

WOMAN'S INFORMATION PANEL		WM
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____	
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / <u>20</u> _____	

<p><i>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.</i></p>	<p>WM7. Record the time:</p> <p align="center">HOURS : MINUTES _____ : _____</p>						
<p>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">YES, INTERVIEWED ALREADY</td> <td style="width: 40%;">1</td> <td style="width: 20%;">1 ⇒WM9B</td> </tr> <tr> <td>NO, FIRST INTERVIEW</td> <td>2</td> <td>2 ⇒WM9A</td> </tr> </table>	YES, INTERVIEWED ALREADY	1	1 ⇒WM9B	NO, FIRST INTERVIEW	2	2 ⇒WM9A
YES, INTERVIEWED ALREADY	1	1 ⇒WM9B					
NO, FIRST INTERVIEW	2	2 ⇒WM9A					
<p>WM9A. Hello, my name is (<i>your name</i>). 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?</p>	<p>WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 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?</p>						
<p>YES1 NO / NOT ASKED2</p>	<p>1 ⇒WOMAN'S BACKGROUND Module 2 ⇒WM17</p>						

<p>WM17. Result of woman's interview.</p> <p><i>Discuss any result not completed with Supervisor.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td>COMPLETED.....</td><td>01</td></tr> <tr><td>NOT AT HOME</td><td>02</td></tr> <tr><td>REFUSED.....</td><td>03</td></tr> <tr><td>PARTLY COMPLETED</td><td>04</td></tr> <tr><td>INCAPACITATED (<i>specify</i>) _____</td><td>05</td></tr> <tr><td>NO ADULT CONSENT FOR RESPONDENT AGE 15-17</td><td>06</td></tr> <tr><td>OTHER (<i>specify</i>) _____</td><td>96</td></tr> </table>	COMPLETED.....	01	NOT AT HOME	02	REFUSED.....	03	PARTLY COMPLETED	04	INCAPACITATED (<i>specify</i>) _____	05	NO ADULT CONSENT FOR RESPONDENT AGE 15-17	06	OTHER (<i>specify</i>) _____	96
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WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?	YES, RESPONDENT IS THE SAME, WM3=HH47 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	2 ⇔ WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=3 OR 4 1 ED5=0, 1, 2, 8 OR BLANK..... 2	1 ⇔ WB15 2 ⇔ WB14
WB3. In what month and year were you born?	DATE OF BIRTH MONTH..... __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR..... 9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) __ __	
WB5. Have you ever attended school or preschool education?	YES..... 1 NO..... 2	2 ⇔ WB14
WB6. What is the highest level and grade or year of school you have attended?	PRESCHOOL 000 PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER 4 __ __	000 ⇔ WB14
WB7. Did you complete that (grade/year)?	YES..... 1 NO..... 2	
WB7A. Check WB6: Highest level of school attended:	WB6=4..... 1 WB6=1, 2 OR 3 2	1 ⇔ WB8 2 ⇔ WB7B
WB7B. Is the highest level of school you have attended part of the old or the new school system?	OLD 1 NEW 2 DK 3	
WB8. Check WB4: Age of respondent:	AGE 15-24..... 1 AGE 25-49..... 2	2 ⇔ WB13
WB9. At any time during the current school year (2019/2020) did you attend school?	YES..... 1 NO..... 2	2 ⇔ WB11
WB10. During this current school year (2019/2020), which level and grade or year are you attending?	PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER 4 __ __	
WB11. At any time during the previous school year (2018/2019) did you attend school?	YES..... 1 NO..... 2	2 ⇔ WB13

WB12. During that previous school year (2018/2019), which level and grade or year did you <u>attend</u> ?	PRIMARY1 ___ LOWER SECONDARY2 ___ UPPER SECONDARY3 ___ HIGHER4 ___	
WB13. Check WB6: Highest level of school attended:	WB6=3 OR 4 1 WB6=1 OR 2 2	1 ⇨WB15
WB14. 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: Can you read part of the sentence to me?</i>	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) 4	
WB15. How long have you been continuously living in (name of current city or village of residence)? <i>If less than one year, record '00' years.</i>	YEARS ___ ALWAYS / SINCE BIRTH..... 95	95 ⇨WB18
WB16. Just before you moved here, did you live in a city or in a village? <i>Probe to identify the type of place.</i> <i>If unable to determine whether the place is a city, or a village, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</i> _____ (Name of place)	CITY 1 VILLAGE 3 UNABLE TO DETERMINE IF CITY/VILLAGE..... 5 DK / DON'T REMEMBER..... 8	
WB17. Before you moved here, which municipality did you live in? <i>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.</i>	MUNICIPALITY.....___ OUTSIDE OF KOSOVO (specify) 96	
WB18. Are you covered by any health insurance?	YES..... 1 NO..... 2	2 ⇨End
WB19. What type of health insurance are you covered by? <i>Record all mentioned.</i>	HEALTH INSURANCE THROUGH EMPLOYER.....B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE.....D OTHER (specify) X	

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

FERTILITY/BIRTH HISTORY

BH

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

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

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


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

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

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

MATERNAL AND NEWBORN HEALTH		MN																											
<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=11</p> <p>NO, CM17=0 OR BLANK2</p>	2 ⇒ End																											
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	2 ⇒ MN19																											
<p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE / MIDWIFEB</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>OTHER (<i>specify</i>) _____ X</p>																												
<p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p>	<p>WEEKS1 ___</p> <p>MONTHS2 <u>0</u> ___</p> <p>DK998</p>																												
<p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</p>	<p>NUMBER OF TIMES ___</p> <p>DK98</p>																												
<p>MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>[A] Was your blood pressure measured?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</p> <p>[D] Did you have an ultrasound?</p> <p>[E] Was your weight measured?</p> <p>[F] Was your uterine height measured?</p> <p>[G] Did you have a blood sugar analysis?</p> <p>[H] Was your pregnancy book updated?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">YES</th> <th style="width: 20%; 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>BLOOD SUGAR.....</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	BLOOD SUGAR.....	1	2	PREGNANCY BOOK	1	2	
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<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL DOCTOR.....A NURSE / MIDWIFEB</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>) _____ X NO ONE..... Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>HOME RESPONDENT’S HOME..... 11 OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR PUBLIC HOSPITAL/REGIONAL 21 MATERNITY/ FAMILY HEALTH CENTRE 22 OBSTETRICS AND GYNAECOLOGY CLINIC.....24 OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇒MN23 12 ⇒MN23</p> <p>96 ⇒MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p>	<p>YES1 NO2</p>	<p>2 ⇒MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS.....1 AFTER LABOUR PAINS2</p>	

<p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p> 	<p>YES1 NO2</p> <p>DK/ DON'T REMEMBER8</p>	<p>2 ⇒ MN25</p> <p>8 ⇒ MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES1 NO2</p> <p>DK/ DON'T REMEMBER8</p>	
<p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES1 NO2</p> <p>DK/ DON'T REMEMBER8</p>	
<p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If "immediately" or less than 1 hour, record '000'.</i> <i>If less than 24 hours, record hours.</i></p> <p><i>If "1 day" or "next day", probe: About how many hours after the delivery?</i></p> <p><i>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR000</p> <p>HOURS 1 __ __</p> <p>DAYS 2 __ __</p> <p>NEVER BATHED997</p> <p>DK / DON'T REMEMBER998</p>	
<p>MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE1 LARGER THAN AVERAGE2 AVERAGE3 SMALLER THAN AVERAGE4 VERY SMALL5</p> <p>DK8</p>	
<p>MN33. Was (<i>name</i>) weighed at birth?</p>	<p>YES1 NO2</p> <p>DK8</p>	<p>2 ⇒ MN35</p> <p>8 ⇒ MN35</p>

<p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If a letter of discharge, child health book or pregnancy book are available, record weight from the document.</i></p>	<p>FROM DOCUMENTATION... 1 (KG) __ . ____</p> <p>FROM RECALL 2 (KG) __ . ____</p> <p>DK99998</p>	
<p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	
<p>MN36. Did you ever breastfeed (<i>name</i>)?</p>	<p>YES1</p> <p>NO2</p>	2 ⇒ MN39B
<p>MN37. How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>IMMEDIATELY000</p> <p>HOURS 1 __ __</p> <p>DAYS 2 __ __</p> <p>DK / DON'T REMEMBER998</p>	
<p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p>	<p>YES1</p> <p>NO2</p>	1 ⇒ MN39A 2 ⇒ End
<p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p> <p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p>	<p>MILK (OTHER THAN BREAST MILK)A</p> <p>PLAIN WATERB</p> <p>SUGAR OR GLUCOSE WATERC</p> <p>SUGAR-SALT-WATER SOLUTIONE</p> <p>FRUIT JUICEF</p> <p>INFANT FORMULAG</p> <p>TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONSH</p> <p>PRESCRIBED MEDICINEJ</p> <p>OTHER (<i>specify</i>) _____X</p> <p>NOT GIVEN ANYTHING TO DRINKY</p>	

POST-NATAL HEALTH CHECKS

PN

<p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=11 NO, CM17=0 OR BLANK2</p>	<p>2 ⇒ End</p>
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76.....1 NO, MN20=11-12 OR 96.....2</p>	<p>2 ⇒ PN7</p>
<p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (name).</p> <p>You have said that you gave birth in (name or type of facility in MN20). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p>	<p>HOURS1 ___</p> <p>DAYS.....2 ___</p> <p>WEEKS.....3 ___</p> <p>DK / DON'T REMEMBER998</p>	
<p>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.</p> <p>Before you left the (name or type of facility in MN20), did anyone check on (name)'s health?</p>	<p>YES1 NO.....2</p>	
<p>PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you?</p> <p>Did anyone check on <u>your</u> health before you left (name or type or facility in MN20)?</p>	<p>YES1 NO.....2</p>	
<p>PN6. Now I would like to talk to you about what happened after you left (name or type of facility in MN20).</p> <p>Did anyone check on (name)'s health after you left (name or type of facility in MN20)?</p>	<p>YES1 NO.....2</p>	<p>1 ⇒ PN12 2 ⇒ PN17</p>
<p>PN7. Check MN19: Did a health professional or traditional birth attendant assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED1 NO, NONE OF THE CATEGORIES A TO F RECORDED2</p>	<p>2 ⇒ PN11</p>

<p>PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)’s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES1</p> <p>NO.....2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES1</p> <p>NO.....2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES1</p> <p>NO.....2</p>	<p>1 ⇒PN12</p> <p>2 ⇒PN19</p>
<p>PN11. I would like to talk to you about checks on (<i>name</i>)’s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok.</p> <p>After (<i>name</i>) was delivered, did anyone check on (his/her) health?</p>	<p>YES1</p> <p>NO.....2</p>	<p>2 ⇒PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE.....1</p> <p>MORE THAN ONCE2</p>	<p>1 ⇒PN13A</p> <p>2 ⇒PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS1 __ __</p> <p>DAYS.....2 __ __</p> <p>WEEKS.....3 __ __</p> <p>DK / DON’T REMEMBER998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE / MIDWIFEB</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT..... F</p> <p>RELATIVE / FRIEND.....H</p> <p>OTHER (<i>specify</i>) _____ X</p>	

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

<p>PN23. Who checked on <u>your</u> health at that time?</p>	<p>HEALTH PROFESSIONAL DOCTORA NURSE / MIDWIFEB OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE / FRIEND.....H OTHER (<i>specify</i>) _____ X</p>	
<p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>HOME RESPONDENT'S HOME.....11 OTHER HOME.....12</p> <p>PUBLIC MEDICAL SECTOR PUBLIC HOSPITAL/REGIONAL21 MATERNITY/ FAMILY HEALTH CENTRE22 OBSTETRICS AND GYNAECOLOGY CLINIC24 OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL.....31 PRIVATE CLINIC.....32</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>DK PUBLIC OR PRIVATE76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (name)'s cord?</p> <p>[B] Take the temperature of (name)?</p> <p>[C] Counsel you on breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>EXAMINE THE CORD..... 1 2 8</p> <p>TAKE TEMPERATURE 1 2 8</p> <p>COUNSEL ON BREASTFEEDING..... 1 2 8</p>	
<p>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1..... 1 NO, MN36=2 2</p>	<p>2 ⇒PN28</p>
<p>PN27. Observe (name)'s breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING 1 2 8</p>	
<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1..... 1 NO, MN33=2 2 DK, MN33=8 3</p>	<p>1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C</p>

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

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

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

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

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

YES NO DK

[A]	If she goes out without telling him?	GOES OUT WITHOUT TELLING	1	2	8
[B]	If she neglects the children?	NEGLECTS CHILDREN.....	1	2	8
[C]	If she argues with him?	ARGUES WITH HIM	1	2	8
[D]	If she refuses to have sex with him?	REFUSES SEX.....	1	2	8
[E]	If she burns the food?	BURNS FOOD	1	2	8

VICTIMISATION

VT

<p>VT20. <i>Check for the presence of others. Before continuing, ensure privacy.</i> Now I would like to ask you some questions about your personal safety and discrimination</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>How safe do you feel walking alone in your neighbourhood after dark? Do you feel very safe, safe, unsafe or very unsafe?</p>	<p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4</p> <p>NEVER WALK ALONE AFTER DARK 7</p>																																	
<p>VT21. How safe do you feel when you are at home alone after dark? Do you feel very safe, safe, unsafe or very unsafe?</p>	<p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4</p> <p>NEVER ALONE AFTER DARK 7</p>																																	
<p>VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?</p> <p>[A] Ethnic or immigration origin?</p> <p>[B] Sex?</p> <p>[C] Sexual orientation?</p> <p>[D] Age?</p> <p>[E] Religion or belief?</p> <p>[F] Disability?</p> <p>[X] For any other reason?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>ETHNIC / IMMIGRATION.....</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>SEX</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>SEXUAL ORIENTATION</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>AGE.....</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>RELIGION / BELIEF</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>DISABILITY</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>OTHER REASON.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	ETHNIC / IMMIGRATION.....	1	2	8	SEX	1	2	8	SEXUAL ORIENTATION	1	2	8	AGE.....	1	2	8	RELIGION / BELIEF	1	2	8	DISABILITY	1	2	8	OTHER REASON.....	1	2	8	
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MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A PARTNER.....2 NO, NOT IN UNION.....3	3 ⇒MA5
MA2. How old is your (husband/partner)? <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS __ __ DK.....98	⇒MA7 98 ⇒MA7
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED.....1 YES, FORMERLY LIVED WITH A PARTNER ..2 NO.....3	3 ⇒End
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE.....1 MORE THAN ONCE2	1 ⇒MA8A 2 ⇒MA8B
MA8A. In what month and year did you start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH.....__ __ DK MONTH.....98 YEAR.....__ __ __ __ DK YEAR.....9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998.....1 NO, MA8A/B≠9998.....2	2 ⇒End
MA10. Check MA7: In union only once?	YES, MA7=11 NO, MA7=22	1 ⇒MA11A 2 ⇒MA11B
MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS __ __	

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

HIV/AIDS		HA																
HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2 DK 8	2 ⇒ End																
HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DK 8																	
HA3. Can people get HIV from mosquito bites?	YES 1 NO 2 DK 8																	
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 HIV by using a condom every time they have sex?	YES 1 NO 2 DK 8																	
HA5. Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DK 8																	
HA6. Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DK 8																	
HA7. Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DK 8																	
HA8. Can HIV be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BY BREASTFEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREGNANCY	1	2	8	DURING DELIVERY	1	2	8	BY BREASTFEEDING	1	2	8	
	YES	NO	DK															
DURING PREGNANCY	1	2	8															
DURING DELIVERY	1	2	8															
BY BREASTFEEDING	1	2	8															
HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded?	YES 1 NO 2	2 ⇒ 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 NO 2 DK 8																	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8																	

<p>HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?</p>	<p>YES 1 NO 2 DK / NOT SURE / DEPENDS 8</p>	
<p>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?</p>	<p>YES 1 NO 2 DK / NOT SURE / DEPENDS 8</p>	
<p>HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?</p>	<p>YES 1 NO 2 DK / NOT SURE / DEPENDS 8</p>	
<p>HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?</p>	<p>YES 1 NO 2 DK / NOT SURE / DEPENDS 8</p>	
<p>HA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV.</p>	<p>AGREE 1 DISAGREE 2 DK / NOT SURE / DEPENDS 8</p>	
<p>HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?</p>	<p>YES 1 NO 2 SAYS SHE HAS HIV 7 DK / NOT SURE / DEPENDS 8</p>	

WM10. <i>Record the time.</i>	HOURS AND MINUTES : ..	
WM11. <i>Was the entire interview completed in private or was there anyone else during the entire interview or part of it?</i>	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM12. <i>Language of the Questionnaire.</i>	ENGLISH 1 ALBANIAN 2 SERBIAN 3	
WM13. <i>Language of the Interview.</i>	ENGLISH 1 ALBANIAN 2 SERBIAN 3 ROMANI 4 OTHER LANGUAGE (specify) 6	
WM14. <i>Native language of the Respondent.</i>	ENGLISH 01 ALBANIAN 02 SERBIAN 03 TURKISH 04 BOSNIAN 05 ROMANI 06 OTHER LANGUAGE (specify) 96	
WM15. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	

WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

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

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

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.