

CHILD DEVELOPMENT SURVEY - 2016

QUESTIONNAIRE FOR WOMAN AGED 15-49

1. WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all woman age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer's name and number: Name _____	WM6. Year/ Month/ Day of interview: 2016 / ____ / ____	
WM6A. Number of times visited _____		

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM NATIONAL STATISTICS OFFICE OF MONGOLIA AND CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND WELL-BEING NEARLY 40 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 40 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given</i> ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> <i>No, permission is not given</i> ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>	

WM7. Result of the interview	<p>Completed 01</p> <p>Not at home 02</p> <p>Refused 03</p> <p>Partly completed 04</p> <p>Incapacitated 05</p> <p>Other (specify) _____ 96</p>
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3. ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY

MT

<p>MT1</p>	<p>Check WB7 to see if the woman is able to read.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Question left blank (completed 5 or higher grade in a secondary school or higher education) ⇒ Continue with MT2. <input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2. <input type="checkbox"/> Cannot read at all or blind/ visually impaired (WB7 = 1 or 5) ⇒ Go to MT3. 		
<p>MT2</p>	<p>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?</p>	<p>Almost every day.....1 At least once a week.....2 Less than once a week3 Not at all4</p>	
<p>MT3</p>	<p>DO YOU LISTEN TO THE RADIOALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day.....1 At least once a week.....2 Less than once a week3 Not at all4</p>	
<p>MT4</p>	<p>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?</p>	<p>Almost every day.....1 At least once a week.....2 Less than once a week3 Not at all4</p>	
<p>MT6</p>	<p>HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes1 No.....2</p>	<p>2⇒MT9</p>
<p>MT7</p>	<p>HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes1 No.....2</p>	<p>2⇒MT9</p>
<p>MT8</p>	<p>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?</p>	<p>Almost every day.....1 At least once a week.....2 Less than once a week3 Not at all4</p>	
<p>MT9</p>	<p>HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes1 No.....2</p>	<p>2⇒MT12</p>
<p>MT10</p>	<p>IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p>	<p>Yes1 No.....2</p>	<p>2⇒MT12</p>
<p>MT11</p>	<p>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?</p>	<p>Almost every day.....1 At least once a week.....2 Less than once a week3 Not at all4</p>	
<p>MT12</p>	<p>DO YOU HAVE A MOBILE PHONE? <i>If "yes": IS YOUR PHONE SMART?</i></p>	<p>Yes Not smart.....1 Smart.....2 No.....3</p>	

4. FERTILITY/ BIRTH HISTORY

CM

This module questionnaire only concerns LIVE births.

CM1	<p>NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE.</p> <p>HAVE YOU EVER GIVEN BIRTH?</p>	<p>Yes 1 No 2</p>	2⇒CM8
CM4	<p>DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p> <p>I'M ASKING ABOUT YOUR CHILDREN TO WHOM YOU HAVE GIVEN BIRTH. CURRENTLY, THE CHILDREN MAY NOT LIVE WITH YOU, DIED OR NOT CHILDREN OF YOUR CURRENT HUSBAND/ PARTNER.</p>	<p>Yes 1 No 2</p>	2⇒CM6
CM5	<p>HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons at home __ __</p> <p>Daughters at home __ __</p>	
CM6	<p>DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1 No 2</p>	2⇒CM8
CM7	<p>HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons elsewhere __ __</p> <p>Daughters elsewhere __ __</p>	
CM8	<p>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 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?</i></p>	<p>Yes 1 No 2</p>	2⇒CM10
CM9	<p>HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead __ __</p> <p>Girls dead __ __</p>	
CM10	<p><i>Sum answers to CM5, CM7, and CM9.</i></p>	<p>Sum __ __</p>	
CM11	<p>JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS/ NO BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p style="padding-left: 20px;"><input type="checkbox"/> No live births ⇒ Go to ILLNESS SYMPTOMS Module.</p> <p style="padding-left: 20px;"><input type="checkbox"/> One or more live births ⇒ Continue with the BIRTH HISTORY module.</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module.</p>		

5. BIRTH HISTORY

BH

NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR BIRTHS. PLEASE TELL ME THE NAMES OF ALL OF YOUR BIRTHS, STARTING WITH THE FIRST ONE YOU HAD.

(Record names of all of the births in BH1. Record twins and triplets in BH2. If there are more than 14 births, use an additional questionnaire).

BH Line No.	BH1.	BH2.	BH3.	BH4.		BH5.	BH6.	BH7.	BH8.	BH9.		BH10.
	PLEASE TELL ME THE NAMES OF YOUR CHILDREN, STARTING WITH THE FIRST ONE? <i>If the child is not named, write "NO NAME".</i>	WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	IS (<i>name</i>) A BOY OR A GIRL? 1 Boy 2 Girl	IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?		IS (<i>name</i>) STILL ALIVE? 1 Yes 2 No	HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	IS (<i>name</i>) LIVING WITH YOU? 1 Yes 2 No	<i>Record household line number of child (from HL 1)</i> <i>Record "00" if child is not listed.</i>	<i>If dead:</i> HOW OLD WAS (<i>name</i>) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (<i>name</i>)? <i>Record days if less than 1 month; record months if 1-24 months; record years if more than 24 months</i>		WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (<i>name of previous birth</i>) AND (<i>name</i>), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	S M	B G	Year	Month	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	_____	_____	1 2 ⇒ BH9	___	1 2	_____ ⇒Next Line	Days.....1 Months.....2 Years.....3	___	
02		1 2	1 2	_____	_____	1 2 ⇒ BH9	___	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Next Birth Line
03		1 2	1 2	_____	_____	1 2 ⇒ BH9	___	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Next Birth Line
04		1 2	1 2	_____	_____	1 2 ⇒ BH9	___	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Next Birth Line
05		1 2	1 2	_____	_____	1 2 ⇒ BH9	___	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Next Birth Line
06		1 2	1 2	_____	_____	1 2 ⇒ BH9	___	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Next Birth Line
07		1 2	1 2	_____	_____	1 2 ⇒ BH9	___	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Next Birth Line

BH Line No.	BH1. PLEASE TELL ME THE NAMES OF YOUR CHILDREN, STARTING WITH THE FIRST ONE? <i>If the child is not named, write "NO NAME".</i>	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (<i>name</i>) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?		BH5. IS (<i>name</i>) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. IS (<i>name</i>) LIVING WITH YOU? 1 Yes 2 No	BH8. <i>Record household line number of child (from HL1)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (<i>name</i>) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (<i>name</i>)? <i>Record days if less than 1 month; record months if 1-24 months; record years if more than 24 months</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (<i>name of previous birth</i>) AND (<i>name</i>), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No	
Line	Name	S M	B G	Year	Month	Y N	Age	Y N	Line No	Unit	Number	Y N	
08		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Next Birth Line	
09		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Next Birth Line	
10		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Next Birth Line	
11		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Next Birth Line	
12		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Next Birth Line	
13		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Next Birth Line	
14		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Next Birth Line	
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (<i>name of last birth in BIRTH HISTORY Module</i>)?							Yes1 No2			1⇒Record birth(s) in Birth History			

CM12A	<p>Compare number in CM10 with number of births in the <i>BIRTH HISTORY</i> Module above and check:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Numbers are same ⇒ Continue with CM13 <input type="checkbox"/> Numbers are different ⇒ Re-check birth numbers in CM1-CM10 and <i>BIRTH HISTORY</i> Module
CM13	<p>Check BH4 in <i>BIRTH HISTORY</i> Module: Last birth occurred within the last 2 years, that is, since (month of interview) in 2014 (if the month of interview and the month of birth are the same, and the year of birth is 2014, consider this as a birth within the last 2 years)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to <i>ILLNESS SYMPTOMS</i> Module. <input type="checkbox"/> One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module. <p style="text-align: center;">Name of last-born child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p>

6. 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 (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No 2	1⇒Next module
DB2	DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	2⇒Next module
DB3	HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i>	Years..... 1 __ __ Months 2 __ __ DK.....998	

7. 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 1 No 2	2⇒MN17																														
MN2	WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional GynaecologistD Physician.....E Family doctor/ Soum doctor I Midwife J Auxiliary midwifeC NurseK Other person Traditional birth attendant F Other (<i>specify</i>)X																															
MN2A	HOW MANY WEEKS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?	Weeks..... DK 98																															
MN2B	WHERE DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>Probe:</i> WHERE ELSE? <i>Probe if answered "Private sector":</i> DID THE FACILITY LOCATE IN ULAANBAATAR OR AIMAG/ SOUM? DID IT PROVIDE HOSPITALIZATION OR WAS IT AN OUTPATIENT CLINIC?	Public sector Specialized professional health center (Mother and child center)A General hospital (Aimag centre/ district health centre)B Maternity houseC Soum/family group practiceE Private sector Ulaanbaatar Hospital..... G Clinic.....H Aimag/ Soum Hospital..... I Clinic..... J NGO's hospitalN Other (<i>specify</i>) X																															
MN3	HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times..... DK 98																															
MN4	AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] MEASURING BLOOD PRESSURE?</td> <td>Measuring blood pressure 1</td> <td>2</td> </tr> <tr> <td>[B] URINE SAMPLE?</td> <td>Urine sample 1</td> <td>2</td> </tr> <tr> <td>[C] BLOOD SAMPLE?</td> <td>Blood sample 1</td> <td>2</td> </tr> <tr> <td>[D] TEST FOR STIS/SMEAR?</td> <td>Test for STIs/Smear..... 1</td> <td>2</td> </tr> <tr> <td>[E] WEIGHT MEASUREMENT?</td> <td>Weight measurement..... 1</td> <td>2</td> </tr> <tr> <td>[F] TEST FOR SYPHILIS?</td> <td>Test for syphilis 1</td> <td>2</td> </tr> <tr> <td>[G] TEST FOR HIV/AIDS VIRUSES?</td> <td>Test for HIV/AIDS viruses..... 1</td> <td>2</td> </tr> <tr> <td>[H] ULTRASOUND?</td> <td>Ultrasound..... 1</td> <td>2</td> </tr> <tr> <td>[I] CHEST X-RAY?</td> <td>Chest x-ray..... 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] MEASURING BLOOD PRESSURE?	Measuring blood pressure 1	2	[B] URINE SAMPLE?	Urine sample 1	2	[C] BLOOD SAMPLE?	Blood sample 1	2	[D] TEST FOR STIS/SMEAR?	Test for STIs/Smear..... 1	2	[E] WEIGHT MEASUREMENT?	Weight measurement..... 1	2	[F] TEST FOR SYPHILIS?	Test for syphilis 1	2	[G] TEST FOR HIV/AIDS VIRUSES?	Test for HIV/AIDS viruses..... 1	2	[H] ULTRASOUND?	Ultrasound..... 1	2	[I] CHEST X-RAY?	Chest x-ray..... 1	2	
	Yes	No																															
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[I] CHEST X-RAY?	Chest x-ray..... 1	2																															

MN17	<p>WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional</p> <p>GynaecologistD</p> <p>Physician.....E</p> <p>Family doctor/ Soum doctor I</p> <p>Midwife..... J</p> <p>Auxiliary midwifeC</p> <p>NurseK</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Relative/ Friend.....H</p> <p>Other (<i>specify</i>)X</p> <p>No One.....Y</p>	
MN18	<p>WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p>	<p>Public sector</p> <p>Specialized professional health center (Mother and child center) 11</p> <p>General hospital (Aimag centre/ district health centre) 12</p> <p>Maternity house 13</p> <p>Soum//family group practice 15</p> <p>Private sector</p> <p>Ulaanbaatar hospital 21</p> <p>Aimag/ Soum hospital 23</p> <p>Other</p> <p>Respondent /Other's home 31</p> <p>Other (<i>specify</i>) 96</p>	<p>31⇒MN19C</p> <p>96⇒MN19C</p>
MN19	<p>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⇒MN19C</p>
MN19A	<p>WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before 1</p> <p>After 2</p>	
MN19C	<p>WERE YOU GIVEN VITAMIN A WITHIN 2 MONTHS AFTER THE BIRTH OF (<i>name</i>)?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
MN19D	<p>DID YOU GIVE BIRTH TO (<i>name</i>) BEFORE, AFTER OR ON YOUR DUE DATE?</p>	<p>On time (37-42 weeks) 1</p> <p>Before (22-37 weeks) 2</p> <p>After (42 or more weeks) 3</p> <p>DK 8</p>	
MN20	<p>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>	
MN21	<p>WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN22C</p> <p>8⇒MN22C</p>
MN22	<p>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>DK 99998</p>	

MN22C	<p>HAS (<i>name</i>) BEEN PROVIDED WITH THE BABY FOLLOWING CARE FOR WARMING?</p> <p>[A] HAT WAS WORN?</p> <p>[B] PLACED ON MOTHER'S BELLY AND COVERED WITH BLANKET?</p> <p>[C] PLACED ON INFANT WARMING TABLE?</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>Hat was worn</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>Placed on mother's belly and covered with blanket</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>Placed on infant warming table.....</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	Hat was worn	1	2	8	Placed on mother's belly and covered with blanket	1	2	8	Placed on infant warming table.....	1	2	8	
	Yes	No	DK																
Hat was worn	1	2	8																
Placed on mother's belly and covered with blanket	1	2	8																
Placed on infant warming table.....	1	2	8																
MN23	<p>HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes..... 1</p> <p>No 2</p>																	
MN24	<p>DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒Next module																
MN25	<p>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 remember 998</p>																	
MN26	<p>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>	2⇒Next module																
MN27	<p>WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p>	<p>Milk (other than breast milk)A</p> <p>Plain waterB</p> <p>Sugar or glucose water.....C</p> <p>Sugar-salt-water solutionE</p> <p>Fruit juiceF</p> <p>Infant formulaG</p> <p>Tea / InfusionsH</p> <p>Other mother's milk..... I</p> <p>Other (<i>specify</i>)X</p>																	

8. 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.

<p>PN1</p>	<p>Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=11, 12, 13, 15, 21, 23) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No (MN18 = 31, 96) ⇒ Go to PN6.</p>
<p>PN2</p>	<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (<i>name</i>).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (<i>name or type of facility in MN18</i>). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours. If less than one week, record days. If more than one week, record weeks.</i></p> <p>Hours..... 1 ___</p> <p>Days 2 ___</p> <p>Weeks 3 ___</p> <p>DK / Don't remember 998</p>
<p>PN3</p>	<p>I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>BEFORE YOU LEFT THE (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON (<i>name</i>)'S HEALTH?</p> <p>Yes 1 No..... 2</p>
<p>PN4</p>	<p>AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (<i>name or type of facility in MN18</i>)?</p> <p>Yes 1 No..... 2</p>
<p>PN4A</p>	<p>DID ANYONE RECORD ON "MOTHER AND CHILD HEALTH BOOK" BEFORE YOU LEFT (<i>name or type of facility in MN18</i>)?</p> <p>Yes 1 No..... 2</p>
<p>PN5</p>	<p>NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name or type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)'S HEALTH AFTER YOU LEFT (<i>name or type of facility in MN18</i>)?</p> <p>Yes 1 No..... 2</p> <p>1 ⇒ PN11 2 ⇒ PN16</p>
<p>PN6</p>	<p>Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17= D, E, I, J, C, K, F) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (MN17= H, X, Y) ⇒ Go to PN10</p>
<p>PN7</p>	<p>YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)'S HEALTH?</p> <p>Yes 1 No..... 2</p>
<p>PN8</p>	<p>AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>Yes 1 No..... 2</p>

	BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.		
PN9	AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?	Yes 1 No..... 2	1⇒PN11 2⇒PN18
PN10	I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK. AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes 1 No..... 2	2⇒PN19
PN11	DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once..... 1 More than once 2	1⇒PN12A 2⇒PN12B
PN12A	HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?	Hours..... 1 ___	
PN12B	HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i>	Days 2 ___ Weeks 3 ___ Don't know/ remember 998	
PN13	WHO CHECKED ON (<i>name</i>)’S HEALTH AT THAT TIME?	Health professional GynaecologistD Physician.....E Family doctor/ Soum doctor I Midwife J Auxiliary midwifeC Nurse.....K Other person Traditional birth attendant F Relative/ Friend.....H Other (<i>specify</i>) _____ X	
PN14	WHERE DID THIS CHECK TAKE PLACE? <i>Probe if answered “Private sector”: DOES IT PROVIDE HOSPITALIZATION OR IS IT AN OUTPATIENT CLINIC?</i>	Public sector Specialized professional health center (Mother and child center) 11 General hospital (Aimag centre/ district health centre)..... 12 Maternity house..... 13 Soum/family group practice 15 Private sector Ulaanbaatar Hospital..... 21 Clinic 22 Aimag/ Soum Hospital..... 23 Clinic 24 Other Respondent/ Other's home 31 Other (<i>specify</i>) _____ 96	
PN15	<i>Check MN18: Was the child delivered in a health facility?</i> <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=11, 12, 13, 15, 21, 23) ⇒ Continue with PN16 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=31, 96) ⇒ Go to PN17		
PN16	AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No..... 2	1⇒PN20 2⇒Next module

PN17	<p>Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17= D, E, I, J, C, K, F) ⇒ Continue with PN18.</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (MN17= H, X, Y) ⇒ Go to PN19</p>		
PN18	AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR HEALTH</u> ?	Yes..... 1 No..... 2	1⇒PN20 2⇒Next module
PN19	AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR HEALTH</u> ?	Yes..... 1 No..... 2	2⇒Next module
	I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.		
PN20	DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once..... 1 More than once 2	1⇒PN21A 2⇒PN22B
PN21A	HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?	Hours..... 1 ___	
PN21B	HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?	Days 2 ___ Weeks 3 ___	
	<i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i>	Don't know / remember 998	
PN22	WHO CHECKED ON <u>YOUR HEALTH</u> AT THAT TIME?	Health professional GynaecologistD Physician.....E Family doctor/ Soum doctor I Midwife J Auxiliary midwifeC Nurse.....K Other person Traditional birth attendantF Relative/ FriendH Other (<i>specify</i>) _____X	
PN23	WHERE DID THIS CHECK TAKE PLACE?	Public sector Specialized professional health center (Mother and child center) 11 General hospital (Aimag centre/ district health centre) 12 Maternity house..... 13 Soum/family group practice 15 Private sector Ulaanbaatar Hospital 21 Clinic..... 22 Aimag/ Soum Hospital 23 Clinic..... 24 Other Respondent/ Other's home 31 Other (<i>specify</i>) _____ 96	
	<i>Probe if answered "Private sector": DID THE FACILITY LOCATE IN ULAANBAATAR OR AIMAG/ SOUM? DID IT PROVIDE HOSPITALIZATION OR WAS IT AN OUTPATIENT CLINIC?</i>		

9. ILLNESS SYMPTOMS

IS

<p>IS1</p>	<p><i>Check List of Household Members, columns HL7B and HL15.</i> <i>Is the respondent the mother or caretaker of any child under age 5?</i></p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2. <input type="checkbox"/> No ⇒ Go to Next Module.</p>	
<p>IS2</p>	<p>SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions</i></p>	<p>Child not able to drink or breastfeedA Child becomes sickerB Child develops a fever..... C Child has fast breathing D Child has difficulty breathingE Child has blood in stool F Child is drinking poorly G Child vomits a lot..... H Child has diarrhoea I Child coughs J Child has a catalepsyK Child cries without reason L</p> <p>Other (<i>specify</i>) _____ X Other (<i>specify</i>) _____ Y Other (<i>specify</i>) _____ Z</p>

10. CONTRACEPTION			CP
CP1	I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK 8	1⇒ Next module
CP2	COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	2⇒ Next module
CP3	WHAT ARE YOU DOING TO AVOID A PREGNANCY? WHAT KIND OF METHOD ARE YOU USING? <i>Probe:</i> ANYTHING ELSE?	Female sterilization A Male sterilization B IUD C Injectables D Implants E Pill F Male condom G Female condom H Diaphragm I Foam / Jelly J Periodic abstinence / Rhythm L Withdrawal M Other (<i>specify</i>) X	

11. UNMET NEED		UN	
UN1	Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK (CP1 = 2 or 8) ⇒ Go to UN5		
UN2	NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1 ⇒ UN4
UN3	DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	
UN4	NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None 2 Undecided / Don't know 8	1 ⇒ UN7 2 ⇒ UN13 8 ⇒ UN13
UN5	Check CP3. Currently using "Female sterilization"? <input type="checkbox"/> Yes (CP3 = A) ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
UN6	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None 2 Says she cannot get pregnant 3 Undecided / DK 8	2 ⇒ UN9 3 ⇒ UN11 8 ⇒ UN9
UN7	HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i>	Months 1 ____ Years 2 ____ Does not want to wait (soon/now) 993 Cannot get pregnant 994 After marriage 995 Other (specify) 996 Don't know 998	994 ⇒ UN11
UN8	Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK (CP1 = 2, 8) ⇒ Continue with UN9		
UN9	Check CP2: Currently using a method? <input type="checkbox"/> Yes (CP2 = 1) ⇒ Go to UN13 <input type="checkbox"/> No (CP2 = 2) ⇒ Continue with UN10		
UN10	DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1 ⇒ UN13 8 ⇒ UN13

UN11	<p>WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p> <p><i>Probe if answered "Cannot get pregnant":</i> HOW LONG HAVE YOU BEEN TRYING TO GET PREGNANT?</p>	<p>Infrequent sex / No sexA Menopausal.....B Never menstruated.....C Hysterectomy (surgical removal of uterus)D Has been trying to get pregnant for 2 years or more without result.....E Postpartum amenorrheic.....F BreastfeedingG Too oldH Other (<i>specify</i>)X DKZ</p>	
UN12	<p><i>Check UN11: "Never menstruated" mentioned?</i></p> <p><input type="checkbox"/> <i>Mentioned</i> ⇒ <i>Go to Next Module.</i></p> <p><input type="checkbox"/> <i>Not mentioned</i> ⇒ <i>Continue with UN13.</i></p>		
UN13	<p>WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p><i>Record the answer using the same unit stated by the respondent</i></p>	<p>Days ago 1 __ __ Weeks ago 2 __ __ Months ago 3 __ __ Years ago 4 __ __ In menopause / Has had hysterectomy 994 Before last birth 995 Never menstruated..... 996</p>	

12. ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1	SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK
	[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
	[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
	[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
	[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8
	[E] IF SHE BURNS THE FOOD?	Burns food.....	1	2	8
	[F] IF A WIFE SPENDS BIG AMOUNT OF MONEY WITHOUT A PERMISSION FROM HER HUSBAND?	Spends big amount of money without a permission from her husband	1	2	8

13. MARRIAGE/ UNION			MA
MA1	ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3⇒MA5
MA2	HOW OLD IS YOUR HUSBAND/ PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age (in complete years) __ __ DK 98	⇒ MA7 98⇒MA7
MA5	HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3⇒Next module
MA6	WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7	HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 2 and more 2	1⇒MA8A 2⇒MA8B
MA8A	IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Year __ __ __ __ DK year 9998	
MA8B	IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month __ __ DK month 98	
MA8C	<p><i>Check MA8A and MA8B to see if the woman knows the year when she first married or started living with a man as if married.</i></p> <p><input type="checkbox"/> <i>Knows the year (MA8A, MA8B<>9998) ⇒ Go to next module</i></p> <p><input type="checkbox"/> <i>Does not know the year (MA8A, MA8B=9998) ⇒ Continue with MA9</i></p>		
MA9	HOW OLD WERE YOU WHEN YOU <u>FIRST</u> STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age (in completed years) __ __	

14. SEXUAL BEHAVIOUR

SB

Check presence of others.

Make sure you have privacy before you proceed with the interview.

SB1	<p>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>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse00</p> <p>Age in years..... _____</p> <p>First time when started living with (first) husband/partner95</p>	00⇒Next Module
SB2	<p>THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes1</p> <p>No2</p> <p>DK/ Don't remember.....8</p>	
SB3	<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 ago1 _____</p> <p>Weeks ago.....2 _____</p> <p>Months ago.....3 _____</p> <p>Years ago4 _____</p>	4⇒SB15
SB4	<p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes1</p> <p>No2</p>	
SB5	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refersto the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', probe:</i> WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband1</p> <p>Cohabiting partner2</p> <p>Boyfriend/ Extra marital relation3</p> <p>Casual acquaintance.....4</p> <p>Other (specify) _____ 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>
SB6	<p>Check MA1 to see if woman currently married or living together as if married.</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1, 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</p>		
SB7	<p>HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner _____</p> <p>DK.....98</p>	
SB8	<p>HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes.....1</p> <p>No2</p>	2⇒SB15
SB9	<p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No2</p>	

SB10	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', probe:</i> WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend/ Extra marital relation 3</p> <p>Casual acquaintance 4</p> <p>Other (specify) _____ 6</p>	<p>3⇒SB12</p> <p>4⇒SB12</p> <p>6⇒SB12</p>
SB11	<p>Check MA1 and MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1, 2) and married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
SB12	<p>HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner ____ ____</p> <p>DK 98</p>	
SB13	<p>OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒SB15
SB14	<p>IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners ____ ____</p>	
SB15	<p>IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ____ ____</p> <p>DK 98</p>	

15. HIV/AIDS			HA																
HA1	NOW I WOULD LIKE TO TALK TO YOU ABOUT DIFFERENT TOPIC. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes1 No2	2⇒Next module																
HA2	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes1 No2 DK8																	
HA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes1 No2 DK8																	
HA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes1 No2 DK8																	
HA6	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes1 No2 DK8																	
HA7	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes1 No2 DK8																	
HA7A	CAN PEOPLE GET THE AIDS VIRUS BY USING NEEDLE OR SYRINGE USED BY OTHER PERSON?	Yes1 No2 DK8																	
HA8	CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK																
During pregnancy	1	2	8																
During delivery	1	2	8																
By breastfeeding	1	2	8																
HA9	IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1 No2 DK8																	
HA10	WOULD YOU BUY FRESH VEGETABLES OR MEAT FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes1 No2 DK8																	
HA11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes1 No2 DK8																	
HA12	IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER/HIM IN YOUR OWN HOUSEHOLD?	Yes1 No2 DK8																	

HA13	<p>Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p> <p><input type="checkbox"/> No live birth in last 2 years (CM13="No") ⇒ Go to HA24</p>																						
HA14	<p>Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care (MN1 = 1) ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care (MN1 = 2) ⇒ Go to HA24</p>																						
HA15	<p>DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>), DID YOU RECEIVE THE FOLLOWING COUNSELLING?</p> <p>[A] AIDS TRANSMITTED TO BABIES FROM MOTHER?</p> <p>[B] PREVENTIVE MEASURES OF AIDS VIRUS?</p> <p>[C] TEST FOR AIDS?</p> <p>[D] RECOMMENDED TEST FOR AIDS?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS transmitted to babies from mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Preventive measures of AIDS virus</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Test for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Recommended test for AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	AIDS transmitted to babies from mother	1	2	8	Preventive measures of AIDS virus	1	2	8	Test for AIDS.....	1	2	8	Recommended test for AIDS	1	2	8	
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Recommended test for AIDS	1	2	8																				
HA16A	<p>Check MN4G: Tested for the AIDS virus as part of your antenatal care?</p> <p><input type="checkbox"/> Yes (MN4[G] = 1) ⇒ Continue with HA17</p> <p><input type="checkbox"/> No (MN4[G] = 2) ⇒ Go to HA24</p>																						
HA17	<p>I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE AIDS VIRUS TEST THAT WAS TESTED DURING ANTENATAL CARE FOR THE LAST PREGNANCY?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>																				
HA18	<p>REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>																					
HA22	<p>HAVE YOU BEEN TESTED FOR THE AIDS VIRUS AGAIN SINCE THAT TIME YOU WERE TESTED FOR IT AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes1</p> <p>No.....2</p>	<p>1⇒HA25</p>																				
HA23	<p>WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?</p>	<p>Less than 12 months ago.....1</p> <p>12-23 months ago2</p> <p>2 or more years ago3</p>	<p>1⇒HA27</p> <p>2⇒HA27</p> <p>3⇒HA27</p>																				
HA24	<p>I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?</p>	<p>Yes1</p> <p>No.....2</p>	<p>2⇒HA27</p>																				
HA25	<p>WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p>	<p>Less than 12 months ago.....1</p> <p>12-23 months ago2</p> <p>2 or more years ago3</p>																					
HA26	<p>I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>	<p>2⇒HA27</p> <p>8⇒HA27</p>																				

HA26A	<p>REGARDLESS OF THE RESULT, ALL WOMEN TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU GOT THE RESULTS OF THE TEST, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>	
HA27	<p>DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?</p>	<p>Yes1</p> <p>No2</p>	

16. TOBACCO AND ALCOHOL USE

TA

TA1	HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes..... 1 No 2	2⇒TA6
TA2	HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age ____	00⇒TA6
TA3	DO YOU SMOKE CIGARETTES NOW?	Yes..... 1 No 2	2⇒TA6
TA4	IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
TA5	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day 30	
TA6	HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes..... 1 No 2	2⇒TA10
TA7	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes..... 1 No 2	2⇒TA10
TA8	WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE? <i>Probe:</i> WHAT ELSE? <i>Circle each response.</i>	CigarsA Water pipe B Pipe.....D Pipe tobacco.....E Other (<i>specify</i>)X	
TA9	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE ANY SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10" If "everyday" or "almost every day", circle "30".</i>	Number of days 0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day 30	
TA10	HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes..... 1 No 2	2⇒TA14
TA11	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes..... 1 No 2	2⇒TA14
TA12	WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE? <i>Probe:</i> WHAT ELSE? <i>Circle each response.</i>	Chewing tobaccoA SnuffB Other (<i>specify</i>)X	
TA13	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10" If "everyday" or "almost every day", circle "30".</i>	Number of days 0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day 30	

TA14	<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒Next module</p>
TA15	<p>WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, ONE CUP OF TRADITIONAL VODKA, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL?</p>	<p>Never had one drink of alcohol..... 00 Age ____</p>	<p>00⇒Next module</p>
TA16	<p>DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE ALCOHOL OR DRINK?</p> <p><i>If respondent did not drink, circle "00".</i> <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10"</i> <i>If "everyday" or "almost every day", circle "30".</i></p>	<p>Did not have one drink in last one month..... 00 Number of days 0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day 30</p>	<p>00⇒Next module</p>

17. LIFE SATISFACTION

LS

For the modul's questionnaires, we will be use card of smile.

<p>LS1</p>	<p>Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to WM11.</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2.</p>	
<p>LS2</p>	<p>I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</p>	<p>Very happy 1</p> <p>Somewhat happy 2</p> <p>Neither happy nor unhappy 3</p> <p>Somewhat unhappy 4</p> <p>Very unhappy 5</p>
<p>LS3</p>	<p>NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>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.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p>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.</p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>
<p>LS4</p>	<p>HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>
<p>LS5</p>	<p>DURING THE current / 2016-2017 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>2⇒LS7</p>
<p>LS6</p>	<p>HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>
<p>LS7</p>	<p>HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p>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.</p>	<p>Does not have a job..... 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>

LS8	HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS9	HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS10	HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS11	HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS12	HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS13	HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS14	COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENE, OVERALL?	Improved 1 More or less the same 2 Worsened 3	
LS15	AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better 1 More or less the same 2 Worse 3	

WM11	Record the time.	Hour and minutes :	
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WM12	<p>Check List of Household Members, columns HL7B and HL 15. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page</p>
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Interviewer's Observations

Supervisor's Observations

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
