

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: _____ / _____ / 2 0 1 _____	

<p>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</p>	WM7. Record the time:	
	HOURS : MINUTES _____ : _____	
<p>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 ⇨ WM9B 2 ⇨ WM9A
<p>WM9A. Hello, my name is (<i>your name</i>). We are from ZIMSTAT. 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 45 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 45 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>	
YES.....1 NO/NOT ASKED..... 2	1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17	

<p>WM17. Result of woman's interview.</p> <p>Discuss any result not completed with Supervisor.</p>	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):	WM3=HH471 WM3≠HH472	2 ⇔ WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3, 4, 5, 6, 7, 8, 9 OR 101 ED5=0, 1, 98 OR BLANK2	1 ⇔ WB15 2 ⇔ WB14
WB3. In what month and year were you born?	DATE OF BIRTH MONTH__ __ DK MONTH98 YEAR__ __ __ __ DK YEAR 9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS)__ __	
WB5. Have you ever attended school or any early childhood education programme?	YES1 NO2	2 ⇔ WB14
WB6. What is the highest level and grade, form or year of school you have attended?	EARLY CHILDHOOD EDUCATION 000 PRIMARY 1 __ __ VOCATIONAL - NAT FOUND CERT 2 __ __ LOWER SECONDARY 3 __ __ UPPER SECONDARY 4 __ __ VOCATIONAL - CERTIFICATE 5 __ __ VOCATIONAL - APPRENTICESHIP / TEACHER'S COLLEGE 6 __ __ TERTIARY - SHORT CYCLE 7 __ __ TERTIARY - HIGHER NAT DIPLOMA / BACHELOR / BACH'S HONOUR 8 __ __ TERTIARY - MASTER / DOCTORATE MEDICAL COURSES 9 __ __ DOCTORATE 10 __ __	000 ⇔ WB14
WB7. Did you complete that (grade/form/year)?	YES1 NO2	
WB8. Check WB4: Age of respondent:	AGE 15-241 AGE 25-492	2 ⇔ WB13
WB9. At any time during the 2018/2019 school year did you attend school?	YES1 NO2	2 ⇔ WB11

<p>WB10. During this 2018/2019 school year, which level and grade/form or year are you <u>attending</u>?</p>	<p>EARLY CHILDHOOD EDUCATION 000 PRIMARY 1 ___ VOCATIONAL - NAT FOUND CERT 2 ___ LOWER SECONDARY 3 ___ UPPER SECONDARY 4 ___ VOCATIONAL - CERTIFICATE 5 ___ VOCATIONAL - APPRENTICESHIP / TEACHER'S COLLEGE 6 ___ TERTIARY - SHORT CYCLE..... 7 ___ TERTIARY - HIGHER NAT DIPLOMA / BACHELOR / BACH'S HONOUR 8 ___ TERTIARY - MASTER / DOCTORATE MEDICAL COURSES..... 9 ___ DOCTORATE..... 10 ___</p>	
<p>WB11. At any time during the 2017/2018 school year did you attend school?</p>	<p>YES1 NO2</p>	<p>2 ⇨WB13</p>
<p>WB12. During that 2017/2018 school year, which level and grade/form or year did you <u>attend</u>?</p>	<p>EARLY CHILDHOOD EDUCATION 000 PRIMARY 1 ___ VOCATIONAL - NAT FOUND CERT 2 ___ LOWER SECONDARY 3 ___ UPPER SECONDARY 4 ___ VOCATIONAL - CERTIFICATE 5 ___ VOCATIONAL - APPRENTICESHIP / TEACHER'S COLLEGE 6 ___ TERTIARY - SHORT CYCLE..... 7 ___ TERTIARY - HIGHER NAT DIPLOMA / BACHELOR / BACH'S HONOUR 8 ___ TERTIARY - MASTER / DOCTORATE MEDICAL COURSES..... 9 ___ DOCTORATE..... 10 ___</p>	
<p>WB13. Check WB6: Highest level of school attended:</p>	<p>WB6=2, 3, 4, 5, 6, 7, 8, 9 OR 10.....1 WB6=000 OR 12</p>	<p>1 ⇨WB15</p>
<p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i> Can you read part of the sentence to me?</p>	<p>CANNOT READ AT ALL1 ABLE TO READ ONLY PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE/BRILLE (specify) _____ 6</p>	
<p>WB15. How long have you been continuously living in (name of current city, town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS..... ALWAYS / SINCE BIRTH.....95</p>	<p>95 ⇨WB18</p>

<p>WB16. Just before you moved here, did you live in a city, in a town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><u>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</u></p> <p>_____</p> <p>(Name of place)</p>	<p>CITY1</p> <p>TOWN2</p> <p>RURAL AREA.....3</p>	
<p>WB17. Before you moved here, in which province did you live in?</p>	<p>MANICALAND01</p> <p>MASHONALAND CENTRAL.....02</p> <p>MASHONALAND EAST03</p> <p>MASHONALAND WEST04</p> <p>MATABELELAND NORTH05</p> <p>MATABELELAND SOUTH.....06</p> <p>MIDLANDS07</p> <p>MASVINGO08</p> <p>HARARE.....09</p> <p>BULAWAYO10</p> <p>OUTSIDE OF ZIMBABWE</p> <p>(specify) _____ 96</p>	
<p>WB18. Are you covered by any health insurance?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇒ End</p>
<p>WB19. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER (specify) _____ X</p>	

MASS MEDIA AND ICT		MT
<p>MT0. Check WB14. Was the respondent able to read the sentence given</p>	<p>WB14=2, 3, 6 OR BLANK 1</p> <p>WB14= 1 2</p>	2 ⇨ MT2
<p>MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY 3</p>	
<p>MT2. Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY 3</p>	
<p>MT3. Do you watch television at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY 3</p>	
<p>MT4. Have you ever used a computer or a tablet from any location?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇨ MT9

<p>MT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY 3</p>	<p>0 ⇒ MT9</p>																														
<p>MT6. During the last 3 months, did you:</p> <p>[A] Copy or move a file or folder?</p> <p>[B] Use a copy and paste tool to duplicate or move information within a document?</p> <p>[C] Send e-mail with attached file, such as a document, picture or video?</p> <p>[D] Use a basic arithmetic formula in a spreadsheet?</p> <p>[E] Connect and install a new device, such as a modem, camera or printer?</p> <p>[F] Find, download, install and configure software?</p> <p>[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?</p> <p>[H] Transfer a file between a computer and other device?</p> <p>[I] Write a computer program in any programming language?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>COPY/MOVE FILE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE COPY/PASTE IN DOCUMENT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEND E-MAIL WITH ATTACHMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE BASIC SPREADSHEET FORMULA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONNECT DEVICE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INSTALL SOFTWARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CREATE PRESENTATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRANSFER FILE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PROGRAMMING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	COPY/MOVE FILE	1	2	USE COPY/PASTE IN DOCUMENT.....	1	2	SEND E-MAIL WITH ATTACHMENT	1	2	USE BASIC SPREADSHEET FORMULA	1	2	CONNECT DEVICE.....	1	2	INSTALL SOFTWARE	1	2	CREATE PRESENTATION	1	2	TRANSFER FILE	1	2	PROGRAMMING.....	1	2	
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<p>MT7. Check MT6[C]: Is 'Yes' recorded?</p>	<p>YES, MT6[C]=1 1</p> <p>NO, MT6[C]=2 2</p>	<p>1 ⇒ MT10</p>																														
<p>MT8. Check MT6 [F]: Is 'Yes' recorded?</p>	<p>YES, MT6[F]=1 1</p> <p>NO, MT6[F]=2..... 2</p>	<p>1 ⇒ MT10</p>																														

<p>MT9. Have you ever used the internet from any location and any device?</p>	<p>YES..... 1 NO 2</p>	<p>2 ⇒ MT11</p>
<p>MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	
<p>MT11. Do you own a mobile phone?</p>	<p>YES..... 1 NO 2</p>	
<p>MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?</p> <p><i>Probe if necessary: I mean have you communicated with someone using a mobile phone.</i></p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY 3</p>	

FERTILITY/BIRTH HISTORY		CM
<p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p>	YES..... 1 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>	<p>YES..... 1 NO 2</p>	<p>2 ⇒ CM11</p>
<p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p>	<p>BOYS DEAD..... _ _</p>	
<p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p>	<p>GIRLS DEAD..... _ _</p>	
<p>CM11. <i>Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</i></p>	<p>SUM..... _ _</p>	
<p>CM12. Just to make sure that I have this right, you have had in total (<i>total number in CM11</i>) births during your life. Is this correct?</p>	<p>YES..... 1 NO 2</p>	<p>1 ⇒ CM14</p>
<p>CM13. <i>Check responses to CM1- CM10 and make corrections as necessary until response in CM12 is 'Yes'.</i></p>		
<p>CM14. <i>Check CM11: How many live births?</i></p>	<p>NO LIVE BIRTHS, CM11=00 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE 1</p>	<p>0 ⇒ End</p>

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? Probe: What is (his/her) birthday?	BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? Record age in completed years.	BH7. Is (<i>name of birth</i>) living with you?	BH8. Record household line number of child (from HL1) Record '00' if child is not listed.	BH9. How old was (<i>name of birth</i>) when (he/she) died?			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?
									Unit	Number	Y	
01		1 2	1 2	— — — — —	1 2 ♂ BH9	— — — — —	1 2	— — — — — ⇒Next Birth	DAYS1 MONTHS.....2 YEARS.....3	— — — — —	Y	N
02		1 2	1 2	— — — — —	1 2 ♂ BH9	— — — — —	1 2	— — — — — ⇒BH10	DAYS1 MONTHS.....2 YEARS.....3	— — — — —	1 ♂ Add Birth	2 ♂ Next Birth
03		1 2	1 2	— — — — —	1 2 ♂ BH9	— — — — —	1 2	— — — — — ⇒BH10	DAYS1 MONTHS.....2 YEARS.....3	— — — — —	1 ♂ Add Birth	2 ♂ Next Birth
04		1 2	1 2	— — — — —	1 2 ♂ BH9	— — — — —	1 2	— — — — — ⇒BH10	DAYS1 MONTHS.....2 YEARS.....3	— — — — —	1 ♂ Add Birth	2 ♂ Next Birth
05		1 2	1 2	— — — — —	1 2 ♂ BH9	— — — — —	1 2	— — — — — ⇒BH10	DAYS1 MONTHS.....2 YEARS.....3	— — — — —	1 ♂ Add Birth	2 ♂ Next Birth
06		1 2	1 2	— — — — —	1 2 ♂ BH9	— — — — —	1 2	— — — — — ⇒BH10	DAYS1 MONTHS.....2 YEARS.....3	— — — — —	1 ♂ Add Birth	2 ♂ Next Birth

07		1 2	1 2	1 2	1 2	1 2	1 2										
08		1 2	1 2	1 2	1 2	1 2	1 2										
09		1 2	1 2	1 2	1 2	1 2	1 2										
BH0. <i>BH</i> <i>Line</i> <i>Number</i>	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? Probe: What is (his/her) birthday?	BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? Record age in completed years.	BH7. Is (<i>name of birth</i>) living with you?	BH8. Record household line number of child (from HL1) Record '00' if child is not listed.	BH9. How old was (<i>name of birth</i>) when (he/she) died? If '1 year', probe: How many months old was (<i>name of birth</i>)? Record days if less than 1 month; record months if less than 2 years; or years								
		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	1 2	1 2	1 2	1 2	1 2		DAYS 1 MONTHS ... 2 YEARS 3	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2		DAYS 1 MONTHS ... 2 YEARS 3	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2		DAYS 1 MONTHS ... 2 YEARS 3	1 2	1 2	1 2	1 2	1 2	1 2
13		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2		DAYS 1 MONTHS ... 2 YEARS 3	1 2	1 2	1 2	1 2	1 2	1 2

14	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	DAYS1	1	1	2	1	2
																			MONTHS ...2					
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?																			<input type="checkbox"/> YES1 <input type="checkbox"/> NO2				<input type="checkbox"/> Add Birth <input type="checkbox"/> Record birth(s) in Birth History	


<p>CM15. Compare number in CM11 with number of births listed in the birth history above and check:</p>	<p>NUMBERS ARE THE SAME1 NUMBERS ARE DIFFERENT2</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 (<i>month of interview</i>) in (<i>year of interview minus 2</i>)?</p> <p>If the month of interview and the month of birth are the same, and the year of birth is (<i>year of interview minus 2</i>), consider this as a birth within the last 2 years.</p>	<p>NO LIVE BIRTHS IN THE LAST 2 YEARS0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS1</p>	<p>0 ⇒ End</p>
<p>CM18. Copy name of the last child listed in BH1.</p> <p>If the child has died, take special care when referring to this child by name in the following modules.</p>	<p>NAME OF LAST-BORN CHILD</p> <p>_____</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=1..... 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>	2 → End
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	2 → MN7
<p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER G</p> <p>RELIGIOUS BIRTH ATTENDANT H</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>WEEKS..... 1 __ __</p> <p>MONTHS 20 __</p> <p>DK..... 998</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>DK..... 98</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>YES NO</p> <p>BLOOD PRESSURE 1 2</p> <p>URINE SAMPLE..... 1 2</p> <p>BLOOD SAMPLE 1 2</p>	

<p>MN7. Do you have a card or other document with your own immunisations listed?</p> <p><i>If yes, ask: May I see it please?</i></p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>YES (CARD OR OTHER DOCUMENT SEEN) 1</p> <p>YES (CARD OR OTHER DOCUMENT NOT SEEN)..... 2</p> <p>NO 3</p> <p>DK..... 8</p>	
<p>MN8. When you were pregnant with (<i>name</i>), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2 ⇨ MN11</p> <p>8 ⇨ MN11</p>
<p>MN9. How many times did you receive this tetanus injection during your pregnancy with (<i>name</i>)?</p>	<p>NUMBER OF TIMES..... _</p> <p>DK..... 8</p>	<p>8 ⇨ MN11</p>
<p>MN10. Check MN9: How many tetanus injections during last pregnancy were reported?</p>	<p>ONLY 1 INJECTION 1</p> <p>2 OR MORE INJECTIONS 2</p>	<p>2 ⇨ MN16</p>
<p>MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby?</p> <p><i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2 ⇨ MN16</p> <p>8 ⇨ MN16</p>
<p>MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>NUMBER OF TIMES..... _</p> <p>DK..... 8</p>	
<p>MN13. Check MN12: How many tetanus injections before last pregnancy were reported?</p>	<p>ONLY 1 INJECTION 1</p> <p>2 OR MORE INJECTIONS OR DK 2</p>	<p>1 ⇨ MN14A</p> <p>2 ⇨ MN14B</p>
<p>MN14A. How many years ago did you receive that tetanus injection?</p> <p>MN14B. How many years ago did you receive the last of those tetanus injections?</p> <p><i>The reference is to the last injection received prior to this pregnancy, as recorded in MN12.</i></p> <p><i>If less than 1 year, record '00'.</i></p>	<p>YEARS AGO..... _ _</p> <p>DK..... 98</p>	

<p>MN16. During the pregnancy with (<i>name</i>), did you take SP/Fansidar to keep <u>you</u> from getting malaria?</p>	<p>YES 1 NO 2 DK..... 8</p>	<p>2 ⇨ MN19 8 ⇨ MN19</p>
<p>MN17. How many times did you take SP/Fansidar during your pregnancy with (<i>name</i>)?</p>	<p>NUMBER OF TIMES..... _ _ DK..... 98</p>	
<p>MN18. Did you get the SP/Fansidar during an antenatal care visit, during another visit to a health facility or at another source?</p>	<p>ANTENATAL VISIT..... A ANOTHER FACILITY VISIT B COMMUNITY HEALTH WORKER C OTHER SOURCE (<i>specify</i>)..... X</p>	
<p>MN19. Who assisted with the delivery of (<i>name</i>)? <i>Probe: Anyone else?</i> <i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT F COMMUNITY HEALTH WORKER G RELATIVE / FRIEND..... H RELIGIOUS BIRTH ATTENDANT I 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</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>COUNCIL FACILITY 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>PRIVATE MATERNITY HOME 33</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>MISSION FACILITY</p> <p>MISSION HOSPITAL 41</p> <p>MISSION CLINIC 42</p> <p>OTHER MISSION (<i>specify</i>) _____ 46</p> <p>DK PUBLIC, PRIVATE OR MISSION 76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇨ MN23</p> <p>12 ⇨ MN23</p> <p>96 ⇨ MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</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</p> <p>AFTER LABOUR PAINS 2</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><small>Photo Credit: Joyce Gidwin</small></p>	<p>YES 1</p> <p>NO 2</p> <p>DK/ DON'T REMEMBER 8</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>YES 1</p> <p>NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	
<p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	
<p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If "immediately" or less than 1 hour, record '000'.</i></p> <p><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></p> <p><i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY 000</p> <p>HOURS 1 ____</p> <p>DAYS 2 ____</p> <p>NEVER BATHED 997</p> <p>DK / DON'T REMEMBER 998</p>	
<p>MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE 1</p> <p>LARGER THAN AVERAGE 2</p> <p>AVERAGE 3</p> <p>SMALLER THAN AVERAGE 4</p> <p>VERY SMALL 5</p> <p>DK 8</p>	
<p>MN33. Was (<i>name</i>) weighed at birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ MN35</p> <p>8 ⇨ MN35</p>

<p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>FROM CARD..... 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>YES 1</p> <p>NO 2</p>	
<p>MN36. Did you ever breastfeed (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	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>IMMEDIATELY.....000</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>YES 1</p> <p>NO 2</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 WATER B</p> <p>SUGAR OR GLUCOSE WATER C</p> <p>GRIPE WATERD</p> <p>SUGAR-SALT-WATER SOLUTION E</p> <p>FRUIT JUICE F</p> <p>INFANT FORMULA..... G</p> <p>TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONS..... H</p> <p>HONEY I</p> <p>PRESCRIBED MEDICINEJ</p> <p>OTHER (<i>specify</i>)_____X</p> <p>NOT GIVEN ANYTHING TO DRINK Y</p>	

POST-NATAL HEALTH CHECKS		PN
<p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p>	2 ⇨ End
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-76 1</p> <p>NO, MN20=11-12 OR 96 2</p>	2 ⇨ PN7
<p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>).</p> <p>You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p>	<p>HOURS..... 1 ___</p> <p>DAYS 2 ___</p> <p>WEEKS 3 ___</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p>PN4. I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?</p>	<p>YES 1</p> <p>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 (<i>name or type or facility in MN20</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	1 ⇨ PN12 2 ⇨ PN17

<p>PN7. Check MN19: Did a health professional, traditional birth attendant, religious birth attendant or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED..... 1 NO, NONE OF THE CATEGORIES A TO G RECORDED..... 2</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>YES 1 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>YES 1 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>YES 1 NO 2</p>	<p>1 ⇨PN12 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>YES 1 NO 2</p>	<p>2 ⇨PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE 1 MORE THAN ONCE..... 2</p>	<p>1 ⇨PN13A 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> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>HOURS.....1 ___</p> <p>DAYS2 ___</p> <p>WEEKS3 ___</p> <p>DK / DON’T REMEMBER..... 998</p>	

<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL DOCTOR..... A NURSE / MIDWIFE B</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANTF COMMUNITYHEALTH WORKER G RELATIVE / FRIEND H RELIGIOUS BIRTH ATTENDANTI 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 RESPONDENT’S HOME 11 OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... 21 GOVERNMENT CLINIC / HEALTH CENTRE 22 COUNCIL FACILITY 24 OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PRIVATE MATERNITY HOME 33 OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>MISSION FACILITY MISSION HOSPITAL..... 41 MISSION CLINIC..... 42 OTHER MISSION (<i>specify</i>) _____ 46</p> <p>DK PUBLIC, PRIVATE OR MISSION 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=21-76 1 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 NO 2</p>	<p>1 ⇨PN21 2 ⇨PN25</p>
<p>PN18. Check MN19: Did a health professional, traditional birth attendant, religious health worker or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED..... 1 NO, NONE OF THE CATEGORIES A TO G 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</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER G</p> <p>RELATIVE / FRIEND H</p> <p>RELIGIOUS BIRTH ATTENDANT I</p> <p>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</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>COUNCIL FACILITY 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>PRIVATE MATERNITY HOME 33</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>MISSION FACILITY</p> <p>MISSION HOSPITAL..... 41</p> <p>MISSION CLINIC..... 42</p> <p>OTHER MISSION (<i>specify</i>) _____ 46</p> <p>DK PUBLIC, PRIVATE OR MISSION 76</p> <p>OTHER (<i>specify</i>) _____ 96</p>																	
<p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)'s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>EXAMINE THE CORD.....</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>TAKE TEMPERATURE.....</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>COUNSEL ON 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	EXAMINE THE CORD.....	1	2	8	TAKE TEMPERATURE.....	1	2	8	COUNSEL ON BREASTFEEDING	1	2	8	
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<p>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1 1</p> <p>NO, MN36=2 2</p>	<p>2 ⇨ PN28</p>																
<p>PN27. Observe (<i>name</i>)'s breastfeeding?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>OBSERVE 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	OBSERVE BREASTFEEDING	1	2	8									
	YES	NO	DK															
OBSERVE BREASTFEEDING	1	2	8															
<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1 1</p> <p>NO, MN33=2 2</p> <p>DK, MN33=8 3</p>	<p>1 ⇨ PN29A</p> <p>2 ⇨ PN29B</p> <p>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>YES 1</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>YES 1</p> <p>NO 2</p>	

UNMET NEED		UN
<p>Now I would like to ask you about menstrual hygiene</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 MENSTRUATED995</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 YEAR1 NO, ONE YEAR OR MORE2</p>	<p>2 ⇨End</p>
<p>UN16. Due to your last menstruation, were there any social, cultural or religious activities, school or work days that you did not attend?</p>	<p>YES1 NO.....2 DK/NOT SURE/NO SUCH ACTIVITY8</p>	
<p>UN17. During your last menstrual period were you able to wash and change in privacy while at home?</p>	<p>YES1 NO.....2 DK.....8</p>	
<p>UN18. Did you use any materials such as sanitary pads, tampons, cotton wool, menstrual cups or cloth?</p>	<p>YES1 NO.....2 DK.....8</p>	<p>2 ⇨End 8 ⇨End</p>
<p>UN19. Were the materials re-usable?</p>	<p>YES1 NO.....2 DK.....8</p>	

UN19A. What do you usually use during your menstrual period?	SANITARY PADS	01
	TAMPONS	02
	COTTON WOOL.....	03
	CLOTH	04
	MENSTRUAL CUP.....	05
	TISSUE PAPER	06
	COW DUNG.....	07
	PAPER.....	08
	LEAVES/GRASS/COBS.....	09
	OTHER (<i>specify</i>) _____	96
NOTHING	97	

VICTIMISATION		VT
<p>VT1. Check for the presence of others. Before continuing, ensure privacy.</p> <p>Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure:</i></p> <p>It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</p>	<p>YES.....1</p> <p>NO2</p> <p>DK.....8</p>	<p>2 ⇨VT9B</p> <p>8 ⇨VT9B</p>
<p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS1</p> <p>NO, MORE THAN 12 MONTHS AGO2</p> <p>DK/DON'T REMEMBER8</p>	<p>2 ⇨VT5B</p> <p>8 ⇨VT5B</p>
<p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME.....1</p> <p>TWO TIMES.....2</p> <p>THREE OR MORE TIMES.....3</p> <p>DK/DON'T REMEMBER8</p>	
<p>VT4. Check VT3: One or more times?</p>	<p>ONE TIME, VT3=1.....1</p> <p>MORE THAN ONCE OR DK, VT3=2, 3 OR 82</p>	<p>1 ⇨VT5A</p> <p>2 ⇨VT5B</p>

<p>VT5A. When this happened, was anything stolen from you?</p> <p>VT5B. The last time this happened, was anything stolen from you?</p>	<p>YES.....1 NO2</p> <p>DK/NOT SURE.....8</p>	
<p>VT6. Did the person(s) have a weapon?</p>	<p>YES.....1 NO2</p> <p>DK/NOT SURE.....8</p>	<p>2 ⇨ VT8 8 ⇨ VT8</p>
<p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFE A YES, A GUN.....B YES, SOMETHING ELSE.....X</p>	
<p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED1 YES, SOMEONE ELSE REPORTED.....2 NO, NOT REPORTED.....3 DK/NOT SURE.....8</p>	<p>1 ⇨ VT9A 2 ⇨ VT9A 3 ⇨ VT9A 8 ⇨ VT9A</p>
<p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), have you been physically attacked?</p> <p><i>If 'No', probe: An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</i></p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p>	<p>YES.....1 NO2</p> <p>DK.....8</p>	<p>2 ⇨ VT20 8 ⇨ VT20</p>
<p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS1 NO, MORE THAN 12 MONTHS AGO2 DK/DON'T REMEMBER8</p>	<p>2 ⇨ VT12B 8 ⇨ VT12B</p>

<p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME.....1</p> <p>TWO TIMES.....2</p> <p>THREE OR MORE TIMES.....3</p> <p>DK/DON'T REMEMBER8</p>	<p>1 ⇨VT12A</p> <p>2 ⇨VT12B</p> <p>3 ⇨VT12B</p> <p>8 ⇨VT12B</p>
<p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p>	<p>AT HOME.....11</p> <p>IN ANOTHER HOME12</p> <p>IN THE STREET.....21</p> <p>ON PUBLIC TRANSPORT22</p> <p>PUBLIC RESTAURANT/CAFÉ/BAR23</p> <p>OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p>AT SCHOOL.....31</p> <p>AT WORKPLACE32</p> <p>OTHER PLACE (<i>specify</i>) _____ 96</p>	
<p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe: Was it one, two, or at least three people?</i></p>	<p>ONE PERSON.....1</p> <p>TWO PEOPLE.....2</p> <p>THREE OR MORE PEOPLE3</p> <p>DK/DON'T REMEMBER8</p>	<p>1 ⇨VT14A</p> <p>2 ⇨VT14B</p> <p>3 ⇨VT14B</p> <p>8 ⇨VT14B</p>
<p>VT14A. At the time of the incident, did you recognize the person(s)?</p> <p>VT14B. At the time of the incident, did you recognize at least one of the persons?</p>	<p>YES.....1</p> <p>NO2</p> <p>DK/DON'T REMEMBER8</p>	
<p>VT17. Did the person(s) have a weapon?</p>	<p>YES.....1</p> <p>NO2</p> <p>DK / NOT SURE.....8</p>	<p>2 ⇨VT19</p> <p>8 ⇨VT19</p>
<p>VT18. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFEA</p> <p>YES, A GUN.....B</p> <p>YES, SOMETHING ELSE.....X</p>	
<p>VT19. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED1</p> <p>YES, SOMEONE ELSE REPORTED.....2</p> <p>NO, NOT REPORTED.....3</p> <p>DK / NOT SURE.....8</p>	

VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4 NEVER WALK ALONE AFTER DARK.....7																																																	
VT21. How safe do you feel when you are at home alone after dark?	VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4 NEVER ALONE AFTER DARK7																																																	
VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds:	<table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK/N/A</th> </tr> </thead> <tbody> <tr> <td>[A] Ethnic or immigration origin?</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>[B] 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>[C] 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>[D] 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>[E] Religion or 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>[F] 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>[G] Marital status?</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>[H] 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>[I] Political Affiliation?</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>[J] Born out of wedlock?</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>[X] For any 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/N/A	[A] Ethnic or immigration origin?	1	2	8	[B] Sex?	1	2	8	[C] Sexual orientation?	1	2	8	[D] Age?	1	2	8	[E] Religion or belief?	1	2	8	[F] Disability?	1	2	8	[G] Marital status?	1	2	8	[H] Pregnancy?	1	2	8	[I] Political Affiliation?	1	2	8	[J] Born out of wedlock?	1	2	8	[X] For any 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 __ __ DK98	
MA3. Besides yourself, does your (husband/partner) have any other wives or partners or does he live with other women as if married?	YES 1 NO..... 2 DK 8	2 ⇨MA7 8 ⇨MA7
MA4. How many other wives or partners does he have?	NUMBER __ __ DK98	⇨MA7 98 ⇨MA7
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER..... 2 NO..... 3	3 ⇨End
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED 1 DIVORCED..... 2 SEPARATED..... 3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE..... 1 MORE THAN ONCE 2	1 ⇨MA8A 2 ⇨MA8B
MA8A. In what month and year did you start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH..... __ __ DK MONTH98 YEAR..... __ __ __ __ DK YEAR9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998..... 2	2 ⇨End
MA10. Check MA7: In union only once?	YES, MA7=1 1 NO, MA7=2 2	1 ⇨MA11A 2 ⇨MA11B
MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS __ __	

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: Please tell me if 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	

<p>SB1. <i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i> Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE..... 00</p> <p>AGE IN YEARS __ __</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER..... 95</p>	<p>00 ⇒ End</p>
<p>SB2. I would like to ask you about your recent sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p>	<p>DAYS AGO 1 __ __</p> <p>WEEKS AGO 2 __ __</p> <p>MONTHS AGO 3 __ __</p> <p>YEARS AGO 4 __ __</p>	

HIV/AIDS		HA
<p>HA1. Now I would like to talk with you about something else.</p> <p>Have you ever heard of HIV or AIDS?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇒ End
<p>HA11. 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 ⇒ HA24
<p>HA12. Check MN2: Was antenatal care received?</p>	<p>YES, MN2=1 1</p> <p>NO, MN2=2 2</p>	2 ⇒ HA17
<p>HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about:</p> <p>[A] Babies getting HIV from their mother?</p> <p>[B] Things that you can do to prevent getting HIV?</p> <p>[C] Getting tested for HIV?</p> <p>Were you:</p> <p>[D] Offered a test for HIV?</p>	<p>YES NO DK</p> <p>HIV FROM MOTHER 1 2 8</p> <p>THINGS TO DO 1 2 8</p> <p>TESTED FOR HIV 1 2 8</p> <p>OFFERED A TEST FOR HIV 1 2 8</p>	
<p>HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	2 ⇒ HA17 8 ⇒ HA17
<p>HA15. I don't want to know the results, but did you get the results of the test?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	2 ⇒ HA17 8 ⇒ HA17
<p>HA16. After you received the result, were you given any health information or counselling related to HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>HA17. 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>	2 ⇒ HA21

HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES 1 NO 2	
HA19. I don't want to know the results, but were you tested for HIV at that time?	YES 1 NO 2	2 ⇨ HA21
HA20. I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	1 ⇨ HA22 2 ⇨ HA22
HA21. <i>Check HA14: Was the respondent tested for HIV as part of antenatal care?</i>	YES, HA14=1 1 NO OR NO ANSWER, HA14≠1 2	2 ⇨ HA24
HA22. Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	1 ⇨ HA25
HA23. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	1 ⇨ HA28 2 ⇨ HA28 3 ⇨ HA28
HA24. I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	2 ⇨ HA27
HA25. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
HA26. I don't want to know the results, but did you get the results of the test?	YES 1 NO 2 DK 8	1 ⇨ HA28 2 ⇨ HA28 8 ⇨ HA28
HA27. Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	2 ⇨ HA30
HA29. Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	

<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?</p> <p>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>	

MATERNAL MORTALITY

MM

MM1. Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother?

List all names on lines [A] to [H] below. Do not fill in the order number yet. If more than 8 siblings, use additional questionnaires.

[A] _____ [B] _____ [C] _____ [D] _____
 [E] _____ [F] _____ [G] _____ [H] _____

MM2. Check MM1: How many siblings?	NO SIBLINGS.....1 ONE OR MORE SIBLINGS.....2	1 ⇨ MM4
MM3. Read the names of the brothers and sisters to the respondent. After the last one, ask: Are there any other brothers and sisters from the same mother that you have not mentioned?	YES.....1 NO2	1 ⇨ Record sibling(s) in MM1
MM4. Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?	YES.....1 NO2	1 ⇨ Record sibling(s) in MM1
MM5. Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned?	YES.....1 NO2	1 ⇨ Record sibling(s) in MM1
MM6. Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned?	YES.....1 NO2	1 ⇨ Record sibling(s) in MM1
MM7. Count the number of siblings listed in MM1.	SUM.....	
MM8. Just to make sure that I have this right: Your natural mother had (<i>total number in MM7</i>) live births, excluding you, during her lifetime. Is that correct?	YES.....1 NO2	1 ⇨ MM10

<p>MM9. Probe and check sum in MM7 and list of siblings in MM1. Make corrections as necessary until response in MM8 is 'Yes'.</p>		
<p>MM10. Check MM7: How many siblings?</p>	<p>NO SIBLINGS.....1 ONE OR MORE SIBLINGS.....2</p>	<p>1 ⇨ End</p>
<p>MM11. Please tell me, which brother or sister was born first? And which was born next?</p> <p>Record '01' for the order number in MM1 for the first-born brother or sister, '02' for the second, and so on until you have recorded the order number for all brothers and sisters.</p>		
<p>MM12. How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... ____</p>	
<p>MM13. Write down the names of the brothers and sisters in MM14 according to the order number in MM1. Ask MM15 to MM27 for one brother or sister at a time (vertically). If there are more than 8 brothers and sisters, use an additional questionnaire.</p>		

	[S1] FIRST-BORN	[S2] SECOND	[S3] THIRD	[S4] FOURTH
MM14. Copy name of individual siblings to individual columns.	_____	_____	_____	_____
MM15. Is (<i>name</i>) male or female?	MALE..... 1 FEMALE..... 2	MALE1 FEMALE2	MALE.....1 FEMALE..... 2	MALE 1 FEMALE..... 2
MM16. Is (<i>name</i>) still alive?	YES 1 NO..... 2 ♪ MM18 DK 8 ♪ MM28	YES..... 1 NO 2 ♪ MM18 DK..... 8 ♪ MM28	YES1 NO.....2 ♪ MM18 DK.....8 ♪ MM28	YES 1 NO..... 2 MM18 DK 8 MM28
MM17. How old is (<i>name</i>)?	___ ___ ♪ MM28	___ ___ ♪ MM28	___ ___ ♪ MM28	___ ___ ♪ MM28
MM18. How many years ago did (<i>name</i>) die?	___ ___	___ ___	___ ___	___ ___
MM19. How old was (<i>name</i>) when (he/she) died?	___ ___	___ ___	___ ___	___ ___
MM20. Check MM15: Was the sibling male?	YES 1 ♪ MM26 NO..... 2	YES..... 1 ♪ MM26 NO2	YES1 ♪ MM26 NO.....2	YES 1 MM26 NO..... 2
MM21. Check MM19: Did the sister die before age 12 years?	YES 1 ♪ MM26 NO..... 2	YES..... 1 ♪ MM26 NO2	YES1 ♪ MM26 NO.....2	YES 1 MM26 NO..... 2
MM22. Was (<i>name</i>) pregnant when she died?	YES 1 ♪ MM26 NO..... 2	YES..... 1 ♪ MM26 NO2	YES1 ♪ MM26 NO.....2	YES 1 MM26 NO..... 2
MM23. Did (<i>name</i>) die during childbirth?	YES 1 ♪ MM28 NO..... 2	YES..... 1 ♪ MM28 NO2	YES1 ♪ MM28 NO.....2	YES 1 MM28 NO..... 2
MM24. Did (<i>name</i>) die within two months after the end of a pregnancy or childbirth?	YES 1 NO..... 2 ♪ MM26	YES..... 1 NO 2 ♪ MM26	YES1 NO.....2 ♪ MM26	YES 1 NO..... 2 MM26
MM25. How many days after the end of the pregnancy or childbirth did (<i>name</i>) die?	___ ___	___ ___	___ ___	___ ___

MM26. Was (<i>name</i>)'s death due to an act of violence?	YES 1 ☺ MM28 NO..... 2	YES..... 1 ☺ MM28 NO2	YES1 ☺ MM28 NO2	YES 1 ☺ MM28 NO..... 2
MM27. Was (<i>name</i>)'s death due to an accident?	YES 1 NO..... 2	YES..... 1 NO2	YES1 NO.....2	YES 1 NO..... 2
MM28. Check MM14: Is there a younger sibling?	YES 1 ☺ [S2] NO..... 2 ☺ End	YES..... 1 ☺ [S3] NO 2 ☺ End	YES1 ☺ [S4] NO2 ☺ End	YES 1 ☺ [S5] NO..... 2 ☺ End

	[S5] FIFTH	[S6] SIXTH	[S7] SEVENTH	[S8] EIGHTH
MM14. Copy name of individual siblings to each column.	_____	_____	_____	_____
MM15. Is (name) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE1 FEMALE 2
MM16. Is (<i>name</i>) still alive?	YES..... 1 NO 2 ⚡ MM18 DK..... 8 ⚡ MM28	YES 1 NO..... 2 ⚡ MM18 DK 8 ⚡ MM28	YES 1 NO..... 2 ⚡ MM18 DK..... 8 ⚡ MM28	YES.....1 NO2 ⚡ MM18 DK.....8 ⚡ MM28
MM17. How old is (<i>name</i>)?	____ ____ ⚡ MM28	____ ____ ⚡ MM28	____ ____ ⚡ MM28	____ ____ ⚡ MM28
MM18. How many years ago did (<i>name</i>) die?	____	____	____	____
MM19. How old was (<i>name</i>) when (he/she) died?	____	____	____	____
MM20. Check MM15: Was the sibling male?	YES..... 1 ⚡ MM26 NO 2	YES 1 ⚡ MM26 NO..... 2	YES 1 ⚡ MM26 NO..... 2	YES.....1 ⚡ MM26 NO2
MM21. Check MM19: Did the sister die before age 12 years?	YES..... 1 ⚡ MM26 NO 2	YES 1 ⚡ MM26 NO..... 2	YES 1 ⚡ MM26 NO..... 2	YES.....1 ⚡ MM26 NO2
MM22. Was (<i>name</i>) pregnant when she died?	YES..... 1 ⚡ MM26 NO 2	YES 1 ⚡ MM26 NO..... 2	YES 1 ⚡ MM26 NO..... 2	YES.....1 ⚡ MM26 NO2
MM23. Did (<i>name</i>) die during childbirth?	YES..... 1 ⚡ MM28 NO 2	YES 1 ⚡ MM28 NO..... 2	YES 1 ⚡ MM28 NO..... 2	YES.....1 ⚡ MM28 NO2
MM24. Did (<i>name</i>) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO 2 ⚡ MM26	YES 1 NO..... 2 ⚡ MM26	YES 1 NO..... 2 ⚡ MM26	YES.....1 NO2 ⚡ MM26
MM25. How many days after the end of the pregnancy or childbirth did (<i>name</i>) die?	____	____	____	____

MM26. Was (<i>name</i>)'s death due to an act of violence?	YES..... 1 ☺ MM28 NO 2	YES 1 ☺ MM28 NO..... 2	YES 1 ☺ MM28 NO..... 2	YES.....1 ☺ MM28 NO2
MM27. Was (<i>name</i>)'s death due to an accident?	YES..... 1 NO 2	YES 1 NO..... 2	YES 1 NO..... 2	YES.....1 NO2
MM28. Check MM14: Is there a younger sibling?	YES..... 1 ☺ [S6] NO 2 ☺ End	YES 1 ☺ [S7] NO..... 2 ☺ End	YES 1 ☺ [S8] NO..... 2 ☺ End	YES.....1 ☺ [S9] NO2 ☺ End
				Tick here if additional questionnaire used:..... <input type="checkbox"/>

LIFE SATISFACTION

LS

LS1. I would like to ask you some simple questions on happiness and satisfaction.

First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?

I am now going to show you pictures to help you with your response.

Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.

- VERY HAPPY 1
- SOMEWHAT HAPPY 2
- NEITHER HAPPY NOR UNHAPPY 3
- SOMEWHAT UNHAPPY 4
- VERY UNHAPPY 5

LS2. *Show the picture of the ladder.*

Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.

Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder do you feel you stand at this time?

Probe if necessary: Which step comes closest to the way you feel?

LADDER STEP ____ ____

LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?

- IMPROVED 1
- MORE OR LESS THE SAME 2
- WORSENERD 3

LS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?

- BETTER 1
- MORE OR LESS THE SAME 2
- WORSE 3

Very
happy



Somewhat
happy



Neither happy,
nor unhappy



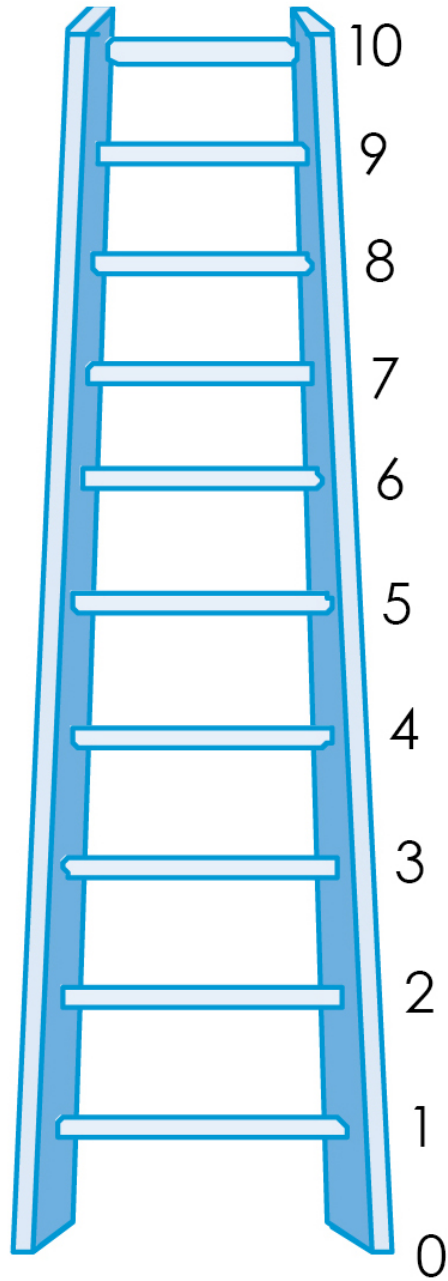
Somewhat
unhappy



Very
unhappy



Best Possible Life



Worst Possible Life

DOMESTIC VIOLENCE		DV																												
DV0. CHECK LINE NUMBER IN HH30H	WOMEN SELECTED FOR DV MODULE1 WOMEN NOT SELECTED 2	2 ⇒ End																												
DV1. CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.	PRIVACY OBTAINED1 PRIVACY NOT POSSIBLE.....2	2 ⇒ DV32																												
<p>DV1A. READ TO THE RESPONDENT:</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are CRUCIAL FOR helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																														
DV2. Check MA1 and MA5: Currently in union, formerly in union or never in union?	CURRENTLY MARRIED/LIVING WITH A MAN 1 FORMERLY MARRIED/LIVED WITH A MAN 2 NEVER MARRIED/NEVER LIVED WITH A MAN 3	3 ⇒ DV16																												
<p>DV3. First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>[A] He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>[B] He frequently (accuses/accused) you of being unfaithful?</p> <p>[C] He (does/did) not permit you to meet your female friends?</p> <p>[D] He (tries/tried) to limit your contact with your family?</p> <p>[E] He (insists/insisted) on knowing where you (are/were) at all times?</p> <p>[F] He (does/did) not trust you with any money?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>ACCUSES..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>NOT MEET FRIENDS 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>NO FAMILY 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>WHERE YOU ARE 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>MONEY 1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS 1	2	8		ACCUSES..... 1	2	8		NOT MEET FRIENDS 1	2	8		NO FAMILY 1	2	8		WHERE YOU ARE 1	2	8		MONEY 1	2	8		
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MONEY 1	2	8																												

<p>DV4A. Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>Did your (last) (husband/partner) ever say or do something to humiliate you in front of others?</p>	<p>YES1 NO2</p>	<p>2 ⇨ DV4B</p>
<p>DV4A1. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	<p>OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3</p>	
<p>DV4B. Did your (last) (husband/partner) ever threaten to hurt or harm you or someone you care about?</p>	<p>YES1 NO2</p>	<p>2 ⇨ DV4C</p>
<p>DV4B1. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	<p>OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3</p>	
<p>DV4C. Did your (last) (husband/partner) ever insult you or make you feel bad about yourself?</p>	<p>YES1 NO2</p>	<p>2 ⇨ DV5</p>
<p>DV4C1. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	<p>OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3</p>	
<p>DV5A. Did your (last) (husband/partner) ever push you, shake you, or throw something at you?</p>	<p>YES1 NO2</p>	<p>2 ⇨ DV5B</p>
<p>DV5A1. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	<p>OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3</p>	
<p>DV5B. Did your (last) (husband/partner) ever slap you?</p>	<p>YES1 NO2</p>	<p>2 ⇨ DV5C</p>
<p>DV5B1. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	<p>OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3</p>	
<p>DV5C. Did your (last) (husband/partner) ever twist your arm or pull your hair?</p>	<p>YES1 NO2</p>	<p>2 ⇨ DV5D</p>

DV5C1. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3	
DV5D. Did your (last) (husband/partner) ever punch you with his fist or with something that could hurt you?	YES.....1 NO.....2	2 ⇨ DV5E
DV5D1. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3	
DV5E. Did your (last) (husband/partner) ever kick you, drag you, or beat you up?	YES.....1 NO.....2	2 ⇨ DV5F
DV5E1. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3	
DV5F. Did your (last) (husband/partner) ever try to choke you or burn you on purpose?	YES.....1 NO.....2	2 ⇨ DV5G
DV5F1. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3	
DV5G. Did your (last) (husband/partner) ever threaten or attack you with a knife, something sharp or other weapon?	YES.....1 NO.....2	2 ⇨ DV5H
DV5G1. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3	
DV5H. Did your (last) (husband/partner) ever physically force you to have sexual intercourse with him when you did not want to?	YES.....1 NO.....2	2 ⇨ DV5I
DV5H1. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3	

DV5I. Did your (last) (husband/partner) ever physically force you to perform any other sexual acts you did not want to?	YES1 NO2	2 ⇨ DV5J
DV5I1.) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3	
DV5J. Did your (last) (husband/partner) ever force you with threats or in any other way to perform sexual acts you did not want to?	YES1 NO2	2 ⇨ DV6
DV5J1. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN.....1 SOMETIMES.....2 NOT IN THE LAST 12 MONTHS.....3	
DV6. Check DV5 [A] to [J]: At least one 'Yes' recorded?	AT LEAST ONE YES 1 NOT A SINGLE YES 2	2 ⇨ DV9
DV7. How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? <i>If less than one year, record '00' years.</i>	NUMBER OF YEARS __ __ BEFORE MARRIAGE/ BEFORE LIVING TOGETHER 95 AFTER SEPARATION/DIVORCE..... 96	
DV8. Did the following ever happen as a result of what your (last) (husband/partner) did to you: [A] You had cuts, bruises, or aches? [B] You had eye injuries, sprains, dislocations, or burns? [C] You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES NO [A] CUTS, BRUISES, OR ACHES.....1 2 [B] EYE INJURIES, SPRAINS, DISLOCATIONS OR BURNS1 2 [C] DEEP WOUNDS, BROKEN BONES, BROKEN TEETH.....1 2	

DV9. Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	2 ⇨ DV11
DV10. In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES..... 2 NOT AT ALL..... 3	
DV11. Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	2 ⇨ DV13
DV12. How often does (did) he get drunk: often, only sometimes, or never?	OFTEN..... 1 SOMETIMES..... 2 NEVER..... 3	
DV13. Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID.....1 SOMETIMES AFRAID.....2 NEVER AFRAID.....3	
DV14. Check MA7: Was she married only once or more than once?	MARRIED MORE THAN ONCE 1 MARRIED ONLY ONCE 2	2 ⇨ DV16
DV15A. So far we have been talking about the behaviour of your (current/last) (husband/partner). Now I want to ask you about the behaviour of any previous (husband/partner). Did any of your previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES1 NO2	2 ⇨ DV15B
DV15A1. How long ago did this last happen?	0-11 MONTHS AGO1 12+ MONTHS AGO2 DON'T REMEMBER.....3	

<p>DV15B. Did any of your previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?</p>	<p>YES1 NO2</p>	<p>2 ⇨ DV15C</p>
<p>DV15B1. How long ago did this last happen?</p>	<p>0-11 MONTHS AGO1 12+ MONTHS AGO2 DON'T REMEMBER.....3</p>	
<p>DV15C. Did any previous (husband/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?</p>	<p>YES1 NO2</p>	<p>2 ⇨ DV16</p>
<p>DV15C1. How long ago did this last happen?</p>	<p>0-11 MONTHS AGO1 12+ MONTHS AGO2 DON'T REMEMBER.....3</p>	
<p>DV16. Check MA1 and MA5: Was she ever married/ lived with a man?</p>	<p>EVER MARRIED/EVER LIVED WITH A MAN 1 NEVER MARRIED/NEVER LIVED WITH A MAN 2</p>	<p>1 ⇨ DV16A 2 ⇨ DV16B</p>
<p>DV16A. From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>DV16B. From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER..... 3</p>	<p>2 ⇨ DV19A 3 ⇨ DV19A</p>

<p>DV17. Who has hurt you in this way?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Record all mentioned</i></p>	<p>MOTHER/STEP-MOTHER..... A</p> <p>FATHER/STEP-FATHER..... B</p> <p>SISTER/BROTHER..... C</p> <p>DAUGHTER/SON..... D</p> <p>OTHER RELATIVE E</p> <p>CURRENT BOYFRIEND F</p> <p>FORMER BOYFRIEND..... G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER..... K</p> <p>EMPLOYER/SOMEONE AT WORK..... L</p> <p>POLICE/SOLDIER..... M</p> <p>OTHER (<i>specify</i>)..... X</p>	
<p>DV18. In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN..... 1</p> <p>SOMETIMES..... 2</p> <p>NOT AT ALL..... 3</p>	
<p>DV19A. Check CM1: ever given birth?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨ DV20</p>
<p>DV19B. Have you ever been pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨ DV22</p>
<p>DV20. Has anyone ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨ DV22</p>

<p>DV21. "Who has done any of these things to physically hurt you while you were pregnant?"</p> <p><i>Probe: Anyone else?</i></p> <p><i>Record all mentioned</i></p>	<p>CURRENT HUSBAND/PARTNER A</p> <p>MOTHER/STEP-MOTHER..... B</p> <p>FATHER/STEP-FATHER..... C</p> <p>SISTER/BROTHER..... D</p> <p>DAUGHTER/SON..... E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND..... I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER..... M</p> <p>EMPLOYER/SOMEONE AT WORK..... N</p> <p>POLICE/SOLDIER..... O</p> <p>OTHER (<i>specify</i>)..... X</p>	
<p>DV22. <i>Check MA1 and MA5: Was she ever married/ lived with a man?</i></p>	<p>EVER MARRIED/EVER LIVED WITH A MAN 1</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN 2</p>	<p>1 ⇨ DV22A</p> <p>2 ⇨ DV22B</p>
<p>DV22A. Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>1 ⇨ DV23</p> <p>2 ⇨ DV24</p> <p>3 ⇨ DV24</p>
<p>DV22B. At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>1 ⇨ DV23</p> <p>2 ⇨ DV26</p> <p>3 ⇨ DV26</p>

<p>DV23. Who was the person who was forcing you the very first time this happened?</p>	<p>CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT /FORMER BOYFRIEND..... 03 FATHER/STEP-FATHER..... 04 BROTHER/STEP BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND..... 09 TEACHER..... 10 EMPLOYER/SOMEONE AT WORK..... 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER (<i>specify</i>)_____ 96</p>	
<p>DV23A. Where were you when this happened to you?</p>	<p>HOME 01 PERPETRATOR'S HOME 02 SOMEONE'S ELSE HOME 03 BUSH..... 04 MARKET SHOP..... 05 SCHOOL 06 CAR/BUS 07 CHURCH..... 08 WORKPLACE 09 OTHER (<i>specify</i>)_____ 96</p>	
<p>DV24. Check MA1 and MA5: Was she ever married/ ever lived with a man?</p>	<p>EVER MARRIED/EVER LIVED WITH A MAN1 NEVER MARRIED/ LIVED WITH A MAN2</p>	<p>1 ⇨DV24A 2 ⇨DV24B</p>
<p>DV24A. In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?</p> <p>DV24B. In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>	<p>YES1 NO2</p>	<p>1 ⇨DV25</p>
<p>DV24C. Check DV5(H-J) and DV15B</p>	<p>AT LEAST ONE 'YES'1 NOT A SINGLE 'YES'2</p>	<p>2 ⇨DV26</p>

<p>DV25. Check MA1 and MA5: Was she ever married/ ever lived with a man?</p>	<p>EVER MARRIED/EVER LIVED WITH A MAN1 NEVER MARRIED/ LIVED WITH A MAN2</p>	<p>1 ⇨ DV25A 2 ⇨ DV25B</p>
<p>DV25A. How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> <p>DV25B. How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS _ _</p> <p>DON'T KNOW 98</p>	
<p>DV26. Check DV5A (A-J), DV15A (A,B), DV16, DV20, DV22A, AND DV22B:</p>	<p>AT LEAST ONE "YES" 1 NO A SINGLE "YES" 2</p>	<p>2 ⇨ DV30</p>
<p>DV27. Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1 NO 2</p>	<p>2 ⇨ DV29</p>
<p>DV28. From whom have you sought help?</p> <p>Probe: Anyone else?</p> <p><i>Record all mentioned</i></p>	<p>OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY B CURRENT/FORMER/HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER (<i>specify</i>) X</p>	<p>A ⇨ DV30 B ⇨ DV30 C ⇨ DV30 D ⇨ DV30 E ⇨ DV30 F ⇨ DV30 G ⇨ DV30 H ⇨ DV30 I ⇨ DV30 J ⇨ DV30 K ⇨ DV30 X ⇨ DV30</p>
<p>DV29. Have you ever told anyone about this?</p>	<p>YES 1 NO 2</p>	
<p>DV30. As far as you know, did your father ever beat your mother?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
<p><i>Thank the respondent for her cooperation and reassure her about the confidentiality of her answers. Fill out the questions below with reference to the Domestic Violence Module only.</i></p>		

<p>DV31. <i>Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way?</i></p> <p>A. <i>Husband</i></p> <p>B. <i>Other male adult</i></p> <p>C. <i>Female adult</i></p>	<p>YES, YES, NO</p> <p>ONCE MORE THAN ONCE</p> <p>A. HUSBAND 1 2 3</p> <p>B. OTHER MALE ADULT 1 2 3</p> <p>C. FEMALE..... 1 2 3</p>	
<p>DV32. <i>Interviewer's comments / explanation for not completing the Domestic Violence Module</i></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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 <i>(specify)</i> 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW <i>(specify)</i> 3	
WM12. <i>Language of the Questionnaire.</i>	ENGLISH 1 SHONA..... 2 NDEBELE..... 3	
WM13. <i>Language of the Interview.</i>	ENGLISH 1 SHONA..... 2 NDEBELE..... 3 OTHER LANGUAGE <i>(specify)</i> 6	
WM14. <i>Native language of the Respondent.</i>	ENGLISH 1 SHONA..... 2 NDEBELE..... 3 OTHER LANGUAGE <i>(specify)</i> 6	
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:

FOR Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE 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