

APPENDIX D

APPROVED BY NATIONAL STATISTICAL OFFICE OF MONGOLIA □

RHS-2008-1

MONGOLIAN REPRODUCTIVE HEALTH SURVEY 2008

HOUSEHOLD QUESTIONNAIRE

	Code
A1. CLUSTER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>
A2. AIMAG	<input type="text"/> <input type="text"/>
A3. SOUM	<input type="text"/> <input type="text"/>
A4. BAGH	<input type="text"/> <input type="text"/>
A5. HOUSEHOLD NUMBER	<input type="text"/> <input type="text"/>
A6. AREA*	<input type="text"/>
HEAD OF HOUSEHOLD	

*ARE CODES: (1.LULANBAATAR, 2.AIMAG CENTER , 3.SOUM CENTER, 4. REMOTE RURAL)	

Interview visit			Code
First	Second	THIRD	Final
_____	_____	_____	MONTH <input type="text"/> <input type="text"/>
_____	_____	_____	DAY <input type="text"/> <input type="text"/>
Results** <input type="checkbox"/>	Results** <input type="checkbox"/>		RESULTS** <input type="checkbox"/>
**Results codes			Total number of visits <input type="checkbox"/>
1. Completed			5. Refused
2. No household members at home or no competent respondent at home at time of visit			7. Dwelling destroyed
3. Entire household absent for extended period			8. Dwelling not found
4. Postponed			9. Other _____
			(SPECIFY)

INTERVIEWER'S NAME/CODE	<input type="text"/> <input type="text"/>
SUPERVISER'S NAME/CODE	<input type="text"/> <input type="text"/>
FIELD EDITOR	<input type="text"/> <input type="text"/>
KEYED BY	<input type="text"/> <input type="text"/>

H1. Total number of persons in the list	<input type="text"/> <input type="text"/>
Total number of 15-49 aged women	<input type="text"/> <input type="text"/>
Total number of husbands	<input type="text"/> <input type="text"/>

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The following questions refer to the people we just have listed

No.	Please give the names of persons who are usually living in your household, starting with the head of the household. ASK: Did anyone else sleep here with your household last night, such as a visitor or a relative. (IF YES, ADD TO LIST AND FILL IN Q3-Q16) NAME	Relationship to head of household SEE OUTSIDE OF TABLE	Does (NAME) usually live here? YES=1 NO=2	Did (NAME) stay here last night? YES=1 NO=2	SEX	AGE	EDUCATION			15 YEARS AND OVER			Does (NAME) have a registration in a bagh and khoroo YES - 1 VISITOR - 2 NO 3 DK-8	Circle line No. for persons eligible for individual interview	Write line No. for husbands for individual interview
					Is (NAME) male or female?	How old is (NAME)?	6 YEARS AND OVER		AGES 6-24	INCOME	What (NAME'S) current marital status?	What (NAME'S) current employment status?			
					MALE=1 FEMALE=2	(COMPLETE YEAR) CHECK	Has he/she ever been to school? YES=1 NO=2	What is the highest level he/she attained? SEE OUTSIDE OF TABLE	Is (NAME) still in school? YES=1 NO=2						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
01			1 2	1 2	1 2		1 2	<input type="checkbox"/>	1 2					01	<input type="checkbox"/>
02		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02	<input type="checkbox"/>
03		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03	<input type="checkbox"/>
04		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2		1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04	<input type="checkbox"/>
05		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	<input type="checkbox"/>
06		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06	<input type="checkbox"/>
07		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07	<input type="checkbox"/>
08			1 2	1 2	1 2		1 2	<input type="checkbox"/>	1 2					08	<input type="checkbox"/>
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09	<input type="checkbox"/>
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>

CODES 3 RELATIONSHIP HEAD 01 WIFE OR HUSBAND 02 SON OR DAUGHTER 03 SON OR DAUGHTER IN LAW 04 GRANDCHILD 05 PARENT 06 PARENT IN LAW 07 BROTHER OR SISTER 08 GRAND MOTHER AND FATHER 09 OTHER RELATIVE 10 ADOPTED/POSTER/STEP CHILD 11 NOT RELATED 12	CODE 9 EDUCATION GRADE (1-3) (1-4) 1 GRADE (4-5) (5-9) 2 GRADE (6-10) (10-11) 3 INITIAL TECHNICAL CERTIFICATE 4 TECHNICAL CERTIFICATE 5 HIGHER 6 NON-EDUCATED 7 DONT KNOW 8	CODE 12 AGRICULTURE PAID EMPLOYEE 11 EMPLOYER 12 MEMBER OF COOPERATIVE 13 OWN ACCOUNT WORKER 14 UNPAID FAMILY WORKER 15	CONTINUES CODE 12 SERVICES PAID EMPLOYEE 31 EMPLOYER 32 MEMBER OF COOPERATIVE 33 OWN ACCOUNT WORKER 34 UNPAID FAMILY WORKER 35 SCAPEGRANCE 41 PENSIONER 51 INVALID 61 DONT KNOW 98	CODE 13 WAGES AND SALARIES 1 PENSIONS 2 ALLOWANCE 3 INCOME FROM HOUSEHOLD BUSINESS 4 RENT PAY 5 OTHER 6 DONT REALIZE 7 DONT KNOW 8
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CODE 11
MARITAL STATUS
 SINGLE 1
 MARRIED 2
 SEPARATED 3
 DIVORCED 4
 WIDOWED 5
 LIVING TOGETHER 6
 DONT KNOW 8

Total number of

Total number of eligible husbands for individual interview

CONTINUED OR NO? YES 1
 NO 2

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No.	Questions	Coding Categories	Skip to
20	In what kind of accommodation do you live most of the year?	GER (WITH 4 WALLS OR 5 WALLS) 1 PRIVATE HOUSE (3 + ROOMS) 4 APARTMENT (1-2 ROOMS) 5 OTHER (SPECIFY) 7	
1	What kind of toilet facility do members of your household usually use?	Flush/ pour flush 1 No facilities or bush or field 4	23
22	Do you share this facility with other households?	YES (If less than 10) 1 NO 3 0	
23	Does your household use electricity? What kind of electricity supply do you have in your household?	CENTRAL 1 GENERATOR 4 DON'T USE 5	
24	What is the main source of drinking water for members of your household?	CENTRAL / PIPED 1 LOCAL 2 WELL 3 SPRING WATER/ MINERAL SPRING 4 RIVER/SNOW/RAINWATER 5	
25	Does your household own any livestock, herds or farm animals?	YES 1 NO 2	3
26	Does your household own any livestock, herds or farm animals?	YES 1 NO 2	3
27	Does your household own any livestock, herds or farm animals?	YES 1 NO 2	3

No.	Questions	Coding Categories	Skip to
28	Does any member of your household own any saving?	YES 1	
29	Does your household have other source of income? OTHER SOURCE OF INCOME	YES 1	30
30	Does your household income enough for average consumption?	YES 1	
31	What is the monthly average income your household? (In tugricks)	By respondent spoken Thou.tug [][][][][] . []	
32	Did the member of your household spend any cost for health service in the last month?	YES 1	34
33	In the last month, how much money your household spent for health service? Which kind of health service?	Read list A. Drug, vitamin [][][] - [][] B. Injection [][][] - [][] C. Medical chek-up [][][] - [][]	
34	In the last month did your household member live in the hospital? Did your household give medical payment	YES 1 [][][][] . []	3
35	Does your household own any livestock, herds or farm animals?	YES 1 NO 2	
36	Does your household own any livestock, herds or farm animals?	YES 1 NO 2	
37	Does your household own any livestock, herds or farm animals?	YES 1 NO 2	

SECTION 1. RESPONDENT'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skip to
100	RECORD THE TIME	HOUR <input type="text"/> MINUTES <input type="text"/>	
101	In what month and year were you born?	YEAR 19 <input type="text"/> DON'T KNOW 98 MONTH <input type="text"/> DON'T KNOW 98	
102	How old are you ? (AGE IN COMPLETED YEARS)	AGE <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS <input type="text"/> ALWAYS 95 VISITOR 96	105
104	Just before you moved here, did you live in a city, in an aimag center, in a soum, or in the countryside?	CITY 1 AIMAG CENTER 2 SOU M CENTER 3 COUNTRYSIDE 4 FOREIGN 5	
105	Have you ever attended school ?	YES 1 NO 2	107
106	What was the highest level of school you completed ?	GRADE 1-3 1 GRADE 4-8 2 GRADE 9-10 3 INITIAL TECHNICAL CERTIFICATE 4 TECHNICAL CERTIFICATE 5 HIGHER 6 NON-EDUCATED 7	108A
107	Are you literate?	LITERTATE 1 ILLITERATE 2	
108A	CHECK: Q.102 AGE 15-24 <input type="checkbox"/>	AGE 25-49 <input type="checkbox"/>	111
108B	CHECK: Q.105 ATTENDED SCHOOL <input type="checkbox"/>	NEVER ATTENDED SCHOOL <input type="checkbox"/>	111
109	Are you currently attending school ?	YES 1 NO 2	111
110	What was the main reason you stopped attending school ?	GOT PREGNANT 01 GOT MARRIED 02 TO CARE FOR CHILDREN 03 FAMILY NEEDED HELP 04 COULD NOT PAY SCHOOL FEES 05 NEEDED TO EARN MONEY 06 GRADUATED/ ENOUGH SCHOOLING 07 DID NOT PASS EXAMS 08 DID NOT LIKE SCHOOL 09 SCHOOL NOT ACCESSIBLE/TOO FAR 10 OTHER 96 (SPECIFY) DON'T KNOW 98	

No.	Questions and Filters	Coding Categories	Skip to
111	CHECK: Q106 AND Q107 LITERATE <input type="checkbox"/>	ILLETARATE <input type="checkbox"/>	111C
111A	Do you usually read a newspaper at least once a week ?	YES _____ 1 NO _____ 2	
111B	Do you usually use to internet at least once a week ?	YES _____ 1 NO _____ 2	
111C	Do you usually listen to the radio at least once a week ?	YES _____ 1 NO _____ 2	
111D	Do you usually watch TV at least once a week ?	YES _____ 1 NO _____ 2	
112	Are you currently married or living together with a man, or are you single, or separated, divorced, or widowed?	SINGLE _____ 1 MARRIED _____ 2 SEPARATED _____ 3 DIVORCED _____ 4 WIDOWED _____ 5 LIVING TOGETHER _____ 6	117
113	Have you been married or lived with a man only once, or more than once?	ONCE _____ 1 MORE THAN ONCE _____ 2	
114	CHECK :113 MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your husband/partner? Now we will talk about your first husband/partner. In what month and year did you start living with him?	YEAR _____ DON' T KNOW _____ 99 98 MONTH _____ DON' T KNOW _____ 98	
115A	CHECK :114 MARRIED AFTER 2006 <input type="checkbox"/>	MARRIED BEFORE 2006 <input type="checkbox"/> LIVING TOGETHER	116
115B	Does your household give a new family allowance 500'000?	YES _____ 1 NO _____ 2	
116	How old were you when you started living with him?	AGE _____	
117	Do you usually go to doctor to have medical check-up prevent from any kind of diseases?	NONE _____ 1 ONCE A QUARTER _____ 2 ONCE A YEAR _____ 3 ONCE A 2-YEAR PERIOD _____ 4 WHEN SICK _____ 5	

SECTION 2. REPRODUCTION

No.	Questions and Filters	Coding Categories	Skip to
200	Now I would like to ask about all the births you have had during your life? Have you ever given birth?	YES _____ 1 NO _____ 2 →	205
201	Do you have any sons or daughters who are living with you ? (CHECK: Q200)	YES _____ 1 NO _____ 2 →	203
202	How many sons live with you now? How many daughters live with you now?	A. SONS AT HOME <input type="text"/> B. DAUGHTERS AT HOME <input type="text"/>	
203	Do you have any sons or daughters to whom you have given birth and now are not living with you ?	YES _____ 1 NO _____ 2 →	205
204	How many sons are alive but not living with you? And how many daughters are alive but do not live with you ?	A. SONS ELSEWHERE <input type="text"/> B. DAUGHTERS ELSEWHERE <input type="text"/>	
205	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES _____ 1 NO _____ 2 →	207
206	In all, how many boys have died? And how many girls have died?	A. BOYS DEAD <input type="text"/> B. BOYS DEAD <input type="text"/>	
207	SUM ANSWERS TO 202, 204 AND 206, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL <input type="text"/>	
208A	CHECK: 207 Just to make sure that I have this right: you have had in total _____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201 - 207 AS NECESSARY		
208B	CHECK: 207 One or more live births <input type="checkbox"/> No live births <input type="checkbox"/> →		210
209	At what age did you give a birth to your first child?	AGE <input type="text"/>	
210	Are you pregnant now?	YES _____ 1 _____ 2 →	223
211	How many months are you pregnant?	MONTHS <input type="text"/>	
212	Have you taken the antenatal care?	YES _____ 1 _____ 2 →	221
213	How many weeks pregnant did you take antenatal care at first time?	WEEK <input type="text"/>	
214	How many times have you taken antenatal care?	NUMBER <input type="text"/>	
215	Whom have you seen? Anyone else?	GYNECOLOGIST _____ A OTHER DOCTOR _____ B PROF.MIDWIFE _____ C FAMILY DOCTOR _____ D BAGH.FEELDSHER _____ E _____ _____	
216	Where have you gone for antenatal care?	PROFATIONNAL HOSPITAL _____ 1 _____ _____ OTHER _____ 6	

No.	Questions and Filters	Coding Categories	Skip to																																						
217	Did the doctor give the hext advices. READ LIST.	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>A. The significance of antenatal care</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B. Food requirenments doing prognary</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C. Harmfull habits such as tobacco and alcohol use</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>D.How to protect yourself from STI</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>E. Danger signs of pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>F. Family planning</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>G. Pregnancy and childbirth allowances</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	A. The significance of antenatal care	1	2	8	B. Food requirenments doing prognary	1	2	8	C. Harmfull habits such as tobacco and alcohol use	1	2	8	D.How to protect yourself from STI	1	2	8	E. Danger signs of pregnancy	1	2	8	F. Family planning	1	2	8	G. Pregnancy and childbirth allowances	1	2	8							
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G. Pregnancy and childbirth allowances	1	2	8																																						
218	What do you think about the guality of antenatal care?	ADEGUATE 1																																							
219A	Since you have become pregnant, have you taken any lasovotoy?	YES 1 NO 2	220																																						
219B	Have you taken the following tests? Where have you taken these tests? READ LIST.	<table border="0"> <tr> <td></td> <td>YES</td> <td>CODE</td> <td>NO</td> </tr> <tr> <td>A. URINARY TEST</td> <td>1</td> <td><input type="checkbox"/></td> <td>20</td> </tr> <tr> <td>B. BLOOD TEST</td> <td>1</td> <td><input type="checkbox"/></td> <td>20</td> </tr> <tr> <td>C. HIV TEST</td> <td>1</td> <td><input type="checkbox"/></td> <td>20</td> </tr> <tr> <td>D. SYPHILIS TEST</td> <td>1</td> <td><input type="checkbox"/></td> <td>20</td> </tr> <tr> <td>E. VAGINAL SMEAR TEST</td> <td>1</td> <td><input type="checkbox"/></td> <td>20</td> </tr> <tr> <td>F. ULTRASOUND EXAMINATION</td> <td>1</td> <td><input type="checkbox"/></td> <td>20</td> </tr> </table> <table border="0"> <tr> <td>CODE</td> <td></td> </tr> <tr> <td>SPECIALIZED HOSPITAL IN UB</td> <td>1</td> </tr> <tr> <td>AIMAG CENTER OR DISTRICT CLINIC</td> <td>2</td> </tr> <tr> <td>SOUM HOSPITAL OR FAMELY CLINIC</td> <td>3</td> </tr> <tr> <td>OTHER</td> <td>6</td> </tr> </table>		YES	CODE	NO	A. URINARY TEST	1	<input type="checkbox"/>	20	B. BLOOD TEST	1	<input type="checkbox"/>	20	C. HIV TEST	1	<input type="checkbox"/>	20	D. SYPHILIS TEST	1	<input type="checkbox"/>	20	E. VAGINAL SMEAR TEST	1	<input type="checkbox"/>	20	F. ULTRASOUND EXAMINATION	1	<input type="checkbox"/>	20	CODE		SPECIALIZED HOSPITAL IN UB	1	AIMAG CENTER OR DISTRICT CLINIC	2	SOUM HOSPITAL OR FAMELY CLINIC	3	OTHER	6	
	YES	CODE	NO																																						
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220	Can you tell us about main problem of antenatal care?	<table border="0"> <tr> <td>FINANCIAL</td> <td>1</td> </tr> <tr> <td>VERY FAR FROM HOSPITAL</td> <td>2</td> </tr> <tr> <td>NO ENOUGH TIME</td> <td>3</td> </tr> <tr> <td>UNFAVORABLE ATTITUDE HEALT WORKER(s)</td> <td>4</td> </tr> <tr> <td>OTHER (sopecify)</td> <td>5</td> </tr> <tr> <td>NO A PROBLEM</td> <td>6</td> </tr> </table>	FINANCIAL	1	VERY FAR FROM HOSPITAL	2	NO ENOUGH TIME	3	UNFAVORABLE ATTITUDE HEALT WORKER(s)	4	OTHER (sopecify)	5	NO A PROBLEM	6	222																										
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221	Why you did not attend to antenatal care? What was your main problem?	<table border="0"> <tr> <td>FINANCIAL</td> <td>1</td> </tr> <tr> <td>OTHER (sopecify)</td> <td>5</td> </tr> </table>	FINANCIAL	1	OTHER (sopecify)	5																																			
FINANCIAL	1																																								
OTHER (sopecify)	5																																								
222	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN 1																																							
223	At what age did your first menstrual period start?	AGE <input type="text"/> NEVER MENSTRUATED 96	300																																						
224	Between the first day of a woman's period and the first day of her next period, are there certain times when she has greater chance of becoming pregnant than other times?	YES 1	226																																						
225	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	ANY DAY OF THE CYCLE 1																																							
226	When did your last menstrual period start? (DATE, IF GIVEN)	<table border="0"> <tr> <td>DAYS AGO</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WOMB REMOVED</td> <td></td> <td></td> <td>993</td> </tr> </table>	DAYS AGO	1	<input type="text"/>	<input type="text"/>	MONTHS AGO	3	<input type="text"/>	<input type="text"/>	YEARS AGO	4	<input type="text"/>	<input type="text"/>	WOMB REMOVED			993																							
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YEARS AGO	4	<input type="text"/>	<input type="text"/>																																						
WOMB REMOVED			993																																						

SECTION IIIA. PREGNANCY, BIRTH AND BREASTFEEDING FOR LAST FIVE YEARS

300 CHECK: Q.207
ONE OR MORE BIRTHS NO BIRTHS → **350**

301A HAVE YOU GIVEN BIRTHS SINCE JANUARY 1, 2003? YES _____ 1 NO _____ 1 → **350**

301B ENTER THE LINE NUMBER NAME, SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 2003 IN THE TABLE. ASK ALL QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).
ENTER NUMBER OF BIRTHS SINCE JANUARY, 2003

302	Please tell me names of all children born since January 1, 2003? Begin with the last birth	LAST BIRTH 1 NAME _____	NEXT TO LAST BIRTH 2 NAME _____	SECOND FROM LAST BIRTH 3 NAME _____
303	Is (NAME) twin or not?	YES _____ 1 NO _____ 2	YES _____ 1 NO _____ 2	YES _____ 1 NO _____ 2
304	Is (NAME) boy or girl?	BOY _____ 1	BOY _____ 1	BOY _____ 1
305	When (NAME) was born?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>
306	Is (NAME) alive now?	YES _____ 1 SKIP TO 308 ← NO _____ 2	YES _____ 1 SKIP TO 308 ← NO _____ 2	YES _____ 1 SKIP TO 308 ← NO _____ 2
307	How old (NAME) was when he/she died?	YEAR 1 <input type="text"/> <input type="text"/> MONTH 2 <input type="text"/> <input type="text"/> DAY 3 <input type="text"/> <input type="text"/>	YEAR 1 <input type="text"/> <input type="text"/> MONTH 2 <input type="text"/> <input type="text"/> DAY 3 <input type="text"/> <input type="text"/>	YEAR 1 <input type="text"/> <input type="text"/> MONTH 2 <input type="text"/> <input type="text"/> DAY 3 <input type="text"/> <input type="text"/>
308	At the time you became pregnant did you want to give a birth to (NAME)?	WANTED _____ 1 LATER _____ 2 DID NOT WANT _____ 3	WANTED _____ 1 LATER _____ 2 DID NOT WANT _____ 3	WANTED _____ 1 LATER _____ 2 DID NOT WANT _____ 3
309	When you were pregnant with (NAME), did see anyone for antenatal care for this pregnancy? If Yes: Whom did you see? Anyone else?	GYNECOLOGIST _____ A OTHER _____ X (SPECIFY) NO ONE _____ Y SKIP TO 311 G ←	GYNECOLOGIST _____ A OTHER _____ X (SPECIFY) NO ONE _____ Y SKIP TO 315A ←	GYNECOLOGIST _____ A OTHER _____ X (SPECIFY) NO ONE _____ Y SKIP TO 315A ←
310	Where did you go for antenatal care for this pregnancy? SPEC=SPECIALIZED PRI= PRIVATE	SPE. HOSPITAL IN UB _____ 1 AIMAG CENTER OR DISTRICT CLINIC _____ 2 SOUH HOSPITAL OR FAMELY CLINIC _____ 3 PRIV. HOSPITAL (UB) _____ 4 OTHER _____ 6 (SPECIFY)	SPE. HOSPITAL IN UB _____ 1 AIMAG CENTER OR DISTRICT CLINIC _____ 2 SOUH HOSPITAL OR FAMELY CLINIC _____ 3 PRIV. HOSPITAL (UB) _____ 4 OTHER _____ 6 (SPECIFY)	SPE. HOSPITAL IN UB _____ 1 AIMAG CENTER OR DISTRICT CLINIC _____ 2 SOUH HOSPITAL OR FAMELY CLINIC _____ 3 PRIV. HOSPITAL (UB) _____ 4 OTHER _____ 6 (SPECIFY)

		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
		NAME _____	NAME _____	NAME _____
311A	How many weeks pregnant were you when you received antenatal care at first time?	WEEK <input type="text"/> <input type="text"/> DON'T KNOW 98	WEEK <input type="text"/> <input type="text"/> DON'T KNOW 98 SKIP TO 315A ←	WEEK <input type="text"/> <input type="text"/> DON'T KNOW 98 SKIP TO 315A ←
311B	How many times did you receive antenatal care?	NUMBER OF TIME <input type="text"/> <input type="text"/>		
311C	When you were pregnant with (NAME), did the doctor give the next A. The significance of antenatal care B. Food requirements during pregnancy C. Harmful habits such as tobacco and alcohol use D. How to protect yourself from STI E. Danger signs of pregnancy F. Family planning G. Pregnancy and childbirth allowances	YES NO DK A. The significance of antenatal care 1 2 8 B. Food requirements during pregnancy 1 2 8 C. Harmful habits such as tobacco and alcohol use 1 2 8 D. How to protect yourself from STI 1 2 8 E. Danger signs of pregnancy 1 2 8 F. Family planning 1 2 8 G. Pregnancy and childbirth allowances 1 2 8		
311D	When you were pregnant with (NAME), did you take any test?	YES 1 DON'T KNOW 311F ← NO 2		
311E	Did you take the next tests when you were pregnant with (NAME)? Where did you take that tests? READ LIST A. URINARY TEST B. BLOOD TEST C. HIV TEST D. SYPHILIS TEST E. VAGINAL SMEAR TEST F. ULTRASOUND EXAMINATION	YES CODE NO DK A. URINARY TEST 1 <input type="text"/> 20 98 B. BLOOD TEST 1 <input type="text"/> 20 98 C. HIV TEST 1 <input type="text"/> 20 98 D. SYPHILIS TEST 1 <input type="text"/> 20 98 E. VAGINAL SMEAR TEST 1 <input type="text"/> 20 98 F. ULTRASOUND EXAMINATION 1 <input type="text"/> 20 98	CODE PROFATIONNAL HOSPITAL (CITY) 1 H.CENTER (AIMAG) 2 CLINIC (SOU) 3 PRIV. HOSPITAL (UB) 4 PRIV.HOSPITAL(AIMAG) 5 OTHER 6 (SPECIFY)	
311F	Can you tell us about main problem of this pregnant?	FINANCIAL 1 VERY FAR FROM HOSPI 2 NOT FREE TIME 3 BAD RELATION WITH I 4 OTHER 5 (sopecify) NOT PROBLEM 6 SKIP TO 311I ←		
311G	Why you were pregnant with (NAME), didn't see anyone for antenatal care for this pregnancy?	FINANCIAL 1 VERY FAR FROM HOSPITAL 2 NOT FREE TIME 3 NOT REGISTER 4 DREAD OF CHECK UP 5 DON'T KNOW WHERE CHECK UP 6 OTHER 7 (SPECIFY)		
311I	You were pregnant with (NAME), did you live in the hospital?	YES 1 NO 2		

		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3																											
312A	CHECK: Q.112 Marital status	MARRIED (L.TOGETHER) <input type="checkbox"/> NEVET MARRIED SEPARATED DIVORCED WIDOWED <input type="checkbox"/> SKIP TO 313A																													
312B	Did your husband/partner go along with you to health center when you were pregnant?	YES 1 SOMETIME 2 NO 3 DONT REMEMBER 8																													
313A	So you had complications in carrying this pregnancy. Did you have vaginal bleeding?	YES 1 NO 2																													
313B	Did you have headache and feel dizzy?	YES 1 NO 2																													
313C	Did you have convulsions	YES 1 NO 2																													
313D	Did you have edema?	YES 1 NO 2																													
313E	Did you have premature rupture membrane?	YES 1 NO 2																													
313F	Did you get any assistance from a doctor/health worker when you had the complications?	YES 1 NO 2																													
313G	When you were pregnant with (NAME) did you have any co-existing diseases	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. HEART DISEASE</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. KIDNEY DISEASE</td> <td>1</td> <td>2</td> </tr> <tr> <td>READ LIST. C. LIVER DISEASE/DISORDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. OF GALL BLADDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. LUNG DISEASE</td> <td>1</td> <td>2</td> </tr> <tr> <td>WRITE OTHER. F. DISEASE OF DIGESTIVE APPARATUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. CONTAGIOUS DISEASE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. OTHER</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. HEART DISEASE	1	2	B. KIDNEY DISEASE	1	2	READ LIST. C. LIVER DISEASE/DISORDER	1	2	D. OF GALL BLADDER	1	2	E. LUNG DISEASE	1	2	WRITE OTHER. F. DISEASE OF DIGESTIVE APPARATUS	1	2	G. CONTAGIOUS DISEASE	1	2	h. OTHER	1	2		
	YES	NO																													
A. HEART DISEASE	1	2																													
B. KIDNEY DISEASE	1	2																													
READ LIST. C. LIVER DISEASE/DISORDER	1	2																													
D. OF GALL BLADDER	1	2																													
E. LUNG DISEASE	1	2																													
WRITE OTHER. F. DISEASE OF DIGESTIVE APPARATUS	1	2																													
G. CONTAGIOUS DISEASE	1	2																													
h. OTHER	1	2																													
314A	Did you receive iron pills anti anemia when you were pregnant with (NAME)	YES 1 NO 2 SKIP TO 315 A																													
314B	How many iron pills did you take during your pregnancy with (NAME)?	TOTAL <input type="text"/> DONT KNOW 998																													
314C	When you were pregnant with (NAME), where from did you take a iron pills?	PHARMACY 1 FAMILY DOCTOR 2 BAGH.FEELDSHER 3 FEELDSHER 4 OTHER 5																													
314D	Did you purchase a iron pills or received free of charge?	PURCHASE 1 FREE 2																													

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		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
315A	Where did you give birth to NAME? ULAANBAATAR Maternity home No1,2,3 and MCHRC	SPE. HOSPITAL IN UB 1 AIMAG CENTER OR DISTRICT CLINIC 2 SOUH HOSPITAL OR FAMILY CLINIC 3 PRIV. HOSPITAL (UB) 4 PRIV. HOSPITAL (AIMAG) 5 OTHER (SPECIFY) 6	SPE. HOSPITAL IN UB 1 AIMAG CENTER OR DISTRICT CLINIC 2 SOUH HOSPITAL OR FAMILY CLINIC 3 PRIV. HOSPITAL (UB) 4 PRIV. HOSPITAL (AIMAG) 5 OTHER (SPECIFY) 6	SPE. HOSPITAL IN UB 1 AIMAG CENTER OR DISTRICT CLINIC 2 SOUH HOSPITAL OR FAMILY CLINIC 3 PRIV. HOSPITAL (UB) 4 PRIV. HOSPITAL (AIMAG) 5 OTHER (SPECIFY) 6
315B	Who assisted with the delivery of (NAME)?	GYNECOLOGIST A OTHER DOCTOR B PROF.MIDWIFE C FEELDSHER D MEDICAL ASSISTANT E OTHER X (SPECIFY) NO ONE Y	GYNECOLOGIST A OTHER DOCTOR B PROF.MIDWIFE C FEELDSHER D MEDICAL ASSISTANT E OTHER X (SPECIFY) NO ONE Y	GYNECOLOGIST A OTHER DOCTOR B PROF.MIDWIFE C FEELDSHER D MEDICAL ASSISTANT E OTHER X (SPECIFY) NO ONE Y
316	Was (NAME) delivered by caesarean section?	YES 1 SKIP TO 318A ← 2 NO 2	YES 1 SKIP TO 318A ← 2 NO 2	YES 1 SKIP TO 318A ← 2 NO 2
317A	At the time of the birth of (NAME), did you have injection to intensify the birth?	YES 1	YES 1	YES 1
317B	Prolonged contractions lasting for more than 12 hours?	YES 1	YES 1	YES 1
317C	A lot more vaginal bleeding than normal following childbirth?	YES 1	YES 1	YES 1
317D	Did you have blood and blood substituting solution at that time?	YES 1	YES 1	YES 1
317E	Did you have high blood pressure, convulsions and fits?	YES 1	YES 1	YES 1
318A	Was (NAME) born on time or prematurely or post date?	ON TIME 1 PREMATURELY 2 POST DATE 3 DON'T KNOW 8	ON TIME 1 PREMATURELY 2 POST DATE 3 DON'T KNOW 8	ON TIME 1 PREMATURELY 2 POST DATE 3 DON'T KNOW 8
318B	Immediately after birth, did /NAME/ cry?	YES 1 SKIP TO 318D ← 2 NO 2	YES 1 SKIP TO 318D ← 2 NO 2	YES 1 SKIP TO 318D ← 2 NO 2
318C	Immediately after birth, did /NAME/ receive emergency treatment?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
318D	Did a health worker visit /NAME/ at home within 7 days after discharge?	YES 1	YES 1	YES 1

		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
319A	How much did (NAME) weigh? Record weight from health card, IF AVAILABLE	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 NOT WEIGHED 3 GRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 SKIP TO 320	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 NOT WEIGHED 3 GRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 SKIP TO 323A	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 NOT WEIGHED 3 GRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 SKIP TO 323A
319B	CHECK: Q.319A WEIGH	Less 2000 grams <input type="checkbox"/> More <input type="checkbox"/> SKIP TO 320	Less 2000 grams <input type="checkbox"/> More <input type="checkbox"/> SKIP TO 323A	Less 2000 grams <input type="checkbox"/> More <input type="checkbox"/> SKIP TO 323A
319C	Was /NAME/ isolated to be kept warm?	YES 1	YES 1	YES 1
320	CHECK: COVER PAGE A3	ULAANBAATAR <input type="checkbox"/> → SKIP TO 321A AIMAG CENTER <input type="checkbox"/> SOUM CENTER <input type="checkbox"/> REMOTE RURAL <input type="checkbox"/>		
320A	Where did you give birth (NAME)?	OWN SOUM 1 SKIP TO 320F FROM SOUM TO AIMAG 2 FROM SOUM TO UB 3		
320B	Who's transport mean did you use to reach the hospital to give birth?	OWN 1 OTHERS 2 SOUM HOSPITAL'S 3 GOVT 4 AMBULANCE OF AIMAG 5		
320C	Did you pay any payment?	YES 1 NO 2		
320D	Who's transport mean did you use to refam home from hospital after giving birth?	OWN 1 OTHERS 2 SOUM HOSPITAL'S 3 GOVT 4 AMBULANCE OF AIMAG 5		
320E	Did you pay any payment?	YES 1 NO 2		
320F	Did you stay in a maternity wailing home before giving birth to (NAME)?	YES 1 NO 2 SKIP TO 321A		
320G	What do you think about the sevicees of the maternity wailing home?	ADEGUATE 1 SKIP TO 321A INADEGUATE 2		

		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
320H	What need's improvement in regard to maternal waiting home services? READ LIST. FACILITY _____ A _____ OTHER (specify) _____ D			
321A	Did doctor give you advice after you delivered (NAME), within 42 days?	YES _____ 1 SKIP TO 322 ←		
321B	What kind of advice did you get? STD=Sexually Transmitted Disease	YES NO Breastfeeding _____ 1 2 Neonatal care _____ 1 2 Family planning _____ 1 2 STD _____ 1 2		
322	Has your period returned since the birth of (NAME)?	YES _____ 1 SKIP TO 323A ← NO _____ 2 SKIP TO 324 ←		
323A	Did your period return between the birth of (NAME) and the next pregnancy?		YES _____ 1 SKIP TO 326 ←	YES _____ 1 SKIP TO 326 ←
323B	For how many months after the birth of (NAME) did you not have a period?	MONTH [][] DON'T KNOW 98	MONTH [][] DON'T KNOW 98	MONTH [][] DON'T KNOW 98
324	CHECK: Q.210A RESPONDENT PREGNANT?	Not preg- Pregnant or nant _____ unsure _____ SKIP TO 326 ←		
325	Have you resumed sexual relations since the birth of (NAME)?	YES _____ 1 SKIP TO 327 ←		
326	How many months after the birth of (NAME) did you resume sexual relations?	MONTH [][] DON'T KNOW 98	MONTH [][] DON'T KNOW 98	MONTH [][] DON'T KNOW 98
327	Did you ever breastfeed (NAME)?	YES _____ 1 SKIP TO 330 ← NO _____ 2	YES _____ 1 SKIP TO 335B ← NO _____ 2	YES _____ 1 SKIP TO 335B ← NO _____ 2
328	When did you start breastfeeding (NAME) after giving a birth?	60 MINUTS _____ 1 24 HOURS _____ 2 MORE THAN 24 HOURS _____ 3 DONT REMEMBER _____ 8		
329	How many months did you breastfeed (NAME)?		MONTH [][] DON'T KNOW 98	MONTH [][] DON'T KNOW 98
330	CHECK: Q.306 CHILD ALIVE?	ALIVE _____ DIED _____ SKIP TO 332A		

		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
331A	Are you still breastfeeding (NAME) ?	YES _____ 1 SKIP TO 333A ← NO _____ 2		
331B	At any time yesterday was (NAME) given any of the following in addition to breast milk ? A. Plain water ? B. Tinned or fresh milk ? C. Any other liquids ? D. Any solid or mushy food ? E. Yogurt/Curd F. Fruity pap	YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8		
332A	CHECK: Q.305 AGE	MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS <input type="checkbox"/> Q.333A ←		
332B	CHECK: Q.329 MONTHS BREASTFED		MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS <input type="checkbox"/> Q.335B ←	MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS <input type="checkbox"/> Q.335B ←
332C	Did you feed (NAME) only by breastmilk for first 6 months after the birth?	YES _____ 1	YES _____ 1	YES _____ 1
333A	Your (NAME) born after Did you receive allowance pregnancy?	YES _____ 1 NO _____ 2		
333B	Did you receive allowance childbirth?	YES _____ 1 NO _____ 2		
333C	Every quater, do you get 25000₪ for each child?	YES _____ 1 NO _____ 2		
333D	Every month, do you get 3000₪ for each child?	YES _____ 1 NO _____ 2		
333E	CHECK: Q.305 BIRTH YEAR	Since 2006 <input type="checkbox"/> Before 2006 <input type="checkbox"/> SKIP TO 335A		
333F	Did you get 100,000₪ for every new child?	YES _____ 1 NO _____ 2		
334A	CHECK: Q.333A-E NONE 'YES' <input type="checkbox"/>	ONE AND MORE 'YES' <input type="checkbox"/> SKIP TO 335A ←		
334B	What is your reason that you didn't get money?	NOT REGISTER _____ 1 DONT GET MONEY _____ 2 FAR FROM HOME _____ 3 OTHER _____ 4		
335A	Was allowance your reason to give birth?	YES, influence _____ 1 YES, a little _____ 2 NO _____ 3		

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SECTION IIIB. CHILD HEALTH				
		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
335B	FROM Q.302 AND Q. 306	(NAME) _____ ALIVE <input type="checkbox"/> DIED <input type="checkbox"/> CHECK Q306 OR, IF NO MORE BIRTHS GO TO 348	(NAME) _____ ALIVE <input type="checkbox"/> DIED <input type="checkbox"/> CHECK Q306 OR, IF NO MORE BIRTHS GO TO 348	(NAME) _____ ALIVE <input type="checkbox"/> DIED <input type="checkbox"/> CHECK Q306 OR, IF NO MORE BIRTHS GO TO 348
336	Has (NAME) had cough any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 SKIP TO 339 ←	YES 1 NO 2 DON'T KNOW 8 SKIP TO 339 ←	YES 1 NO 2 DON'T KNOW 8 SKIP TO 339 ←
337	Had /NAME/ has been diagnosed with pneumonia in the last two week by a doctor?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
338	When your child has pneumonia, does he/she take antibiotics?	YES 1 NO 2 DON'T REMEMBER 8	YES 1 NO 2 DON'T REMEMBER 8	YES 1 NO 2 DON'T REMEMBER 8
339	Do you seek health when your child has cough, shortness of breath or fever?	YES 1 NO 2 SKIP TO 341 ←	YES 1 NO 2 SKIP TO 341 ←	YES 1 NO 2 SKIP TO 341 ←
340	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)
341	Has (NAME) had diarrhea in the last two weeks?	YES 1 NO 2 DON'T KNOW 8 SKIP TO 343 ←	YES 1 NO 2 DON'T KNOW 8 SKIP TO 343 ←	YES 1 NO 2 DON'T KNOW 8 SKIP TO 343 ←
342	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
343	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
344	Was anything given to treat the diarrhea?	YES 1 NO 2 DON'T KNOW 8 SKIP TO 346 ←	YES 1 NO 2 DON'T KNOW 8 SKIP TO 346 ←	YES 1 NO 2 DON'T KNOW 8 SKIP TO 346 ←

		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
345	What was given to treat the diarrhea? Anything else? O.R.S=Oral Rehydration Solution Solution=All kind of liquids home made RECORD ALL MENTIONED	O.R.S A PILL (antibiotics) B INJECTION C SOLUTION D (I.V.) INTRAVENOUS E HOME REMEDIES/HERBAL MEDICINES F OTHER X (SPECIFY)	O.R.S A PILL (antibiotics) B INJECTION C SOLUTION D (I.V.) INTRAVENOUS E HOME REMEDIES/HERBAL MEDICINES F OTHER X (SPECIFY)	O.R.S A PILL (antibiotics) B INJECTION C SOLUTION D (I.V.) INTRAVENOUS E HOME REMEDIES/HERBAL MEDICINES F OTHER X (SPECIFY)
346	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 SKIP TO 348 ←	YES 1 NO 2 SKIP TO 348 ←	YES 1 NO 2 SKIP TO 348 ←
347	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)
348		GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350	GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350	GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350

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No.	Questions and Filters	Coding Categories	SKIP TO
350	So you gave (NUMBER) births for last five years. Apart from these births, did you get pregnant ending with abortion, still birth and miscarriage?	YES 1 NO 2 →	400
351	In the last five years, how many abortion, still birth and miscarriage did you have? If no abortion SKIP TO 400	A. MISCARRIAGE YES 1 <input type="checkbox"/> NO 2 8 B. STILL BIRTH YES 1 <input type="checkbox"/> NO 2 8 C. ABORTION YES 1 <input type="checkbox"/> NO 2 8 →	400
351D	In the last 12 month, how many times did you have abortion?	LAST 12 MONTH NUMBER <input type="checkbox"/>	
351E	lastly, in what month and year did you have abortion?	ABORTION YEAR 20 <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/>	
352	Please tell me the reason you had the last abortion? Heath concern=Doctors'counseling	OLD ENOUGH 1 NOT ABLE TO HAVE A CHILDREN 2 HAVE ENOUGH CHILDREN 3 FINANCIAL PROBLEM 4 FAILED TO USE CONTRACEPTIVE 5 HEALTH CONCERN 6 OTHER 7 (SPECIFY)	
353	For your last abortion, how many weeks of pregnant you had been at that time?	WEEK <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98	
354	For your last abortion, who made a decision to to have abortion? Did you make the decision alone, or did you make decision with someone, or did someone make the decision for you?	MYSELF 1 TOG. WITH HUSBAND/PARTNER 2 HUSBAND/PARTNER 3 PARENTS 4 BROTHERS/SISTERS/RELATIVES/ FRIENDS 5 DOCTOR 6 OTHER 7	
355	Where did you have the last abortion?	ULAANBAATAR, HOSPITAL 1 AIMAG CENTER, HOSPITAL 2 SOU M CENTER, HOSPITAL 3 PRIVATE HOSPITAL 4 AT HOME/OTHER HOME 5 OTHER 6 (SPECIFY)	
356	Who assisted you with having the last abortion?	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C OTHER WIDWIFE D MEDICAL ASSISTANT E OTHER X (SPECIFY) MYSELF Y	
357□	For your last abortion, how much you spent for? MNT=tugrick	THOU.MNT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> NONE 2 DON'T KNOW 8	

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No.	Questions and Filters	Coding Categories	SKIP TO
357□	For your last abortion, which method was used?	DILATION AND CURRETAGE 1 SUCTION 2 MEDICAL (DRUG) ABORTION 3 DONT KNOW 8	
358	For your last abortion, did the doctor give you pre abortion counseling?	YES 1 NO 2	
359□	How do you evaluate service quality of the last abortion you had?	SATISFACTORY 1 → UNSATISFACTORY 2	361
359□	Why do you evaluate the service quality as unsatisfactory? (WRITE THE ANSWER)	YES NO INADEGUATE SKILL OF MEDICAL PEI 1 2 NEGATIVE ATTITUDE OF MEDICAL P 1 2 UNSANITARY CONDITIONS 1 2 INADEGEUTI PAIN RECIEF 1 2	
360	After abortion, did you have a rest in the bed?	YES 1 NO 2	
361	Did you have any complications after having the last abortion?	YES 1 NO 2 →	363A
362	What kind of complications did you have? READ LIST.	YES NO TOO MUCH BLEEDING 1 2 TOO MUCH PAIN 1 2 HAD FEWER 1 2 HAD REPEATED CURETTAGE 1 2 OTHER 1 2 (SPECIFY)	
363A	Did the doctor give you post abortion abortion counselling after the abortion?	YES 1 NO 2 →	364A
363B	Did the doctor give you counseling on contraceptives?	YES 1 NO 2	
364A	Were you using contraceptives when you became pregnant ending with abortion?	YES 1 NO 2 →	365A
364B	What kind of contraceptive you used when you became pregnant ending with abortion?	PILL O1 IUD O2 INJECTIONS O3 NORPLANT O4 DIAPHRAGM/FOAM/JELLY O5 MALE CONDOM O6 FEMALE CONDOM O7 PERIODIC ABSTINENCE O8 WITHDRAWAL O9 EMERGENCY CONTRACEPTION 10 OTHER 11 (SPECIFY)	
364□	Please tell me what kind of circumstance led you to have abortion? Mention all answers. Relied on the contraceptive that a respondent was using at that time.	Inadequate knowledge of contraceptives 1 Relied on the contraceptive 2 Couldn't use all the time Difficult to obtain contraceptives 3 Don't have money 4 Husband /Partner/ don't want 5 Other 6 (SPECIFY)	
365A	Did you start using contraceptive after last abortion you had?	YES 1 →	400
366	Why do not you use contraceptive?	CONTRACEPTION SIDE EFFECTS 1 NEVER WANTED USING A CONTRACEPTION 2 WANTED TO HAVE CHILD 3 INFREGUENT SEXUAL RELATION 4 NOT MARRIED/NOT HAVE A PARTNER 5 OTHER 6	

SECTION 4. CONTRACEPTION

400 NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.

CIRCLE CODE 1 IN 401 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 402, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 401 OR 402,

401	Which ways or methods have you heard about ?	402		403
		SPONTANEOUS	Have you ever heard of METHOD?	
		Yes	Yes No	
O1	PILL "Women can take a pill every day"	1	2	YES <u>1</u> NO <u>2</u>
O2	IUD "Women can have a loop or coil placed inside them by a doctor or nurse".	1	2	YES <u>1</u> NO <u>2</u>
O3	INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for 1,2 or 3 months"	1	2	YES <u>1</u> NO <u>2</u>
O4	NORPLANT/IMPLANT "Women can get 6 rods under the skin in the upper arm to prevent pregnancy"	1	2	YES <u>1</u> NO <u>2</u>
O5	DIAPHRAGM/FOAM/JELLY "Women can place a tissue or a diaphragm or cream in the vagina before intercourse".	1	2	YES <u>1</u> NO <u>2</u>
O6	MALE CONDOM "Men can use a rubber sheath sexual intercourse".	1	2	YES <u>1</u> NO <u>2</u>
O7	FEMALE CONDOM "Women use sheath during sexual intercourse".	1	2	YES <u>1</u> NO <u>2</u>
O8	FEMALE STERILIZATION "Women can have an operation to avoid having any more children".	1	2	YES <u>1</u> NO <u>2</u>
O9	MALE STERILIZATION "Men can have an operation to avoid having any more children".	1	2	YES <u>1</u> NO <u>2</u>
O10	PERIODIC ABSTINENCE/CALENDAR SYSTEM "Couples can avoid having sexual intercourse on certain days of the month when the women is more likely to become pregnant".	1	2	YES <u>1</u> NO <u>2</u>
O11	WITHDRAWAL "Men can be careful and pull out before climax".	1	2	YES <u>1</u> NO <u>2</u>
O12	EMERGENCY CONTRACEPTION "As an emergency measure after sexual intercourse, women can take special pills at any"	1	2	YES <u>1</u> NO <u>2</u>
O13	Have you heard of any other ways or methods that women or men use to avoid pregnancy ?	1	3	YES <u>1</u> NO <u>2</u>
				YES <u>1</u> NO <u>2</u>
404	CHECK Q.403A: NOT A SINGLE "YES "	AT LEAST ONE "YES"		406

No.	Questions and Filters	Coding Categories	Skip to
405	Have you ever used anything or tried any way to delay or avoid getting pregnant?	YES 1 NO 2 →	420
405A	What have you used or done ? CORRECT 403 AND 404 (AND 402 IF NECESSARY)		
406	Now I would like to ask you about the first time that you did something or used a method to delay a pregnancy or avoid getting pregnant. What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL O1 IUD O2 INJECTIONS O3 IMPLANTS/NORPLANT O4 DIAPHRAGM /FOAM/JELLY O5 MALE CONDOM O6 FEMALE CONDOM O7 FEMALE STERILIZATION O8 MALE STERILIZATION O9 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 EMERGENCY CONTRACEPTION 12 OTHER 96 (SPECIFY)	
407	How many living children did you have at that time, if any?	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
408	What was your age when you first started using any method?	AGE (COMPLETED YEARS) <input type="text"/> <input type="text"/> DONT KNOW 98	
409A	CHECK Q.210A: NOT PREGNANT OR OR UNSURE <input type="checkbox"/>	CURRENTLY PREGNANT <input type="checkbox"/>	420
409B	Are you using any method now?	YES 1 NO 2 →	420
410	Which method are you using? IF WOMAN DECLARED SHE WAS STERILIZED IN Q.403, CIRCLE CODE 08 AND SKIP TO Q. 412. OTHERWISE ASK:	PILL O1 → 410A IUD O2 INJECTIONS O3 IMPLANTS/NORPLANT O4 → 410B DIAPHRAGM /FOAM/JELLY O5 MALE CONDOM O6 FEMALE CONDOM O7 → 410C FEMALE STERILIZATION O8 → 412 MALE STERILIZATION O9 → 411 PERIODIC ABSTINENCE 10 → 410E WITHDRAWAL 11 → 410F EMERGENCY CONTRACEPTION 12 → 411 OTHER 96 → 411 (SPECIFY)	
410A	Do you take the pills regularly?	EVERY DAY 1 FORGET SOME DAY 2 →	411
410B	Do you follow doctor's instruction and get check-ups on time?	YES 1 NO 2 →	411
410C	Do you always use (METHOD) when you need it?	YES 1 NO 2	
410D	Is it possible to obtain (METHOD) when you need it?	YES 1 NO 2 →	411

No.	Questions and Filters	Coding Categories	Skip to
410E	Can you have sexual intercourse without contraceptives on certain days of the month when the woman is more likely not to be pregnant?	YES 1 NO 2	411
410F	Does your husband/partner can manage himself to withdraw before ejaculation, every time you have sexual intercourse?	YES 1 NO 2	
411	For how many months have you been using (MEDHOD) continuously?	MONTHS [][] 8 YEARS OR LONGER 96	413
412	In what month and year was the sterilization ?	YEAR [][][][] MONTH [][] DON'T KNOW 98	
413	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 410 PILL [][] DIAPHRAGM/FOAM/JELLY [][] PERIODIC ABSTINENCE [][] IUD [][] CONDOM [][] WITHDRAWAL [][] INJECTION [][] FEMALE STERILIZATION [][] OTHER [][] NORPLANT/IMPLANT [][] MALE STERILIZATION [][] EMERGENCY CONTRACEPTION [][]		416
414	Is there service fee or purchase cost to obtain the method? IF ANY: How much does it cost (for one time)?(tug)	PURCHASE 1 SERVICE FEE 2 NO FEE 3 TUGRUG [][][][][][]	
415	From whom did you get it the last time?	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PHARMACY 03 FAMILY DOCTOR 04 BAGH FELDSHER 05 SHOP 06 FRIENDS 07 PARENTS/RELATIVES 08 RESEARCHER 09 OTHER 96 (SPECIFY)	
416	Do you have any problem with the method you are using now?	YES 1 NO 2	418
417	What is the main problem?	HUSBAND DISAPPROVES 01 LACK OF ACCESS/TOO FAR 02 COSTS TOO MUCH 03 INCONVENIENT TO USE 04 STERILIZED BUT WANTS CHILDREN 05 HEALTH CONCERNS 06 SIDE EFFECTS 07 OTHER 96 (SPECIFY) DON'T KNOW 98	

No.	Questions and Filters	Coding Categories	Skip to
418	What was the last method you used before the present method?	NEVER USED OTHER METHOD 00 PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 EMERGENCY CONTRACEPTION 12 OTHER 96 (SPECIFY)	→ 423
419	Why did you change the method?	DIFFICULT TO GET THE METHOD 01 KNOWLEDGE OF OTHER METHODS BECAME AVAILABLE 03 METHOD LESS EFFECTIVE OR NOT EFFECTIVE 04 OTHER 96 (SPECIFY)	→ 423
420	Do you intend to use one of the methods in the future?	YES 1	→ 422 → 423
421	Which method do you wish to use?	PILL 01 _____ _____ _____ _____ _____ _____ _____ _____ _____ OTHER 96 (SPECIFY) DON'T KNOW 98	→ 423

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No.	Questions and Filters	Coding Categories	Skip to
422	What is the main reason you do not intend to use a method?	NOT MARRIED 11 FERTILITY- RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 POSTPARTUM/BREASTFEEDING 25 WANTS (MORE) CHILDREN 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO MEDHOD 41 KNOWS NO SOURCE 42 DIFFICULT TO FIND 43 MEDHOD -RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S 56 NORMAL PROCESSES 57 OTHER 96 (<input type="checkbox"/>) DON' T KNOW 98	
423	Do you know that contraceptives are distributed without charge?	YES 1 NO 2	

SECTION 5. FERTILITY PREFERENCES

No.	Questions and filters	Coding categories	Skip to
500	CHECK: Q 410 SHE NOT <input type="checkbox"/> STERILIZED <input type="checkbox"/>	SHE STERILIZED <input type="checkbox"/>	506
501	CHECK: Q 210A Not pregnant, or unsure <input type="checkbox"/> Pregnant <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD 1 OTHER 8 (SPECIFY)	505 506
502	How many (more) children do you want?	MORE CHILDREN <input type="text"/>	
503	What is the main reason you want (more) children?	DOES NOT HAVE CHILDREN 1 OTHER 8 (SPECIFY)	
504	CHECK: Q 210A Not pregnant, unsure <input type="checkbox"/> Pregnant <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? How long would you like to wait after the birth of the child you are expecting before the birth of another child?	WAITING TIME YEARS 1 <input type="text"/> MONTHS 2 <input type="text"/> SOON/NOW 993 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	506
505	What is the main reason you don't want another child?	HAVE MANY CHILDREN 1 HEALTH 3 OTHER 7 (SPECIFY)	
506	CHECK: Q 207 Has living children <input type="checkbox"/> No living children <input type="checkbox"/> If you could go back to the time when you had no children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER OF CHILDREN <input type="text"/> IF NO, RECORD THE REASON	

No.	Questions and filters	Coding categories	Skip to															
507	In the last month, have you heard or seen a message about family planning on: the radio? the television? newspaper or magazine? a poster or billboard?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>THE RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3">.....</td> </tr> <tr> <td>A POSTER OR BILLBOARD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	THE RADIO	1	2			A POSTER OR BILLBOARD	1	2				
	YES	NO																
THE RADIO	1	2																
.....																		
A POSTER OR BILLBOARD	1	2																
508	CHECK Q:112 MARRIED OR <input type="checkbox"/> LIVING TOGETHER ↓	SINGLE, DIVORCED <input type="checkbox"/> → SEPARATED, WIDOWED	511															
509	Have you ever spoken about these topics your husband/partner ?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>FAMILY PLANNING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PREGNANT/BIRTH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	FAMILY PLANNING	1	2	1	2	1	2	PREGNANT/BIRTH	1	2	
	YES	NO																
FAMILY PLANNING	1	2																
.....	1	2																
.....	1	2																
PREGNANT/BIRTH	1	2																
510	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	NONE 1 SAME NUMBER 2 MORE CHILDREN 3 FEWER CHILDREN 4 DONT KNOW 8																
511	What do you think about legislation of abortion ? Do you approve or not approve?	APPROVE 1 → DISAPPROVE 2 DONT KNOW 8 →	513 513															
512	If not, why do you disapprove?	NOT HEALTHY FOR MOTHER 1 REDUCES POPULATION GROWTH 2 RELIGIOUS REASON 3 REDUCES USE OF CONTRACEPTIVE 4 IMPROVED UNSAFETY SEXUAL RELATIONSHIP 5 OTHER 6 (SPECIFY) DONT KNOW 8																
513	Are there at least one of posters, newspapers, and magazines about RH, Contraceptives and any other family planning method at your home?	REPRODUCTIVE HEALTH <input type="checkbox"/> FAMILY PLANNING <input type="checkbox"/> CONTRACEPTIVE <input type="checkbox"/> OTHER <input type="checkbox"/> () NONE Z																

SECTION 6. HUSBAND'S BACKGROUND AND WOMAN'S WORK

No.	Questions and Filters	Coding Categories	Skip to
600	<p>CHECK Q:112</p> <p>CURRENTLY MARRIED/<input type="checkbox"/> SEPARATED/<input type="checkbox"/> DIVORCED</p> <p>LIVING WITH A MAN <input type="checkbox"/> WIDOWED/<input type="checkbox"/> NEVER MARRIED</p>		602 604
601□	<p>Does your husband/partner live at home or live away from home at the moment?</p> <p>If no: How long has he lived live away from the home?</p>	<p>YES 1</p> <p>LESS THAN 1 MONTH 2</p> <p>1- 6 MONTHS 3</p> <p>MORE THAN 6 MONTHS 4</p>	
601□	<p>How old is your husband/partner? (AGE IN COMPLETED YEARS)</p>	<p>AGE <input type="text"/></p>	
602	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	604
603	<p>What was the highest level of school he completed ?</p>	<p>GRADE 1-3 1</p> <p>GRADE 4-8 2</p> <p>GRADE 9-10 3</p> <p>INITIAL TECHNICAL CERTIFICATE 4</p> <p>TECHNICAL CERTIFICATE 5</p> <p>HIGHER 6</p>	
Now I would like to ask about you?			
604	<p>Have you done any work in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p> <p>PENSIONER 3</p> <p>INVALID 4</p>	607
605Â	<p>In which sector of the economy do you work?</p>	<p>AGRICULTURE 1</p> <p>PRODUCTION 2</p> <p>SERVICES 3</p>	
605Â	<p>What is your current employment status?</p>	<p>PAID EMPLOYEE 1</p> <p>EMPLOYER 2</p> <p>MEMBER OF COOPERATIVE 3</p> <p>OWN ACCOUNT WORKER 4</p> <p>UNPAID FAMILY WORKER 5</p>	
606	<p>CHECK Q: 600</p> <p>Currently married/ living with a man <input type="checkbox"/> Not in a union <input type="checkbox"/></p> <p>Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband jointly, or someone else?</p> <p>Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?</p>	<p>RESPONDENT DECIDES 1</p> <p>HUSBAND/PARTNER DECIDES 2</p> <p>JOINTLY WITH HUSBAND/PARTNER 3</p> <p>PARENTS/SOMEONE ELSE 4</p> <p>JOINTLY WITH SOMEONE ELSE/PARENTS 5</p>	
607	<p>Do you smoke cigarettes ?</p>	<p>DO SMOKE 1</p> <p>DO NOT SMOKE 2</p>	700
608	<p>At what age did you start smoking ?</p>	<p>AGE <input type="text"/></p>	

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SECTION 7. STI AND HIV/AIDS

No.	Questions and Filters	Coding Categories	Skip to
Now I would like to talk to you about STI			
700	Have you ever heard of STD/STI?	YES (GOOD) 1 NO 4	723
701A	Which STI have you heard? RECORD ALL MENTIONED.	SYPHILIS A CHLAMYDIA N CANDIDIASIS D GENITAL HERPES E TRICHOMONOSIS G AIDS/HIV H	
701B	Have you ever been tested for STI?	YES 1 YES /in the last 12 months/ 2	701E
701C	Did you take any treatment for STI?	YES 1 YES /in the last 12 months/ 2 NO 3 DONT ANSWER 4	701E
701D	Who treated you for STI?	GYNECOLOGIST/MALE DOCTOR 01 FAMILY DOCTOR 02 VENEROLOGIST 04 FELDSHER/NURSE 05 HUSBAND/PARTNER 07 FRIENDS/ COLLEAGUE 08 OTHER (SPECIFY) 10 DONT ANSWER 99	
701E	From which sources of information have you learned most about STD/STI and HIV/AIDS ? Any other sources ? RECORD ALL MENTIONED.	PARENTS/RELATIVE A HUSBAND/PARTNER A STI DOCTOR N FRIENDS/ COLLEAGUE D GYNECOLOGIST E INFECTONIST PHYSICIAN F FAMILY DOCTOR G PROF.MIDWIFE H CHEMIST I MOSQUES/CHURCHES J SCHOOLS/TEACHERS K SOCIAL WORKER, UNCONSTRAINED L PAMPHLETS/POSTERS M NEWSPAPERS/MAGAZINES O RADIO P TV Q INTERNET/ WEB SITE R OTHER X	
702	In the past 6 months, have you seen or heard any public announcements or ads on television or radio about? DR-don't remember	A. Heard to the radio YES NO DR 1. STI 1 2 8 2. HIV/AIDS 1 2 8 3. CONDOM 1 2 8 B. Watch TV YES NO DR 1. STI 1 2 8 2. HIV/AIDS 1 2 8 3. CONDOM 1 2 8	

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No.	Questions and Filters	Coding Categories	Skip to
711	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior ? IF YES, PROBE: In what way ? RECORD ALL MENTIONED.	DID NOT START SEX A STOPPED ALL SEX B START ED USING CONDOMS C RESTRICTED SEX TO ONE PARTNER D REDUCED NUMBER OF PARTNERS E OTHER X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR Y DONT KNOW Z	
712	Is it possible for a healthy-looking person to have the AIDS virus ?	YES 1 NO 2 DONT KNOW 8	
713	What do you think about HIV prevetion in Mongolia?	SUFFICIENT 1 DONT KNOW 8	
714	What do you think about HIV detection in Mongolia?	SUFFICIENT 1 INSUFFICIENT 2 INDIFFERENT ME 3 DONT KNOW 8	
715	What do you think how you should treat one infected by AIDS?	THE SAME AS BEFORE 1 TRY NOT TO BE INFECTED BY AIDS 2 TRY TO UNDERSTAND AND HELP 3 ISOLATE FROM COMMUNITY 4 DONT KNOW 8	
716	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	GREAT 1 MODERATE 2 SMALL 3 NO RISK AT ALL 4 DONT KNOW 8	718A
717	Why do you think you have no risk of contracting HIV?	HAVE ONLY ONE SEX PARTNER A ABSTAIN FROM SEX B ALWYAS USE CONDOMS C TRUSTED SEXUAL PARTNER D AVOID BLOOD TRANSFUSIONS E USE ONLY DISPOSABLE INJECTION SYRINGE F OTHER (SPECIFY) G DONT KNOW O	
718Å	You don't need to tell us your test result. Have you taken HIV tests? CHECKK: W219C/Q311E	YES, VOLUNTEER 1 YES, CONSTRAINT 2 ANTENANTAL 3 NO 4	722
718Å	When did you take the last HIV test?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
719	When you went to hospital for take a test, doctor told you any advice?	YES 1 NO 2	
720	Did your take your test result by yourself?	YES 1 NO 2	723
721	Doctor told you any advice when you went for take test result?	YES 1 NO 2	723

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No.	Questions and Filters	Coding Categories	Skip to
722	Why have you never been tested for HIV?"	Did not know that HIV testing is available 01 Did not know where to go Did not have time I am afraid of stigma and discrimination 04 I did not have time 05 I am afraid the counsellor will tell other people my results I am ashamed to go to VCCT center 06 I don't think I am at risk of having HIV 07 I am afraid of the cost I am afraid of the results I don't think I can receive good treatment in Mongolia, if HIV positive 10 I don't know 11	
723	Check: 112 Married <input type="checkbox"/> Living together <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never married <input type="checkbox"/>	726 725
724	Now I would like to ask you about your sexual activity. When was the last time you had sexual intercourse?	DAYS AGO 1 MONTHS AGO 3 YEARS AGO 4 BEFORE LAST BIRTH 9 96	726 726 726
725	Have you ever had sexual relation?	HAD SEXUAL RELATION 1 DON'T REMEMBER 8	800
726	Did you have sexual relation for last month?	YES 1	728
727	Did you use a condom to avoid getting AIDS and STD when you had last sexual intercourse?	YES 1 NO (had sexual intercourse with husband/partner) 2 NO 3	
728	At what age did you first have sexual relations?	AGE <input type="text"/>	

SECTION VIII. KNOWLEDGE, ATTITUDE AND PRACTICES ON CERVICAL AND BREAST CANCER

No.	Questions and Filters	Coding Categories	Skip to
800	Have you ever heard of cervical cancer?	YES (I know it well) 1 YES (But I don't know it well enough) 2 NO 3 →	805
801	Have you ever had an examination or test for prevention of cervical cancer?	YES 1 NO 2 →	805
802	Where did you have the examination or test for prevention of cervical cancer?	At a specialized hospital in UB 1 Aimag hospital/UB district clinic 2 Soum hospital/family clinic 3 PRIV. HOSPITAL (UB) 4 PRIV.HOSPITAL(AIMAG) 5 OTHER 6 (SPECIFY)	
803	What was the last time when you have had an examination or test for prevention of cervical cancer?	During the last 12 months 1 Last 1-2 years (12-23 months) 2 Last 2-3 years (24-35 months) 3 In more than 3 years 4 →	805
804	Why have you never been examination of cervical cancer?	Haven't this examination in there 1 Not leisure 2 The doctor didn't suggest about this examination 3 Very far from the hospital 4 I think it is needless 5 Don't know 6 Other 7	
805	Did you ever heard of breast cancer?	YES (I know it well) 1 YES (But I don't know it well enough) 2 NO 3 →	901
806	Have you ever heard of breast self-examination?	YES 1 NO 2 →	901
807	Have you ever performed breast self-examination?	YES 1 NO 2 →	901
808	How often do you perform breast self-examination?	AFTER each MENSTRUAL period 1 ONCE A MONTH 2 ONCE A QUARTER 3 ONCE A HALF YEAR 4 ONCE A YEAR 5	

SECTION IX. FAMILY RELATION

901	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY ID ENSURED PRIVACY OBTAINED <input type="checkbox"/>	PRIVACY NOT POSSIBLE <input type="checkbox"/> → 921
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Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Mongolia. Let me assure you that your answers are completely confidential and will not be to anyone and no else will know that you were asked these questions.

No.	Questions and Filters	Coding Categories	SKIP TO															
902	First I would like to ask you questions about problem some women. Please tell me if you know of following situations among your friends, relatives of neighbours <input type="checkbox"/> husband or wife being jelous at each other? b/ husband or wife verbally abuoting each other? c/ husband or wife hiting or slapping each other? d/ husband or wife forcing each other to have sexual intercourse?	<table style="margin-left: auto; margin-right: auto;"> <tr> <th>YES</th> <th>NO</th> <th>DK</th> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	1	2	8	
YES	NO	DK																
1	2	8																
1	2	8																
1	2	8																
1	2	8																

903A	CHECK: Q.112 MARRIED/LIVING WITH A MAN <input type="checkbox"/> SEPARATED/DIVORSED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	NEVER MARRIED <input type="checkbox"/> → 911
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903B	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? <input type="checkbox"/> He (is/was) jealous or angry if you (talk/talked) to other men? b/ He frequently (accuses/accused) you of being unfaithful? c/ He (does/did) not permit you to meet your female friends? d/ He (tries/tried) to limit your contact with your family? e/ He (insists/insisted on knowing where you (are/were) at all times? f/ He (does/did) not trust you with any money? g/ He (does/did) not permit you stady at scool, working?	<table style="margin-left: auto; margin-right: auto;"> <tr> <th>YES</th> <th>NO</th> <th>DK</th> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
YES	NO	DK																									
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904	Now if you permit me, I need to ask some more more questions about your relationship with your (last) husband/ partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question. (Does/did your (last) husband/partner ever:	CHECK: Q.112 WIDOWED <input type="checkbox"/> → 911 <table style="margin-left: auto; margin-right: auto;"> <tr> <th></th> <th>YES</th> <th>OFTEN</th> <th>SOME-TIME</th> <th>NOT AT ALL</th> </tr> <tr> <td>a/ Say or do something to humiliate you in front of others?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b/ Threaten to hurt or harm you or someone close to you?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c/ Insult you or make you feel bad about yourself?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d/ Do I treaten you to divorce?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e/ Treaten to kill you If you divorce from him?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES	OFTEN	SOME-TIME	NOT AT ALL	a/ Say or do something to humiliate you in front of others?	1 →	1	2	3	b/ Threaten to hurt or harm you or someone close to you?	1 →	1	2	3	c/ Insult you or make you feel bad about yourself?	1 →	1	2	3	d/ Do I treaten you to divorce?	1 →	1	2	3	e/ Treaten to kill you If you divorce from him?	1 →	1	2	3	
	YES	OFTEN	SOME-TIME	NOT AT ALL																													
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d/ Do I treaten you to divorce?	1 →	1	2	3																													
e/ Treaten to kill you If you divorce from him?	1 →	1	2	3																													

905	(Does/Did) your (last) husband/partner ever do any of the following things to you:	<table style="margin-left: auto; margin-right: auto;"> <tr> <th></th> <th>YES</th> <th>OFTEN</th> <th>SOME-TIME</th> <th>NOT AT ALL</th> </tr> <tr> <td>a/ Push you, shake you, or throw something at you?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b/ Slap you?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c/ Twist your arm?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d/ Pull your hair?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e/ Puch you with his first or with something that could hurt you?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f/ Kick you, drag you or beat you up?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g/ Try to choke you or burn you on purpose?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h/ Threaten or attack you with a knife, gun, or any other weapon?</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES	OFTEN	SOME-TIME	NOT AT ALL	a/ Push you, shake you, or throw something at you?	1 →	1	2	3	b/ Slap you?	1 →	1	2	3	c/ Twist your arm?	1 →	1	2	3	d/ Pull your hair?	1 →	1	2	3	e/ Puch you with his first or with something that could hurt you?	1 →	1	2	3	f/ Kick you, drag you or beat you up?	1 →	1	2	3	g/ Try to choke you or burn you on purpose?	1 →	1	2	3	h/ Threaten or attack you with a knife, gun, or any other weapon?	1 →	1	2	3	
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No.	Questions and Filters	Coding Categories	SKIP TO																																								
917	CHECK Q905 <input type="checkbox"/> g, AT LEAST ONE 'YES/Q 911 YES' <input type="checkbox"/>	NOT A SINGLE 'YES' <input type="checkbox"/>	921																																								
918	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES 1 NO 2	920																																								
919	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND/PARTNER'S FAMILY B CURRENT/LAST/LATE HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION <input type="checkbox"/> OTHER (SPECIFY) X	921																																								
920	Have you ever told any one else about this?	YES 1 NO 2																																									
921	CHECK: q112 MARRIED/LIVING WITH A MAN <input type="checkbox"/>	SEPARATED/DIVORSED WIDOWED/ NEVER MARRIED <input type="checkbox"/>	922																																								
921A	Do you have difficulties spending your, your husband's, your common money for following?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> buying cosmetics or havind beaficians sessions</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b/ health check up/health servise</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c/ Visiting relatives and buying them gifts</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d/ buying furniture</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e/ specialty on your educations</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f/ buying food</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g/ emolliy children in extracamuder acfikities</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h/ stay at resort sanatorium, go to movies, thather ete</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i/ other</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	<input type="checkbox"/> buying cosmetics or havind beaficians sessions	1	2	8	b/ health check up/health servise	1	2	8	c/ Visiting relatives and buying them gifts	1	2	8	d/ buying furniture	1	2	8	e/ specialty on your educations	1	2	8	f/ buying food	1	2	8	g/ emolliy children in extracamuder acfikities	1	2	8	h/ stay at resort sanatorium, go to movies, thather ete	1	2	8	i/ other	1	2	8	
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922	Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>LIVIN</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	LIVIN	1	2	3	OTHER MALE ADULT	1	2	3	OTHER FEMALE ADULT	1	2	3																					
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MONGOLIAN REPRODUCTIVE HEALTH SURVEY 2008.

HUSBAND'S QUESTIONNAIRE

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SECTION 1. RESPONDENT'S BACKGROUND			
No.	Questions and Filters	Coding Categories	Skip to
100	RECORD THE TIME	HOUR <input type="text"/> MINUTES <input type="text"/>	
101	In what month and year were you born ?	YEAR 19 <input type="text"/> DONT KNOW 98 MONTH <input type="text"/> DONT KNOW 98	
102	How old are you? (AGE IN COMPLETED YEAR AGE	<input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS <input type="text"/> ALWAYS 95 VISITOR 96	105
104	Just before you moved here, did you live in a city, in an aimag center, in a soum, or in the countryside?	CITY 1 AIMAG CENTER 2 SOU M CENTER 3 COUNTRYSIDE 4 FOREIGN 5	
105	Have you ever attended school ?	YES 1 NO 2	107
106	What was the highest level of school you completed ?	GRADE (1-3) (1-4) 1 GRADE (4-8) (5-9) 2 GRADE (9-10) (10-11) 3 PROFESSIONAL PRIMARY'S 4 PROFESSIONAL COLLEGE 5 HIGHER 6 NON-EDUCATED 7	108A
107	Are you literate?	LITERATE 1 ILLITERATE 2	108C
108A	Do you usually read a newspaper at least once a week ?	YES 1 NO 2	
108B	Do you usually use to internet at least once a week ?	YES 1 NO 2	
108C	Do you usually listen to the radio at least once a week ?	YES 1 NO 2	
108D	Do you usually watch TV at least once a week ?	YES 1 NO 2	
109	Do you usually go to doctor to get medical check-up to prevent from any kind of disease?	NONE 1 ONCE A QUARTER 2 ONCE A YEAR 3 ONCE A 2-YEAR PERIOD 4 WHEN SICK 5	
110	Have you done any work in the last 12 months?	YES 1 NO 2	113

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No.	Questions and Filters	Coding Categories	Skip to
111	What is your occupation, that is, what kind of work do you mainly do ?	AGRICULTURE 1 PRODUCTION 2 SERVICES 3	
112	In which sector of the economy do you work?	PAID EMPLOYEE 1 EMPLOYER 2 MEMBER OF COOPERATIVE 3 OWN ACCOUNT WORKER 4 UNPAID FAMILY WORKER 5	
113	Do you smoke cigarettes ? IF YES : About how many cigarettes do you smoke a day?	SMOKE 1 <input type="text"/> DO NOT SMOKE 2 →	200
114	At what age did you start smoking ?	AGE <input type="text"/>	
SECTION 2. REPRODUCTION			
No.	Questions and Filters	Coding Categories	Skip to
200	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2 →	300
201	How many children did you ever have ?	NUMBER <input type="text"/>	
202	In what month and year was your last child born ?	YEAR <input type="text"/> MONTH <input type="text"/>	
203	CHECK: 202 SINCE JANUARY, 2003 <input type="checkbox"/>	BEFORE JANUARY, 2003 <input type="checkbox"/> →	205
204	Did you go along with your wife to health center when your wife were pregnant?	YES 1 NO 2 DONT REMEMBER 8	
205	When your wife was expecting your last born child, did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all ?	THEN 1 LATER 2 NOT AT ALL 3	

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SECTION 3. CONTRACEPTION				
<p>300 NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READ THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302,</p>				
301	Which ways or methods have you heard about ?	SPONTANEOUS	302 Have you ever heard of METHOD?	303 Have you ever used (METHOD)?
		YES	YES NO	
O1	PILL "Women can take a pill every day"	1	2	YES 1 NO 2
			3 ↘	
O2	IUD "Women can have a loop or coil placed inside them by a doctor or nurse".	1	2	YES 1 NO 2
			3 ↘	
O3	INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for 1,2 or 3 months"	1	2	YES 1 NO 2
			3 ↘	
O4	NORPLANT/IMPLANT "Women can get 6 rods under the skin in the upper arm to prevent pregnancy"	1	2	YES 1 NO 2
			3 ↘	
O5	DIAPHRAGM/FOAM/JELLY "Women can place a tissue or a diaphragm or cream in the vagina before intercourse".	1	2	YES 1 NO 2
			3 ↘	
O6	MALE CONDOM "Men can use a rubber sheath sexual intercourse".	1	2	YES 1 NO 2
			3 ↘	
O7	FEMALE CONDOM "Women can use a rubber sheath during sexual intercourse".	1	2	YES 1 NO 2
			3 ↘	
O8	FEMALE STERILIZATION "Women can have an operation to avoid having any more children".	1	2	YES 1 NO 2
			3 ↘	
O9	MALE STERILIZATION "Men can have an operation to avoid having any more children".	1	2	YES 1 NO 2
			3 ↘	
O10	PERIODIC ABSTINENCE/CALENDAR SYSTEM "Couples can avoid having sexual intercourse on certain days of the month when the women is more likely to become pregnant".	1	2	YES 1 NO 2
			3 ↘	
O11	WITHDRAWAL "Men can be careful and pull out before climax".	1	2	YES 1 NO 2
			3 ↘	
O12	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.	1	2	YES 1 NO 2
			3 ↘	
O13	Have you heard of any other ways or methods that women or men use to avoid pregnancy ?	1	3	YES 1 NO 2
		_____		YES 1 NO 2
		_____		YES 1 NO 2
304	CHECK 303	NOT A SINGLE "YES" (NEVER USED)	AT LEAST ONE "YES" (EVER USED)	305
		<input type="checkbox"/>	<input type="checkbox"/>	

No.	Questions and Filters	Coding Categories	Skip to
310	What is the main reason you do not intend to use a method?	FERTILITY- RELATED REASONS NOT HAVING SEX 21 OPPOSITION TO USE RESPONDENT OPOSED 31 LACK OF KNOWLEDGE KNOWS NO METHOD 41 METHOD -RELATED REASONS HEALTH CONCERNS 51 UP TO THE WOMAN TO USE 61 OTHER 96 (SPECIFY) DON' T KNOW 98	
311	Will you use one of the methods in the following 12 months?	YES 1 → NO 2 DON'T KNOW 8	313
312	Do you intend to use one of the methods in the future?	YES 1 NO 2 DON'T KNOW 8 →	314
313	Which method you would like to use?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 EMERGENCY CONTRACEPTION 12 OTHER 96 (SPECIFY) DON'T KNOW 98	

No.	Questions and Filters	Coding Categories	Skip to															
314	<p>CHECK: Q 201</p> <p>Has living children <input type="checkbox"/> No living children <input type="checkbox"/></p> <p>↓ ↓</p> <p>If you could go back to the time when you had no children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NUMBER OF CHILDREN <input type="text"/> <input type="text"/></p> <p>IF NO, RECORD THE REASON</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																
315	<p>In the last month, have you heard or seen a message about family planning on:</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>THE RADIO?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>THE TELEVISION?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE/BO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A POSTER OR BILLBOARD?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	THE RADIO?	1	2	THE TELEVISION?	1	2	NEWSPAPER/MAGAZINE/BO	1	2	A POSTER OR BILLBOARD?	1	2	
	YES	NO																
THE RADIO?	1	2																
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NEWSPAPER/MAGAZINE/BO	1	2																
A POSTER OR BILLBOARD?	1	2																
316	<p>Have you ever speak about under theme with your wife/partner ?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>FAMILY PLANNING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONTRACEPTIVE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STI, HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PREGNANT/BIRTH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	FAMILY PLANNING	1	2	CONTRACEPTIVE	1	2	STI, HIV/AIDS	1	2	PREGNANT/BIRTH	1	2	
	YES	NO																
FAMILY PLANNING	1	2																
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PREGNANT/BIRTH	1	2																
317	<p>Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?</p>	<p>NEVER DISCUSSED 1</p> <p>_____</p> <p>_____</p> <p>_____</p>																
318	<p>What do you think about the legislation of abortion? Do you approve or not approve?</p>	<p>APPROVE 1 →</p> <p>DISAPPROVE 2</p> <p>DON'T KNOW 8 →</p>	<p>320</p> <p>320</p>															
319	<p>Why do you disapprove?</p>	<p>NOT HEALTHY FOR MOTHER 1</p> <p>REDUCES POPULATION GROWTH 2</p> <p>RELIGIOUS REASON 3</p> <p>REDUCES USE OF CONTRACEPTIVE 4</p> <p>IMPROVED UNSAFETY SEXUAL RELATIONSHIP 5</p> <p>OTHER 6</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 8</p>																
320	<p>Is there at least one of posters, newspapers, and magazines about RH, Contraceptives and any other family planning methods in your home?</p> <p style="text-align: center;">RH-Reproductive health</p>	<p>RH A</p> <p>FAMILY PLANNING B</p> <p>CONTRACEPTIVE C</p> <p>OTHER O</p> <p style="text-align: center;">(SPECIFY)</p> <p>NONE Z</p>																

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No.	Questions and Filters	Coding Categories	Skip to
402	In the past 6 months, have you seen or heard any public announcements or ads on television or radio about ? DR-don't remember	<input type="checkbox"/> . Heard to the radio YES NO DR 1. STI 1 2 8 2. HIV/AIDS 1 2 8 3. CONDOM 1 2 8 <input type="checkbox"/> . Watch TV YES NO DR 1. STI 1 2 8 2. HIV/AIDS 1 2 8 3. CONDOM 1 2 8	
403	Do know any symptoms and signs of STD?	YES 1	→ 405
404	If yes, could you tell me any symptoms and signs you know. Any other signs and symptoms?	ABDOMINAL PAIN A GENITAL DISCHARGE B BURNING PAIN ON URINATION C REDNESS IN GENITAL AREA D IRRITATING IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J SKIN INFECTION K HARD TO GET TO PREGNANT L IMPOTENCE H OTHER (SPECIFY) X NO SYMPTOMS Z	
405	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS and STI ?	YES 1	→ 407
406	What can a person do ? Any other ways ? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A OTHER X (SPECIFY) DON'T KNOW Z	
407	From whom should one seek assistance when one has a sexually transmitted infection, including HIV?	PHYSICIAN, □□□□□□□□□□ 1 OTHER (SPECIFY) 6 DON'T KNOW 8	
408	If you have STI, would you be willing to ask about him tested and care your sexual partner?	YES 1	

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No.	Questions and Filters	Coding Categories	Skip to
418	You don't need to tell us your test result. Have you taken HIV tests?	YES, VOLUNTEER 1 YES, CONSTRAINT 2 NO 3	422
418	When did you take the last HIV test?	YEAR <input type="text"/>	
419	When you went to hospital for take a test, doctor told you any advice?	YES 1 NO 2	
420	Did your take your test result by yourself?	YES 1 NO 2	423
421	Doctor told you any advice when you went for take test result?	YES 1 NO 2	423
422	Why have you never been tested for HIV?	Did not know that HIV testing is available 01 Did not know, where to get HIV counselling and testing 02 Next VCCT Center is too far away 03 I am afraid of stigma and discrimination 04 I did not have time 05 I am afraid the counsellor will tell other people my results 06 I am ashamed to go to VCCT center 07 I do not have time 08 I am afraid about receiving a positive result 09 Unfriendly service providers 10 I don't think I can receive good treatment in Mongolia, if HIV positive 11 I don't know 98	
423	Now I would like to ask you about your sexual activity. When was the last time you had sexual intercourse?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	425
425	At what age did you first have sexual relations?	AGE <input type="text"/>	
426	RECORD THE TIME.	HOUR <input type="text"/> MINUTS <input type="text"/>	