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| MICS logo ALLquestionnaire for individual women**name of survey** |
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| woman’s information panel WM |
| This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman. |
| **WM1**. Cluster number: | **WM2**. Household number: |
| \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| **WM3**. Woman’s name:  | **WM4**. Woman’s line number: |
| Name  | \_\_\_ \_\_\_ |
| **WM5**. Interviewer’s name and number: | **WM6**. Day / Month / Year of interview: |
| Name \_\_\_ \_\_\_ | \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 1 \_\_\_ |

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| *Repeat greeting if not already read to this woman:*We are from insert country-specific affiliation. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. The interview will take about insert number minutes. All the information we obtain will remain strictly confidential and anonymous.  | *If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*Now I would like to talk to you more about your health and other topics. This interview will take about insert number minutes. Again, all the information we obtain will remain strictly confidential and anonymous. |
| May I start now? * Yes, permission is given ⇨ *Go to WM10 to record the time and then b*egin the interview.
* No, permission is not given ⇨ Circle “03” in WM7. Discuss this result with your supervisor.
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| **WM7**. Result of woman’s interview | Completed 01Not at home 02Refused 03Partly completed 04Incapacitated 05Other (specify) 96 |

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| **WM8**. Field editor’s name and number:Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ | **WM9**. Main data entry clerk’s name and number:Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ |

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| **WM10**. *Record the time.* | Hour and minutes \_\_ \_\_ : \_\_ \_\_ |  |

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| WOMAN’S BACKGROUND WB |
| **WB1**. In what month and year were you born?  | Date of birthMonth \_\_ \_\_ DK month 98 Year \_\_ \_\_ \_\_ \_\_ DK year 9998 |  |
| **WB2**. How old are you? *Probe:* How old were you at your last birthday?*Compare and correct WB1 and/or WB2 if inconsistent.* | Age (in completed years) \_\_ \_\_ |  |
| **WB3**. Have you ever attended school or preschool? | Yes 1No 2 | 2⇨WB7 |
| **WB4**. What is the highest level of school you attended? | Preschool 0Primary 1Secondary 2Higher 3 | 0⇨WB7 |
| **WB5**. What is the highest grade you completed at that level?*If the first grade at this level is not completed, enter “00”.* | Grade \_\_ \_\_ |  |
| **WB6**. Check WB4:  **🞎** Secondary or higher (WB4=2 or 3) ⇨ Go to Next Module. **🞎** Primary (WB4=1) ⇨ Continue with WB7. |
| **WB7**. Now I would like you to read this sentence to me.Show sentence on the card to the respondent.If respondent cannot read whole sentence, probe:Can you read part of the sentence to me? | Cannot read at all 1Able to read only parts of sentence 2Able to read whole sentence 3No sentence in  required language 4 *(specify language)*Blind / visually impaired 5 |  |
| ACCESS TO MASS MEDIA AND USE OF information/communication TECHNOLOGY MT |
| **MT1**. Check WB7: **🞎** Question left blank (Respondent has secondary or higher education) ⇨ Continue with MT2. **🞎** Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇨ Continue with MT2. **🞎** Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇨ Go to MT3. |
| **MT2**. How often do you read a newspaper or magazine: Almost every day, at least once a week, less than once a week or not at all? | Almost every day 1At least once a week 2Less than once a week 3Not at all 4 |  |
| **MT3**. Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? | Almost every day 1At least once a week 2Less than once a week 3Not at all 4 |  |
| **MT4**. How often do you watch television: Would you say that you watch almost every day, at least once a week, less than once a week or not at all? | Almost every day 1At least once a week 2Less than once a week 3Not at all 4 |  |
| **MT5**. Check WB2: Age of respondent?🞎 Age 15-24 ⇨ Continue with MT6. 🞎 Age 25-49 ⇨ Go to Next Module. |
| **MT6**. Have you ever used a computer?  | Yes 1No 2 | 2⇨MT9 |
| **MT7**. Have you used a computer from any location in the last 12 months? | Yes 1No 2 | 2⇨MT9 |
| **MT8**. During the last one month, how often did you use a computer: almost every day, at least once a week, less than once a week or not at all? | Almost every day 1At least once a week 2Less than once a week 3Not at all 4 |  |
| **MT9**. Have you ever used the internet?  | Yes 1No 2 | 2⇨NextModule |
| **MT10**. In the last 12 months, have you used the internet? *If necessary, probe for use from any location, with any device.* | Yes 1No 2 | 2⇨ NextModule |
| **MT11**. During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week or not at all? | Almost every day 1At least once a week 2Less than once a week 3Not at all 4 |  |

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| FERTILITY CM |
| **CM1**. Now I would like to ask about all the births you have had during your life. Have you ever given birth? | Yes 1No 2 | 2⇨CM8 |
| **CM2**. What was the date of your first birth? I mean the very first time you gave birth, even if the child is no longer living, or the father is not your current partner.Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3. | Date of first birth Month \_\_ \_\_ DK month 98 Year \_\_ \_\_ \_\_ \_\_ DK year 9998 | ⇨CM4 |
| **CM3**. How many years ago did you haveyour first birth? | Completed years since first birth \_\_ \_\_ |  |
| **CM4**. Do you have any sons or daughters to whom you have given birth who are now living with you? | Yes 1No 2 | 2⇨CM6 |
| **CM5**. How many sons live with you? How many daughters live with you? *If none, record “00”*. | Sons at home \_\_ \_\_Daughters at home \_\_ \_\_ |  |
| **CM6**. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | Yes 1No 2 | 2⇨CM8 |
| **CM7**. How many sons are alive but do not live with you? How many daughters are alive but do not live with you? *If none, record “00”*. | Sons elsewhere \_\_ \_\_Daughters elsewhere \_\_ \_\_ |  |
| **CM8**. Have you ever given birth to a boy or girl who was born alive but later died? If “No” probe by asking: I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours? | Yes 1No 2 | 2⇨CM10 |
| **CM9**. How many boys have died? How many girls have died? *If none, record “00”*. | Boys dead \_\_ \_\_Girls dead \_\_ \_\_ |  |
| **CM10**. Sum answers to CM5, CM7, and CM9. | Sum \_\_ \_\_ |  |
| **CM11**. Just to make sure that I have this right, you have had in total (total number in CM10) live births during your life. Is this correct? **🞎** Yes. Check below: **🞎** No live births ⇨ Go to Illness Symptoms Module. **🞎** One or more live births ⇨ Continue with CM12. **🞎** No. ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12. |
| **CM12**. Of these (*total number in CM10*) births you have had, when did you deliver the last one (even if he or she has died)?Month and year must be recorded. | Date of last birth  Month \_\_ \_\_ Year \_\_ \_\_ \_\_ \_\_ |  |
| **CM13**. Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in **2011**(if the month of interview and the month of birth are the same, and the year of birth is **2011**, consider this as a birth within the last 2 years). **🞎** No live birth in last 2 years. ⇨ Go to Illness Symptoms Module. **🞎** One or more live births in last 2 years. ⇨ Ask for the name of the last-born child. Name of last-born child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If child has died, take special care when referring to this child by name in the following modules. Continue with Next Module. |
| FERTILITY/birth history CM |
| **CM1**. Now I would like to ask about all the births you have had during your life. Have you ever given birth? | Yes 1No 2 | 2⇨CM8 |
| **CM4**. Do you have any sons or daughters to whom you have given birth who are now living with you? | Yes 1No 2 | 2⇨CM6 |
| **CM5**. How many sons live with you? How many daughters live with you? *If none, record “00”*. | Sons at home \_\_ \_\_Daughters at home \_\_ \_\_ |  |
| **CM6**. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | Yes 1No 2 | 2⇨CM8 |
| **CM7**. How many sons are alive but do not live with you? How many daughters are alive but do not live with you? *If none, record “00”*. | Sons elsewhere \_\_ \_\_Daughters elsewhere \_\_ \_\_ |  |
| **CM8**. Have you ever given birth to a boy or girl who was born alive but later died? If “No” probe by asking: I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours? | Yes 1No 2 | 2⇨CM10 |
| **CM9**. How many boys have died? How many girls have died? *If none, record “00”*. | Boys dead \_\_ \_\_Girls dead \_\_ \_\_ |  |
| **CM10**. Sum answers to CM5, CM7, and CM9. | Sum \_\_ \_\_ |  |
| **CM11**. Just to make sure that I have this right, you have had in total (total number in CM10) live births during your life. Is this correct? **🞎** Yes. Check below: **🞎** No live births ⇨ Go to Illness Symptoms Module. **🞎** One or more live births ⇨ Continue with the Birth History module. **🞎** No. ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the Birth History Module or Illness Symptoms Module. |

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| birth history bh |
| Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.*Record names of all of the births in BH1.Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.*  |

| BHLineNo. | **BH1**.What name was given to your (first/next) baby? | **BH2**.Were any of these births twins?1 Single2 Multiple | **BH3**.Is (name) a boy or a girl?1 Boy2 Girl | **BH4**.In what month and year was (name) born?Probe: What is his/her birthday? | **BH5**.Is (name) still alive?1 Yes2 No | **BH6**.How old was (name) at his/her last birthday?Record age in completed years. | **BH7**.Is (name) living with you?1 Yes2 No | **BH8**.Record household line number of child (from HL1)Record “00” if child is not listed. | **BH9**.If dead:How old was (name) when he/she died?If “1 year”, probe:How many months old was (name)?Record days if less than 1 month; record months if less than 2 years; or years | **BH10**.Were there any other live births between (name of previous birth) and (name), including any children who died after birth?1 Yes2 No |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | S | M | B | G | Month | Year | Y | N | Age | Y | N | Line No | Unit | Number | Y | N |
| 01 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** Next Line | Days 1Months 2Years 3 | \_\_\_ \_\_\_ |  |
|  | **⇨**BH9 |
| 02 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 03 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 04 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 05 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 06 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 07 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 08 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 09 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 10 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 11 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 12 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 13 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| 14 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_**⇨** BH10 | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1AddBirth | 2NextBirth |
|  | **⇨**BH9 |
| **BH11**. Have you had any live births since the birth of (*name of last birth in Birth History Module*)? | Yes 1No 2 | 1⇨Record birth(s) in Birth History |

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| **CM12A**. *Compare number in CM10 with number of births in the Birth History Module above and check:***🞎** *Numbers are same ⇨ Continue with CM13.* **🞎** Numbers are different ⇨ Probe and reconcile. |
| **CM13**. Check BH4 in Birth History Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2011** (if the month of interview and the month of birth are the same, and the year of birth is **2011**, consider this as a birth within the last 2 years)  **🞎** No live birth in last 2 years. ⇨ Go to Illness Symptoms Module. **🞎** One or more live births in last 2 years. ⇨ Record name of last born child and continue with Next Module. Name of last-born child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If child has died, take special care when referring to this child by name in the following modules. |

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| Desire for last birth db |
| This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.Record name of last-born child from CM13 here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Use this child’s name in the following questions, where indicated. |
| **DB1**. When you got pregnant with (*name*), did you want to get pregnant at that time? | Yes 1No 2 | 1⇨NextModule  |
| **DB2**. Did you want to have a baby later on, or did you not want any (more) children? | Later 1No more 2 | 2⇨NextModule |
| **DB3**. How much longer did you want to wait?*Record the answer as stated by respondent.* | Months 1 \_\_ \_\_Years 2 \_\_ \_\_DK 998 |  |

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| maternal and newborn health MN |
| This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.Record name of last-born child from CM13 here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Use this child’s name in the following questions, where indicated. |
| **MN1**. Did you see anyone for antenatal care during your pregnancy with (*name*)? | Yes 1No 2 | 2⇨MN5  |
| **MN2**. Whom did you see?  *Probe:* Anyone else?Probe for the type of person seen and circle all answers given. | Health professional:Doctor A Nurse / Midwife B ***Auxiliary midwife*** COther person Traditional birth attendant F Community health worker GOther (specify) X |  |
| **MN2A**. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? *Record the answer as stated by respondent.* | Weeks 1 \_\_ \_\_Months 2 0 \_\_DK 998 |  |
| **MN3**. How many times did you receive antenatal care during this pregnancy?Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received. | Number of times \_\_ \_\_DK 98 |  |
| **MN4**. As part of your antenatal care during this pregnancy, were any of the following done at least once:[A] Was your blood pressure measured?[B] Did you give a urine sample?[C] Did you give a blood sample? |  Yes NoBlood pressure 1 2Urine sample 1 2Blood sample 1 2 |  |
| **MN5**. Do you have a card or other document with your own immunizations listed? May I see it please?If a card is presented, use it to assist with answers to the following questions. | Yes (card seen) 1Yes (card not seen) 2No 3DK 8 |  |
| **MN6**. When you were pregnant with (*name*), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is convulsions after birth? | Yes 1No 2DK 8 | 2⇨MN98⇨MN9 |
| **MN7**. How many times did you receive this tetanus injection during your pregnancy with (*name*)? | Number of times \_\_DK 8 | 8⇨MN9 |
| **MN8**. How many tetanus injections during last pregnancy were reported in MN7? **🞎** At least two tetanus injections during last pregnancy. ⇨ Go to MN12. **🞎** Only one tetanus injection during last pregnancy. ⇨ Continue with MN9. |
| **MN9**. Did you receive any tetanus injection at any time before your pregnancy with (*name*), either to protect yourself or another baby? | Yes 1No 2DK 8 | 2⇨MN128⇨MN12 |
| **MN10**. How many times did you receive a tetanus injection before your pregnancy with (*name*)?If 7 or more times, record ‘7’. | Number of times \_\_DK 8 | 8⇨MN12 |
| **MN11**. How many years ago did you receive the last tetanus injection before your pregnancy with (*name*)?If less than 1 year, record ‘00’. | Years ago \_\_ \_\_ |  |
| **MN12**. Check MN1 for presence of antenatal care during this pregnancy: **🞎**  Yes, antenatal care received.⇨ Continue with MN13. **🞎** *No antenatal care received* ⇨ *Go to MN17.* |
| **MN13**. During (any of) your antenatal visit(s) for the pregnancy with (*name*), did you take any medicine in order to prevent you from getting malaria? | Yes 1No 2DK 8 | 2⇨MN178⇨MN17 |
| **MN14**. Which medicines did you take to prevent malaria?Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent. | SP / Fansidar AChloroquine BOther (specify) XDK Z |  |
| **MN15**. Check MN14 for medicine taken: **🞎** SP / Fansidar taken.⇨ Continue with MN16. **🞎** SP / Fansidar not taken.⇨ Go to MN17. |
| **MN16**. During your pregnancy with (*name*), how many times did you take SP/ Fansidar in total? please include all that you obtained either during an antenatal care visit, during a visit to a health facility or from another source? | Number of times \_\_ \_\_DK 98 |  |
| **MN17**. Who assisted with the delivery of (*name*)?*Probe:*Anyone else?Probe for the type of person assisting and circle all answers given.If respondent says no one assisted, probe to determine whether any adults were present at the delivery. | Health professional:Doctor A Nurse / Midwife B ***Auxiliary midwife*** COther person Traditional birth attendant F Community health worker G Relative / Friend HOther (specify) XNo one Y |  |
| **MN18**. Where did you give birth to (name)? Probe to identify the type of source.If unable to determine whether public or private, write the name of the place. (Name of place) | Home Respondent’s home 11 Other home 12Public sector Government hospital 21 Government clinic / health centre 22 Government health post 23 Other public (specify) 26Private Medical Sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (specify) 36Other (specify) 96 | 11⇨MN2012⇨MN2096⇨MN20 |
| **MN19**. Was (name) delivered by caesarean section? That is, did they cut your belly open to take the baby out? | Yes 1No 2 | 2⇨MN20 |
| **MN19A**. When was the decision made to have the caesarean section? Was it before or after your labour pains started?  | Before 1After 2 |  |
| **MN20**. When (*name*) was born, was he/she very large, larger than average, average, smaller than average, or very small? | Very large 1Larger than average 2Average 3Smaller than average 4Very small 5DK 8 |  |
| **MN21**. Was (name) weighed at birth? | Yes 1No 2DK 8 | 2⇨MN238⇨MN23 |
| **MN22**. How much did (name) weigh?If a card is available, record weight from card. | From card 1 (kg) \_\_ . \_\_ \_\_ \_\_From recall 2 (kg) \_\_ . \_\_ \_\_ \_\_DK 99998 |  |
| **MN23**. Has your menstrual period returned since the birth of (name)? | Yes 1No 2 |  |
| **MN24**. Did you ever breastfeed (name)? | Yes 1No 2 | 2⇨NextModule |
| **MN25**. How long after birth did you first put (name) to the breast?If less than 1 hour, record “00” hours.If less than 24 hours, record hours.Otherwise, record days. | Immediately 000Hours 1 \_\_ \_\_Days 2 \_\_ \_\_DK / Don’t remember 998 |  |
| **MN26**. In the first three days after delivery, was (*name*) given anything to drink other than breast milk? | Yes 1No 2 | 2⇨NextModule |
| **MN27**. What was (*name*) given to drink?*Probe:*Anything else? | Milk (other than breast milk) APlain water BSugar or glucose water CGripe water DSugar-salt-water solution EFruit juice FInfant formula GTea / Infusions HHoney IOther (specify) X |  |
| Post-natal health checks pn |
| This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.Record name of last-born child from CM13 here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Use this child’s name in the following questions, where indicated. |
| **PN1**. Check MN18: Was the child delivered in a health facility?  **🞎** Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇨ Continue with PN2. **🞎** No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN6. |
| **PN2**. Now I would like to ask you some questions about what happened in the hours and days after the birth of (*name).*You have said that you gave birth in (*name or type of facility in MN18*). How long did you stay there after the delivery? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.* | Hours 1 \_\_ \_\_Days 2 \_\_ \_\_Weeks 3 \_\_ \_\_DK / Don’t remember 998 |  |
| **PN3**. 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.  Before you left the (*name or type of facility in MN18*), did anyone check on (*name*)’s health? | Yes 1No 2 |  |
| **PN4**. And what about checks on your health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on your health before you left (*name or type or facility in MN18*)? | Yes 1No 2 |  |
| **PN5**. Now I would like to talk to you about what happened after you left (*name or type of facility in MN18*). Did anyone check on (*name*)’s health after you left (*name or type of facility in MN18*)? | Yes 1No 2 | 1⇨PN112⇨PN16 |
| **PN6**. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?* Yes, delivery assisted by a health professional, traditional birth attendant, or community

health worker (MN17=A-G) ⇨ Continue with PN7.* No, delivery not assisted by a health professional, traditional birth attendant, or community

health worker (A-G not circled in MN17) ⇨ Go to PN10. |
| **PN7**. You have already said that (*person or persons in MN17*) assisted with the birth. Now I would like to talk to you about checks on (*name*)’s health after delivery, for example examining (*name*), checking the cord, or seeing if (*name*) is ok.  After the delivery was over and before (*person or persons in MN17*) left you, did (*person or persons in MN17*) check on (*name*)’s health? | Yes 1No 2 |  |
| **PN8**. And did (*person or persons in MN17*) check on your health before leaving? By check on your health, I mean assessing your health, for example asking questions about your health or examining you. | Yes 1No 2 |  |
| **PN9**. After the (*person or persons in MN17*) left you, did anyone check on the health of (*name*)? | Yes 1No 2 | 1⇨PN112⇨PN18 |
| **PN10**. I would like to talk to you about checks on (*name*)’s health after delivery – for example, someone examining (*name*), checking the cord, or seeing if the baby is ok. After (*name*) was delivered, did anyone check on his/her health?  | Yes 1No 2 | 2⇨PN19 |
| **PN11**. Did such a check happen only once, or more than once? | Once 1More than once 2 | 1⇨PN12A2⇨PN12B |
| **PN12A**. How long after delivery did that check happen?**PN12B**. How long after delivery did the first of these checks happen? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.* | Hours 1 \_\_ \_\_Days 2 \_\_ \_\_Weeks 3 \_\_ \_\_DK / Don’t remember 998 |  |
| **PN13**. Who checked on (*name*)’s health at that time? | Health professionalDoctor ANurse / Midwife B***Auxiliary midwife*** COther person Traditional birth attendant F Community health worker G Relative / Friend HOther (specify) X |  |
| **PN14**. Where did this check take place?Probe to identify the type of source.If unable to determine whether public or private, write the name of the place. (Name of place) | Home Respondent’s home 11 Other home 12Public sector Government hospital 21 Government clinic / health centre 22 Government health post 23 Other public (specify) 26Private medical sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (specify) 36Other (specify) 96 |  |
| **PN15**. Check MN18: Was the child delivered in a health facility? **🞎** Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇨ Continue with PN16. **🞎** No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN17. |
| **PN16**. After you left (*name or type of facility in MN18*), did anyone check on your health? | Yes 1No 2 | 1⇨PN202⇨Next  Module |
| **PN17**. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?* Yes, delivery assisted by a health professional, traditional birth attendant, or community

health worker (MN17=A-G) ⇨ Continue with PN18* No, delivery not assisted by a health professional, traditional birth attendant, or community

health worker (A-G not circled in MN17) ⇨ Go to PN19 |
| **PN18**. After the delivery was over and (*person or persons in MN17*) left, did anyone check on your health? | Yes 1No 2 | 1⇨PN202⇨Next Module |
| **PN19**. After the birth of (*name*), did anyone check on your health? I mean someone assessing your health, for example asking questions about your health or examining you. | Yes 1No 2 | 2⇨Next Module |
| **PN20**. Did such a check happen only once, or more than once? | Once 1More than once 2 | 1⇨PN21A2⇨PN21B |
| **PN21A**. How long after delivery did that check happen?**PN21B**. How long after delivery did the first of these checks happen? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.* | Hours 1 \_\_ \_\_Days 2 \_\_ \_\_Weeks 3 \_\_ \_\_DK / Don’t remember 998 |  |
| **PN22**. Who checked on your health at that time? | Health professionalDoctor ANurse / Midwife B***Auxiliary midwife*** COther person Traditional birth attendant F Community health worker G Relative / Friend HOther (specify) X |  |
| **PN23**. Where did this check take place?Probe to identify the type of source.If unable to determine whether public or private, write the name of the place. (Name of place) | Home Respondent’s home 11 Other home 12Public sector Government hospital 21 Government clinic / health centre 22 Government health post 23 Other public (specify) 26Private medical sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (specify) 36Other (specify) 96 |  |

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| ILLNESS SYMPTOMS IS |
| **IS1**. *Check List of Household Members, columns HL7B and HL15:*Is the respondent the mother or caretaker of any child under age 5? **🞎** Yes ⇨ Continue with IS2. **🞎** No ⇨ Go to Next Module. |
| **IS2**. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take a child under the age of 5 to a health facility right away? *Probe:* Any other symptoms?Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.Circle all symptoms mentioned, but do not prompt with any suggestions | Child not able to drink or breastfeed AChild becomes sicker BChild develops a fever CChild has fast breathing DChild has difficulty breathing EChild has blood in stool FChild is drinking poorly GOther (specify) XOther (specify) YOther (specify) Z |  |

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| contraception CP |
| **CP1**. I would like to talk with you about another subject – family planning.  Are you pregnant now? | Yes, currently pregnant 1No 2Unsure or DK 8 | 1⇨CP2A |
| **CP2**. Couples use various ways or methods to delay or avoid a pregnancy.Are you currently doing something or using any method to delay or avoid getting pregnant? | Yes 1No 2 | 1⇨CP3 |
| **CP2A**. Have you ever done something or used any method to delay or avoid getting pregnant? | Yes 1No 2 | 1⇨NextModule2⇨NextModule |
| **CP3**. What are you doing to delay or avoid a pregnancy?Do not prompt.If more than one method is mentioned, circle each one.  | Female sterilization AMale sterilization BIUD CInjectables DImplants EPill FMale condom GFemale condom HDiaphragm IFoam / Jelly J***Lactational amenorrhoeamethod (LAM)*** KPeriodic abstinence / Rhythm LWithdrawal MOther (*specify*) X |  |

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| unmet need UN |
| **UN1**. *Check CP1: Currently pregnant?* **🞎** Yes, currently pregnant ⇨ Continue with UN2. **🞎** No, unsure or DK ⇨ Go to UN5. |
| **UN2**. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time? | Yes 1No 2 | 1⇨UN4 |
| **UN3**. Did you want to have a baby later on or did you not want any (more) children? | Later 1No more 2 |  |
| **UN4**. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?  | Have another child 1No more / None 2Undecided / DK 8 | 1⇨UN72⇨UN138⇨UN13 |
| **UN5**. *Check CP3: Currently using “Female sterilization”?* **🞎** Yes ⇨ Go to UN13. **🞎** No ⇨ Continue with UN6. |
| **UN6**. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? | Have (a/another) child 1No more / None 2Says she cannot get pregnant 3Undecided / DK 8 | 2⇨UN93⇨UN118⇨UN9 |
| **UN7**. How long would you like to wait before the birth of (a/another) child? *Record the answer as stated by respondent.* | Months 1 \_\_ \_\_Years 2 \_\_ \_\_Does not want to wait (soon/now) 993Says she cannot get pregnant 994After marriage 995Other 996DK 998 | 994⇨UN11 |
| **UN8**. *Check CP1: Currently pregnant?* **🞎** Yes, currently pregnant ⇨ Go to UN13. **🞎** No, unsure or DK ⇨ Continue with UN9. |
| **UN9**. *Check CP2: Currently using a method?* **🞎** Yes ⇨ Go to UN13. **🞎** No ⇨ Continue with UN10. |
| **UN10**. Do you think you are physically able to get pregnant at this time? | Yes 1No 2DK 8 | 1 ⇨UN138 ⇨UN13 |
| **UN11**. Why do you think you are not physically able to get pregnant? | Infrequent sex / No sex AMenopausal BNever menstruated CHysterectomy (surgical removal  of uterus) DHas been trying to get pregnant  for 2 years or more without result EPostpartum amenorrheic FBreastfeeding GToo old HFatalistic IOther (specify) XDK Z |  |
| **UN12**. *Check UN11: “Never menstruated” mentioned?* **🞎** Mentioned ⇨ Go to Next Module. **🞎** Not mentioned ⇨ Continue with UN13. |
| **UN13**. When did your last menstrual period start?Record the answer using the same unit stated by the respondent. | Days ago 1 \_\_ \_\_Weeks ago 2 \_\_ \_\_Months ago 3 \_\_ \_\_Years ago 4 \_\_ \_\_In menopause /  Has had hysterectomy 994Before last birth 995Never menstruated 996 |  |

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| **FEMALE GENITAL MUTILATION/CUTTING** |  | **FG** |
| **FG1**. Have you ever heard of female circumcision? | Yes 1No 2 | 1⇨FG3 |
| **FG2**. In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice? | Yes 1No 2 | 2⇨NextModule |
| **FG3**. Have you yourself ever been circumcised? | Yes 1No 2 | 2⇨FG9 |
| **FG4**. Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area? | Yes 1No 2DK 8 | 1⇨FG6 |
| **FG5**. Was the genital area just nicked without removing any flesh? | Yes 1No 2DK 8 |  |
| **FG6**. Was the genital area sewn closed?If necessary, probe: Was it sealed? | Yes 1No 2DK 8 |  |
| **FG7**. How old were you when you were circumcised? *If the respondent does not know the exact age, probe to get an estimate* | Age at circumcision \_\_ \_\_DK / Don’t remember / Not sure 98 |  |
| **FG8**. Who performed the circumcision? | Health professional Doctor 11 Nurse/Midwife 12 Other health  professional (specify) 16Traditional persons Traditional ‘circumciser’ 21 Traditional birth attendant 22 Other  traditional (specify) 26DK 98 |  |
| **FG9***.* *Check CM5 for Number of daughters at home*  *and CM7 for Number of daughters elsewhere, and sum the answers here* | Total number of living daughters *\_\_\_ \_\_\_* |  |
| **FG10**. Just to make sure that I have this right, you have (total number in FG9) living daughters.  Is this correct? **🞎** Yes **🞎** One or more living daughters ⇨ Continue with FG11 **🞎** Does not have any living daughters ⇨ Go to FG22 **🞎** No ⇨ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes |

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| **FG11**. *Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.* *The total number of daughters in FG12 should be equal to the number in FG9.* *If more than 4 daughters, use additional questionnaires.* |

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|  | Daughter #1 | Daughter #2 | Daughter #3 | Daughter #4 |
| **FG12**. *Name of daughter* | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| **FG13**. How old is (*name)*? | Age \_\_\_ \_\_\_ | Age \_\_\_ \_\_\_ | Age \_\_\_ \_\_\_ | Age \_\_\_ \_\_\_ |
| **FG14**. *Is (name) younger than 15 years of age?* | Yes 1No 2*If “No”, go to FG13 for next daughter. If no more daughters, go to FG22.* | Yes 1No 2*If “No”, go to FG13 for next daughter. If no more daughters, go to FG22.* | Yes 1No 2*If “No”, go to FG13 for next daughter. If no more daughters, go to FG22.* | Yes 1No 2*If “No”, go to FG13 for next daughter. If no more daughters, go to FG22.* |
| **FG15**. Is (*name*) circumcised? | Yes 1No 2*If “No”, go to FG13 for next daughter. If no more daughters, go to FG22.* | Yes 1No 2*If “No”, go to FG13 for next daughter. If no more daughters, go to FG22.* | Yes 1No 2*If “No”, go to FG13 for next daughter. If no more daughters, go to FG22.* | Yes 1No 2*If “No”, go to FG13 for next daughter. If no more daughters, go to FG22.* |
| **FG16**. How old was (name) when this occurred? *If the respondent does not know the age, probe to get an estimate.* | Age \_\_\_ \_\_\_DK 98 | Age \_\_\_ \_\_\_DK 98 | Age \_\_\_ \_\_\_DK 98 | Age \_\_\_ \_\_\_DK 98 |
| **FG17**. Now I would like to ask you what was done to (name) at that time. Was any flesh removed from the genital area? | Yes 1 ⇨FG19No 2DK 8 | Yes 1 ⇨FG19No 2DK 8 | Yes 1 ⇨FG19No 2DK 8 | Yes 1 ⇨FG19No 2DK 8 |
| **FG18**. Was her genital area just nicked without removing any flesh? | Yes 1No 2DK 8 | Yes 1No 2DK 8 | Yes 1No 2DK 8 | Yes 1No 2DK 8 |
| **FG19**. Was her genital area sewn closed?If necessary, probe: Was it sealed? | Yes 1No 2DK 8 | Yes 1No 2DK 8 | Yes 1No 2DK 8 | Yes 1No 2DK 8 |
| **FG20**. Who performed the circumcision? | Health professional Doctor 11 Nurse/midwife 12 Other health  professional (*specify*) 16Traditional persons Traditional ‘circumciser’ 21 Traditional birth attendant 22 Other traditional (*specify*) 26DK 98 | Health professional Doctor 11 Nurse/midwife 12 Other health  professional (*specify*) 16Traditional persons Traditional ‘circumciser’ 21 Traditional birth attendant 22 Other traditional (*specify*) 26DK 98 | Health professional Doctor 11 Nurse/midwife 12 Other health  professional (*specify*) 16Traditional persons Traditional ‘circumciser’ 21 Traditional birth attendant 22 Other traditional (*specify*) 26DK 98 | Health professional Doctor 11 Nurse/midwife 12 Other health  professional (*specify*) 16Traditional persons Traditional ‘circumciser’ 21 Traditional birth attendant 22 Other traditional (*specify*) 26DK 98 |
| **FG21**.  | *Go back to FG13 for next daughter. If no more daughters, continue with FG22.* | *Go back to FG13 for next daughter. If no more daughters, continue with FG22.* | *Go back to FG13 for next daughter. If no more daughters, continue with FG22.* | *Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, continue with FG22.* |
|  |  |  |  | *Tick here if additional questionnaire* *used.* **🞎** |

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| **FG22**. Do you think this practice should be continued or should it be discontinued? | Continued 1Discontinued 2Depends 3DK 8 |  |

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| 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: [A] If she goes out without telling him? [B] If she neglects the children? [C] If she argues with him? [D] If she refuses to have sex with him? [E] If she burns the food? [F] *Country Specific Situation*  *(Add as necessary)* |  Yes No DKGoes out without telling 1 2 8Neglects children 1 2 8Argues with him 1 2 8Refuses sex 1 2 8Burns food 1 2 8*Country Specific Situation* 1 2 8 |  |

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| Marriage/UNION MA |
| **MA1**. Are you currently married or living together with a man as if married? | Yes, currently married 1Yes, living with a man 2No, not in union 3 | 3⇨MA5 |
| **MA2**. How old is your husband/partner? *Probe*: How old was your husband/partner on his last birthday?  | Age in years \_\_ \_\_DK 98 |  |
| **MA3**. Besides yourself, does your husband/partner have any other wives or partners or does he live with other women as if married? | Yes 1No 2 | 2⇨MA7 |
| **MA4**. How many other wives or partners does he have? | Number \_\_ \_\_DK 98 | ⇨MA798⇨MA7 |
| **MA5**. Have you ever been married or lived together with a man as if married? | Yes, formerly married 1Yes, formerly lived with a man 2No 3 | 3⇨NextModule |
| **MA6**. What is your marital status now: are you widowed, divorced or separated? | Widowed 1Divorced 2Separated 3 |  |
| **MA7**. Have you been married or lived with a man only once or more than once? | Only once 1More than once 2 | 1⇨MA8A2⇨MA8B |
| **MA8A**. In what month and year did you marry or start living with a man as if married?**MA8B**. In what month and year did you first marry or start living with a man as if married? | Date of (first) marriage Month \_\_ \_\_ DK month 98 Year \_\_ \_\_ \_\_ \_\_ DK year 9998 | ⇨NextModule |
| **MA9**. How old were you when you first started living with your (first) husband/partner? | Age in years \_\_ \_\_ |  |

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| SEXUAL BEHAVIOUR SB |
| ***Check for the presence of others. Before continuing, ensure privacy.*** |
| **SB1**. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.   The information you supply will remain strictly confidential. How old were you when you had sexual intercourse for the very first time? | Never had intercourse 00Age in years \_\_ \_\_ First time when started living with (first) husband/partner 95 | 00⇨NextModule |
| **SB2**. The first time you had sexual intercourse, was a condom used? | Yes 1No 2DK / Don’t remember 8 |  |
| **SB3**. When was the last time you had sexual intercourse?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. | Days ago 1 \_\_ \_\_Weeks ago 2 \_\_ \_\_Months ago 3 \_\_ \_\_Years ago 4 \_\_ \_\_ | 4⇨SB15 |
| **SB4**. The last time you had sexual intercourse, was a condom used? | Yes 1No 2 |  |
| **SB5**. What was your relationship to this person with whom you last had sexual intercourse? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse*If “boyfriend”, then ask:Were you living together as if married? If “yes”, circle “2”. If “no”, circle”3”. | Husband 1Cohabiting partner 2Boyfriend 3Casual acquaintance 4Other (specify) 6 | 3⇨SB74⇨SB76⇨SB7 |
| **SB6**. *Check MA1:* **🞎** Currently married or living with a man (MA1 = 1 or 2) ⇨ Go to SB8. **🞎** Not married / Not in union (MA1 = 3) ⇨ Continue with SB7. |
| **SB7**. How old is this person?If response is “DK”, probe: About how old is this person? | Age of sexual partner \_\_ \_\_DK 98 |  |
| **SB8**. Have you had sexual intercourse with any other person in the last 12 months?  | Yes 1No 2 | 2⇨SB15 |
| **SB9**. The last time you had sexual intercourse with this other person, was a condom used? | Yes 1No 2 |  |
| **SB10**. What was your relationship to this person? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse*If “boyfriend” then ask:Were you living together as if married? If “yes”, circle “2”. If “no”, circle” 3”. | Husband 1Cohabiting partner 2Boyfriend 3Casual acquaintance 4Other (specify) 6 | 3⇨SB124⇨SB126⇨SB12 |
| **SB11**. *Check MA1 and MA7:* **🞎** Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇨ Go to SB13. **🞎** Else ⇨ Continue with SB12. |
| **SB12**. How old is this person?If response is DK, probe: About how old is this person? | Age of sexual partner \_\_ \_\_DK 98 |  |
| **SB13**. Other than these two persons, have you had sexual intercourse with any other person in the last 12 months?  | Yes 1No 2 | 2⇨SB15 |
| **SB14**. In total, with how many different people have you had sexual intercourse in the last 12 months? | Number of partners \_\_ \_\_ |  |
| **SB15**. In total, with how many different people have you had sexual intercourse in your lifetime?If a non-numeric answer is given, probe to get an estimate.If number of partners is 95 or more, write “95”. | Number of lifetime partners \_\_ \_\_DK 98 |  |

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| HIV/AIDS HA |
| **HA1**. Now I would like to talk with you about something else. Have you ever heard of an illness called AIDS? | Yes 1No 2 | 2⇨NextModule |
| **HA2**. Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? | Yes 1No 2DK 8 |  |
| **HA3**. Can people get the AIDS virus because of witchcraft or other supernatural means? | Yes 1No 2DK 8 |  |
| **HA4**. Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? | Yes 1No 2DK 8 |  |
| **HA5**. Can people get the AIDS virus from mosquito bites? | Yes 1No 2DK 8 |  |
| **HA6**. Can people get the AIDS virus by sharing food with a person who has the AIDS virus? | Yes 1No 2DK 8 |  |
| **HA7**. Is it possible for a healthy-looking person to have the AIDS virus? | Yes 1No 2DK 8 |  |
| **HA8**. Can the virus that causes AIDS be transmitted from a mother to her baby: |  |  |
|  [A] During pregnancy? [B] During delivery? [C] By breastfeeding? |  Yes No DKDuring pregnancy 1 2 8During delivery 1 2 8By breastfeeding 1 2 8 |  |
| **HA9**. In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school? | Yes 1No 2DK / Not sure / Depends 8 |  |
| **HA10**. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus? | Yes 1No 2DK / Not sure / Depends 8 |  |
| **HA11**. If a member of your family got infected with the AIDS virus, would you want it to remain a secret? | Yes 1No 2DK / Not sure / Depends 8 |  |
| **HA12**. If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household? | Yes 1No 2DK / Not sure / Depends 8 |  |
| **HA13**. Check CM13: Any live birth in last 2 years? **🞎** No live birth in last 2 years (CM13=”No” or blank) ⇨ Go to HA24. **🞎** One or more live births in last 2 years ⇨ Continue with HA14. |
| **HA14**. Check MN1: Received antenatal care? **🞎** Received antenatal care ⇨ Continue with HA15. **🞎** Did not receive antenatal care ⇨ Go to HA24. |
| **HA15**. During any of the antenatal visits for your pregnancy with (*name*),  were you given any information about:[A] Babies getting the AIDS virus from their mother?[B] Things that you can do to prevent getting the AIDS virus?[C] Getting tested for the AIDS virus? were you:[D] offered a test for the AIDS virus? |  Y N DKAIDS from mother 1 2 8 Things to do 1 2 8Tested for AIDS 1 2 8Offered a test 1 2 8 |  |
| **HA16**. I don’t want to know the results, but were you tested for the AIDS virus as part of your antenatal care? | Yes 1No 2DK 8 | 2⇨HA198⇨HA19 |
| **HA17**. I don’t want to know the results, but did you get the results of the test? | Yes 1No 2DK 8 | 2⇨HA228⇨HA22 |
| **HA18**. Regardless of the result, all women who are tested are supposed to receive counselling after getting the result.  After you were tested, did you receive counselling? | Yes 1No 2DK 8 | 1⇨HA222⇨HA228⇨HA22 |
| **HA19**. Check MN17: Birth delivered by health professional (A, B or C)? **🞎** Yes, birth delivered by health professional (MN17 = A, B or C) ⇨ Continue with HA20. **🞎**  No, birth not delivered by health professional (MN17 = else) ⇨ Go to HA24. |
| **HA20**. I don’t want to know the results, but were you tested for the AIDS virus between the time you went for delivery but before the baby was born? | Yes 1No 2 | 2⇨HA24 |
| **HA21**. I don’t want to know the results, but did you get the results of the test? | Yes 1No 2 |  |
| **HA22**. Have you been tested for the AIDS virus since that time you were tested during your pregnancy? | Yes 1No 2 | 1⇨HA25 |
| **HA23**. When was the most recent time you were tested for the AIDS virus? | Less than 12 months ago 112-23 months ago 22 or more years ago 3 | 1⇨NextModule2⇨NextModule3⇨NextModule |
| **HA24**. I don’t want to know the results, but have you ever been tested to see if you have the AIDS virus? | Yes 1No 2 | 2⇨HA27 |
| **HA25**. When was the most recent time you were tested? | Less than 12 months ago 112-23 months ago 22 or more years ago 3 |  |
| **HA26**. I don’t want to know the results, but did you get the results of the test? | Yes 1No 2DK 8 | 1⇨NextModule2⇨NextModule8⇨NextModule |
| **HA27**. Do you know of a place where people can go to get tested for the AIDS virus? | Yes 1No 2 |  |
| maternal mortality mm |
| **MM1**. Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother. Please include all your sisters and brothers who are living with you, those who are living elsewhere, and those who have died. |
| How many children did your mother give birth to, including yourself? | Number of births to natural mother \_\_\_ \_\_\_ |
| **MM2**. *Check MM1:* **🞎** *Two or more births* ⇨ *Continue with MM3.* **🞎** *Only one birth (respondent only)* ⇨ *Go to Next Module.* |
| **MM3**. How many of these births did your mother have before you were born? | Number of preceding births \_\_\_ \_\_\_ |

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|  | [S1]Oldest | [S2]Next oldest | [S3]Next oldest | [S4]Next oldest |
| **MM4**. What name was given to your oldest (next oldest) brother or sister? | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| **MM5**. Is (*name*) male or female? | Male 1Female 2 | Male 1Female 2 | Male 1Female 2 | Male 1Female 2 |
| **MM6**. Is (*name*) still alive? | Yes 1No 2⇨MM8DK 8⇨[S2] | Yes 1No 2⇨MM8DK 8⇨[S3] | Yes 1No 2⇨MM8DK 8⇨[S4] | Yes 1No 2⇨MM8DK 8⇨[S5] |
| **MM7**. How old is (*name*)? | \_\_\_ \_\_\_⇨ Go to [S2] | \_\_\_ \_\_\_⇨ Go to [S3] | \_\_\_ \_\_\_⇨ Go to [S4] | \_\_\_ \_\_\_⇨ Go to [S5] |
| **MM8**. How many years ago did (*name*) die? | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| **MM9**. How old was (*name)* when he/she died? | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| **MM9A**. *Check MM5 and MM9.* *Is the sibling male OR died before age 12?* | **🞎** *Yes.* ⇨  *Go to [S2]***🞎** *No.* ⇨ *Continue with MM10* | **🞎** *Yes.* ⇨  *Go to [S3]***🞎** *No.* ⇨ *Continue with MM10* | **🞎** *Yes.* ⇨  *Go to [S4]***🞎** *No.* ⇨ *Continue with MM10* | **🞎** *Yes.* ⇨  *Go to [S5]***🞎** *No.* ⇨ *Continue with MM10* |
| **MM10**. Was (*name*) pregnant when she died? | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 |
| **MM11**. Did (*name*) die during childbirth? | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 |
| **MM12**. Did (*name*) die within two months after the end of a pregnancy or childbirth? | Yes 1No 2 | Yes 1No 2 | Yes 1No 2 | Yes 1No 2 |
| **MM13**. How many live born children did (*name*) give birth to during her lifetime? | *\_\_\_ \_\_\_* | *\_\_\_ \_\_\_* | *\_\_\_ \_\_\_* | *\_\_\_ \_\_\_* |
| **MM14**. | *If no more siblings, go to next module* | *If no more siblings, go to next module* | *If no more siblings, go to next module* | *If no more siblings, go to next module* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [S5]Oldest | [S6]Next oldest | [S7]Next oldest | [S8]Next oldest |
| **MM4**. What name was given to your oldest (next oldest) brother or sister? | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| **MM5**. Is (*name*) male or female? | Male 1Female 2 | Male 1Female 2 | Male 1Female 2 | Male 1Female 2 |
| **MM6**. Is (*name*) still alive? | Yes 1No 2⇨MM8DK 8⇨[S6] | Yes 1No 2⇨MM8DK 8⇨[S7] | Yes 1No 2⇨MM8DK 8⇨[S8] | Yes 1No 2⇨MM8DK 8⇨[S9] |
| **MM7**. How old is (*name*)? | \_\_\_ \_\_\_⇨Go to [S6] | \_\_\_ \_\_\_⇨Go to [S7] | \_\_\_ \_\_\_⇨Go to [S8] | \_\_\_ \_\_\_⇨Go to [S9] |
| **MM8**. How many years ago did (*name*) die? | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| **MM9**. How old was (*name)* when he/she died? | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| **MM9A**. *Check MM5 and MM9.* *Is the sibling male OR died before age 12?* | **🞎** *Yes.* ⇨*Go to [S6]***🞎** *No.* ⇨*Continue with MM10* | **🞎** *Yes.* ⇨*Go to [S7]***🞎** *No.* ⇨*Continue with MM10* | **🞎** *Yes.* ⇨*Go to [S8]***🞎** *No.* ⇨*Continue with MM10* | **🞎** *Yes.* ⇨*Go to [S9]***🞎** *No.* ⇨*Continue with MM10* |
| **MM10**. Was (*name*) pregnant when she died? | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 |
| **MM11**. Did (*name*) die during childbirth? | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 | Yes 1⇨MM13No 2 |
| **MM12**. Did (*name*) die within two months after the end of a pregnancy or childbirth? | Yes 1No 2 | Yes 1No 2 | Yes 1No 2 | Yes 1No 2 |
| **MM13**. How many live born children did (*name*) give birth to during her lifetime? | *\_\_\_ \_\_\_* | *\_\_\_ \_\_\_* | *\_\_\_ \_\_\_* | *\_\_\_ \_\_\_* |
| **MM14**. | *If no more siblings, go to next module* | *If no more siblings, go to next module* | *If no more siblings, go to next module* | *If no more siblings, go to next module* |
|  |  |  |  | *Tick here if additional questionnaire**used* **🞎** |
| TOBACCO AND ALCOHOL USE TA |
| **TA1**. Have you ever tried cigarette smoking, even one or two puffs? | Yes 1No 2 | 2⇨TA6 |
| **TA2**. How old were you when you smoked a whole cigarette for the first time? | Never smoked a whole cigarette 00Age \_\_\_ \_\_\_ | 00⇨TA6 |
| **TA3**. Do you currently smoke cigarettes? | Yes 1No 2 | 2⇨TA6 |
| **TA4**. In the last 24 hours, how many cigarettes did you smoke? | Number of cigarettes \_\_\_ \_\_\_ |  |
| **TA5**. During the last one month, on how many days did you smoke cigarettes?  *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle “10”.* *If “every day” or “almost every day”, circle “30”.* | Number of days 0 \_\_\_10 days or more but less than a month 10Every day / Almost every day 30 |  |
| **TA6**. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe? | Yes 1No 2 | 2⇨TA10 |
| **TA7**. During the last one month, did you use any smoked tobacco products? | Yes 1No 2 | 2⇨TA10 |
| **TA8**. What type of smoked tobacco product did you use or smoke during the last one month? *Circle all mentioned.* | Cigars AWater pipe BCigarillos CPipe DOther (*specify*) X |  |
| **TA9**. During the last one month, on how many days did you use smoked tobacco products? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle “10”.* *If “every day” or “almost every day”, circle “30”.* | Number of days 0 \_\_\_10 days or more but less than a month 10Every day / Almost every day 30 |  |
| **TA10**. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip? | Yes 1No 2 | 2⇨TA14 |
| **TA11**. During the last one month, did you use any smokeless tobacco products? | Yes 1No 2 | 2⇨TA14 |
| **TA12**. What type of smokeless tobacco product did you use during the last one month? *Circle all mentioned.* | Chewing tobacco ASnuff BDip COther (*specify*) X |  |
| **TA13**. During the last one month, on how many days did you use smokeless tobacco products? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle “10”.* *If “every day” or “almost every day”, circle “30”.* | Number of days 0 \_\_\_10 days or more but less than a month 10Every day / Almost every day 30 |  |
| **TA14**. Now I would like to ask you some questions about drinking alcohol.  Have you ever drunk alcohol? | Yes 1No 2 | 2⇨NextModule |
| **TA15**. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips? | Never had one drink of alcohol 00Age \_\_\_ \_\_\_ | 00⇨NextModule |
| **TA16**. During the last one month, on how many days did you have at least one drink of alcohol? *If respondent did not drink, circle “00”.*  *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle “10”.* *If “every day” or “almost every day”, circle “30”.* | Did not have one drink in last one month 00Number of days 0 \_\_\_10 days or more but less than a month 10Every day / Almost every day 30 | 00⇨Next Module |
| **TA17**. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? | Number of drinks \_\_\_ \_\_\_ |  |
| life satisfaction ls |
| **LS1**. Check WB2: Age of respondent is between 15 and 24? **🞎** Age 25-49 ⇨ Go to WM11. **🞎** Age 15-24 ⇨ Continue with LS2. |
| **LS2**. I would like to ask you some simple questions on happiness and satisfaction. First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy? You can also look at these pictures to help you with your response. *Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.* | Very happy 1Somewhat happy 2Neither happy nor unhappy 3Somewhat unhappy 4Very unhappy 5 |  |
| **LS3**. Now I will ask you questions about your level of satisfaction in different areas.  In each case, we have five possible responses: Please tell me, for each question, whether you are very satisfied, somewhat satisfied, neither satisfied nor unsatisfied, somewhat unsatisfied or very unsatisfied.  Again, you can look at these pictures to help you with your response. *Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.* How satisfied are you with your family life? | Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS4**. How satisfied are you with your friendships? | Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS5**. During the ***current / 2013-2014*** school year, did you attend school at any time? | Yes 1No 2 | 2⇨LS7 |
| **LS6**. How satisfied (*are/were*) you with your school? | Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS7**. How satisfied are you with your current job? *If the respondent says that she does not have a job, circle “0” and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.*  | Does not have a job 0Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS8**. How satisfied are you with your health? | Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS9**. How satisfied are you with where you live? *If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.* | Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS10**. How satisfied are you with how people around you generally treat you? | Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS11**. How satisfied are you with the way you look? | Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS12**. How satisfied are you with your life, overall? | Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS13**. How satisfied are you with your current income? *If the respondent says that she does not have any income, circle “0” and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.* | Does not have any income 0Very satisfied 1Somewhat satisfied 2Neither satisfied nor unsatisfied 3Somewhat unsatisfied 4Very unsatisfied 5 |  |
| **LS14**. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall? | Improved 1More or less the same 2Worsened 3 |  |
| **LS15**. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall? | Better 1More or less the same 2Worse 3 |  |

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| **WM11**. *Record the time*. | Hour and minutes \_\_ \_\_ : \_\_ \_\_ |  |

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| --- |
| **WM12**. Check List of Household Members, columns HL7B and HL15: Is the respondent the mother or caretaker of any child age 0-4 living in this household? **🞎** Yes ⇨ Proceed to complete the result of woman’s interview (WM7) on the cover page and then go to Questionnaire for Children Under Five for that child and start the interview with this respondent. **🞎** No ⇨ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman’s interview (WM7) on the cover page. |

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| **Interviewer’s Observations** |
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| **Field Editor’s Observations** |
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| **Supervisor’s Observations** |
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**Response card:**

**Side 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very****happy** | **Somewhat happy** | **Neither happy, nor unhappy** | **Somewhat unhappy** | **Very****unhappy** |
| **Description: C:\Documents and Settings\ahancioglu\Desktop\smiley emotions.jpg** |

**Side 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very** **satisfied** | **Somewhat satisfied** | **Neither satisfied, nor unsatisfied** | **Somewhat unsatisfied** | **Very unsatisfied** |
| **Description: C:\Documents and Settings\ahancioglu\Desktop\smiley emotions.jpg** |