



National Statistical Office of Mongolia



United Nations Population Fund



United Nations Children's Fund

**SOCIAL INDICATOR
SAMPLE SURVEY - 2013**

**QUESTIONNAIRE FOR
WOMAN AGED 15-49**

1. WOMAN'S INFORMATION PANEL		WM
<p><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></p>		
<p>WM1. Cluster number: _____</p>	<p>WM2. Household number: _____</p>	
<p>WM3. Woman's name: Name _____</p>	<p>WM4. Woman's line number: _____</p>	
<p>WM5. Interviewer's name and number: Name _____</p>	<p>WM6. Year/ Month/ Day of interview: 2013 / ____ / ____</p>	
<p>WM6A. Number of times visited _____</p>		

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM NATIONAL STATISTICAL 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 50 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 OBTAIN 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 50 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>	

<p>WM7. Result of the interview</p>	<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) _____ 06</p>
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WM10	Record the time.	Hour and minutes..... ____ : ____	
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2. WOMAN'S BACKGROUND			WB
WB1	IN WHAT YEAR AND MONTH WERE YOU BORN?	Date of birth Year ____ ____ ____ Month ____ ____	
WB2	HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) ____ ____	
WB3	HAVE YOU EVER ATTENDED SCHOOL?	Yes1 No2	2⇒WB7
WB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED? <i>If completed non-formal equivalent education program (NFEEP), circle '2'.</i>	Secondary school2 Technical and vocational centre.....3 University, institute/college.....4	
WB4A	HAVE YOU COMPLETED SCHOOL YOU HAVE ATTENDED?	Yes1 No2	
WB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i> <i>If has attended primary school of NFEEP, record '21', if basic or high school, record '22' and '23' respectively.</i>	Grade..... ____ ____	
WB6	<i>Check WB4 and WB5 to see if a woman is completed primary school.</i> <input type="checkbox"/> No, completed 5 or higher grade in a secondary school or higher education (WB5>4) ⇒ Go to WB8 <input type="checkbox"/> Yes, completed 1-4 grades in a secondary school (WB5<5) ⇒ Continue with WB7		
WB7	NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all1 Able to read only parts of sentence.....2 Able to read whole sentence3 No sentence in required language.....4 <i>(specify language)</i> Blind / visually impaired5	1⇒WB8 4⇒WB8 5⇒WB8
WB7A	NOW I WOULD LIKE YOU TO WRITE THE SENTENCE WHICH I AM GOING TO READ TO YOU. <i>Show sentence written on the card to the respondent.</i> <i>If respondent cannot write whole sentence, probe:</i> CAN YOU WRITE PART OF THE SENTENCE?	Cannot write at all.....1 Able to write only some words of sentence.....2 Able to write short sentence wholly.....3	
WB8	ASIDE FROM YOUR OWN HOUSEWORK, HAVE YOU DONE ANY WORK IN THE LAST SEVEN DAYS?	Yes1 No2	1⇒WB12

WB9	<p>AS YOU KNOW, SOME WOMEN TAKE UP JOBS FOR WHICH THEY ARE PAID IN CASH OR KIND. OTHERS SELL THINGS, HAVE A SMALL BUSINESS OR WORK ON THE FAMILY FARM OR IN THE FAMILY BUSINESS.</p> <p>IN THE LAST SEVEN DAYS, HAVE YOU DONE ANY OF THESE THINGS OR ANY OTHER WORK?</p>	<p>Yes1 No2</p>	1⇒WB12
WB10	<p>ALTHOUGH YOU DID NOT WORK IN THE LAST SEVEN DAYS, DO YOU HAVE ANY JOB OR BUSINESS FROM WHICH YOU WERE ABSENT FOR LEAVE, ILLNESS, VACATION, MATERNITY LEAVE, OR ANY OTHER SUCH REASON?</p>	<p>Yes1 No2</p>	1⇒WB12
WB11	<p>HAVE YOU DONE ANY WORK IN THE LAST 12 MONTHS?</p>	<p>Yes1 No2</p>	2⇒Next module
WB12	<p>WHAT IS YOUR OCCUPATION, THAT IS, WHAT KIND OF WORK DO YOU MAINLY DO?</p>	<p>(Specify)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
WB13	<p>DO YOU DO THIS WORK FOR A MEMBER OF YOUR FAMILY, FOR SOMEONE ELSE, OR ARE YOU SELF-EMPLOYED?</p>	<p>For family member1 For someone else2 Self-employed3</p>	
WB14	<p>DO YOU USUALLY WORK THROUGHOUT THE YEAR, OR DO YOU WORK SEASONALLY, OR ONLY ONCE IN A WHILE?</p>	<p>Throughout the year1 Seasonally/part of the year2 Once in a while3</p>	

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><i>If necessary, probe for use from any location, with any device.</i></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?</p>	<p>Yes1 No.....2</p>	

4. 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 FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month _ _ DK month..... 98	
MA8C	<p><i>Check MMA8A and MMA8B 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 (MMA8A, MMA8B<>9998) ⇒ Go to next module</i></p> <p><input type="checkbox"/> <i>Does not know the year (MMA8A, MMA8B=9998)⇒ Continue with MMA9</i></p>		
MA9	HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age (in completed years)..... _ _	

5. HUSBAND/ PARTNER'S BACKGROUND

HB

HB1	<p><i>Check MA1, MA5 and MA6 for woman's marital status.</i></p> <p><input type="checkbox"/> <i>Currently married/ living together (MA1 = 1 or 2) ⇒ Continue with HB2</i></p> <p><input type="checkbox"/> <i>Separated / divorced / widowed (MA6 = 1, 2 or 3) ⇒ Go to HB4.</i></p> <p><input type="checkbox"/> <i>Never married (MA5 =3) ⇒ Go to Next module.</i></p>		
HB2	CURRENTLY IS YOUR HUSBAND/PARTNER LIVING WITH YOU?	Yes..... 1 No 2	1⇒HB4
HB3	HOW LONG HAVE YOU BEEN LIVING FAR AWAY FROM EACH OTHER?	Less than a month 1 1-6 months..... 2 More than 6 months..... 3	
HB4	HAS YOUR HUSBAND/PARTNER OR YOUR EX-HUSBAND/PARTNER EVER ATTENDED SCHOOL?	Yes..... 1 No 2	2⇒ Next module
HB5	WHAT IS THE HIGHEST LEVEL OF SCHOOL HE ATTENDED? <i>If completed non-formal equivalent education program (NFEEP), circle '2'.</i>	Secondary school 2 Technical and vocational centre 3 University, institute/college 4 DK..... 8	
HB6	HAS YOUR HUSBAND/PARTNER OR YOUR EX-HUSBAND/PARTNER COMPLETED SCHOOL HE HAS ATTENDED?	Yes..... 1 No 2 DK..... 8	
HB7	WHAT IS THE HIGHEST GRADE YOUR HUSBAND/PARTNER OR YOUR EX-HUSBAND/PARTNER COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i> <i>If has attended primary school of NFEEP, record '21', if basic or high school, record '22' and '23' respectively.</i>	Grade _____ DK..... 98	

6. FERTILITY/ BIRTH HISTORY

CM

6. FERTILITY/ BIRTH HISTORY			CM
<i>This module questionnaire only concerns LIVE births.</i>			
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</p> <p>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</p> <p>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</p> <p>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> 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?</p>	<p>Yes 1</p> <p>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	<i>Sum answers to CM5, CM7, and CM9.</i>	Sum __ __	
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 MISCARRIAGE, STILLBIRTH AND ABORTION 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</p>		

7. 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 Birth Next Line	
09		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Birth Next Line	
10		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Birth Next Line	
11		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Birth Next Line	
12		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Birth Next Line	
13		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Birth Next Line	
14		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months.....2 Years.....3	_____	1 2 Add Birth Next 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 Birth History 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 2011 (if the month of interview and the month of birth are the same, and the year of birth is 2011, consider this as a birth within the last 2 years)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No live birth in last 2 years. ⇒ Continue with Next Module <input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask the name of last born child <p style="text-align: center;">Name of last-born child _____</p> <p style="text-align: center;"><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p style="text-align: center;"><i>Continue with Next Module.</i></p>

8. MISCARRIAGE, STILLBIRTH AND ABORTION AB

CP1	ARE YOU PREGNANT NOW?	Yes.....1 No2 Unsure/ DK8	2⇒AB3 8⇒AB3
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AB2	HOW MANY WEEKS OF PREGNANCY?	Weeks.....__ __	
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AB3	WOMEN SOMETIMES HAVE PREGNANCIES WHICH DO NOT END IN A LIVE BORN CHILD. HAVE YOU EVER HAD A PREGNANCY THAT MISCARRIED, WAS STILLBIRTH, OR ENDED WITH AN ABORTED? <i>Cleaning the uterus due to no sign of uterine growth will be considered as a miscarriage.</i>	Yes.....1 No2	2⇒Next module
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AB4	WHEN DID THE LAST SUCH PREGNANCY (MISCARRIAGES, STILLBIRTHS OR ABORTIONS) END? <i>Fill in both the year and the month</i>	Year __ __ __ __ Month..... __ __	
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AB5	Check AB4: Last miscarriage, stillbirth or abortion ended within the last 2 years, that is, since _____ (month of interview) in 2011. <input type="checkbox"/> No miscarriages, stillbirths or abortions in last 2 years. ⇒ Next module. <input type="checkbox"/> One or more miscarriages, stillbirths or abortions in last 2 years. ⇒ Continue with AB6		
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AB6	DURING THE LAST 2 YEARS, THAT IS, SINCE (MONTH OF INTERVIEW) IN 2011, HOW MANY SUCH PREGNANCY (MISCARRIAGES, STILLBIRTHS OR ABORTIONS) END?	Number of miscarriages, stillbirths and abortions..... __ __	
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NOW I WOULD LIKE TO ASK YOU ABOUT PREGNANCIES THAT ENDED WITH MISCARRIAGE, STILLBIRTH OR ABORTION THAT HAD TAKEN PLACE DURING THE LAST 2 YEARS.
 PLEASE TELL ME THE YEAR, MONTH AND THE PREGNANCY DURATION OF MISCARRIAGE, STILLBIRTH OR ABORTION THAT HAD TAKEN PLACE DURING THE LAST 2 YEARS STARTING FROM THE MOST RECENT.

		Pregnancies that ended with miscarriage, abortion or stillbirth			
		Most recent	Second recent	Third recent	Fourth recent
AB7.	IN WHICH YEAR AND MONTH THE PREVIOUS PREGNANCY ENDED?	<i>Already filled in AB4 – no need to fill in</i>	Year ... __ __ __ __ Month __ __	Year.... __ __ __ __ Month __ __	Year __ __ __ __ Month..... __ __
AB8.	HOW MANY WEEKS YOU WERE PREGNANT, WHEN THIS PREGNANCY ENDED?	Weeks __ __	Weeks __ __	Weeks __ __	Weeks..... __ __
AB9.	DID THAT PREGNANCY END IN A SPONTANEOUS MISCARRIAGE, AN INDUCED ABORTION, OR A STILLBIRTH?	Miscarriage 1 Stillbirth 2 Abortion 3	Miscarriage 1 Stillbirth 2 Abortion 3	Miscarriage..... 1 Stillbirth 2 Abortion 3	Miscarriage 1 Stillbirth 2 Abortion 3

Additional questionnaire used Yes No

AB10	<p>Check AB9, the column Last miscarriage, Stillbirth or Abortion is that pregnancy end with the abortion?</p> <p><input type="checkbox"/> Yes ⇒ Continue with AB11.</p> <p><input type="checkbox"/> No ⇒ Go to Next module.</p>	
AB11	<p>WHAT WAS THE MAIN REASON THAT YOU HAD THIS ABORTION?</p> <p><i>Probe:</i> PLEASE TELL ME THE VERY MAIN REASON?</p>	<p>Health concerns.....01</p> <p>Fetus abnormality02</p> <p>Financially incapable03</p> <p>Too young.....04</p> <p>Too old.....05</p> <p>Too many children06</p> <p>Not ready for a child07</p> <p>Wanted to go to school.....08</p> <p>Wanted to work.....09</p> <p>Interval between births 10</p> <p>Husband/ partner didn't want..... 11</p> <p>Child's sex 12</p> <p>Other (<i>specify</i>)96</p>
AB12	<p>DID YOU DECIDE TO GET AN ABORTION ON YOUR OWN, OR WAS IT A JOINT DECISION, OR SOMEONE?</p>	<p>Herself01</p> <p>Joint decision with husband / partner02</p> <p>Husband/partner03</p> <p>Parent04</p> <p>Siblings/ relatives.....05</p> <p>Friends/ acquaintances06</p> <p>Physician07</p> <p>Other (<i>specify</i>)96</p>
AB13	<p>WHERE DID YOU HAVE THIS ABORTION?</p> <p><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?</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</p> <p>Hospital..... 21</p> <p>Clinic 22</p> <p>Aimag/ Soum</p> <p>Hospital..... 23</p> <p>Clinic 24</p> <p>NGO's hospital 30</p> <p>Other</p> <p>Respondent /Other's home..... 31</p> <p>Other (<i>specify</i>) 96</p>
AB14	<p>WHO PERFORMED THIS ABORTION?</p>	<p>Health professional</p> <p>Gynaecologist01</p> <p>Physician02</p> <p>Family doctor/ Soum doctor03</p> <p>Midwife.....04</p> <p>Auxiliary midwife05</p> <p>Nurse06</p> <p>Other person</p> <p>Traditional birth attendant.....07</p> <p>Relative / Friend.....08</p> <p>Other (<i>specify</i>) 96</p> <p>Herself09</p>

AB15	WHAT KIND OF METHOD WAS USED IN THE LAST ABORTION?	Dilation and Curettage1 Dilation and Evacuation2 Manual vacuum aspiration.....3 Pill/ Medicine.....4 Rivanol solution5 Other (<i>specify</i>)5DK8	
AB15A	<i>Check AB14. Who performed this abortion?</i> <input type="checkbox"/> <i>Health professional (AB14 = 01, 02, 03, 04, 05, 06) ⇒ Continue with AB16</i> <input type="checkbox"/> <i>Other person or herself (AB14 = 07, 08, 09, 96) ⇒ Go to AB19</i>		
AB16	DID A PHYSICIAN PROVIDE YOU WITH THE FOLLOWING COUNSELLING WHEN YOU CAME TO A HOSPITAL TO HAVE THIS ABORTION?		
	[A] DISCUSSED ABOUT DECISION OF ABORTION?	Decision of abortion 1 2	Yes No
	[B] ASKED THE REASON OF ABORTION?	Reason of abortion 1 2	
	[C] EXPLAINED THE MATERNITY ALLOWANCES PAID BY GOVERNMENT?	Maternity allowances paid by government 1 2	
	[D] EXPLAINED THE METHOD OF ABORTION?	Abortions method 1 2	
	[E] COUNSELLED ABOUT CONTRACEPTION THAT CAN BE IMMEDIATELY USED AFTER ABORTION?	Contraception 1 2	
	[X] ANY OTHER COUNSELLING?	Other (<i>specify</i>) 1 2	
AB17	DID A PHYSICIAN PROVIDE YOU WITH THE FOLLOWING COUNSELLING AFTER THE ABORTION?		
	[A] SIGNS AND SYMPTOMS WHEN THE CLIENT WILL NEED TO SEEK IMMEDIATE HELP FROM A DOCTOR?	Critical symptoms 1 2	Yes No
	[B] BEING CHECKED BY ULTRASOUND?	Ultrasound 1 2	
	[C] COUNSELLED ABOUT CONTRACEPTION?	Contraception 1 2	
	[X] RECIEVED BROCHURE THAT INCLUDES ABOVE TOPICS?	Brochure 1 2	
AB18	AFTER ABORTION, DID YOU HAVE A REST IN THE BED?	Yes.....1 No2	
AB19	DID YOU HAVE ANY COMPLICATIONS AFTER HAVING THIS ABORTION?	Yes.....1 No2	2⇒AB21
AB20	DID YOU HAVE THESE COMPLICATIONS?		
	[A] TOO MUCH BLEEDING?	Too much bleeding 1 2	Yes No
	[B] TOO MUCH PAIN?	Too much pain 1 2	
	[C] HAD FEWER?	Had fewer 1 2	
	[D] HAD REPEATED CURETTAGE?	Had repeated curettage 1 2	
	[X] OTHER?	Other (<i>specify</i>) 1 2	
AB21	DID YOU START USING ANY OF THE CONTRACEPTIVE METHODS AFTER THIS ABORTION?	Yes.....1 No2	

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9. 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	

10. 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⇒MN5C																																				
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..... DK98																																					
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																																					
MN3A	DID YOU RECEIVE COUNSELLING OF THE FOLLOWING WHEN YOU RECEIVED ANTENATAL CARE DURING THIS PREGNANCY? [A] IMPORTANCE OF ANTENATAL CARE? [B] MEAL DURING PREGNANCY? [C] BAD HABITS (ALCOHOL OR TOBACCO)? [D] PREGNANCY COMPLICATIONS /CRITICAL SYMPTOMS? [E] RECEIVING ALLOWANCES/ GRANTS? [F] IMPORTANCE OF FOLIC ACID AND IRON SUPPLEMENTS? [G] PREVENTING FROM MISCARRIAGE OR PREMATURE BIRTH? [H] ORGAN SYSTEM DISORDERS?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Importance of antenatal care</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Meal during pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Bad habits (alcohol or tobacco)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Pregnancy complications/ critical symptoms</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Receiving allowances/grants</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Folic acid and iron supplements</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Preventing from miscarriage or premature birth</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Organ system disorders.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Importance of antenatal care	1	2	8	Meal during pregnancy	1	2	8	Bad habits (alcohol or tobacco)	1	2	8	Pregnancy complications/ critical symptoms	1	2	8	Receiving allowances/grants	1	2	8	Folic acid and iron supplements	1	2	8	Preventing from miscarriage or premature birth	1	2	8	Organ system disorders.....	1	2	8	
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	[I] CHILDBIRTH?	Childbirth.....1 2 8	
	[J] ECLAMPSIA?	Eclampsia1 2 8	
	[K] BREAST CARE?	Breast care.....1 2 8	
	[L] PREPARING FOR CHILDBIRTH?	Preparing for childbirth.....1 2 8	
	[M] POST-TERM PREGNANCY?	Post-term pregnancy1 2 8	
	[N] PAIN-MANAGEMENT TECHNIQUES DURING LABOUR?	Pain-management techniques during labour1 2 8	
	[O] POST-NATAL CARE?	Post-natal care.....1 2 8	
	[P] NEWBORN CARE?	Newborn care.....1 2 8	
	[Q] FAMILY PLANNING?	Family planning.....1 2 8	
	[R] SEXUALLY TRANSMITTED INFECTIONS?	Sexually transmitted infections1 2 8	
MN4	AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:		
	[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	
MN5A	WAS THERE ANY PROBLEM WHEN RECEIVING ANTENATAL CARE DURING YOUR PREGNANCY WITH (<i>name</i>)?	Yes..... 1 No 2	2⇒MN5D
MN5B	PLEASE TELL ME THE MAIN PROBLEM YOU FACED WHEN RECEIVING ANTENATAL CARE DURING YOUR PREGNANCY WITH (<i>name</i>)?	Financial problems..... 01 Far away from hospital 02 Busy/No time..... 03 Not registered 04 Bad behaviour of health professional 05 Hospital is overloaded 06 Other (<i>specify</i>) 96	01⇒MN5D 02⇒MN5D 03⇒MN5D 04⇒MN5D 05⇒MN5D 06⇒MN5D 96⇒MN5D
MN5C	WHAT WAS THE MOST IMPORTANT REASON THAT YOU DIDN'T RECEIVE ANTENATAL CARE?	Financial problems..... 01 Far away from hospital 02 Busy/No time..... 03 Not registered 04 Afraid of..... 05 Don't know where to refer 06 Not necessary to receive antenatal care/ healthy and no physical pain 07	

		Other (specify) _____ 96																												
MN5D	<p>Check MA1 and MA6 for woman's marital status.</p> <p><input type="checkbox"/> Married or living together (MA1=1 or 2) ⇒ Continue with MN5E.</p> <p><input type="checkbox"/> Never married, separated, widowed or divorced (MA1=3) ⇒ Go to MN5G.</p>																													
MN5E	DID YOUR HUSBAND/PARTNER COME ALONG WHEN YOU RECEIVED ANTENATAL CARE DURING YOUR PREGNANCY (NAME)?	Yes 1 Never 2 Don't remember 8	2 ⇒ MN5G 8 ⇒ MN5G																											
MN5F	HOW OFTEN DID YOUR HUSBAND/PARTNER COME ALONG WHEN YOU RECEIVED ANTENATAL CARE DURING YOUR PREGNANCY WITH (NAME)?	Often 1 Sometimes 2																												
MN5G	HAVE YOU HAD ANY OF THE FOLLOWING PREGNANCY COMPLICATIONS DURING YOUR PREGNANCY WITH (NAME)? [A] VAGINAL BLEEDING? [B] HAVING ANY OF FOLLOWING SYMPTOMS: DIZZINESS, HEADACHE, BLURRINESS, ELEVATED BLOOD PRESSURE? [C] HAVING SEISURES AND UNCONSOUSNESS AFTER HAVING HIGH BLOOD PRESSURE? [D] PRESENTING EARLY SIGN OF BIRTH? [X] OTHER?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>Dizziness, headache, blurriness</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hig blood pressure, unconscious</td> <td>1</td> <td>2</td> </tr> <tr> <td>Early sign of birth</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Bleeding	1	2	Dizziness, headache, blurriness	1	2	Hig blood pressure, unconscious	1	2	Early sign of birth	1	2	Other (specify)	1	2										
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MN5H	<p>Check MN5G to see if woman had pregnancy complications.</p> <p><input type="checkbox"/> Yes, at least one "Yes" of them ⇒ Continue with MN5I.</p> <p><input type="checkbox"/> No, not at all ⇒ Go to MN5J.</p>																													
MN5I	DID YOU RECEIVE ASSISTANCE FROM HEALTH PROFESSIONALS OR DOCTORS DURING THE COMPLICATION?	Yes 1 No 2																												
MN5J	DID YOU HAVE ANY OTHER HEALTH PROBLEMS DURING YOUR PREGNANCY WITH (NAME)? [A] HEART? [B] KIDNEY, BLADDER? [C] LIVER, GALLBLADDER? [D] LUNG, RESPIRATORY DISEASE? [E] INDIGESTION, STOMACH? [F] NEOROLOGICAL DISORDERS? [G] INFECTIOUS DISEASE? [X] OTHER?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Heart</td> <td>1</td> <td>2</td> </tr> <tr> <td>Kidney, bladder</td> <td>1</td> <td>2</td> </tr> <tr> <td>Liver, gall.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Lung, respiratory disease</td> <td>1</td> <td>2</td> </tr> <tr> <td>Indigestion, stomach.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Neorological disorders</td> <td>1</td> <td>2</td> </tr> <tr> <td>Infectious disease</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Heart	1	2	Kidney, bladder	1	2	Liver, gall.....	1	2	Lung, respiratory disease	1	2	Indigestion, stomach.....	1	2	Neorological disorders	1	2	Infectious disease	1	2	Other (specify)	1	2	
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MN5K	DID YOU TAKE IRON TABLETS/SYRUP DURING YOUR PREGNANCY WITH (NAME)?	Yes..... 1 No 2	2⇒MN5O
MN5L	HOW MANY DAYS DID YOU TAKE?	Number of days..... _ _ _ _ DK 998	
MN5M	WHERE DID YOU GET IRON TABLETS/SYRUP? <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) 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 Pharmacy..... 27 Shop..... 28 NGO's hospital..... 30 Other (<i>specify</i>) 96	
MN5N	WERE YOU GIVEN OR BOUGHT IRON TABLETS/SYRUP?	Bought..... 1 Given..... 2 Bought and Given 3	
MN5O	DID YOU STAY IN RECREATION ROOM BEFORE GIVING BIRTH TO (NAME)?	Yes..... 1 No 2	
MN17	WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional GynaecologistD Physician.....E Family doctor/ Soum doctor I Midwife..... J Auxiliary midwifeC NurseK Other person Traditional birth attendant F Relative/ Friend.....H Other (<i>specify</i>)X No One.....Y	
MN18	WHERE DID YOU GIVE BIRTH TO (<i>name</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 Aimag/ Soum hospital..... 23 Other Respondent /Other's home 31 Other (<i>specify</i>) 96	31⇒MN19C 96⇒MN19C
MN19	WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes..... 1 No 2	2⇒MN19B

MN19A	WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before 1 After 2	1⇒MN19C 2⇒MN19C
MN19B	WERE FOLLOWING SYMPTOMS NOTED OR PROCEDURES APPLIED WHEN (<i>name</i>) WAS BORN: [A] USED DROPS TO ACCELERATE LABOUR? [B] HAD HIGH TEMPERATURE DURING LABOUR? [C] BLEEDING MORE THAN USUAL? [D] BLOOD TRANSFUSION? [E] SEISURES AND UNCONSOUSNESS AFTER HAVING HIGH BLOOD PRESSURE? [F] PLACING FORCEPS OR VACUUM EXTRACTOR? [G] PLACE THE MISOPROSTOL UNDER YOUR TONGUE? [H] PLACE MISOPROSTOL IN THE VAGINA?	Yes No DK Drops1 2 8 High temperature1 2 8 Bleeding more than usual1 2 8 Blood transfusion1 2 8 High blood pressure, unconscious1 2 8 Placing forceps or vacuum extractor1 2 8 Place the misoprostol he under your tongue.....1 2 8 Place misoprostol in the vagina.....1 2 8	
MN19C	WERE YOU GIVEN VITAMIN A WITHIN 2 MONTHS AFTER THE BIRTH OF (<i>name</i>)?	Yes 1 No 2 DK 8	
MN19D	DID YOU GIVE BIRTH TO (<i>name</i>) BEFORE, AFTER OR ON YOUR DUE DATE?	On time (37-42 weeks) 1 Before (22-37 weeks) 2 After (42 or more weeks) 3 DK 8	
MN20	WHEN (<i>name</i>) WAS BORN, WAS HE/SHE LARGER OR SMALLER THAN AVERAGE? <i>If deemed necessary, probe:</i> VERY LARGE, LARGER THAN AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large..... 1 Larger than average 2 Average..... 3 Smaller than average..... 4 Very small 5 DK 8	
MN21	WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2⇒MN22A 8⇒MN22A
MN22	HOW MUCH DID (<i>name</i>) WEIGH? <i>If a card is available, record weight from card.</i>	From card..... 1 (kg) __ . __ __ __ From recall 2 (kg) __ . __ __ __ DK 99998	
MN22A	DID (<i>name</i>) CRY FOLLOWING BIRTH?	Yes 1 No 2	1⇒MN22C
MN22B	HAS EMERGENCY CARE /TREATMENT/ BEEN PROVIDED TO (<i>name</i>) IMMEDIATELY AFTER THE BIRTH IN THE DELIVERY ROOM?	Yes 1 No 2 DK 8	

MN22C	HAS (<i>name</i>) BEEN PROVIDED WITH THE BABY FOLLOWING CARE FOR WARMING? [A] HAT WAS WORN? [B] PLACED ON MOTHER'S BELLY AND COVERED WITH BLANKET? [C] PLACED ON INFANT WARMING TABLE?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></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	
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MN23	HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes 1 No 2	2⇒MN23B																
MN23A	HOW MANY MONTHS LATER HAS YOUR MENSTRUAL PERIOD RETURNED AFTER THE BIRTH OF (<i>name</i>)?	Months ____ ____ DK 98																	
MN23B	<i>Check CP1 to see if a woman is currently pregnant or not.</i> <input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to MN23D <input type="checkbox"/> No, unsure or DK(CP1 = 2, 3) ⇒ Continue with MN23C																		
MN23C	DID YOU HAVE A SEXUAL INTERCOURSE AFTER THE BIRTH OF (<i>name</i>)?	Yes 1 No 2	2⇒MN24																
MN23D	HOW MANY MONTHS LATER HAVE YOU HAD A SEXUAL INTERCOURSE AFTER THE BIRTH OF (<i>name</i>)?	Months ____ ____ DK 98																	
MN24	DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2⇒Next module																
MN25	HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately..... 000 Hours 1 ____ ____ Days 2 ____ ____ DK/Don't remember 998																	
MN26	IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒Next module																
MN27	WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk)A Plain waterB Sugar or glucose waterC Sugar-salt-water solutionE Fruit juiceF Infant formulaG Tea / InfusionsH Other mother's milk..... I Other (<i>specify</i>)X																	

11. POST-NATAL HEALTH CHECKS

PN

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.*

PN1	<p><i>Check MN18: Was the child delivered in a health facility?</i></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>		
PN2	<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>	
PN3	<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</p> <p>No..... 2</p>	
PN4	<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</p> <p>No..... 2</p>	
PN4A	<p>DID THE HEALTH PROFESSIONAL RECORD ON “MOTHER AND CHILD HEALTH BOOK” DURING YOUR RELEASE FROM THE HOSPITAL AFTER BIRTH OF (<i>name</i>)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
PN5	<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</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
PN6	<p><i>Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</i></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>		

PN7	<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>	
PN8	<p>AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No..... 2</p>	
PN9	<p>AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes 1 No..... 2</p>	<p>1⇒PN11 2⇒PN18</p>
PN10	<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 THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒PN19</p>
PN11	<p>DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
PN12A	<p>HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p>	<p>Hours..... 1 ___</p>	
PN12B	<p>HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Days 2 ___</p> <p>Weeks 3 ___</p> <p>Don't know/ remember 998</p>	
PN13	<p>WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?</p>	<p>Health professional GynaecologistD Physician.....E Family doctor/ Soum doctor I Midwife J Auxiliary midwifeC Nurse.....K Other person Traditional birth attendant F Relative/ FriendH Other (<i>specify</i>) _____ X</p>	

PN14	<p>WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe if answered "Private sector":</i> DOES IT PROVIDE HOSPITALIZATION OR IS IT AN OUTPATIENT CLINIC?</p>	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 (specify) 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 <i>Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</i> <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. <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			
PN18	AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No..... 2	1⇒PN20 2⇒ Next module
PN19	AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes 1 No..... 2	2⇒ Next module
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 ___ Days 2 ___ Weeks 3 ___ Don't know / remember..... 998	
PN21B	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>		

PN22	WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional GynaecologistD PhysicianE Family doctor/ Soum doctor I Midwife J Auxiliary midwifeC Nurse.....K Other person Traditional birth attendantF Relative/ FriendH Other (<i>specify</i>)X																
PN22A	DID HEALTH PROFESSIONAL PROVIDE COUNSELLING ON THE FOLLOWING DURING EXAMINATION OF YOU? [A] BREASTFEEDING? [B] INFANT NURSING? [C] FAMILY PLANNING? [D] SEXUALLY TRANSMITTED INFECTIONS?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Breastfeeding.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Infant nursing.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Family planning.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sexually transmitted infections ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Breastfeeding.....	1	2	Infant nursing.....	1	2	Family planning.....	1	2	Sexually transmitted infections ..	1	2	
	Yes	No																
Breastfeeding.....	1	2																
Infant nursing.....	1	2																
Family planning.....	1	2																
Sexually transmitted infections ..	1	2																
PN23	WHERE DID THIS CHECK TAKE PLACE? <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) 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																

12. ILLNESS SYMPTOMS

IS

<p>IS1</p>	<p>Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2.</p> <p><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.</p> <p>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</p> <p>Child becomes sickerB</p> <p>Child develops a fever..... C</p> <p>Child has fast breathing D</p> <p>Child has difficulty breathingE</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Child vomits a lot..... H</p> <p>Child has diarrhoea I</p> <p>Child coughs J</p> <p>Child has a catalepsyK</p> <p>Child cries without reason L</p> <p>Other (<i>specify</i>)_____ X</p> <p>Other (<i>specify</i>)_____ Y</p> <p>Other (<i>specify</i>)_____ Z</p>	

13. CONTRACEPTION

CP

CP0A NOW I WOULD LIKE TO TALK TO YOU ABOUT FAMILY PLANNING AND CONTRACEPTIVE METHODS.

HAVE YOU EVER HEARD OF OR READ ABOUT CONTRACEPTIVE METHODS? PLEASE NAME THEM.

For contraceptive methods named by the woman, record "1". For the remaining methods, probe using CP0B and record "2" if heard or read.

CP0B. HAVE YOU EVER HEARD OF OR READ ABOUT METHODS?

Heard or read about
(Told oneself)

Yes No

A	FEMALE STERILIZATION (Women can have an operation to avoid having any more children)	1	2	3
B	MALE STERILIZATION (Men can have an operation to avoid having any more children.)	1	2	3
C	IUD (Women can have a loop or coil placed inside them by a doctor or a nurse.)	1	2	3
D	INJECTABLES (Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.)	1	2	3
E	IMPLANTS (Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.)	1	2	3
F	PILL (Women can take a pill every day to avoid becoming pregnant.)	1	2	3
G	MALE CONDOM (Men can put a rubber sheath on their penis before sexual intercourse.)	1	2	3
H	FEMALE CONDOM (Women can place a sheath in their vagina before sexual intercourse.)	1	2	3
I	DIAPHRAGMS (A shallow silicone cup inserted into the vagina)	1	2	3
J	FOAM / JELLY (placed in the vagina before sex)	1	2	3
L	PERIODIC ABSTINENCE / RHYTHM (To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.)	1	2	3
M	WITHDRAWAL (Men can be careful and pull out before climax.)	1	2	3
N	EMERGENCY CONTRACEPTION (As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.)	1	2	3
X	HAVE YOU HEARD OF OR READ ANY OTHER CONTRACEPTIVE METHOD?	1 (specify) _____		3 (specify) _____

CP1A	<p><i>Check CP1 to see if a woman is currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to CP2A</p> <p><input type="checkbox"/> No, unsure (CP1 = 2 or 3) ⇒ Continue with CP2</p>		
CP2	<p>COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1 ⇒ CP3</p>
CP2A	<p>HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1 ⇒ CP21B</p> <p>2 ⇒ CP21B</p>
CP3	<p>WHAT ARE YOU DOING TO AVOID A PREGNANCY? WHAT KIND OF METHOD ARE YOU USING?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam / Jelly J</p> <p>Periodic abstinence / Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	<p>C ⇒ CP5A</p> <p>D ⇒ CP5A</p> <p>E ⇒ CP5A</p> <p>F ⇒ CP5A</p> <p>G ⇒ CP5A</p> <p>H ⇒ CP5A</p> <p>I ⇒ CP5A</p> <p>J ⇒ CP5A</p> <p>L ⇒ CP5A</p> <p>M ⇒ CP5A</p> <p>X ⇒ CP5A</p>
CP4	<p>IN WHAT FACILITY DID THE STERILIZATION TAKE PLACE?</p> <p><i>Probe if answered "Private sector":</i> DOES IT PROVIDE HOSPITALIZATION OR IS IT AN OUTPATIENT CLINIC?</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</p> <p>Hospital 21</p> <p>Clinic 22</p> <p>Aimag/ Soum</p> <p>Hospital 23</p> <p>Clinic 24</p> <p>Other (<i>specify</i>) 96</p>	<p>11 ⇒ CP5</p> <p>12 ⇒ CP5</p> <p>13 ⇒ CP5</p> <p>15 ⇒ CP5</p> <p>21 ⇒ CP5</p> <p>22 ⇒ CP5</p> <p>23 ⇒ CP5</p> <p>24 ⇒ CP5</p> <p>96 ⇒ CP5</p>
CP5 CP5A	<p>IN WHAT MONTH AND YEAR WAS THE STERILIZATION PERFORMED?</p> <p>SINCE WHAT MONTH AND YEAR HAVE YOU BEEN USING (<i>current method</i>) WITHOUT STOPPING?</p> <p><i>If more than one method is used, circled code for highest method in list should be considered as the main method.</i></p> <p><i>Probe:</i> FOR HOW LONG HAVE YOU BEEN USING (<i>current method</i>) NOW WITHOUT STOPPING?</p>	<p>Year _____</p> <p>DK 9998</p> <p>Month _____</p> <p>DK 98</p>	

CP5B	<p>Check CP3 for methods currently used by the woman. If more than one method code circled in CP3, circle code for highest method in list</p> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Female sterilization ⇒ CP6</td> <td><input type="checkbox"/> Pills ⇒ CP6</td> <td><input type="checkbox"/> Foam/Jelly ⇒ CP6</td> </tr> <tr> <td><input type="checkbox"/> Male sterilization ⇒ CP6</td> <td><input type="checkbox"/> Male condoms ⇒ CP6</td> <td><input type="checkbox"/> Periodic abstinence/ Rhythm ⇒ CP7</td> </tr> <tr> <td><input type="checkbox"/> IUD ⇒ CP6</td> <td><input type="checkbox"/> Female condoms ⇒ CP6</td> <td><input type="checkbox"/> Withdrawal ⇒ CP7</td> </tr> <tr> <td><input type="checkbox"/> Injectables ⇒ CP6</td> <td><input type="checkbox"/> Diaphragm ⇒ CP6</td> <td><input type="checkbox"/> Other ⇒ CP7</td> </tr> <tr> <td><input type="checkbox"/> Implants ⇒ CP6</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Female sterilization ⇒ CP6	<input type="checkbox"/> Pills ⇒ CP6	<input type="checkbox"/> Foam/Jelly ⇒ CP6	<input type="checkbox"/> Male sterilization ⇒ CP6	<input type="checkbox"/> Male condoms ⇒ CP6	<input type="checkbox"/> Periodic abstinence/ Rhythm ⇒ CP7	<input type="checkbox"/> IUD ⇒ CP6	<input type="checkbox"/> Female condoms ⇒ CP6	<input type="checkbox"/> Withdrawal ⇒ CP7	<input type="checkbox"/> Injectables ⇒ CP6	<input type="checkbox"/> Diaphragm ⇒ CP6	<input type="checkbox"/> Other ⇒ CP7	<input type="checkbox"/> Implants ⇒ CP6		
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<input type="checkbox"/> Implants ⇒ CP6																		
CP6	IS THERE SERVICE FEE OR PURCHASE COST TO OBTAIN THE METHOD?	Yes 1 No 2	2⇒CP7															
CP6A	MUCH DID YOU PAY FOR THE LAST TIME YOU OBTAINED THE METHOD?	Tugrugs _ _ _ _ _																
CP7	HAVE YOU EVER USED ANY OTHER METHODS BEFORE USING YOUR CURRENT METHODS?	Yes 1 No 2	2⇒CP10															
CP8	WHAT KIND OF METHODS DID YOU USE BEFORE? <i>Probe:</i> ANY OTHER METHODS?	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																
CP9	WHAT WAS THE MAIN REASON OF CHANGING YOUR METHOD?	Husband/partner disapproved 01 Wanted more effective method 02 Health concern 03 Side effects 04 Lack of access/ Too far 05 Costs too much 06 Preferred method not available 07 Inconvenient to use 08 Interferes with body's normal processes 09 Doctor's recommendation 10 Other (<i>specify</i>) 96 DK 98																
CP10	<p>Check CP3 for methods currently used by the woman. If more than one method code circled in CP3, circle code for highest method in list</p> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Female sterilization ⇒ CP13A</td> <td><input type="checkbox"/> Pills ⇒ CP11</td> <td><input type="checkbox"/> Foam/Jelly ⇒ CP11</td> </tr> <tr> <td><input type="checkbox"/> Male sterilization ⇒ CP25</td> <td><input type="checkbox"/> Male condoms ⇒ CP11</td> <td><input type="checkbox"/> Periodic abstinence/ Rhythm ⇒ CP11A</td> </tr> <tr> <td><input type="checkbox"/> IUD ⇒ CP11</td> <td><input type="checkbox"/> Female condoms ⇒ CP11</td> <td><input type="checkbox"/> Withdrawal ⇒ CP25</td> </tr> <tr> <td><input type="checkbox"/> Injectables ⇒ CP11</td> <td><input type="checkbox"/> Diaphragm ⇒ CP11</td> <td><input type="checkbox"/> Other ⇒ CP25</td> </tr> <tr> <td><input type="checkbox"/> Implants ⇒ CP11</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Female sterilization ⇒ CP13A	<input type="checkbox"/> Pills ⇒ CP11	<input type="checkbox"/> Foam/Jelly ⇒ CP11	<input type="checkbox"/> Male sterilization ⇒ CP25	<input type="checkbox"/> Male condoms ⇒ CP11	<input type="checkbox"/> Periodic abstinence/ Rhythm ⇒ CP11A	<input type="checkbox"/> IUD ⇒ CP11	<input type="checkbox"/> Female condoms ⇒ CP11	<input type="checkbox"/> Withdrawal ⇒ CP25	<input type="checkbox"/> Injectables ⇒ CP11	<input type="checkbox"/> Diaphragm ⇒ CP11	<input type="checkbox"/> Other ⇒ CP25	<input type="checkbox"/> Implants ⇒ CP11		
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<input type="checkbox"/> Implants ⇒ CP11																		
CP11	WHEN YOU FIRST STARTED USING (<i>current method</i>) IN (<i>date from CP5/CP5A</i>). WHERE DID YOU GET IT AT THAT TIME?	Public sector Specialized professional health center (Mother and child center) 11 General hospital (Aimag centre/ district health centre) 12 Maternity house 13 Volunteer counseling and testing centre 14 Soum/family group practice 15 Auxiliary midwife 16																
CP11A	WHERE DID YOU LEARN HOW TO USE THE PERIODIC ABSTINENCE/ RHYTHM?																	

	<p><i>Probe if answered "Private sector":</i> DOES IT PROVIDE HOSPITALIZATION OR IS IT AN OUTPATIENT CLINIC?</p>	Private sector Ulaanbaatar Hospital 21 Clinic 22 Aimag/ Soum Hospital 23 Clinic 24 Physician 25 Pharmacy 27 Shop 28 NGO's hospital 30 Other Friend/ Relative 32 Parents 33 Other (<i>specify</i>) 96	
CP12	<p><i>Check CP3 for methods currently used by the woman. If more than one method code circled in CP3, circle code for highest method in list</i></p> <p><input type="checkbox"/> IUD ⇒ CP13 <input type="checkbox"/> Pills ⇒ CP13 <input type="checkbox"/> Diaphragm ⇒ CP18 <input type="checkbox"/> Injectables ⇒ CP13 <input type="checkbox"/> Male condom ⇒ CP18 <input type="checkbox"/> Foam/Jelly ⇒ CP18 <input type="checkbox"/> Implants ⇒ CP13 <input type="checkbox"/> Female condom ⇒ CP18 <input type="checkbox"/> Periodic abstinence/ Rhythm ⇒ CP25</p>		
CP13	AT THAT TIME, WERE YOU TOLD ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?		
CP13A	WHEN YOU GOT STERILIZED, WERE YOU TOLD ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?	Yes 1 No 2	1 ⇒ CP15
CP14	WERE YOU EVER TOLD BY A HEALTH OR FAMILY PLANNING WORKER ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?	Yes 1 No 2	2 ⇒ CP16
CP15	WERE YOU TOLD WHAT TO DO IF YOU EXPERIENCED SIDE EFFECTS OR PROBLEMS?	Yes 1 No 2	
CP16	<p><i>Check: CP13/CP13A</i></p> <p><input type="checkbox"/> Code "1" circled ⇒ Continue with CP17 <input type="checkbox"/> Code "1" not circled ⇒ Continue with CP18</p>		
CP17	AT THAT TIME, WERE YOU TOLD ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?	Yes 1 No 2	1 ⇒ CP20 2 ⇒ CP19
CP18	WHEN YOU OBTAINED (CURRENT METHOD FROM CP10) FROM (SOURCE OF METHOD FROM CP4 OR CP11), WERE YOU TOLD ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?	Yes 1 No 2	1 ⇒ CP20
CP19	WERE YOU EVER TOLD BY A HEALTH OR FAMILY PLANNING WORKER ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?	Yes 1 No 2	
CP20	<p><i>Check CP3 for methods currently used by the woman. If more than one method code circled in CP3, circle code for highest method in list</i></p> <p><input type="checkbox"/> Female sterilization ⇒ CP25 <input type="checkbox"/> Implants ⇒ CP21 <input type="checkbox"/> Diaphragm ⇒ CP21 <input type="checkbox"/> IUD ⇒ CP21 <input type="checkbox"/> Pills ⇒ CP21 <input type="checkbox"/> Foam/Jelly ⇒ CP21 <input type="checkbox"/> Injectables ⇒ CP21 <input type="checkbox"/> Condoms ⇒ CP21</p>		

CP21	<p>WHERE DID YOU OBTAIN (<i>current method</i>) THE LAST TIME?</p> <p><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?</p>	Public sector Specialized professional health center (Mother and child center) 11 General hospital (Aimag centre/ district health centre) 12 Maternity house..... 13 Volunteer counseling and testing centre 14 Soum/family group practice..... 15 Auxiliary midwife 16 Private sector Ulaanbaatar Hospital 21 Clinic 22 Aimag/ Soum Hospital 23 Clinic 24 Physician 25 Pharmacy 27 Shop 28 NGO's hospital 30 Other Friend/ Relative 32 Parent..... 33 Other (<i>specify</i>) 96	
CP21A	Check CP2: Currently using contraception. <input type="checkbox"/> Yes (CP2=1) ⇒ Go to CP25 <input type="checkbox"/> No (CP2=2) ⇒ Continue with CP22		
CP21B	Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to CP23 <input type="checkbox"/> No, unsure or DK (CP1 = 2 or 8) ⇒ Continue with CP22		
CP22	<p>WHY ARE YOU NOT USING A METHOD TO PREVENT PREGNANCY?</p> <p><i>Probe:</i> ANY OTHER REASONS?</p> <p><i>Probe if answered "Cannot get pregnant":</i> HOW LONG HAVE YOU BEEN TRYING TO GET PREGNANT?</p>	Not married Y REASONS RELEVANT TO BIRTH Infrequent sex/ No sex A Menopausal..... B Never menstruated..... C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrhic..... F Breastfeeding G Too old H Want a child I OPPOSITION Oneself oppose J Husband/partner opposes..... K Other people oppose..... L Religious / Custom prohibition M LACK OF KNOWLEDGE No knowledge N Don't know where to get O REASONS RELEVANT TO CONTRACEPTIVE METHODS Health concerns P Side effects Q Lack of access/Too far R Preferred method not available S No method available T Costs too much U	

		Inconvenient to useV Interferes with body's normal processes.....W Other (<i>specify</i>) _____ X DKZ																			
CP23	DO YOU INTEND TO USE CONTRACEPTIVE METHOD IN THE FUTURE?	Yes 1 No..... 2 DK 8	2⇒CP25 8⇒CP25																		
CP24	WHAT KIND OF METHOD WOULD YOU INTEND TO USE THE MOST?	Female sterilization01 Male sterilization02 IUD03 Injectables04 Implants.....05 Pill.....06 Male condom.....07 Female condom08 Diaphragm.....09 Foam / Jelly10 Periodic abstinence / Rhythm12 Withdrawal13 Other (<i>specify</i>) _____ 96																			
CP25	DO YOU KNOW THAT MODERN CONTRACEPTIVE METHODS ARE GIVEN FOR FREE?	Yes 1 No..... 2																			
CP26	IN THE LAST ONE MONTH, DID YOU OBTAIN ANY INFORMATION ON FAMILY PLANNING THROUGH MEDIA? [A] RADIO? [B] TELEVISION? [C] INTERNET? [D] PRINTED NEWSPAPERS, MAGAZINES OR BOOKS? [E] POSTER?	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Yes</th> <th style="text-align:center;">No</th> </tr> </thead> <tbody> <tr> <td>Radio.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Television.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Internet.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Printed newspapers, magazines or books.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Poster.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </tbody> </table>		Yes	No	Radio.....	1	2	Television.....	1	2	Internet.....	1	2	Printed newspapers, magazines or books.....	1	2	Poster.....	1	2	
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Poster.....	1	2																			
CP27	<i>Check MA1 and MA6 for woman's marital status.</i> <input type="checkbox"/> <i>Married/living together (MA1 = 1 or 2) ⇒ Continue with CP28</i> <input type="checkbox"/> <i>Not married (MA1 = 3) ⇒ Go to CP30</i>																				
CP28	HAVE YOU EVER TALKED TO YOUR HUSBAND/PARTNER ABOUT THE FOLLOWING TOPICS? [A] FAMILY PLANNING? [B] CONTRACEPTION? [C] STIs, HIV/AIDS? [D] PREGNANCY AND BIRTH?	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Yes</th> <th style="text-align:center;">No</th> </tr> </thead> <tbody> <tr> <td>Family planning.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Contraception.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>STIs, HIV/AIDS.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Pregnancy and birth.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </tbody> </table>		Yes	No	Family planning.....	1	2	Contraception.....	1	2	STIs, HIV/AIDS.....	1	2	Pregnancy and birth.....	1	2				
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CP29	HOW MANY CHILDREN DOES YOUR HUSBAND/PARTNER WANT? SAME AS YOU, MORE OR LESS?	Same as me 1 More2 Less.....3 Never talked / DK..... 8																			
CP30	DO YOU KNOW THAT FROM ONE MENSTRUAL PERIOD TO THE NEXT, THERE ARE CERTAIN DAYS WHEN A WOMAN IS MORE LIKELY TO BECOME PREGNANT?	Yes 1 No..... 2	2 ⇒Next module																		
CP31	IS THIS TIME JUST BEFORE HER PERIOD BEGINS, DURING HER PERIOD, RIGHT AFTER HER PERIOD HAS ENDED, OR HALFWAY BETWEEN TWO PERIODS?	Just before her period begins1 During her period2 Right after her period has ended3 Halfway between two periods4																			

		Other (<i>specify</i>) _____ 6	
		DK 8	

14. UNMET NEED		UN	
UN1	<i>Check CP1: Currently pregnant?</i> <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?	Later1 No more2	
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 child1 No more / None2 Undecided / Don't know8	1⇒UN7 2⇒UN6A 8⇒ UN8
UN5	<i>Check CP3. Currently using "Female sterilization"?</i> <input type="checkbox"/> Yes (CP3 = A) ⇒ Go to UN11A <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 Undecided / Don't know 8	1⇒UN6B 8⇒UN8
UN6A	WHAT IS THE MAIN REASON WHICH YOU DO NOT WANT TO GET PREGNANT?	Too many children..... 01 Too old 02 Poor health 03 Difficult to raise..... 04 Busy / No time 05 Had enough children 06 Cannot get pregnant 07 Other (specify) _____ 96	01⇒UN8 02⇒UN8 03⇒UN8 04⇒UN8 05⇒UN8 06⇒UN8 07⇒UN8 96⇒UN8
UN6B	HOW MANY CHILDREN WOULD LIKE TO HAVE ADDITION TO THAT ONE?	Number of children..... ____	
UN6C	WHY DID YOU DECIDE TO HAVE ANOTHER CHILD?	No children 1 Few children 2 No boy or girl 3 Tradition 4 Husband wants more children 5 Other (specify) _____ 6	
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	

UN8	<p>Check CP1: Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to UN11A</p> <p><input type="checkbox"/> No, unsure or DK (CP1 = 2, 8) ⇒ Continue with UN9</p>		
UN9	<p>Check CP2: Currently using a method?</p> <p><input type="checkbox"/> Yes (CP2 = 1) ⇒ Go to UN11A</p> <p><input type="checkbox"/> No (CP2 = 2) ⇒ Continue with UN9A</p>		
UN9A	<p>Check CP22: to see if woman not using contraceptive methods for reasons relevant to birth?</p> <p><input type="checkbox"/> Yes (CP22 = A, B, C, D, E, F, G, H) ⇒ Go to UN11A</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
UN10	DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1 ⇒ UN11A 8 ⇒ UN11A
UN11	WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT? <i>Probe if answered "Cannot get pregnant":</i> HOW LONG HAVE YOU BEEN TRYING TO GET PREGNANT?	Infrequent sex / No sex A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrhic F Breastfeeding G Too old H Other (specify) X DK Z	
UN11A	<p>Check CM1, CM4 and CM6 to see if woman has children.</p> <p><input type="checkbox"/> Yes (CM1=1 and (CM4=1 or CM6=1)) ⇒ Continue with UN11B.</p> <p><input type="checkbox"/> No ((CM1=2) or (CM1=1 and (CM4=2 and CM6=2))) ⇒ Go to UN11C.</p>		
UN11B	IF YOU HAD A CHANCE TO GO BACK TO YOUR LIFE WITHOUT CHILDREN, HOW MANY CHILDREN WOULD YOU LIKE TO HAVE IN YOUR LIFETIME?	Never wanted/Do not want any children 00 Number of wanted children ____	
UN11C	HOW MANY CHILDREN WOULD YOU LIKE TO HAVE IN YOUR LIFETIME?	Other (specify) 96	
UN12A	WHEN DID YOUR FIRST MENSTRUAL PERIOD START?	Age ____ Never menstruated 96	96 ⇒ Next module
UN13	WHEN DID YOUR LAST MENSTRUAL PERIOD START? <i>Record the answer using the same unit stated by the respondent</i>	Days ago 1 ____ Weeks ago 2 ____ Months ago 3 ____ Years ago 4 ____ In menopause / Has had hysterectomy 994 Before last birth 995	

15. SEXUAL BEHAVIOUR

SB

Check presence of others.

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

<p>SB1</p>	<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 intercourse 00</p> <p>Age in years ____ ____</p> <p>First time when started living with (first) husband/partner 95</p>	<p>00⇒Next Module</p>
<p>SB2</p>	<p>THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK/ Don't remember 8</p>	
<p>SB3</p>	<p>WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p>	<p>Days ago 1 ____ ____</p> <p>Weeks ago 2 ____ ____</p> <p>Months ago 3 ____ ____</p> <p>Years ago 4 ____ ____</p>	<p>4⇒ SB15</p>
<p>SB4</p>	<p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SB5</p>	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</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 3</p> <p>Casual acquaintance 4</p> <p>Other (specify) 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>
<p>SB6</p>	<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>		
<p>SB7</p>	<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>	
<p>SB8</p>	<p>HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ SB15</p>
<p>SB9</p>	<p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</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 Cohabiting partner 2 Boyfriend..... 3 Casual acquaintance 4 Other (<i>specify</i>) 6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11 <i>Check MA1 and MA7:</i></p> <p><input type="checkbox"/> <i>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</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></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 No 2</p>	<p>2⇒SB15</p>
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>	

16. HIV/AIDS AND STI			HA
HA1	NOW I WOULD LIKE TO TALK TO YOU ABOUT DIFFERENT TOPIC. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes1 No.....2	2⇒ HA30
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 No.....2 DK8	
HA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes1 No.....2 DK8	
HA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes1 No.....2 DK8	
HA6	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes1 No.....2 DK8	
HA7	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes1 No.....2 DK8	
HA7A	CAN PEOPLE GET THE AIDS VIRUS BY USING NEEDLE OR SYRINGE USED BY OTHER PERSON?	Yes1 No.....2 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?	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 No.....2 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 No.....2 DK8	
HA11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes1 No.....2 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 No.....2 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>By breastfeeding</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	By breastfeeding	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⇒ HA30</p> <p>2⇒ HA30</p> <p>3⇒ HA30</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⇒ HA30</p> <p>8⇒ HA30</p>																				

HA26A	REGARDLESS OF THE RESULT, ALL WOMEN TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU GOT THE RESULTS OF THE TEST, DID YOU RECEIVE COUNSELLING?	Yes1 No.....2 DK8	1⇒ HA30 2⇒ HA30 8⇒ HA30
HA27	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes1 No.....2	
HA30	NOW I WOULD LIKE TO TALK TO YOU ABOUT DIFFERENT SUBJECT. HAVE YOU EVER HEARD ABOUT ANY SEXUALLY TRANSMITTED INFECTIONS OTHER THAN AIDS VIRUS?	Yes1 No.....2	2⇒HA32
HA31	WHAT ARE THE MAIN SOURCES OF YOUR INFORMATION ON SEXUALLY TRANSMITTED INFECTIONS AND AIDS VIRUS? <i>Probe:</i> ANY OTHER SOURCES?	Parent/Relative..... A Husband/spouse B Friends/ Peer group C Co-workers D Gynecologist..... E Health professional..... F Religious organization..... G Teacher H Social worker/Volunteers I Poster or information board..... J Newspapers, magazines or books..... K Radio L TV..... M Internet/website N Other (<i>specify</i>) X	
HA32	<i>Check SB1 to see if woman had sexual intercourse.</i> <input type="checkbox"/> Yes, had sexual intercourse (SB1<>00) ⇒ Continue with HA33. <input type="checkbox"/> No, had no sexual intercourse (SB1=00)⇒ Go to HA43		
HA33	<i>Check HA30. Heard about other sexually transmitted infections?</i> <input type="checkbox"/> Yes (HA30=1) ⇒ Continue with HA34 <input type="checkbox"/> No (HA30=2) ⇒ Go to HA35		
HA34	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN THE LAST 12 MONTHS. DURING THE LAST 12 MONTHS, HAVE YOU HAD A DISEASE WHICH YOU GOT THROUGH SEXUAL CONTACT?	Yes1 No.....2 DK8	
HA35	SOMETIMES WOMEN EXPERIENCE A BAD-SMELLING ABNORMAL GENITAL DISCHARGE. DURING THE LAST 12 MONTHS, HAVE YOU HAD A BAD-SMELLING ABNORMAL GENITAL DISCHARGE?	Yes1 No.....2 DK8	
HA36	SOMETIMES WOMEN HAVE A GENITAL SORE OR ULCER. DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?	Yes1 No.....2 DK8	
HA37	<i>Check HA34, HA35, HA36.</i> <input type="checkbox"/> "Yes" to one at least (HA34=1 or HA35=1 or HA36=1) ⇒ Continue with HA38		

☐ "No" to all (HA34=2, 3 and HA35=2, 3 and HA36=2, 3) ⇒ Go to UN43			
HA38	HAVE YOU EVER BEEN TESTED FOR THE SEXUALLY TRANSMITTED INFECTIONS?	Yes1 No.....2 No answer8	2⇒ HA40 8⇒ HA40
HA39	HAVE YOU TESTED FOR THE SEXUALLY TRANSMITTED INFECTIONS IN THE LAST 12 MONTHS?	Yes1 No.....2	
HA40	HAVE YOU EVER RECEIVED TREATMENT FOR THE SEXUALLY TRANSMITTED INFECTIONS?	Yes1 No.....2 No answer8	2⇒ HA43 8⇒ HA43
HA41	HAVE YOU RECEIVED TREATMENT FOR THE SEXUALLY TRANSMITTED INFECTIONS IN THE LAST 12 MONTHS?	Yes1 No.....2	2⇒ HA43
HA42	WHERE OR WHOM DID YOU SEEK TRAETMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Probe if answered "Private sector":</i> DOES IT PROVIDE HOSPITALIZATION OR IS IT AN OUTPATIENT CLINIC?	Public sector Specialized professional health centre (Cancer center and ational Center for Maternal and Child Health) A General hospital (Aimag centre/ district health centre) B Maternity house C Volunteer counseling and testing centre D Soum//family group practice..... E Auxiliary midwife..... F Private sector Ulaanbaatar Hospital.....G ClinicH Aimag/ Soum Hospital.....I ClinicJ PhysicianK Pharmacy L NGO's hospital N Other Friend/ Relative P Other (<i>specify</i>) X	
HA43	DO YOU THINK IS IT POSSIBLE TO PREVENT THE SEXUALLY TRANSMITTED INFECTIONS?	Yes1 No.....2 DK 8	2⇒Next module 8⇒Next module
HA44	HOW DO YOU THINK GETTING SEXUALLY TRANSMITTED INFECTIONS CAN BE PREVENTED? <i>Probe:</i> DO YOU KNOW ANY OTHER WAY? <i>Circle all that apply.</i>	Tolerate sexual intercourse..... A Use a condom every time have sex..... B Have only one sexual partner with no virus C Refuse to have sex with prostitute D Refuse blood transfusion E Use only one time syringe..... F Other (<i>specify</i>) X DK Z	

17. CERVICAL CANCER			CC
CC1	DO YOU UNDERGO PREVENTIVE HEALTH CHECKUPS?	Yes..... No	2⇒CC3
CC2	WHAT ABOUT FREQUENCY OF THE CHECKUPS?	Quarterly 1 Annually 2 Once in every 2 years 3 When got sick 4 Other (<i>specify</i>) 6	
CC3	HAVE YOU EVER HEARD OF OR READ ABOUT THE CERVICAL CANCER?	Yes.....1 No2	2⇒Next module
CC4	HOW MUCH DO YOU KNOW ABOUT THE CERVICAL CANCER?	Very well1 Not well2	
CC5	HAVE YOU EVER RECEIVED THE CERVICAL CANCER REGULAR SCREENING?	Yes.....1 No2	2⇒CC8
CC6	WHERE DID YOU RECEIVE THE CERVICAL CANCER REGULAR SCREENING? <i>Probe:</i> ANYWHERE ELSE? <i>Probe if answered "Private sector":</i> DOES IT PROVIDE HOSPITALIZATION OR IS IT AN OUTPATIENT CLINIC?	Ulaanbaatar Specialized professional health centre (Cancer center and National Center for Maternal and Child Health) A Maternity house B Aimag centre/ district health centre C Soum//Community health centre E Private sector Ulaanbaatar Hospital G Clinic..... H Aimag/ Soum Hospital I Clinic..... J NGO's hospital N Other (<i>specify</i>) X	
CC7	WHEN DID YOU RECEIVE THE MOST RECENT CERVICAL CANCER REGULAR SCREENING?	Less than 12 months ago1 12-23 months ago2 24-35 months ago3 3 or more years ago.....4	1⇒TA1 2⇒TA1 3⇒TA1 4⇒TA1
CC8	WHY YOU DID NOT RECEIVE THE CERVICAL CANCER REGULAR SCREENING?	No place for screening 1 No time..... 2 No offer from physicians 3 Far away from hospital 4 No need 5 Other (<i>specify</i>) 6 DK 8	

18. 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 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	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes..... 1 No 2	2⇒WM11
TA15	WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL?	Never had one drink of alcohol..... 00 Age ____ ____	00⇒WM11
TA16	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE ALCOHOL OR DRINK? <i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10" If "everyday" or "almost every day", circle "30".</i>	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	00⇒WM11

WM11	<i>Record the time.</i>	Hour and minutes ____ : ____	
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WM12	<p><i>Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>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.</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page</i></p>		
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Interviewer's Observations

Supervisor's Observations