MODULE WM - WOMEN'S INFORMATION PANEL

This questionnaire is to be administered to all women aged 15 through 49 (see column HL6 of HH listing).
Fill in one form for each eligible woman, aged 15 – 49 years
Fill in the cluster and household number, and the name and line number of the woman in the space below.
Fill in interviewer's name, code and the date of interview.

WM1. Cluster number: ⎣_⎪_⎪_⎦	WM2. Household number: ⎣_⎪_⎪_⎦
WM3. Woman's Name: _____	WM4. Woman's Line Number: ⎣_⎪_⎦
WM5. Interviewer's name: _____ Interviewer's code: ⎣_⎪_⎪_⎪_⎦	WM6. Day/Month/Year of interview: ⎣_⎪_⎦ / ⎣_⎪_⎦ / ⎣2⎪0⎪0⎪5⎦

WM7. Result of women's interview:	Completed .... 1 Not at home .... 2 Refused .... 3 Partly completed .... 4 Incapacitated .... 5 Other (*specify*)_____ _____ 6

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

We are from Statistical Office of Serbia / Research agency Strategic Marketing. We are working on a project concerned with family health and education. . I would like to talk to you about this. The interview will take about 15 minutes. the information we obtain will remain strictly confidential and your answers will never be identified. Also, you are not obliged to answer any question you don't want to, and you may withdraw from the interview at any time. May I start now?

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE WOMAN DOES NOT AGREE TO CONTINUE, THANK HER, COMPLETE WM7, AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT

WM8. In what month and year were you born?	Month .... ⎣_⎪_⎦ DK month .... 98 Year .... ⎣_⎪_⎪_⎪_⎦	WM9
WM9. How old are you?	Age (in completed years) ⎣_⎪_⎦	WM10
WM10. Have you ever attended school?	Yes 1	WM11
	No 2	WM14
WM11. What is the highest level of school you attended: primary, secondary, higher, or high?	Primary .... 1 Secondary .... 2 Higher .... 3 High .... 4 Non-standard curriculum 6	WM12

Upitnik za ženu od 15 do 49 godina starosti

WM12. What is the highest grade you completed at that level?	Grade or year		WM13

WM13. *Check WM11:*

☐ *Secondary school, higher or high.* ⇨ *Go to next MODULE CM – Child Mortality.*

☐ *Primary school or Non-standard curriculum.* ⇨ *Continue with WM14.*

WM14. Now I would like you to read this sentence to me. Show sentences to respondent. *If the respondent doesn't speak any language in which the sentences are written, circle code "4".* *If respondent cannot read whole sentence, probe:* **Can you read part of the sentence to me?** *Show card with sentences. Mind the language in which the sentences are written.* *Example sentences for literacy test:* *1.* The child is reading a book. 2. This summer was very rainy. 3. Parents must care for their children. 4. Farming is hard work.	Cannot read at all .... 1 Able to read only parts of sentence .... 2 Able to read whole sentence .... 3 No sentence in required language _____ 4 *(specify language)* Blind/mute, visually/speech impaired 5	MODULE CM

MODULE CM - CHILD MORTALITY MODULE

This module is to be administered to all women age 15-49.

All questions refer only to LIVE births..

CM1. Now I would like to ask about all the births you have had during your life. **Have you ever given birth?** *Probe:* **I mean, have you even given birth to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?**	Yes 1	CM2A
	No 2	MODULE MA
CM2A. What was the date of your first birth? *Explain:* **I mean the very first time you gave birth, even if the child is no longer living, or whose father is not your current partner.**	Date of first birth: Day .... ⌷⌷ DK day .... 98 Month .... ⌷⌷ DK month .... 98 Year .... ⌷⌷	CM3
	DK year 98	CM2B
CM2B. How many years ago did you have your first birth?	Completed years since first birth: ⌷⌷	CM3

CM3. Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes _____ 1		CM4
	No _____ 2		CM5
CM4. How many sons live with you?	Sons at home _____ |⊔⊔|	CM5
How many daughters live with you?	Daughters at home _____ |⊔⊔|	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes _____ 1		CM6
	No _____ 2		CM7
CM6. How many sons are alive but do not live with you?	Sons elsewhere _____ |⊔⊔|	CM7
How many daughters are alive but do not live with you?	Daughters elsewhere _____ |⊔⊔|	
CM7. Have you ever given birth to a boy or girl who was born alive but later died?	Yes _____ 1		CM8
	No _____ 2		CM9
CM8. How many boys have died?	Boys dead ·······|⊔⊔|		CM9
How many girls have died?	Girls dead |⊔⊔|		
CM9. *Sum answers to CM4, CM6 and CM8.*	Sum ·············|⊔⊔|		**CM10**

CM10. Just to make sure that I have this right, you have had in total (*total number from cm9*) births during your life. Is this correct?

☐ Yes ⇨ *Go to CM11.*

☐ No ⇨ *Check responses and make corrections before proceeding to CM11.*

CM11. Of these (*total number*) births you have had, when did you deliver the <u>last one</u> (even if he or she has died)? *If day is not known, enter '98' in space for day.*	Day/Month/Year of last birth: |⊔⊔| / |⊔⊔| / |⊔⊔⊔⊔|	CM12

CM12. *Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2003).*

☐ No live birth in last 2 years. ⇨ *Go to MARRIAGE/UNION module.*

☐ Yes, live birth in last 2 years. ⇨ *Continue with CM13.*

CM13. At the time you became pregnant with (*NAME*), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then _____ 1 Later _____ 2 No more _____ 3	**MODULE MN**

MODULE MN - MATERNAL AND NEWBORN HEALTH MODULE

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. All questions in this module refer to the last born child.
Check child mortality module CM12.
Use this child's name in the following questions, where indicated

MN2. Did you see anyone for antenatal care during your last pregnancy? *Prompt the respondent to remember and circle all answers given..*	*Health professional* Doctor .... A Nurse .... B Midwife .... C Visiting nurse .... G *Other person* Traditional birth attendant .... F Relative / friend .... H Other (*specify*) _____ X	**MN3**
	No one .... Y	**MN7**
MN3. As part of your antenatal care, were any of the following done at least once: **MN3A. Were you weighed?** **MN3B. Was your blood pressure measured?** **MN3C. Did you give a urine sample?** **MN3D. Did you give a blood sample?** **MN3E. Did they perform Papanikolau test?**	Yes No Weight .... 1 2 Pressure .... 1 2 Urine analysis .... 1 2 Blood analysis .... 1 2 Papanikolau test 1 2	**MN4**
MN4. During any of the antenatal visits for the pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	Yes .... 1 No .... 2 DK 8	**MN5**
MN5. I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	Yes 1	**MN6**
	No .... 2 DK 8	**MN7**
MN6. I don't want to know the results, but did you get the results of the test?	Yes .... 1 No .... 2 DK 8	**MN7**
MN7. Who assisted with the delivery of your last child? **Did anyone else assist?** *Probe for the type of person assisting and circle all answers given.*	*Health professional* Doctor .... A Nurse .... B Midwife .... C Visiting nurse .... G *Other person* Traditional birth attendant .... F Relative / friend .... H Other (*specify*) _____ X Other person .... Y	**MN8**

MN8. Where did you give birth to (*name of child*)**?** *Probe to identify the type of institution and circle the appropriate code.*	*Home* Your home .... 11 Other home .... 12 *Public sector* Public hospital .... 21 <u>Private Sector</u> Private health institution .... 31 Other (specify) _____ 96	**MN9**
MN9. When the child was born, was he/she very large, larger than average, 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	**MN10**
MN10. Was (*name*) **weighed at birth?**	Yes 1	**MN11**
	No .... 2 DK 8	**MN12**
MN11. How much did (*name*) **weigh at birth?** *Record weight from health card, if available.*	From card (kilograms) .... 1 ⊔ . ⊔⊔⊔ From recall (kilograms) .... 2 ⊔ . ⊔⊔⊔ DK 99998	**MN12**
MN12. Did you ever breastfeed (*name*)**?**	Yes 1	**MN13**
	No 2	**MODULE MA**
MN13. How long after birth did you first put (*NAME*) **to the breast?** *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.* .	Immediately .... 000 Hours .... 1 ⊔⊔ Days .... 2 ⊔⊔ Don't know/remember 998	**MODULE MA**

MODULE MA – MARRIAGE/UNION		
MA1. Are you currently married or living together with a man in de facto marriage?	Yes, currently married .... 1 Yes, living with a man 2	**MA2**
	No 3	**MA3**
MA2. How old was your husband/partner on his last birthday?	Age in years .... ⊔⊔ DK 98	**MA5**
MA3. Have you ever been married or lived together with a man?	Yes, formerly married .... 1 Yes, de facto marriage 2	**MA4**
	No 3	**MODULE ST**
MA4. What is your marital status now: are you widowed, divorced or separated?	Widowed .... 1 Divorced .... 2 Separated 3	**MA5**

MA5. How many times have you been married or de facto married?	Only once _____ 1 More than once _____ 2	**MA6**

MA6. In what month and year did you <u>first </u>marry or start living with a man as if married?	Month _____ ⬚⬚⬚
	    DK month _____ 98
	Year _____ ⬚⬚⬚⬚
	    DK year _____ 9998
		MA7

MA7. *Check question MA6. on previous page:* ☐ Both month and year of marriage/union known? ⇨ *Go to Next MODULE ST – SECURITY OF TENURE.* ☐ Either month or year of marriage/union not known? ⇨ *Continue with MA8.*

MA8. How old were you when you started living with your first husband/partner?	Age in years _____ ⬚⬚	**MODULE ST**

MODULE ST – *SECURITY OF TENURE*

ST1. Do you feel secure from eviction from this dwelling?	Yes _____ 1 No _____ 2 DK _____ 8	**MODULE CP**

MODULE CP – CONTRACEPTION

CP1. I would like to talk with you about another subject – family planning – and your reproductive health. **Are you pregnant now?**	Yes, currently pregnant _____ 1	**CP1A**
	No _____ 2 Unsure / DK _____ 8	**CP2**
CP1A. When you got pregnant did you wish to get pregnant then, or to delay pregnancy, or to avoid pregnancy altogether?	Yes, then _____ 1 Yes, later _____ 2 Avoid pregnancy _____ 3	**CP4B**
CP2. Some people use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes _____ 1	**CP3**
	No _____ 2	**CP4A**
CP3 Which method are you using to protect yourself from unwanted pregnancy? *Do not prompt.* *If more than one method is mentioned, circle each one...*	Female sterilization _____ A Male sterilization _____ B Pill _____ C IUD _____ D Injections _____ E Implants _____ F Condom _____ G Female condom _____ H Diaphragm _____ I Foam/jelly _____ J Lactational amenorrhea method (LAM) _____ K Periodic abstinence _____ L Interrupted coitus _____ M Other (*specify*) _____ X	**CP4A**

CP4A. Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? *Do not read the answers.*	Yes 1	**CP4C**
	No 2	**CP4D**
	Says she cannot get pregnant 3	**MODULE DV**
	Indecisive / DK 8	**CP4D**
CP4B. *If currently pregnant:* 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? *Do not read the answers.*	Yes 1	**CP4C**
	N0 .... 2 Indecisive / DK 8	**CP4D**

CP4C. How long would you like to wait before the birth of (a/another) child?	Months .... 1 |__|__|	**CP4D**
	Years .... 2 |__|__|	
	Soon, now 993	
	Says she cannot get pregnant 994	**MODULE DV**
	After marriage .... 995 Other .... 996 DK 998	**CP4D**

CP4D. *Check CP1. on previous page:*

☐ Respondent is currently pregnant ⇨ *Go to next MODULE DV - ATTITUDES TOWARD DOMESTIC VIOLENCE.*

☐ Respondent not currently pregnant or unsure ⇨ *Continue with CP4E.*

CP4E. Do you think you are physically able to get pregnant at this time?	Yes .... 1 No .... 2 DK 8	**MODULE DV**

MODULE DV - ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

		Yes	No	DK	
DV1A. If she goes out with out telling him?	If she goes out with out telling him	1	2	8	**MODULE SB**
DV1B. If she neglects the children?	If she neglects the children	1	2	8	
DV1C. If she argues with him?	If she argues with him	1	2	8	
DV1D. If she refuses sex with him?	If she refuses sex with him	1	2	8	
DV1E. If she burns the food?	If she burns the food	1	2	8	

MODULE SB - SEXUAL BEHAVIOUR

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.

SB0. *Check question WM9. on the first page of this questionnaire: Age of respondent is 15 to 24 years?*

☐ Age 15 to 24 years ⇨ *Continue with SB1.*

☐ Age 25 to 49 years ⇨ *Go to MODULE HA - HIV/AIDS*

SB1. Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. The information you supply will remain strictly confidential. How old were you when you first had sexual intercourse (if ever)?	Never had intercourse 00	MODULE HA
	Age in years ....└─┴─┴─┘ First time when started living with (first) husband/partner 95	SB2
SB2. When was the last time you had sexual intercourse? *If less than 7 days ago circle 1 and write the answer in days.* *If less than 4 weeks, circle 2 and write the answer in weeks.* *If less than 12 months, circle 3 and write the answer in months.* *If more than 12 months, circle 4 and write the answer in years.*	Days ago .... 1 └─0─┴─┘	SB3
	Weeks ago .... 2 └─0─┴─┘	
	Months ago .... 3 └─┴─┘	
	Years ago .... 4 └─┴─┘	MODULE HA

SB3. The last time you had sexual intercourse was a condom used?	Yes .... 1 No 2	SB4
SB4. What is your relationship to the man with whom you last had sexual intercourse? *If man is 'boyfriend' or 'fiancée', ask:* **Was your boyfriend/fiancée living with you when you last had sex?** *If 'yes', circle 1 .If 'no', circle 2.*	Spouse / cohabiting partner 1	SB6
	Boyfriend / fiancée .... 2 Friend .... 3 Casual acquaintance .... 4 Other (*specify*) _____ 6	SB5
SB5. How old is this person? *If response is DK, probe:* **About how old is this person?**	Age of sexual partner .... └─┴─┴─┘ DK 98	SB6
SB6. Have you had sex with any other man in the last 12 months?	Yes 1	SB7
	No 2	MODULE HA
SB7. The last time you had sexual intercourse with this other man, was a condom used?	Yes .... 1 No 2	SB8
SB8. What is your relationship to this man? *If man is 'boyfriend' or 'fiancée', ask*: **Was your boyfriend/fiancée living with you when you last had sex?** *If 'yes', circle 1 .If 'no', circle 2...*	Spouse / cohabiting partner 1	SB10
	Boyfriend / fiancée .... 2 Friend .... 3 Casual acquaintance .... 4 Other (*specify*) _____ 6	SB9
SB9. How old is this person? *If response is DK, probe:* **About how old is this person?**	Age of sexual partner .... └─┴─┴─┘ DK 98	SB10
SB10. Other than these two men, have you had sex with any other man in the last 12 months?	Yes 1	SB11
	No 2	MODULE HA
SB11. In total, with how many different men have you had sex in the last 12 months?	Number of partners .... └─┴─┴─┘	MODULE HA

HIV/AIDS MODULE		
HA1. Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes 1	HA2
	No 2	Next questionnaire
HA2. Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes .... 1 No .... 2 DK 8	HA3
HA3. Can people get infected with the AIDS virus because of witchcraft or other supernatural means?	Yes .... 1 No .... 2 DK 8	HA4
HA4. Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	Yes .... 1 No .... 2 DK 8	HA5
HA5. Can people get the AIDS virus from mosquito bites?	Yes .... 1 No .... 2 DK 8	HA6

HA6. Can people reduce their chance of getting infected with the AIDS virus by not having sex at all?	Yes .... 1 No .... 2 DK 8	HA7
HA7. Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes .... 1 No .... 2 DK 8	HA7A
HA7A. Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	Yes .... 1 No .... 2 DK 8	HA8
HA8. Is it possible for a healthy- looking person to have the AIDS virus?	Yes .... 1 No .... 2 DK 8	HA9
HA9. Can the AIDS virus be transmitted from a mother to a baby: HA9A. During pregnancy? HA9B. During delivery? HA9C. By breastfeeding?	Yes No DK During pregnancy .... 1 2 8 During delivery .... 1 2 8 By breastfeeding 1 2 8	HA10
HA10. If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes .... 1 No .... 2 DK / not sure/depends 8	HA11
HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	Yes .... 1 No .... 2 DK / not sure/depends 8	HA12
HA12. If a member of your family became infected with the AIDS virus, would you want it to remain a secret?	Yes .... 1 No .... 2 DK / not sure/depends 8	HA13
HA13. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?	Yes .... 1 No .... 2 DK / not sure/depends 8	HA14

HA14. *Check question MN5 on the third page of this questionnaire:* **Were you tested for HIV during antenatal care?**			
☐ Yes ⇨ *Go to HA18A.*			
☐ No, DK or did not answer questions from MODULE MN on 3rd page ⇨ *Continue with HA15.*			
HA15. I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes 1		HA16
	No 2		HA18
HA16. I do not want you to tell me the results of the test, but have you been told the results?	Yes .... 1 No 2		HA17
HA17. Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test .... 1 Offered and accepted .... 2 Required 3		Next questionnaire
HA18. At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?	Yes .... 1 No 2		Next questionnaire
HA18A. *If tested for HIV during antenatal care:* Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have the AIDS virus?	Yes .... 1 No 2		Next questionnaire

Check: **"If respondent is mother /custodian of child under 5 years of age "?**
If YES, go to Questionnaire for children under 5, and fill special questionnaire for each child under 5 years of age to whom the respondent is mother/custodian.
If NO, ask: **"Is there any other woman aged from 15 to 49 years in your household "?**
If YES , finish the interview with this woman, extend thanks for cooperation, and start interview with other woman from the household who satisfies the condition.
If NO, finish the interview with this woman, extend thanks for cooperation.
Check whether there are any children under 5 in the household. If YES, ask mother/custodian to answer the questions from Questionnaire for children under 5.