br>   (SOON/NOW)............................................993 <br> SAYS SHE CANNOT GET <br>   PREGNANT .............................................994 <br> AFTER MARRIAGE.....................................995 <br> OTHER ........................................................996 <br><br> DK...............................................................998 | 994⇨*UN12* |
| **UN9**. *Check CP1: Currently pregnant?* | YES, CP1=1 ....................................................1 | 1⇨*UN14* |
| | NO, DK OR NOT SURE, <br>   CP1=2 OR 8 ..........................................2 | |
| **UN10**. *Check CP2: Currently using a method?* | YES, CP2=1 ....................................................1 <br> NO, CP2=2.......................................................2 | 1⇨*UN14* |
| **UN11**. Do you think you are physically able to get pregnant at this time? | YES .................................................................1 <br> NO...................................................................2 <br><br> DK...................................................................8 | 1⇨*UN14* <br><br><br> 8⇨*UN14* |

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

| 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 |

| VICTIMISATION | | VT |
|---|---|---|
| **VT20**. *Check for the presence of others. Before continuing, ensure privacy.* Now I would like to ask you some questions about your personal safety and discrimination<br><br>Let me assure you again that your answers are completely confidential and will not be told to anyone.<br><br>How safe do you feel walking alone in your neighbourhood after dark? Do you feel very safe, safe, unsafe or very unsafe? | VERY SAFE ........................................................ 1<br>SAFE ................................................................. 2<br>UNSAFE ............................................................ 3<br>VERY UNSAFE.................................................. 4<br><br>NEVER WALK ALONE AFTER DARK ............ 7 | |
| **VT21.** How safe do you feel when you are at home alone after dark? Do you feel very safe, safe, unsafe or very unsafe? | VERY SAFE ........................................................ 1<br>SAFE ................................................................. 2<br>UNSAFE ............................................................ 3<br>VERY UNSAFE.................................................. 4<br><br>NEVER ALONE AFTER DARK ........................ 7 | |
| **VT22**. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?<br><br>[A] Ethnic or immigration origin?<br><br>[B] Sex?<br><br>[C] Sexual orientation?<br><br>[D] Age?<br><br>[E] Religion or belief?<br><br>[F] Disability?<br><br>[X] For any other reason? |                          YES  NO  DK<br><br>ETHNIC / IMMIGRATION........ 1   2   8<br><br>SEX ............................................ 1   2   8<br><br>SEXUAL ORIENTATION ......... 1   2   8<br><br>AGE............................................ 1   2   8<br><br>RELIGION / BELIEF ................. 1   2   8<br><br>DISABILITY .............................. 1   2   8<br><br>OTHER REASON........................ 1   2   8 | |

| MARRIAGE/UNION | | MA |
|---|---|---|
| **MA1**. Are you currently married or living together with someone as if married? | YES, CURRENTLY MARRIED.............................1<br>YES, LIVING WITH A PARTNER.......................2<br>NO, NOT IN UNION............................................3 | <br><br>3 ⇨*MA5* |
| **MA2**. How old is your (husband/partner)?<br><br>*Probe*: How old was your (husband/partner) on his last birthday? | <br>AGE IN YEARS ..................................___ ___<br><br>DK..................................................................98 | ⇨*MA7*<br><br>98 ⇨*MA7* |
| **MA5**. Have you ever been married or lived together with someone as if married? | YES, FORMERLY MARRIED.............................1<br>YES, FORMERLY LIVED WITH A PARTNER ..2<br>NO..................................................................3 | <br><br>3 ⇨*End* |
| **MA6**. What is your marital status now: are you widowed, divorced or separated? | WIDOWED.....................................................1<br>DIVORCED....................................................2<br>SEPARATED .................................................3 | |
| **MA7**. Have you been married or lived with someone only once or more than once? | ONLY ONCE...................................................1<br>MORE THAN ONCE ........................................2 | 1 ⇨*MA8A*<br>2 ⇨*MA8B* |
| **MA8A**. In what month and year did you start living with your (husband/partner)?<br><br>**MA8B**. In what month and year did you start living with your <u>first</u> (husband/partner)? | DATE OF (FIRST) UNION<br>  MONTH .......................................___ ___<br>  DK MONTH .....................................98<br><br>  YEAR.............................. ___ ___ ___ ___<br>  DK YEAR ......................................9998 | |
| **MA9**. *Check MA8A/B: Is 'DK YEAR' recorded?* | YES, MA8A/B=9998.........................................1<br>NO, MA8A/B≠9998............................................2 | <br>2 ⇨*End* |
| **MA10**. *Check MA7: In union only once?* | YES, MA7=1 ..................................................1<br>NO, MA7=2 ....................................................2 | 1 ⇨*MA11A*<br>2 ⇨*MA11B* |
| **MA11A**. How old were you when you started living with your (husband/partner)?<br><br>**MA11B**. How old were you when you started living with your <u>first</u> (husband/partner)? | <br><br>AGE IN YEARS .............................___ ___ | |

| ADULT FUNCTIONING | | AF |
|---|---|---|
| **AF1**. *Check WB4: Age of respondent?* | AGE 15-17 YEARS ................................................ 1 <br> AGE 18-49 YEARS ................................................ 2 | 1⇨*End* |
| **AF2**. Do you use glasses or contact lenses? <br><br> *Include the use of glasses for reading.* | YES .......................................................................... 1 <br> NO ............................................................................ 2 | |
| **AF3**. Do you use a hearing aid? | YES .......................................................................... 1 <br> 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. <br><br> *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* <br> 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 <br> NO, AF2=2 .............................................................. 2 | 1⇨*AF6A* <br> 2⇨*AF6B* |
| **AF6A**. When using your glasses or contact lenses, do you have difficulty seeing? <br><br> **AF6B**. Do you have difficulty seeing? | NO DIFFICULTY ...................................................... 1 <br> SOME DIFFICULTY................................................... 2 <br> A LOT OF DIFFICULTY ........................................... 3 <br> CANNOT SEE AT ALL ............................................. 4 | |
| **AF7**. *Check AF3: Respondent uses a hearing aid?* | YES, AF3=1 ............................................................ 1 <br> NO, AF3=2 .............................................................. 2 | 1⇨*AF8A* <br> 2⇨*AF8B* |
| **AF8A**. When using your hearing aid(s), do you have difficulty hearing? <br><br> **AF8B**. Do you have difficulty hearing? | NO DIFFICULTY ...................................................... 1 <br> SOME DIFFICULTY................................................... 2 <br> A LOT OF DIFFICULTY ........................................... 3 <br> CANNOT HEAR AT ALL............................................ 4 | |
| **AF9**. Do you have difficulty walking or climbing steps? | NO DIFFICULTY ...................................................... 1 <br> SOME DIFFICULTY................................................... 2 <br> A LOT OF DIFFICULTY ........................................... 3 <br> CANNOT WALK/ <br>    CLIMB STEPS AT ALL ..................................... 4 | |
| **AF10**. Do you have difficulty remembering or concentrating? | NO DIFFICULTY ...................................................... 1 <br> SOME DIFFICULTY................................................... 2 <br> A LOT OF DIFFICULTY ........................................... 3 <br> CANNOT REMEMBER/ <br>    CONCENTRATE AT ALL................................... 4 | |
| **AF11**. Do you have difficulty with self-care, such as washing all over or dressing? | NO DIFFICULTY ...................................................... 1 <br> SOME DIFFICULTY................................................... 2 <br> A LOT OF DIFFICULTY ........................................... 3 <br> 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 <br> SOME DIFFICULTY................................................... 2 <br> A LOT OF DIFFICULTY ........................................... 3 | |

| HIV/AIDS | | HA |
|---|---|---|
| **HA1**. Now I would like to talk with you about something else.<br><br>Have you ever heard of HIV or AIDS? | YES ............................................................ 1<br>NO ............................................................. 2 | 2⇨*End* |
| **HA2**. HIV is the virus that can lead to AIDS.<br><br>Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | YES ............................................................ 1<br>NO ............................................................. 2<br><br>DK ............................................................. 8 | |
| **HA3**. Can people get HIV from mosquito bites? | YES ............................................................ 1<br>NO ............................................................. 2<br><br>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<br>NO ............................................................. 2<br><br>DK ............................................................. 8 | |
| **HA4**. Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES ............................................................ 1<br>NO ............................................................. 2<br><br>DK ............................................................. 8 | |
| **HA5**. Can people get HIV by sharing food with a person who has HIV? | YES ............................................................ 1<br>NO ............................................................. 2<br><br>DK ............................................................. 8 | |
| **HA6**. Can people get HIV because of witchcraft or other supernatural means? | YES ............................................................ 1<br>NO ............................................................. 2<br><br>DK ............................................................. 8 | |
| **HA7**. Is it possible for a healthy-looking person to have HIV? | YES ............................................................ 1<br>NO ............................................................. 2<br><br>DK ............................................................. 8 | |
| **HA8**. Can HIV be transmitted from a mother to her baby:<br><br>[A]    During pregnancy?<br>[B]    During delivery?<br>[C]    By breastfeeding? |                                     YES   NO   DK<br>DURING PREGNANCY ....................1    2    8<br>DURING DELIVERY .......................1    2    8<br>BY BREASTFEEDING .....................1    2    8 | |
| **HA9**. *Check HA8[A], [B] and [C]: At least one 'Yes' recorded?* | YES ............................................................ 1<br>NO ............................................................. 2 | 2⇨*HA30* |
| **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<br>NO ............................................................. 2<br><br>DK ............................................................. 8 | |
| **HA30**. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YES ............................................................ 1<br>NO ............................................................. 2<br><br>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<br>NO .......................................................................... 2<br><br>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<br>NO .......................................................................... 2<br><br>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<br>NO .......................................................................... 2<br><br>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<br>NO .......................................................................... 2<br><br>DK / NOT SURE / DEPENDS ................................ 8 | |
| **HA35**. Do you agree or disagree with the following statement?<br><br>I would be ashamed if someone in my family had HIV. | AGREE..................................................................... 1<br>DISAGREE .............................................................. 2<br><br>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<br>NO .......................................................................... 2<br>SAYS SHE HAS HIV ............................................. 7<br><br>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<br><br>NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW<br>(*specify*) _____2<br><br>NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW<br>(*specify*) _____3 |
| **WM12.** *Language of the Questionnaire.* | ENGLISH .....................................................1<br>ALBANIAN ..................................................2<br>SERBIAN......................................................3 |
| **WM13.** *Language of the Interview.* | ENGLISH .....................................................1<br>ALBANIAN ..................................................2<br>SERBIAN......................................................3<br>ROMANI......................................................4<br><br>OTHER LANGUAGE<br>(*specify*) _____6 |
| **WM14**. *Native language of the Respondent.* | ENGLISH......................................................01<br>ALBANIAN ..................................................02<br>SERBIAN......................................................03<br>TURKISH......................................................04<br>BOSNIAN .....................................................05<br>ROMANI......................................................06<br><br>OTHER LANGUAGE<br>(*specify*) _____96 |
| **WM15**. *Was a translator used for any parts of this questionnaire?* | YES, THE ENTIRE QUESTIONNAIRE...................1<br>YES, PARTS OF THE QUESTIONNAIRE ..............2<br>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**

# Showcard for question WB14

## Albanian
1. Fëmija lexon librin.
2. Kjo verë ka qenë me shumë reshje.
3. Prindërit duhet të kujdesen për fëmijët.
4. Aktiviteti bujqësor është punë e vështirë.


## Bosnian
1. Dijete čita knjigu.
2. Ovo ljeto je bilo vrlo kišovito.
3. Roditelji moraju da brinu o djeci.
4. Bavljenje poljoprivredom je težak posao.


## Serbian (Cyrillic)
1. Дете чита књигу.
2. Ово лето је било врло кишовито.
3. Родитељи морају да брину о деци.
4. Бављење пољопривредом је тежак посао.


## Serbian (Latin)

1.  Dete čita knjigu.
2.  Ovo leto je bilo vrlo kišovito.
3.  Roditelji moraju da brinu o deci.
4.  Bavljenje poljoprivredom je težak posao.


## Turkish
1. Çocuk kitabı okur.
2. Bu yaz çok yağmurlu geçti.
3. Veliler çocuklarına bakmakla yükümlüdürler.
4. Tarımcılık faaliyeti zor bir iştir.