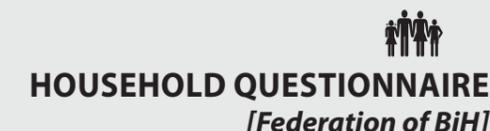


MICS4 INDICATOR	Module	Numerator	Denominator	MDG
10. ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY				
MT.1	Exposure to mass media ^(M)	MT	Number of women aged 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women aged 15-49 years
MT.2	Use of computers ^(M)	MT	Number of young women aged 15-24 years who used a computer during the last 12 months	Total number of women aged 15-24 years
MT.3	Use of Internet ^(M)	MT	Number of young women aged 15-24 who used the Internet during the last 12 months	Total number of women aged 15-24 years
11. SUBJECTIVE WELL-BEING				
SW.1	Life satisfaction ^(M)	LS	Number of women aged 15-24 years who are very or somewhat satisfied with their family life, friendships, school, current job, health, where they live, how they are treated by others and how they look	Total number of women aged 15-24 years
SW.2	Happiness ^(M)	LS	Number of women aged 15-24 years who are very or somewhat happy	Total number of women aged 15-24 years
SW.3	Perception of a better life ^(M)	LS	Number of women aged 15-24 years whose life improved during the last one year and who expect that their life will be better after one year	Total number of women aged 15-24 years
12. TOBACCO AND ALCOHOL USE				
TA.1	Tobacco use ^(M)	TA	Number of women aged 15-49 years who smoked cigarettes or used smoke or smokeless tobacco products on one or more days during the last one month	Total number of women aged 15-49 years
TA.2	Smoking before age 15 ^(M)	TA	Number of women aged 15-49 years who smoked a whole cigarette before age 15	Total number of women aged 15-49 years
TA.3	Alcohol use ^(M)	TA	Number of women aged 15-49 years who had at least one alcoholic drink on one or more days during the last one month	Total number of women aged 15-49 years
TA.4	Use of alcohol before age 15 ^(M)	TA	Number of women aged 15-49 years who had at least one alcoholic drink before age 15	Total number of women aged 15-49 years

Appendix F: BiH MICS4 Questionnaires

An identical approach to the MICS4 methodology was applied in the FBiH, RS and BD. Questionnaires adapted to the languages and alphabets used in BiH were administered during fieldwork in the FBiH, RS and BD. The questionnaires presented in this Appendix are examples of the Household Questionnaire (including individual cover pages for the FBiH, RS and BD), the Questionnaire for Women Aged 15-49 administered in the FBiH, the Questionnaire for Men Aged 15-49 administered in the RS and the Under-5 Questionnaire administered in BD.



HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and code: Name _____	HH4. Supervisor name and code: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Settlement type: Urban 1 Rural 2	HH7. Region FBiH Canton: Una-Sana Canton.....01 Posavina Canton02 Tuzla Canton03 Zenica-Doboj Canton.....04 Bosnia-Podrinje Canton05 Central Bosnia Canton06 Herzegovina-Neretva Canton07 West Herzegovina Canton.....08 Canton Sarajevo.....09 Canton 10.....10	

WE ARE FROM THE **FEDERAL MINISTRY OF HEALTH – INSTITUTE OF PUBLIC HEALTH OF THE FEDERATION OF BOSNIA AND HERZEGOVINA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE UP TO **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission given ⇒ Go to HH18 to record the time and then begin the interview.
 No, permission not given ⇒ Complete HH9. Inform your supervisor of this result.

Once all questionnaires for this household have been completed, fill in the following information:

HH8. Name and surname of head of household: _____	
HH9. Result of the household interview: Household questionnaire completed.....01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time.....03 Household refused the interview04 Dwelling unit vacant / Address not a dwelling05 Dwelling unit destroyed06 Dwelling unit not found07 Other (specify) 96	HH10. Respondent to household questionnaire: Name: _____ Line Number from Module HL: _____
HH12. Number of women aged 15-49 years: _____	HH11. Total number of household members: _____
HH13A. Number of men aged 15-49 years: _____	HH13. Number of completed Questionnaires for women aged 15-49: _____
HH14. Number of children under age 5: _____	HH13B. Number of completed Questionnaires for men aged 15-49: _____
HH16. Field edited by (Name and code): Name _____	HH15. Number of completed under-5 questionnaires: _____
HH17. Data entry operator (Name and code): Name _____	

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and code: Name _____	HH4. Supervisor name and code: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Settlement type: Urban 1 Rural 2	HH7. Region: Republic of Srpska 11	

WE ARE FROM THE **MINISTRY OF HEALTH AND SOCIAL WELFARE OF THE REPUBLIC OF SRPSKA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE UP TO **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission given ⇒ Go to HH18 to record the time and then begin the interview.
- No, permission not given ⇒ Complete HH9. Inform your supervisor of this result.

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HH14. Number of children under age 5: _____	HH15. Number of completed under-5 questionnaires: _____
HH16. Field edited by (Name and code): Name _____	HH17. Data entry operator (Name and code): Name _____

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and code: Name _____	HH4. Supervisor name and code: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Settlement type: Urban 1 Rural 2	HH7. Region: Brcko District of BiH..... 15	

WE ARE FROM THE **DEPARTMENT OF HEALTH AND OTHER SERVICES OF THE GOVERNMENT OF THE BRCKO DISTRICT OF BOSNIA AND HERZEGOVINA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE UP TO **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission given ⇒ Go to HH18 to record the time and then begin the interview.
- No, permission not given ⇒ Complete HH9. Inform your supervisor of this result.

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HH13B. Number of completed Questionnaires for men aged 15-49: _____	
HH14. Number of children under age 5:..... _____	HH15. Number of completed under-5 questionnaires: _____
HH16. Field edited by (Name and code): Name _____	HH17. Data entry operator (Name and code): Name _____

HH18.

Record the interview start time

Hour ____

Minutes ____

HOUSEHOLD MEMBER LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
Enter data for the head of household in line 01. List all household members (HL2), their relationship to the head of household (HL3), and their gender (HL4)

Then ask: ARE THERE ANY OTHER PERSONS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If "yes", complete the listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person, one person at a time.
Use an additional questionnaire if all rows in the household member listing form have been used.

	For women aged 15-49	For men aged 15-49 godina	For children aged 5-14	For children under age 5	For children aged 0-17 years
--	----------------------	---------------------------	------------------------	--------------------------	------------------------------

HL1. Line No	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?		HL5. WHAT IS (name)'s DATE OF BIRTH?		HL6. HOW OLD IS (NAME)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line no. if woman is aged 15-49	HL7A. Circle line no. if man is aged 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL11. Is (name)'s BIOLOGICAL MOTHER ALIVE? 1 Yes 2 No HL13 8 DK HL13	HL12. DOES (name)'s BIOLOGICAL MOTHER LIVE IN THIS HOUSEHOLD? Record line no. of mother or '00' for "No"	HL13. Is (name)'s BIOLOGICAL FATHER ALIVE? 1 Yes 2 No Next Line 8 DK Next Line	HL14. DOES (name)'s BIOLOGICAL FATHER LIVE IN THIS HOUSEHOLD? Record line no. of father or '00' for "No"
			1 Male 2 Female	98 DK 9998 DK	Month	Year									
01		01	1	2				01	01			1 2 8		1 2 8	
02			1	2				02	02			1 2 8		1 2 8	
03			1	2				03	03			1 2 8		1 2 8	
04			1	2				04	04			1 2 8		1 2 8	
05			1	2				05	05			1 2 8		1 2 8	
06			1	2				06	06			1 2 8		1 2 8	
07			1	2				07	07			1 2 8		1 2 8	
08			1	2				08	08			1 2 8		1 2 8	
09			1	2				09	09			1 2 8		1 2 8	
10			1	2				10	10			1 2 8		1 2 8	

Tick here if additional questionnaire was used

Ask again if there are any additional household members.
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
Enter the names of additional members in the list of household members and complete the form according to the instructions.

Now for each woman aged 15-49 years, write her name and line number and other necessary information in the information panel of a separate **Questionnaire for Women Aged 15 to 49**.
For each man aged 15-49 years, write his name and line number and other necessary information in the information panel of a separate **Questionnaire for Men Aged 15 to 49**.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate **Under-5 Questionnaire**.
You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to the head of household:

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Fostered / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

EDUCATION **ED**

For household members aged 5 and above							For household members aged 5-24 years								
ED1. Line number	ED2. Name and age <i>Copy from Household Member Listing Form, HL2 and HL6</i>		ED3. HAS (name) EVER ATTENDED SCHOOL OR A PRESCHOOL INSTITUTION? 1 Yes 2 NO ↘ Next Line		ED4A. WHAT IS THE HIGHEST EDUCATION LEVEL (name) HAS ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, skip to ED5</i>	ED4B. WHAT IS THE HIGHEST GRADE/YEAR (name) COMPLETED AT THIS LEVEL? Grade/Year: 98 DK <i>If less than 1 grade/year, enter '00'.</i>	ED5. DURING THIS SCHOOL/ACADEMIC YEAR (2011-2012), DID (name) ATTEND SCHOOL/UNIVERSITY OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ ED7	ED6. DURING THIS SCHOOL/ACADEMIC YEAR, WHICH LEVEL AND GRADE/YEAR IS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, skip to ED7</i>		ED7. DURING THE PREVIOUS SCHOOL/ACADEMIC YEAR, THAT IS (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ 8 DK ↘ Next Line Next Line			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE/YEAR DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, go to next person</i>		
Line	Name	Age	Yes	No	Level	Grade/Year	Yes	No	Level	Grade/Year	Y	N	DK	Level	Grade/Year
01		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___
02		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___
03		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___
04		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___
05		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___
06		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___
07		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___
08		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___
09		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___
10		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water (main water-supply) Piped water in apartment/house 11 Piped water in estate 12 Piped water at neighbours 13 Public tap / standpipe 14 Tube Well, Borehole 21 Dug well Covered (protected) well 31 Uncovered (unprotected) well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (specify) 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED IN YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND WASHING HANDS?	Piped water (main water-supply) Piped water in apartment/house 11 Piped water in estate 12 Piped water at neighbours 13 Public tap / standpipe 14 Tube Well, Borehole 21 Dug well Covered (protected) well 31 Uncovered (unprotected) well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (specify) 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THIS WATER SOURCE LOCATED?	In own apartment/house 1 In own estate 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO TO THE WATER SOURCE, COLLECT WATER, AND COME BACK?	Number of minutes DK 998	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER 15 YEARS OF AGE? WHAT GENDER?	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER FOR DRINKING?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8

WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER FOR DRINKING? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil A Add chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (specify) X DK Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If "flush" or "pour flush", probe:</i> WHERE DOES IT FLUSH TO? <i>If necessary, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated improved latrine with pit 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Ecological toilet (with composting) 31 Bucket 41 No facility, bush, field 95 Other (specify) 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No 2	2⇒Next Module
WS10. DO YOU SHARE THIS TOILET FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY FOR PUBLIC USE?	Other households only (not public) 1 Toilet facility for public use 2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ___ Ten or more households 10 DK 98	

HOUSEHOLD CHARACTERISTICS		HC
HC1b. WHAT IS THE MOTHER TONGUE OF THE HEAD OF HOUSEHOLD?	Bosnian..... 1 Croatian..... 2 Serbian 3 Romany 4 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ____	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand 11 Straw 13 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood..... 31 Vinyl / Linoleum or asphalt strips 32 Ceramic tiles 33 Cement..... 34 Carpet 35 Laminate..... 36 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof 11 Thatch 12 Rudimentary Roofing Wood planks (shingle) 23 Cardboard 24 Finished roofing Metal / Sheet metal 31 Wood..... 32 Calamine roofing / Cement fibre 33 Ceramic tiles 34 Cement (slab) 35 Roofing shingles 36 Other (<i>specify</i>) 96	
HC5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Natural walls Trunks 12 Dirt 13 Rudimentary walls Reed and mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26 Finished walls Cement..... 31 Stone with lime / Cement..... 32 Bricks..... 33 Cement blocks..... 34 Covered adobe 35 Wooden planks / Shingles..... 36 Facade (e.g. cement and limestone mortar)..... 37 Other (<i>specify</i>) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity 01 Liquid propane gas (LPG, gas from a cylinder) 02 Natural gas (from the gas mains) 03 Coal / Lignite 06 Charcoal 07 Wood 08 Straw / Shrubs / Grass 09 Residue from agricultural crops 11 No food is cooked in the household 95 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8 95⇒HC8

HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? <i>If "In the house", probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>	In the apartment/house In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4 Other (<i>specify</i>) 6																																																										
HC8. DOES YOUR HOUSEHOLD HAVE: [A] ELECTRICITY? [B] A RADIO? [C] A TELEVISION? [D] A FIXED TELEPHONE (NON-MOBILE)? [E] A REFRIGERATOR? [F] BED? [G] ELECTRICAL COOKER? [H] COMPUTER / LAPTOP? [I] INTERNET CONNECTION? [J] AIR-CONDITIONING? [K] DIGITAL CAMERA? [L] WASHING MACHINE? [M] CLOTHES DRYER? [N] DISHWASHER? [O] VACUUM CLEANER [P] DVD PLAYER? [Q] JACUZZI BATHTUB? [R] VIDEO SECURITY SYSTEM (CCTV)?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Electricity.....</td><td>1</td><td>2</td></tr> <tr><td>Radio.....</td><td>1</td><td>2</td></tr> <tr><td>Television.....</td><td>1</td><td>2</td></tr> <tr><td>Fixed telephone (non-mobile).....</td><td>1</td><td>2</td></tr> <tr><td>Refrigerator.....</td><td>1</td><td>2</td></tr> <tr><td>Bed.....</td><td>1</td><td>2</td></tr> <tr><td>Electrical cooker.....</td><td>1</td><td>2</td></tr> <tr><td>Computer / Laptop.....</td><td>1</td><td>2</td></tr> <tr><td>Internet connection.....</td><td>1</td><td>2</td></tr> <tr><td>Air-conditioning.....</td><td>1</td><td>2</td></tr> <tr><td>Digital camera.....</td><td>1</td><td>2</td></tr> <tr><td>Washing machine.....</td><td>1</td><td>2</td></tr> <tr><td>Clothes dryer.....</td><td>1</td><td>2</td></tr> <tr><td>Dishwasher.....</td><td>1</td><td>2</td></tr> <tr><td>Vacuum cleaner.....</td><td>1</td><td>2</td></tr> <tr><td>DVD player.....</td><td>1</td><td>2</td></tr> <tr><td>Jacuzzi bathtub.....</td><td>1</td><td>2</td></tr> <tr><td>Video security system (CCTV).....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Fixed telephone (non-mobile).....	1	2	Refrigerator.....	1	2	Bed.....	1	2	Electrical cooker.....	1	2	Computer / Laptop.....	1	2	Internet connection.....	1	2	Air-conditioning.....	1	2	Digital camera.....	1	2	Washing machine.....	1	2	Clothes dryer.....	1	2	Dishwasher.....	1	2	Vacuum cleaner.....	1	2	DVD player.....	1	2	Jacuzzi bathtub.....	1	2	Video security system (CCTV).....	1	2	
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HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK? [G] A TRACTOR?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Watch.....</td><td>1</td><td>2</td></tr> <tr><td>Mobile telephone.....</td><td>1</td><td>2</td></tr> <tr><td>Bicycle.....</td><td>1</td><td>2</td></tr> <tr><td>Motorcycle / Scooter.....</td><td>1</td><td>2</td></tr> <tr><td>Animal drawn-cart.....</td><td>1</td><td>2</td></tr> <tr><td>Car / Truck.....</td><td>1</td><td>2</td></tr> <tr><td>Tractor.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone.....	1	2	Bicycle.....	1	2	Motorcycle / Scooter.....	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	Tractor.....	1	2																																		
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Tractor.....	1	2																																																									
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If "Rented from someone else", circle '2'. For other responses, circle '6'.</i>	Own 1 Rent 2 Other (Not owned or rented) 6																																																										
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes 1 No 2	2⇒HC13																																																									
HC12. HOW MANY DUNUMS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN ALTOGETHER? <i>If less than 1, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	Dunums ____																																																										
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS OR POULTRY?	Yes 1 No 2	2⇒HC15																																																									
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD OWN? [A] HEIFERS, MILK COWS, CALVES OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS, CHICKS OR ROOSTERS? [H] OTHER POULTRY? [F] PIGS [G] BEE HIVES? <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	Heifers, milk cows, calves or bulls..... ____ Horses, donkeys, or mules..... ____ Goats..... ____ Sheep..... ____ Chickens, chicks or roosters..... ____ Other poultry..... ____ Pigs..... ____ Bee hives..... ____																																																										
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes 1 No 2																																																										

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR QUESTIONS ON CHILD DISCIPLINE

- List each of the children aged 2-14 years below in the order they appear in the Household Member Listing Form (module HL). Do not include any household members outside of the age range 2-14 years.
- Record the line number, name, gender, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).
- If there are no children aged 2-14 years in the household, skip to the next module.

CD1. Rank	CD2. Line number from HL1	CD3. Name from HL2	CD4. Gender from HL4		CD5. Age from HL6
Rank	Line no.	Name	M	F	Age
1	---		1	2	--- --
2	---		1	2	--- --
3	---		1	2	--- --
4	---		1	2	--- --
5	---		1	2	--- --
6	---		1	2	--- --
7	---		1	2	--- --
8	---		1	2	--- --
CD6.	Total children aged 2-14 years				--- --

- If there is only one child aged 2-14 years in the household, skip table 2 and go to CD8; enter '1' and continue with CD9.

TABLE 2: RANDOM SELECTION OF CHILD FOR QUESTIONS ON CHILD DISCIPLINE

- Use Table 2 to select **one child** between the ages of 2 and 14 years, if there is more than one child in the household within the specified age range.
- Check the last digit of the household number (HH2) from the cover page. This is the row number you should go to in the table below (CD7).
- Check the total number of eligible children (2-14) at CD6 in Table 1 above. This is the column number you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank of the child (CD1) for which the questions will be asked.

CD7. Last digit of household number (HH2)	Total number of eligible children in the household (CD6)								
	1	2	3	4	5	6	7	8+	
0	1	2	2	4	3	6	5	4	
1	1	1	3	1	4	1	6	5	
2	1	2	1	2	5	2	7	6	
3	1	1	2	3	1	3	1	7	
4	1	2	3	4	2	4	2	8	
5	1	1	1	1	3	5	3	1	
6	1	2	2	2	4	6	4	2	
7	1	1	3	3	5	1	5	3	
8	1	2	1	4	1	2	6	4	
9	1	1	2	1	2	3	7	5	

CD8. Record the rank of the selected child from Table 1 (CD1)

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank in CD8.

Name

Line number

CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN PROPER BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) DURING THE PAST MONTH.

CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.

Yes..... 1

No..... 2

CD12. EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.

Yes..... 1

No..... 2

CD13. SHOOK HIM/HER.

Yes..... 1

No..... 2

CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.

Yes..... 1

No..... 2

CD15. GAVE HIM/HER SOMETHING ELSE TO DO.

Yes..... 1

No..... 2

CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.

Yes..... 1

No..... 2

CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.

Yes..... 1

No..... 2

CD18. CALLED HIM/HER DUMB, LAZY OR A SIMILAR NAME.

Yes..... 1

No..... 2

CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.

Yes..... 1

No..... 2

CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM OR LEG.

Yes..... 1

No..... 2

CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER REPEATEDLY AS HARD AS ONE CAN.

Yes..... 1

No..... 2

CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?

Yes..... 1

No..... 2

Don't know / No opinion 8

HAND WASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed 1 Not observed Not in apartment/house / on estate..... 2 No permission to observe place 3 Other reason 6	2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. Observe the presence of water at the specific place for washing hands. <i>Verify by checking the tap/pump or sink, bucket, water container, etc., for presence of water.</i>	Water is available..... 1 Water is not available..... 2	
HW3. Record if soap or detergent is present at the specific place for washing hands. <i>Circle all that apply. Skip to HH19 if any soap or detergent code has been circled (A, B, C or D). If "None" is circled (Y), continue with HW4.</i>	Bar of soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Sand D None Y	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. DO YOU HAVE ANY SOAP, DETERGENT OR ANY OTHER CLEANING AGENT IN YOUR HOUSEHOLD USED FOR WASHING HANDS?	Yes 1 No 2	2⇨HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Record the observation. Circle all that apply.</i>	Bar of soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Sand D Not able to / Does not want to show Y	

HH19. Record the interview end time.	Hour and minutes :
---	--------------------------------

HH20. Thank the respondent for his/her cooperation and check the Household Member Listing Form:

A separate Questionnaire for Individual Women has been issued for each woman aged 15-49 years in the household list (HL7)

A separate Questionnaire for Children Under Five has been issued for each child under the age of 5 in the household list (HL9)

A separate Questionnaire for Individual Men has been issued for each man aged 15-49 years in the household list (HL7A)

Return to the cover page and make sure that all information has been entered, including the number of eligible women (HH12), children under 5 years of age (HH14) and eligible men (HH13A).

Organise the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



QUESTIONNAIRE FOR WOMEN AGED 15 TO 49
[Federation of BiH]

WOMAN'S INFORMATION PANEL		WM
This questionnaire is to be administered to all women age 15 through 49 (see Household Member Listing Form, column HL7 in the Household Questionnaire). A separate questionnaire should be used for each eligible woman.		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: _____ Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and code: _____ Name _____	WM6. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this woman:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM THE **FEDERAL MINISTRY OF HEALTH – INSTITUTE OF PUBLIC HEALTH OF THE FEDERATION OF BOSNIA AND HERZEGOVINA.** WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THIS INTERVIEW WILL TAKE ABOUT **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **20** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission given ⇨ Go to WM10 to record the time and then begin the interview.
- No, permission not given ⇨ Complete WM7. Inform your supervisor of this result.

WM7. Result of woman's interview	Questionnaire completed 01
	Respondent not at home 02
	Refused 03
	Questionnaire partly completed 04
	Respondent incapacitated 05
	Other (specify) _____ 96

WM8. Field edited by (Name and number) Name _____	WM9. Data entry operator (Name and number): Name _____
---	--

WM10. Record the interview start time.	Hour and minutes :	
---	--------------------------------	--

WOMAN'S BACKGROUND	WB
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WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month 98 Year DK year 9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?</i> <i>Compare WB1 and/or WB2 and correct if inconsistent</i>	Age (in completed years).....	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR A PRESCHOOL INSTITUTION?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST EDUCATION LEVEL YOU ATTENDED?	Preschool 0 Primary 1 Secondary 2 Higher 3	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE/YEAR YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter '00'</i>	Grade/year	
WB6. Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show the sentence on the card to the respondent. If the respondent cannot read the whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of the sentence 2 Able to read the whole sentence 3 The sentence isn't written in a language understood by the respondent 4 <i>(specify language)</i> Blind / mute, visually / speech impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY	MT
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MT1. Check WB7: <input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence available in required language (codes 2, 3 or 4) ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind/mute, etc. (codes 1 or 5) ⇒ Go to MT3		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH TV ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT5. Check WB2: Is the respondent aged 15-24 years? <input type="checkbox"/> Yes, age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MT9
MT7. IN THE LAST 12 MONTHS, HAVE YOU USED A COMPUTER FROM ANY LOCATION?	Yes 1 No 2	2⇒MT9
MT8. DURING THE LAST MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use of Internet from any location, with any device, etc.</i>	Yes 1 No 2	2⇒ Next Module
MT11. DURING THE LAST MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

CHILD MORTALITY		CM
<p>This module has to be administered to all women aged 15-49. Questions CM0-CM12 refer only to LIVE births.</p>		
<p>CM0. Check cluster number in WM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Continue with CM0A. <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Go to CM1</p>		
<p>CM0A. Now I would like to ask about all the births you have had during your lifetime. How many live born children have you had in your entire life? <i>Probe to determine whether respondent is referring to live born children.</i> BY LIVE BORN CHILDREN, I MEAN 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. If "None", circle '00'.</p>	None.....00 Number of live-born children__ __	⇒CM12A
<p>CM0B. What is the date of your last birth (even if the baby died)? <i>Month and year must be recorded.</i></p>	Date of last birth Day.....__ __ DK day98 Month.....__ __ Year__ __ __ __	⇒CM12A
<p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p>	Yes.....1 No.....2	2⇒CM8
<p>CM2. What was the date of your first birth? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i></p>	Date of first birth Day.....__ __ DK day98 Month.....__ __ DK month98 Year__ __ __ __ DK year9998	⇒CM4
<p>CM3. How many years ago did you have your first birth?</p>	Completed years since first birth.....__ __	
<p>CM4. Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	Yes.....1 No.....2	2⇒CM6
<p>CM5. How many sons live with you? How many daughters live with you? If none, record '00'.</p>	Sons living at home.....__ __ Daughters living at home.....__ __	
<p>CM6. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	Yes.....1 No.....2	2⇒CM8
<p>CM7. How many sons are alive but do not live with you? How many daughters are alive but do not live with you? If none, record '00'.</p>	Sons living elsewhere.....__ __ Daughters living elsewhere.....__ __	
<p>CM8. Have you ever given birth to a boy or girl who was born alive but later died? If "No" probe by asking: I MEAN TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	Yes.....1 No.....2	2⇒CM10
<p>CM9. How many boys have died? How many girls have died? If none, record '00'.</p>	Boys dead.....__ __ Girls dead.....__ __	
<p>CM10. Sum answers in CM5, CM7 and CM9.</p>	Sum.....__ __	
<p>CM11. Just to make sure that I have noted this correctly, you have had in total (total number in CM10) live births during your life. Is this correct? <input type="checkbox"/> Yes. Check and mark below: <input type="checkbox"/> No live births (i.e. the sum in CM10 equals 0) ⇒ Continue with CM12A <input type="checkbox"/> One or more live births ⇒ Continue with CM12 <input type="checkbox"/> No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</p>		

<p>CM12. OF THESE (total number in CM10) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? <i>Month and year must be recorded.</i></p>	Date of last birth Day.....__ __ DK day98 Month.....__ __ Year__ __ __ __			
<p>CM12A. SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A LIVE BIRTH. HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN A STILLBIRTH, OR THAT WAS TERMINATED EARLY (ABORTED)?</p>	Yes.....1 No.....2	2⇒CM13		
<p>CM12B. HOW MANY MISCARRIAGES HAVE YOU HAD DURING YOUR LIFETIME? BY MISCARRIAGE, I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5TH MONTH OF PREGNANCY.</p>	None.....00 Number of miscarriages.....__ __			
<p>CM12C. IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH? BY STILLBIRTH, I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5TH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.</p>	None.....00 Number of stillbirths.....__ __			
<p>CM12D. AND HOW MANY EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) HAVE YOU HAD DURING YOUR LIFETIME? BY EARLY TERMINATION OF PREGNANCY (ABORTION), I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	None.....00 Number of early terminations of pregnancy (abortions).....__ __	00⇒CM13		
<p>CM12E. WHEN DID YOUR (LAST) EARLY TERMINATION OF PREGNANCY (ABORTION) TAKE PLACE? <i>Month and year must be recorded.</i></p>	Date of (last) early termination of pregnancy (abortion) Month.....__ __ Year__ __ __ __			
<p>CM12F. Check in CM12E when the last abortion took place and if: <input type="checkbox"/> There are no abortions during the last 2 years. ⇒ Go to CM12J <input type="checkbox"/> The last abortion took place during the last 2 years, that is, since (the month of interviewing) in 2009 ⇒ Continue with CM12G</p>				
<p>CM12G. If the respondent has mentioned more than one early termination (abortion), i.e. CM12D is higher than 1, then ask her for the exact month and year of each mentioned early termination (abortion) that took place during the last 2 years, i.e. since (the month of interviewing) 2009. Write down month and year for each early termination (abortion) in CM12H, starting from the last, and for each recorded early termination (abortion) ask the respondent to tell you how many weeks/months she was pregnant when she had the early termination (abortion) and record this appropriately.</p>				
	Last early termination (abortion)	Previous to the last early termination (abortion)	Second last from the last early termination (abortion)	Third last from the last early termination (abortion)
<p>CM12H. WHAT MONTH AND YEAR DID YOUR (LAST) EARLY TERMINATION (ABORTION) TAKE PLACE?</p>	Don't ask, it is given in CM12E	Month.....__ __ Year.....__ __ __ __	Month.....__ __ Year.....__ __ __ __	Month.....__ __ Year.....__ __ __ __
<p>CM12I. HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED? If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months</p>	Weeks 1.....__ __ Months 2.....__ __	Weeks 1.....__ __ Months 2.....__ __	Weeks 1.....__ __ Months 2.....__ __	Weeks 1.....__ __ Months 2.....__ __
<p>CM12J. Check total number of early terminations (abortions) in CM12D and if total is: <input type="checkbox"/> from 01 to 04 ⇒ Go to CM13 <input type="checkbox"/> greater than 04 ⇒ Continue with CM12K</p>				
<p>CM12K. IN WHAT MONTH AND YEAR DID YOU HAVE YOUR <u>FIRST</u> EARLY TERMINATION OF PREGNANCY (ABORTION)?</p>	Date of first abortion Month.....__ __ DK month98 Year__ __ __ __ DK year9998			⇒CM13
<p>CM12L. HOW OLD WERE YOU WHEN YOU HAD YOUR <u>FIRST</u> EARLY TERMINATION (ABORTION)?</p>	Age (in completed years).....__ __			
<p>CM13. Check CM0B or CM12: Last birth occurred within the last 2 years, i.e. since (day and month of interview) in 2009 <input type="checkbox"/> No, there were no live births in the last 2 years or no live birth at all. ⇒ Go to ILLNESS SYMPTOM Module. <input type="checkbox"/> Yes, one or more live births in the last 2 years. ⇒ Ask for the name of the last-born child Name of last-born child.....</p> <p>If the child has died, take special care when referring to this child by name in the following modules. Continue with the next module.</p>				

CP2. AS WE MENTIONED EARLIER, COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID PREGNANCY?	Yes..... 1	2⇒Next Module
	No..... 2	
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	Female sterilisation.....A	
	Male sterilisation.....B	
	IUD.....C	
	Injectables.....D	
	Implants.....E	
	Pill.....F	
	Male condom.....G	
	Female condom.....H	
	Diaphragm.....I	
	Foam / Jelly.....J	
	Lactational amenorrhoea method (LAM).....K	
	Periodic abstinence / Rhythm.....L	
Withdrawal.....M		
Other (specify)..... X		

UNMET NEED		UN
UN1. Check CP1. Is the respondent currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No..... 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more children..... 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child..... 1 No more..... 2 Undecided / Don't know..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Is the respondent currently using "Female sterilisation"? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (ANOTHER) A CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (another) a child..... 1 No more / None..... 2 Says she cannot get pregnant..... 3 Undecided / Don't know..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (ANOTHER) A CHILD?	Months..... 1 ___ Years..... 2 ___ Soon / Now..... 993 Says she cannot get pregnant..... 994 After marriage..... 995 Other..... 996 Don't know..... 998	994⇒UN11
UN8. Check CP1. Is the respondent currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		
UN9. Check CP2. Is the respondent currently using a contraceptive method? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes..... 1 No..... 2 DK..... 8	1 ⇒ UN13 8 ⇒ UN13
UN11. Why do you think you are not physically able to get pregnant?	Infrequent or 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 amenorrhea.....F Still breastfeeding.....G Too old.....H Fatalistic.....I Other (specify)..... X Don't know..... Z	
UN12. Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago..... 1 ___ Weeks ago..... 2 ___ Months ago..... 3 ___ Years ago..... 4 ___ In menopause / Has had a hysterectomy..... 994 Before last birth..... 995 Never menstruated..... 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV
DV1. SOMETIMES A HUSBAND BECOMES ANNOYED OR GETS ANGRY AT THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:	Yes No DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling him..... 1 2 8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects the children..... 1 2 8	
[C] IF SHE ARGUES WITH HIM?	Argues with him..... 1 2 8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex..... 1 2 8	
[E] IF SHE BURNS THE FOOD?	Burns the food..... 1 2 8	

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 married..... 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 years ___ DK.....98	
MA2A. Check cluster number in WM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to MA7 <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with MA3.		
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes..... 1 No..... 2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number..... ___ 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 More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month..... ___ DK month.....98 Year ___ DK year9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ___	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before continuing, ensure you are alone with the respondent.		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GET A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU PROVIDE WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse00 Age in years ___ Had intercourse for the first time when started living with (first) husband/partner.....95	00⇒Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes..... 1 No..... 2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago1 ___ Weeks ago.....2 ___ Months ago3 ___ Years ago4 ___	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes..... 1 No..... 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THE PERSON YOU LAST HAD SEXUAL INTERCOURSE WITH? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse. If "boyfriend", then ask: Were you living together as if married? If response is "yes", circle '2'. If response is "no", circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Other (specify).....6	3 ⇒SB7 4 ⇒SB7 6 ⇒SB7
SB6. Check MA1: <input type="checkbox"/> Currently married or living with a man as if married (MA1 = 1 or 2) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner..... ___ DK.....98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes..... 1 No..... 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes..... 1 No..... 2	
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse If "boyfriend" then ask: Were you living together as if married? If "yes", circle '2'. If "no", circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Other (specify).....6	3 ⇒SB12 4 ⇒SB12 6 ⇒SB12
SB11. Check MA1 and MA7: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13 <input type="checkbox"/> Else ⇒ Continue with SB12		
SB12. HOW OLD IS THIS PERSON? <i>If response is DK, probe: About how old is this person?</i>	Age of sexual partner..... ___ DK.....98	
SB13. IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON, OTHER THAN THESE TWO PERSONS?	Yes..... 1 No..... 2	2⇒SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners..... ___	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners..... ___ DK.....98	

HIV/AIDS		HA																				
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE HIV VIRUS OR AN ILLNESS CALLED AIDS (OR SIDA)?	Yes..... 1 No..... 2	2 ⇒ Next Module																				
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE VIRUS THAT CAUSES AIDS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No..... 2 DK..... 8																					
HA3. CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No..... 2 DK..... 8																					
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE VIRUS THAT CAUSES AIDS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No..... 2 DK..... 8																					
HA5. CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS FROM MOSQUITO BITES?	Yes..... 1 No..... 2 DK..... 8																					
HA6. CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes..... 1 No..... 2 DK..... 8																					
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No..... 2 DK..... 8																					
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</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> </tbody> </table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8					
	Yes	No	DK																			
During pregnancy.....	1	2	8																			
During delivery.....	1	2	8																			
By breastfeeding.....	1	2	8																			
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE VIRUS THAT CAUSES AIDS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																					
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR SALESPERSON IF YOU KNEW THAT THIS PERSON HAD THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																					
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE VIRUS THAT CAUSES AIDS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																					
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR OWN HOUSEHOLD?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																					
HA13. Check CM13: Did the respondent have any live births in last 2 years? <input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
HA14. Check MN1: Did the respondent receive antenatal care? <input type="checkbox"/> Yes, received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> No, did not receive antenatal care ⇒ Go to HA24																						
HA15. DURING ANY OF THE VISITS AS PART OF ANTENATAL CARE FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES CONTRACTING THE VIRUS THAT CAUSES AIDS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE VIRUS THAT CAUSES AIDS? [C] GETTING TESTED FOR THE VIRUS THAT CAUSES AIDS? WERE YOU: [D] OFFERED A TEST FOR THE VIRUS THAT CAUSES AIDS?	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Contracting virus that causes AIDS from the mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>What things can be done.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for virus that causes AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Contracting virus that causes AIDS from the mother.....	1	2	8	What things can be done.....	1	2	8	Tested for virus that causes AIDS.....	1	2	8	Offered a test.....	1	2	8	
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Offered a test.....	1	2	8																			

HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE VIRUS THAT CAUSES AIDS AS PART OF YOUR ANTENATAL CARE (PREGNANCY CHECKS)?	Yes..... 1 No..... 2 DK..... 8	2 ⇒ HA19 8 ⇒ HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2 DK..... 8	2 ⇒ HA22 8 ⇒ HA22
HA18. Regardless of the result, all women who are tested are supposed to receive counselling / attend consultations after getting the result. After you were tested, did you receive counselling / attend consultations?	Yes..... 1 No..... 2 DK..... 8	1 ⇒ HA22 2 ⇒ HA22 8 ⇒ HA22
HA19. Check MN17: Was the birth delivered by a health professional (A or B)? <input type="checkbox"/> Yes, birth delivered by a health professional ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by a health professional ⇒ Go to HA24		
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE VIRUS THAT CAUSES AIDS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes..... 1 No..... 2	2 ⇒ HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2	
HA22. HAVE YOU BEEN TESTED FOR THE VIRUS THAT CAUSES AIDS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No..... 2	1 ⇒ HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE VIRUS THAT CAUSES AIDS?	Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3	1 ⇒ Next Module 2 ⇒ Next Module 3 ⇒ Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No..... 2	2 ⇒ HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2 DK..... 8	1 ⇒ Next Module 2 ⇒ Next Module 8 ⇒ Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No..... 2	

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED SMOKING CIGARETTES, EVEN TAKING ONE OR TWO PUFFS?	Yes..... 1 No..... 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED AN ENTIRE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette.....00 Age.....	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No..... 2	2⇒TA6
TA4. HOW MANY CIGARETTES DID YOU SMOKE IN THE LAST 24 HOURS?	Number of cigarettes.....	
TA5. ON HOW MANY DAYS DID YOU SMOKE CIGARETTES DURING THE LAST MONTH? <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 Every day / Almost every day.....30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS (E.G. CUBAN), A PIPE OR WATERPIPE (NARGHILE/HOOKAH)?	Yes..... 1 No..... 2	2⇒TA10
TA7. DURING THE LAST 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 DURING THE LAST MONTH? <i>Circle all mentioned responses.</i>	Cigars.....A Water pipe.....B Cigarillos.....C Pipe.....D Other (specify).....X	
TA9. ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS DURING THE LAST MONTH? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "every day" or "almost every day", circle '30'.</i>	Number of days.....0 10 days or more but less than a month.....10 Every day / Almost every day.....30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, TOBACCO FOR SNIFFING (SNUFF) OR DIPPING TOBACCO?	Yes..... 1 No..... 2	2 ⇒TA14
TA11. DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS DURING THE LAST MONTH?	Yes..... 1 No..... 2	2 ⇒TA14
TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST MONTH? <i>Circle all mentioned.</i>	Chewing tobacco.....A Snuff.....B Dip.....C Other (specify).....X	
TA13. ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS DURING THE LAST MONTH? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "every day" or "almost every day", circle '30'.</i>	Number of days.....0 10 days or more but less than a month.....10 Every day / 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⇒Next Module
TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF STRONG DRINK. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol.....00 Age.....	00⇒Next Module
TA16. DURING THE LAST MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <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 "every day" or "almost every day", circle '30'.</i>	Did not have one drink in last month.....00 Number of days.....0 10 days or more but less than a month.....10 Every day / Almost every day.....30	00⇒Next Module
TA17. IN THE LAST MONTH, ON THOSE DAYS THAT YOU DRANK ALCOHOL, WHAT IS THE NUMBER OF DRINKS DID YOU USUALLY HAD?	Number of drinks.....	

LIFE SATISFACTION		LS
LS1. Check WB2: Is the respondent aged between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module <input type="checkbox"/> Age 15-24 ⇒ Continue with LS2		
LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, HAPPY, NEITHER HAPPY NOR UNHAPPY, UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU RESPOND. <i>Show side 1 of the showcard to the respondent and explain what each symbol represents. Circle the response code selected by the respondent.</i>	Very happy..... 1 Happy..... 2 Neither happy nor unhappy..... 3 Unhappy..... 4 Very unhappy..... 5	
LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS OF YOUR LIFE. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU RESPOND. <i>Show side 2 of the showcard to the respondent and explain what each symbol represents. For questions LS3 to LS13, circle the response code shown by the respondent.</i> HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
LS5. DURING THE CURRENT (2011-2012) SCHOOL/ACADEMIC YEAR, DID YOU ATTEND SCHOOL/UNIVERSITY AT ANY TIME?	Yes..... 1 No..... 2	2⇒LS7
LS6. HOW SATISFIED ARE YOU WITH YOUR SCHOOL/UNIVERSITY?	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he/she does not have a job, circle '0' and continue with the next question. Do not ask additional questions to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job..... 0 Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	

LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent responds that he/she does not have any income, circle '0' and continue with the next question. Do not ask additional questions to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved..... 1 More or less the same 2 Worsened 3	
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better 1 More or less the same 2 Worse..... 3	

HEALTH CARE		HE
HE0. Check cluster number in WM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to WM11 <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with HE1.		
HE1. DO YOU HAVE A HEALTH BOOKLET?	Yes 1 No..... 2	
HE2. DO YOU HAVE HEALTH INSURANCE?	Yes 1 No..... 2	1 ⇒ HE9
HE3. DO YOU USE HEALTH CARE SERVICES AT THE HEALTH CENTRE?	Yes 1 No..... 2	2 ⇒ HE5
HE4. ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HEALTH CENTRE OF CHARGE?	Yes 1 No..... 2	
HE5. DO YOU USE HEALTH CARE SERVICES AT THE HOSPITAL?	Yes 1 No..... 2	2 ⇒ HE7
HE6. ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HOSPITAL FREE OF CHARGE?	Yes 1 No..... 2	
HE7. DO YOU USE EMERGENCY HEALTH CARE SERVICES?	Yes 1 No..... 2	2 ⇒ HE9
HE8. ARE YOU PROVIDED WITH EMERGENCY HEALTH CARE SERVICES FREE OF CHARGE?	Yes 1 No..... 2	
HE9. DO YOU PAY ALL NECESSARY HEALTH CARE SERVICES AND MEDICATION?	Yes 1 Sometimes yes, sometimes no 2 No..... 3	1 ⇒ WM11
HE10. DO YOU PAY ONLY VITAL/URGENTLY NEEDED HEALTH CARE SERVICES AND MEDICATIONS?	Yes 1 No..... 2	1 ⇒ WM11
HE11. CAN YOU AFFORD MEDICATIONS WITHOUT ONE-OFF FINANCIAL ASSISTANCE?	Yes 1 No..... 2	

WM11. Record the interview end time.	Hour and minutes : ..	
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WM12. Check the Household Member Listing Form, column HL9 in the Household Questionnaire. <i>Is the respondent the mother or caretaker of any child aged 0-4 living in this household?</i> <input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with the same respondent. <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation. <i>Check for the presence of any other eligible women, men or children under-5 in the household.</i>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Showcards were used to help respondents answer questions for the 'Life Satisfaction' module (LS) and the 'Life Satisfaction' module (MLS) contained in the Questionnaire for Women Aged 15-49 and the Questionnaire for Men Aged 15-49, respectively.

SIDE 1: SHOWCARD LS 1 / MLS 1

Very happy	Happy	Neither happy, nor unhappy	Unhappy	Very unhappy
				

SIDE 2: SHOWCARD LS 2 / MLS 2

Very satisfied	Satisfied	Neither satisfied, nor unsatisfied	Unsatisfied	Very unsatisfied
				



MAN'S INFORMATION PANEL		MWM
<p><i>This questionnaire is to be administered to all men age 15 through 49 (see Household Member Listing Form, column HL7A in the Household Questionnaire). A separate questionnaire should be used for each eligible man.</i></p>		
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name: _____ Name _____	MWM4. Man's line number: _____	
MWM5. Interviewer name and code: _____ Name _____	MWM6. Day / Month / Year of interview: _____/_____/_____	

Repeat greeting if not already read to this man:

If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:

WE ARE FROM THE **MINISTRY OF HEALTH AND SOCIAL WELFARE OF THE REPUBLIC OF SRPSKA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE UP TO **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE UP TO **20** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission given ⇒ Go to MWM10 to record the time and then begin the interview.
- No, permission not given ⇒ Complete MWM7. Inform your supervisor of this result.

MWM7. Result of man's interview	Questionnaire completed01
	Respondent not at home02
	Refused03
	Questionnaire partly completed04
	Respondent incapacitated05
	Other (specify).....96

MWM8. Field edited by (Name and number): Name _____	MWM9. Data entry operator (Name and number): Name _____
---	---

MWM10. Record the interview start time.	Hour and minutes:.....	
--	------------------------------	--

MAN'S BACKGROUND		MWB
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month98 Year DK year9998	
MWB2. HOW OLD ARE YOU? <i>Probe:</i> HOW OLD WERE YOU ON YOUR LAST BIRTHDAY? <i>Compare MWB1 and/or MWB2 and correct if inconsistent.</i>	Age (in completed years).....	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR A PRESCHOOL INSTITUTION?	Yes 1 No 2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST EDUCATION LEVEL YOU ATTENDED?	Preschool 0 Primary 1 Secondary 2 Higher 3	0⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE/YEAR YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter '00'.</i>	Grade/year	
MWB6. Check MWB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with MWB7		
MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show the sentence on the card to the respondent. If the respondent cannot read the whole sentence, probe:</i> <i>Can you read part of the sentence to me?</i>	Cannot read at all 1 Able to read only parts of the sentence 2 Able to read the whole sentence 3 The sentence isn't written in a language understood by the respondent 4 <i>(specify language)</i> Blind / mute, visually / speech impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MMT
MMT1. Check MWB7: <input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with MMT2 <input type="checkbox"/> Able to read or no sentence available in required language (codes 2, 3 or 4) ⇒ Continue with MMT2 <input type="checkbox"/> Cannot read at all or blind/mute, etc. (codes 1 or 5) ⇒ Go to MMT3		
MMT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MMT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MMT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH TV ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MMT5. Check MWB2: Is the respondent aged 15-24 years? <input type="checkbox"/> Yes, age 15-24 ⇒ Continue with MMT6 <input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module		
MMT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MMT9
MMT7. IN THE LAST 12 MONTHS, HAVE YOU USED A COMPUTER FROM ANY LOCATION?	Yes 1 No 2	2⇒MMT9
MMT8. DURING THE LAST MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MMT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒Next Module
MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use of Internet from any location, with any device, etc.</i>	Yes 1 No 2	2⇒Next Module
MMT11. DURING THE LAST MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

CHILD MORTALITY		MCM
MCM0. Check cluster number in MWM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to Next Module <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with MCM1.		
All questions refer only to LIVE births.		
MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFETIME. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME. HAVE YOU HAD ANY BIOLOGICAL CHILDREN WITH ANY WOMAN?	Yes 1 No 2 DK 8	2 ⇒ MCM8 8 ⇒ MCM8
MCM3. HOW OLD WERE YOU WHEN YOUR (FIRST) CHILD WAS BORN?	Age in years	
MCM4. DO YOU HAVE ANY BIOLOGICAL SONS OR DAUGHTERS WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2 ⇒ MCM6
MCM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Number of sons at home Number of daughters at home	
MCM6. DO YOU HAVE ANY BIOLOGICAL SONS OR DAUGHTERS WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2 ⇒ MCM8
MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons living elsewhere Daughters living elsewhere	
MCM8. HAVE YOU HAD A BIOLOGICAL SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking additional question:</i> I MEAN, 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 No 2	2 ⇒ MCM10
MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead Girls dead	
MCM10. Sum answers to questions MCM5, MCM7 and MCM9.	Sum	
MCM11. JUST TO MAKE SURE THAT I HAVE NOTED THIS CORRECTLY, IN TOTAL YOU HAVE BEEN THE BIOLOGICAL FATHER OF (total number in MCM10) LIVE-BORN CHILDREN DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. Check and note below: <input type="checkbox"/> No live-born children ⇒ Go to Next Module <input type="checkbox"/> One or more live-born children ⇒ Continue with MCM11A <input type="checkbox"/> No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary.		
MCM11A. Did all the biological children you have, have the same biological mother?	Yes 1 No 2	1 ⇒ MCM12
MCM11B. In all, how many women have you had biological children with?	Number of women.....	
MCM12. OF THESE (total number in MCM10) BIOLOGICAL CHILDREN, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Date of last birth Day DK day98 Month Year	

ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV
MDV1. SOMETIMES A HUSBAND BECOMES ANNOYED OR GETS ANGRY AT THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS: [A] IF SHE GOES OUT WITHOUT TELLING HIM? [B] IF SHE NEGLECTS THE CHILDREN? [C] IF SHE ARGUES WITH HIM? [D] IF SHE REFUSES TO HAVE SEX WITH HIM? [E] IF SHE BURNS THE FOOD?	Yes No DK Goes out without telling him 1 2 8 Neglects the children 1 2 8 Argues with him 1 2 8 Refuses sex 1 2 8 Burns the food 1 2 8	

MARRIAGE/UNION		MMA
MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a woman 2 No, not married 3	3 ⇒ MMA5
MMA2. HOW OLD IS YOUR WIFE/PARTNER? <i>PROBE: HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY?</i>	Age in years DK98	
MMA2A. Check cluster number in MWM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to MMA7. <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with MMA3.		
MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes (More than one) 1 No (Only one) 2	2 ⇒ MMA7
MMA4. HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE?	Number	⇒ MMA7
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived in with a woman 2 No 3	3 ⇒ Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MMA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month DK month98 Year DK year9998	⇒ Next Module
MMA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years	

SEXUAL BEHAVIOUR		MSB
Check for the presence of others. Before continuing, ensure you are alone with the respondent.		
MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GET A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU PROVIDE WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse00 Age in years Had intercourse for the first time when started living with (first) wife/partner95	00⇒Next Module
MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2 DK / Don't remember 8	
MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE THE ANSWER MUST BE RECORDED IN YEARS.	Days ago1 ___ Weeks ago2 ___ Months ago3 ___ Years ago4 ___	4⇒MSB15
MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2	
MSB5. WHAT WAS YOUR RELATIONSHIP TO THE PERSON YOU LAST HAD SEXUAL INTERCOURSE WITH? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse.</i> If "girlfriend", then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If response is "yes", circle '2'. If response is "no", circle '3'.	Wife..... 1 Cohabiting partner 2 Girlfriend..... 3 Casual acquaintance 4 Sex worker 5 Other (specify) 6	3⇒MSB7 4⇒MSB7 5⇒MSB7 6⇒MSB7
MSB6. Check MMA1: <input type="checkbox"/> Currently married or living as if married with a woman (MMA1 = 1 or 2) ⇒ Go to MSB8 <input type="checkbox"/> Not married / Not in a union (MMA1 = 3) ⇒ Continue with MSB7		
MSB7. HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner DK.....98	
MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MSB15
MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	
MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> If "girlfriend" then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If "yes", circle '2'. If "no", circle '3'.	Wife..... 1 Cohabiting partner 2 Girlfriend..... 3 Casual acquaintance 4 Sex worker 5 Other (specify) 6	3⇒MSB12 4⇒MSB12 5⇒MSB12 6⇒MSB12
MSB11. Check MMA1 and MMA7: <input type="checkbox"/> Currently married or living with a woman (MMA1 = 1 or 2) AND Married only once or lived with a woman only once (MMA7 = 1) ⇒ Go to MSB13 <input type="checkbox"/> Else ⇒ Continue with MSB12		
MSB12. HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner DK.....98	
MSB13. IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON, OTHER THAN THESE TWO PERSONS?	Yes 1 No 2	2⇒MSB15
MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners.....	
MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.	Number of lifetime partners..... DK.....98	

HIV/AIDS		MHA
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE HIV VIRUS OR AN ILLNESS CALLED AIDS (OR SIDA)?	Yes 1 No 2	2⇒ Next Module
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE VIRUS THAT CAUSES AIDS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8	
MHA3. CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE VIRUS THAT CAUSES AIDS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8	
MHA5. CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8	
MHA6. CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK 8	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE VIRUS THAT CAUSES AIDS?	Yes 1 No 2 DK 8	
MHA8. 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	
MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE VIRUS THAT CAUSES AIDS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR SALESPERSON IF YOU KNEW THAT THIS PERSON HAD THE VIRUS THAT CAUSES AIDS?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE VIRUS THAT CAUSES AIDS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE VIRUS THAT CAUSES AIDS?	Yes 1 No 2	2⇒MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THIS TEST?	Yes 1 No 2 DK 8	1⇒Next Module 2⇒Next Module 8⇒Next Module
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE VIRUS THAT CAUSES AIDS?	Yes 1 No 2	

TOBACCO AND ALCOHOL USE		MTA
MTA1. HAVE YOU EVER TRIED SMOKING CIGARETTES, EVEN TAKING ONE OR TWO PUFFS?	Yes..... 1 No..... 2	2⇒MTA6
MTA2. HOW OLD WERE YOU WHEN YOU SMOKED AN ENTIRE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette.....00 Age..... ____	00⇒MTA6
MTA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No..... 2	2⇒MTA6
MTA4. HOW MANY CIGARETTES DID YOU SMOKE DURING THE LAST MONTH?	Number of cigarettes..... ____	
MTA5. DURING THE LAST 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	
MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS (E.G. CUBAN), A PIPE OR WATERPIPE (NARGHILE/HOOKAH)?	Yes..... 1 No..... 2	2⇒MTA10
MTA7. DURING THE LAST MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes..... 1 No..... 2	2⇒MTA10
MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST MONTH? <i>Circle all mentioned responses.</i>	CigarsA Water pipe.....B CigarillosC Pipe.....D Other (<i>specify</i>).....X	
MTA9. ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS DURING THE LAST MONTH? <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	
MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, TOBACCO FOR SNIFFING (SNUFF) OR DIPPING TOBACCO?	Yes..... 1 No..... 2	2 ⇒MTA14
MTA11. DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS DURING THE LAST MONTH?	Yes..... 1 No..... 2	2 ⇒MTA14
MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST MONTH? <i>Circle all mentioned.</i>	Chewing tobaccoA Snuff.....B DipC Other (<i>specify</i>).....X	
MTA13. ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS DURING THE LAST MONTH? <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	
MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes..... 1 No..... 2	2⇒Next Module
MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF STRONG DRINK. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, NOT COUNTING A FEW SIPS?	Never had one drink of alcohol.....00 Age..... ____	00⇒Next Module
MTA16. DURING THE LAST MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <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 month00 Number of days.....0 ____ 10 days or more but less than a month.....10 Everyday / Almost every day.....30	00⇒Next Module
MTA17. IN THE LAST MONTH, ON THOSE DAYS THAT YOU DRANK ALCOHOL, WHAT IS THE NUMBER OF DRINKS DID YOU USUALLY HAD?	Number of drinks..... ____	

LIFE SATISFACTION		MLS
MLS1. Check MWB2: Is the respondent aged between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module <input type="checkbox"/> Age 15-24 ⇒ Continue with MLS2		
MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, HAPPY, NEITHER HAPPY NOR UNHAPPY, UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU RESPOND. <i>Show side 1 of the showcard to the respondent and explain what each symbol represents. Circle the response code selected by the respondent.</i>	Very happy..... 1 Happy 2 Neither happy nor unhappy..... 3 Unhappy 4 Very unhappy..... 5	
MLS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS OF YOUR LIFE. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU RESPOND. <i>Show side 2 of the showcard to the respondent and explain what each symbol represents. For questions MLS3 to MLS13, circle the response code shown by the respondent.</i>	Very satisfied 1 Satisfied 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied 5	
MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied 1 Satisfied 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied 5	
MLS5. DURING THE CURRENT (2011-2012) SCHOOL/ACADEMIC YEAR, DID YOU ATTEND SCHOOL/ UNIVERSITY AT ANY TIME?	Yes 1 No 2	2⇒MLS7
MLS6. HOW SATISFIED ARE YOU WITH YOUR SCHOOL/UNIVERSITY?	Very satisfied 1 Satisfied 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied 5	
MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he/she does not have a job, circle '0' and continue with the next question. Do not ask additional questions to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job..... 0 Very satisfied 1 Satisfied 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied 5	
MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Satisfied 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied 5	
MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Satisfied 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied 5	

MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent responds that he/she does not have any income, circle '0' and continue with the next question. Do not ask additional questions to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved..... 1 More or less the same 2 Worsened 3	
MLS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better 1 More or less the same 2 Worse..... 3	

HEALTH CARE		MHE
MHE0. Check cluster number in MWM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to MWB11 <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with MHE1.		
MHE1. DO YOU HAVE A HEALTH BOOKLET?	Yes 1 No..... 2	
MHE2. DO YOU HAVE HEALTH INSURANCE?	Yes 1 No..... 2	1 ⇒ MHE9
MHE3. DO YOU USE HEALTH CARE SERVICES AT THE HEALTH CENTRE?	Yes 1 No..... 2	2 ⇒ MHE5
MHE4. ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HEALTH CENTRE FREE OF CHARGE?	Yes 1 No..... 2	
MHE5. DO YOU USE HEALTH CARE SERVICES AT THE HOSPITAL?	Yes 1 No..... 2	2 ⇒ MHE7
MHE6. ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HOSPITAL FREE OF CHARGE?	Yes 1 No..... 2	
MHE7. DO YOU USE EMERGENCY HEALTH CARE SERVICES?	Yes 1 No..... 2	2 ⇒ MHE9
MHE8. ARE YOU PROVIDED WITH EMERGENCY HEALTH CARE SERVICES FREE OF CHARGE?	Yes 1 No..... 2	
MHE9. DO YOU PAY ALL NECESSARY HEALTH CARE SERVICES AND MEDICATION?	Yes 1 Sometimes yes, sometimes no 2 No..... 3	1 ⇒ MWB11
MHE10. DO YOU PAY ONLY VITAL/URGENTLY NEEDED HEALTH CARE SERVICES AND MEDICATIONS?	Yes 1 No..... 2	1 ⇒ MWB11
MHE11. CAN YOU AFFORD MEDICATIONS WITHOUT ONE-OFF FINANCIAL ASSISTANCE?	Yes 1 No..... 2	

MWB11. Record the interview end time.	Hour and minutes : ..	
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MWB12. Check Household Member Listing Form, column HL9 in the Household Questionnaire. <i>Is the respondent the caretaker of any child aged 0-4 living in this household?</i> <input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with the same respondent. <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him for his cooperation. <i>Check for the presence of any other eligible men in the household.</i>
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Interviewer's Observations

Controller's Observations

Supervisor's Observations



QUESTIONNAIRE FOR CHILDREN UNDER FIVE
[Brcko District of BiH]

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Member Listing Form, column HL9 in the Household Questionnaire) who care for a child that lives with them and is under the age of 5 (see Household Member Listing Form, column HL6 in the Household Questionnaire).</i> A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and code: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / _____	

Repeat greeting if not already read to this respondent:

If greeting at the beginning of the household questionnaire has already been read to this respondent, then read the following:

WE ARE FROM THE DEPARTMENT OF HEALTH AND OTHER SERVICES OF THE GOVERNMENT OF THE BRCKO DISTRICT OF BOSNIA AND HERZEGOVINA. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (child's name from UF3)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE UP TO 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE UP TO 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission not given ⇒ Complete UF9. Inform your supervisor of this result.

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Questionnaire completed 01</p> <p>Respondent not at home 02</p> <p>Interview refused 03</p> <p>Questionnaire partly completed 04</p> <p>Respondent incapacitated 05</p> <p>Other (specify) 96</p>
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<p>UF10. Field edited by (Name and number):</p> <p>Name..... _____</p>	<p>UF11. Data entry operator (Name and number):</p> <p>Name..... _____</p>
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UF12. Record the interview start time.	Hour and minutes : ____
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AGE OF CHILD		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE (name)'S HEALTH.</p> <p>IN WHAT MONTH AND YEAR WAS (name) BORN?</p> <p>Probe: WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact date of birth, also enter the day; otherwise, circle '98' for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day 98</p> <p>Month ____</p> <p>Year ____</p>	
<p>AG2. HOW OLD IS (name)?</p> <p>Probe: HOW OLD WAS (name) ON HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if child is less than 1 year old.</i></p> <p><i>Compare AG1 and/or AG2 and correct if inconsistent.</i></p>	<p>Age (in completed years)..... ____</p>	

BIRTH REGISTRATION		BR
<p>BR0. Check cluster number in UF1.</p> <p><input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to next module.</p> <p><input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Go to BR1</p>		
<p>BR1. DOES (name) HAVE A BIRTH CERTIFICATE?</p> <p><i>If "Yes", ask: MAY I SEE IT?</i></p>	<p>Yes, seen 1</p> <p>Yes, not seen 2</p> <p>No 3</p> <p>DK 8</p>	<p>1 ⇒ Next Module</p> <p>2 ⇒ Next Module</p>
<p>BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE REGISTRY OFFICE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1 ⇒ Next Module</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH IN THE BIRTH REGISTER?</p>	<p>Yes 1</p> <p>No 2</p>	

EARLY CHILDHOOD DEVELOPMENT		EC																																			
<p>EC1. How many children's books or picture books do you have for (<i>name</i>)?</p>	None.....00 Number of children's books.....0__ Ten or more books 10																																				
<p>EC2. I am interested in learning about the things that (<i>name</i>) plays with when he/she is at home.</p> <p>Does he/she play with:</p> <p>[A] Homemade toys (such as dolls, cars, or other toys made at home)?</p> <p>[B] Toys from a shop or manufactured toys?</p> <p>[C] Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks or leaves)?</p> <p><i>If the respondent says "YES" to any of the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i></p>	<p style="text-align: right;">Y N DK</p> Homemade toys 1 2 8 Toys from a shop..... 1 2 8 Household objects or outside objects 1 2 8																																				
<p>EC3. Sometimes adults taking care of children have to leave the house to go shopping, to the doctor or for other reasons and have to leave young children.</p> <p>On how many days in the past week was (<i>name</i>):</p> <p>[A] Left alone for more than an hour?</p> <p>[B] Left in the care of another child, that is, someone less than 10 years old, for more than one hour?</p> <p><i>If response is "none" enter '0'. If response is "don't know" enter '8'.</i></p>	Number of days child was left alone for more than an hour.....__ Number of days child was left with other child for more than one hour.....__																																				
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child aged 3 or 4 years ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child aged 0, 1 or 2 years ⇒ Go to Next Module</p>																																					
<p>EC5. Does (<i>name</i>) attend any organised learning or early childhood education programme, such as a private or public facility, including kindergarten or a child care centre in the community?</p>	Yes..... 1 No..... 2 DK..... 8	2⇒EC7 8⇒EC7																																			
<p>EC6. Within the last 7 days, about how many hours did (<i>name</i>) attend?</p>	Number of hours __ __																																				
<p>EC7. In the past 3 days, were you or any household member over 15 years of age involved in any of the following activities with (<i>name</i>):</p> <p><i>If "Yes", ask:</i> Who was involved in this activity with (<i>name</i>)?</p> <p><i>Circle all responses that apply.</i></p> <p>[A] Read books to (<i>name</i>) or looked at picture books with (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to (<i>name</i>) or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home or yard?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things to or with (<i>name</i>)?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted/drew</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted/drew	A	B	X	Y	
	Mother	Father	Other	No one																																	
Read books	A	B	X	Y																																	
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Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted/drew	A	B	X	Y																																	

<p>EC8. I would like to ask you some questions about the health and development of your child. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of your child's development.</p> <p>Can (<i>name</i>) identify or name at least ten letters of the (Latin/Cyrillic) alphabet?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC9. Can (<i>name</i>) read at least four simple, popular words?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC10. Does (<i>name</i>) know the name and recognise the symbol of all numbers from 1 to 10?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC11. Can (<i>name</i>) pick up a small object with two fingers, like a stick or a rock from the ground?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC12. Is (<i>name</i>) sometimes too sick to play?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC13. Does (<i>name</i>) follow simple directions on how to do something correctly?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC14. When (<i>name</i>) is given something to do, can he/she do it independently?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC15. Does (<i>name</i>) get along well with other children?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC16. Does (<i>name</i>) bite or hit other children or adults?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC17. Does (<i>name</i>) get distracted easily?</p>	Yes..... 1 No..... 2 DK..... 8	

BREASTFEEDING		BF
BF1. Has (<i>name</i>) EVER BEEN BREASTFED?	Yes..... 1 No..... 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. Is HE/SHE STILL BEING BREASTFED?	Yes..... 1 No..... 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE LIQUID EVEN IF IT WAS COMBINED WITH OTHER FOODS. Did (<i>name</i>) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF4. Did (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. How MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... ___	
BF6. Did (<i>name</i>) DRINK MILK, SUCH AS POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. How MANY TIMES DID (<i>name</i>) DRINK POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... ___	
BF8. Did (<i>name</i>) DRINK JUICE OR FRUIT DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF9. Did (<i>name</i>) DRINK CLEAR SOUP (YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF10. Did (<i>name</i>) CONSUME VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF11. Did (<i>name</i>) DRINK AN ORAL REHYDRATION SOLUTION (ORS) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF12. Did (<i>name</i>) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF13. Did (<i>name</i>) DRINK OR EAT SOUR-MILK OR YOGHURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. How MANY TIMES DID (<i>name</i>) DRINK OR EAT SOUR-MILK OR YOGHURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... ___	
BF15. Did (<i>name</i>) EAT THIN PORRIDGE OR SEMOLINA PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF16. Did (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. How MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... ___	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes..... 1 No..... 2 DK..... 8	

CARE FOR ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes..... 1 No..... 2 DK..... 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK WHILE HE/SHE HAD DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT OR MORE THAN USUAL? <i>If response is "Less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less..... 1 Somewhat less..... 2 About the same..... 3 More..... 4 Nothing to drink..... 5 DK..... 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL OR NOTHING? <i>If response is "Less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less..... 1 Somewhat less..... 2 About the same..... 3 More..... 4 Stopped food..... 5 Never gave food..... 6 DK..... 8	
CA4. DURING THE PERIOD OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: <i>Read each item aloud and record response before continuing with the next item.</i> [A] A FLUID FOR ORAL REHYDRATION MADE FROM A SPECIAL INFUSION CALLED OROSAL, NELIT OR SOMETHING SIMILAR? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Y N DK Fluid from ORS packet..... 1 2 8 Pre-packaged ORS fluid..... 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes..... 1 No..... 2 DK..... 8	2⇒CA7 8⇒CA7
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write the name of every medicine mentioned.</i> _____ (Name of medicine)	Pill or Syrup Antibiotic.....A Medicine for diarrhoea (antimotility).....B Zinc.....C Other (Excluding antibiotic, medicine for diarrhoea (antimotility) or zinc).....G Unknown pill or syrup.....H Injection Antibiotic.....L Not an antibiotic.....M Unknown injection.....N Intravenous infusion.....O Home remedy / Herbal medicine.....Q Other (specify).....X	
CA7. DURING THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?	Yes..... 1 No..... 2 DK..... 8	2⇒CA14 8⇒CA14
CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes..... 1 No..... 2 DK..... 8	2⇒CA14 8⇒CA14

CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only 1 Blocked or runny nose only 2 Both 3	2⇒CA14
	Other (specify) 6 DK 8	6⇒CA14
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒CA12 8⇒CA12
	Public sector Hospital A Health centre B Mobile (visiting) clinic E Other public institution (specify) H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Private mobile (visiting) clinic L Other private medical institution (specify) O Other source Relative / Friend P Shop Q Traditional practitioner R Other (specify) X	
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all service providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the institution/organisation.</i> _____ (Name of institution/organisation)		
CA12. WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒CA14 8⇒CA14
	Antibiotic Pill / Syrup A Injection B Paracetamol / Panadol P Aspirin Q Ibuprofen R Other (specify) X DK Z	
CA13. WHAT MEDICINE WAS (name) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines given. Write the name of every medicine mentioned.</i> _____ (Names of medicines)		
CA14. Check AG2: Is the child aged under 3? <input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to Next Module		
CA15. THE LAST TIME (name) PASSED STOOLS, HOW WERE THE STOOLS DISPOSED OF?	Child used toilet / latrine 01 Put / Rinsed into toilet or latrine 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06 Other (specify) 96 DK 98	

IMMUNISATION										IM		
<i>If a health booklet / immunisation card is available, copy the dates in IM3 for each type of immunisation recorded in the booklet / on the card. Questions IM6-IM16 are for registering the vaccinations that are not recorded in the booklet / on the card. IM6-IM16 will only be asked when a card is not available.</i>												
IM1. DO YOU HAVE A HEALTH BOOKLET / VACCINATION CARD IMMUNISATIONS (name) RECEIVED ARE RECORDED? (If "Yes") MAY I SEE IT PLEASE?					Yes, seen 1 Yes, not seen 2 No booklet / card 3			1⇒IM3 2⇒IM6				
IM2. DID YOU EVER HAVE A HEALTH BOOKLET / VACCINATION CARD FOR (name)?					Yes 1 No 2			1⇒IM6 2⇒IM6				
IM3. a) Copy dates for each vaccination from the booklet. b) Write '44' in day column if booklet shows that vaccination was given but no date recorded.					Date of Immunisation							
					Day		Month		Year			
[A] BCG	BCG											
[B] Polio 1	IPV1/OPV1											
[C] Polio 2	IPV2/OPV2											
[D] Polio 3	IPV3/OPV3											
[E] Polio 4	IPV4/OPV4											
[F] Di-Te-Per1	DPT1											
[G] Di-Te-Per2	DPT2											
[H] Di-Te-Per3	DPT3											
[I] Di-Te-Per4	DPT4											
[J] HepB1 at birth	H1											
[K] HepB2	H2											
[L] HepB3	H3											
[M] Hib1	Hib1											
[N] Hib 2	Hib2											
[O] Hib 3	Hib3											
[P] Hib 4 (Only for RS & BD)	Hib4											
[Q] Mo-Ru-Pa (MMR)	MMR											
IM4. Check IM3. Have all vaccines (BCG to MMR) been recorded? <input type="checkbox"/> Yes ⇒ Go to UF13 <input type="checkbox"/> No ⇒ Continue with IM5												

IM5. IN ADDITION TO WHAT IS RECORDED IN THIS BOOK / ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINES? Record 'Yes' only if respondent mentions vaccines listed in the table above.	Yes..... 1 (Probe for vaccinations and write '66' in the corresponding column for the day for each vaccine mentioned. Then skip to UF13) No..... 2 DK..... 8	2⇒UF13 8⇒UF13
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM CONTRACTING DISEASES?	Yes..... 1 No..... 2 DK..... 8	2⇒UF13 8⇒UF13
IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes..... 1 No..... 2 DK..... 8	
IM8. HAS (name) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH OR INJECTION TO PROTECT HIM/HER FROM GETTING CHILD PARALYSIS (POLIO)?	Yes..... 1 No..... 2 DK..... 8	2⇒IM11 8⇒IM11
IM10. HOW MANY TIMES WAS THE VACCINE AGAINST CHILD PARALYSIS (POLIO) RECEIVED?	Number of times.....	
IM11. HAS (name) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR ARM (SHOULDER) – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? Probe by explaining that the DPT vaccination is sometimes given at the same time as the polio vaccination.	Yes..... 1 No..... 2 DK..... 8	2⇒IM13 8⇒IM13
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times.....	
IM13. HAS (name) EVER BEEN GIVEN A HEPATITIS B (INFECTIOUS JAUNDICE) VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR ARM (SHOULDER) – TO PREVENT HIM/HER FROM GETTING HEPATITIS B (INFECTIOUS JAUNDICE)? Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines	Yes..... 1 No..... 2 DK..... 8	2⇒IM15A 8⇒IM15A
IM14. WAS THE FIRST HEPATITIS B (INFECTIOUS JAUNDICE) VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours..... 1 Later 2	
IM15. HOW MANY TIMES WAS A HEPATITIS B (INFECTIOUS JAUNDICE) VACCINE RECEIVED?	Number of times.....	
IM15A. HAS (name) EVER BEEN GIVEN TWO VACCINATIONS AT THE SAME TIME, – THAT IS, TWO INJECTIONS IN THE ARM (SHOULDER) OR ONE IN THE THIGH AND ONE IN THE ARM (SHOULDER) – TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B (HIB)?	Yes..... 1 No..... 2 DK..... 8	2⇒IM16 8⇒IM16
IM15B. HOW MANY TIMES WAS THE HAEMOPHILUS INFLUENZAE TYPE B (HIB) VACCINE RECEIVED?	Number of times.....	
IM16. HAS (name) EVER RECEIVED AN MMR (MO-RU-PA) INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, RUBELLA OR MUMPS?	Yes..... 1 No..... 2 DK..... 8	

UF13. Record the interview end time.	Hour and minutes	
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UF14. Is the respondent the mother or caretaker of another child aged 0-4 living in this household? <input type="checkbox"/> Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later on. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be completed with the same respondent. <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking them for their cooperation and telling them that you will need to measure the weight and height of the child. Check to see if there are other women's, men's or under-5 questionnaires to be administered in this household. Move to another women's, men's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all children under 5 in the household.
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ANTHROPOMETRIC DATA		AN
After questionnaires for all children are complete, the measurer has to weigh and measure the length/height of each child. Record the weight and length/height in the questionnaire below, ensuring that you record the measurements on the correct questionnaire for each child. Check the child's name and line number on the Household Member Listing Form in the Household Questionnaire before recording the measurements.		
AN1. Measurer's name and number:	Name.....	
AN2. Result of height / length and weight measurement	Either or both measured..... 1 Child not present..... 2 Child or mother/caretaker refused 3 Other (specify)..... 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg)..... Weight not measured 99.9	
AN4. Child's length or height	Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down) <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up)	Length (cm) Lying down 1 Height (cm) Standing up 2 Length / Height not measured 9999.9
AN6. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measured values for the next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household. End the interview with this household by thanking everyone for their cooperation Collate all the questionnaires for this household and check that all the ID numbers have been recorded in the information panel on every questionnaire. On the Household Questionnaire, record the total number of completed women's, men's and under-5 questionnaires.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

In the BiH MICS4 two country specific modules that are not part of the standard MICS set of questionnaires were used:

- 1) Questionnaire form for residency status;
- 2) Questionnaire for drug use assessment.

An analysis of the data collected using these questionnaires is not presented in this report.



MAINSTREAM POPULATION SURVEY QUESTIONNAIRE FORM FOR RESIDENCY STATUS



RESIDENCY STATUS QUESTIONNAIRE FORM		RS
RS1. Cluster number: _____	RS2. Household number: _____	
RS3. Name of respondent: Name _____	RS4. Line number of respondent: _____	
RS5. Interviewer name and number: Name _____	RS6. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

If greeting has already been read to this respondent, then read the following:

WE ARE FROM THE **(name of institution)**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT YOUR RESIDENCY STATUS. THIS WILL TAKE ONLY A FEW MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

Now I would like to talk to you more about your residency status. This will take only a few minutes. Again, all the information you give me will remain strictly confidential.

MAY I START NOW?

- Yes, permission is given ⇒ Go to RS10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete RS7. Inform your supervisor of this result.

RS7. Result of interview for residency status	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
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RS8. Field edited by (Name and code): Name _____	RS9. Data entry operator (Name and number): Name _____
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RS10. Record the interview start time.	Hour and minutes :
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RESIDENCY STATUS		RS
<i>This module has to be administered to the respondent of the Household Questionnaire or another knowledgeable adult.</i>		
RS11. Check HL5 and HL6, row1: <input type="checkbox"/> Respondent born before 30 April 1991 ⇒ Continue with RS12 <input type="checkbox"/> Respondent born after 30 April 1991 ⇒ Tell the respondent „For questions referring to the period of 30 April 1991 and before, please respond in reference to the situation of your family (parents).“		
RS12. ARE YOU A CITIZEN OF BiH?	Yes 1 No 2	
RS13. ON 30 APRIL 1991, DID YOU LIVE IN THE SAME MUNICIPALITY AS TODAY, A DIFFERENT MUNICIPALITY IN BiH, A DIFFERENT REPUBLIC IN YUGOSLAVIA OR OUTSIDE YUGOSLAVIA?	The same municipality 1 A different municipality in BiH 2 A different Republic in Yugoslavia 3 Outside Yugoslavia 4	1⇒RS16 2⇒RS15
RS14. WHERE DID YOU LIVE ON 30 APRIL 1991?	On the territory of the SR Croatia 01 On the territory of SR Serbia (excluding the Socialist Autonomous Province of Kosovo) 02 On the territory of the Socialist Autonomous Province of Kosovo 03 On the territory of the SR Montenegro 04 Other 96	01⇒RS16 02⇒RS16 03⇒RS16 04⇒RS16 96⇒RS16
RS15. IN WHICH ENTITY (DISTRICT) IS THE MUNICIPALITY YOU LIVED IN ON 30 APRIL 1991 LOCATED?	In the Federation of BiH 1 In the Republic of Srpska 2 In the Brcko District of BiH 3	
RS16. SINCE 30 APRIL 1991 UNTIL TODAY, HAVE YOU FLED TO ANOTHER MUNICIPALITY IN BiH OR ABROAD?	Yes, to another municipality in BiH 1 Yes, abroad 2 No 3	1⇒RS17 3⇒RS17
RS16A. Where did you flee to after 30. april 1991?	On the territory of the SR Croatia 01 On the territory of SR Serbia (excluding the Socialist Autonomous Province of Kosovo) 02 On the territory of the Socialist Autonomous Province of Kosovo 03 On the territory of the SR Montenegro 04 Germany 05 Sweden 06 Norway 07 Switzerland 08 France 09 Great Britain 10 Australia 11 Canada 12 United States of America 13 Other 96	
RS17. Check RS13, if: <input type="checkbox"/> codes 2, 3 or 4 ⇒ Continue with RS18 <input type="checkbox"/> code 1, check RS16 and if code 3 ⇒ Go to RS20		
RS18. IN WHICH YEAR DID YOU MOVE (RETURN) TO THIS MUNICIPALITY AFTER 30 APRIL 1991? <i>If respondent says they returned more than once, ask additional question:</i> IN WHICH YEAR DID YOU FIRST MOVE (RETURN) TO THIS MUNICIPALITY?	Year	
RS19. WHY DID YOU MOVE TO THIS MUNICIPALITY?	Because of the war 1 For economic reasons (employment, etc.) 2 For family reasons (marriage/union, children's education, etc.) 3 Other 6	



RS20. CAN YOU PLEASE TELL ME WHETHER IN THE MUNICIPALITY WHERE YOU LIVE TODAY, YOUR NATIONALITY: [A] REPRESENTS A SIGNIFICANT MAJORITY OF THE POPULATION [B] DOES NOT REPRESENT A SIGNIFICANT MAJORITY OF THE POPULATION [C] THE ETHNIC COMPOSITION IS BALANCED <i>If respondent says the do not want to declare their nationality, circle code '4'.</i>		Represents a significant majority of the population ... 1 Does not represent a significant majority of the population 2 The ethnic composition is balanced 3 Not applicable as I do not want to declare my nationality 4 DK..... 8	
RS21. WHICH OF THE FOLLOWING DOCUMENTS DO YOU HAVE? Complete the first column only, indicating whether the respondent has the document or not. Later on you will be asking the respondent to show you all the documents he/she names and recording whether the document was seen or not in the second column.			
[A] ID CARD FOR BIH CITIZENS (VALID FOR 10 YEARS)?	Yes..... 1 1⇒RS21F No..... 2	Seen..... 3 Not seen..... 4	
[B] BIH ID CARD FOR ALIENS?	Yes..... 1 1⇒RS21F No..... 2	Seen..... 3 Not seen..... 4	
[C] ID CARD FOR DISPLACED PERSONS – FOR BIH CITIZENS? <i>Valid for 2 years.</i>	Yes..... 1 1⇒RS21F No..... 2	Seen..... 3 Not seen..... 4	
[D] OFFICIAL DECISION ON DP STATUS?	Yes..... 1 1⇒RS21F No..... 2	Seen..... 3 Not seen..... 4	
[E] IDENTIFICATION DOCUMENT FOR DISPLACED PERSONS?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[F] BIH PASSPORT?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[G] PASSPORT FROM OTHER COUNTRY?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[H] ID CARD FROM OTHER COUNTRY?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[I] HEALTH INSURANCE BOOKLET ISSUED IN BIH?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
RS22. Check RS12: <input type="checkbox"/> code 1 ⇒ Go to RS24 <input type="checkbox"/> code 2 ⇒ Continue with RS23			
RS23. DO YOU HAVE ANY OF THE FOLLOWING DOCUMENTS DO YOU HAVE?			
[A] REFUGEE CARD (ISSUED IN BIH)?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[B] INTERNATIONAL PROTECTION SEEKER CARD?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[C] CONFIRMATION OF IDENTITY FOR STATELESS PERSONS?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
RS24. CAN YOU PLEASE SHOW ME THE DOCUMENTS THAT YOU SAID YOU HAVE?			2⇒RS26
RS25. Check RS24 if: <input type="checkbox"/> code 1 ⇒ return to questions RS21 and RS23 code whether the documents were seen or not in the second column (codes 3 or 4) for all documents coded as 1 in the first column. <input type="checkbox"/> code 2 ⇒ Continue with RS26			
RS26. Record the interview end time.		Hour and minutes	

DRUG USE QUESTIONNAIRE FORM					DU	
This questionnaire should be used for all women/men aged 15-49.						
DU1. Cluster number: _____			DU2. Household number: _____			
DU3. Interviewer name and code: Name _____			DU4. Day / Month / Year of interview: ____ / ____ / ____			
DU5. Is respondent: <input type="checkbox"/> Female ⇒ DU6 <input type="checkbox"/> Male ⇒ DU7						
DU6. Woman's line number: _____			DU7. Man's line number: _____			
DU8. Check WB7 / MWB7 in the Women's / Men's questionnaire for this respondent: <input type="checkbox"/> Question left blank or code 3 ⇒ Give the form and envelope to respondent and ask them to complete the form and return it to you in the sealed envelope. <input type="checkbox"/> Codes 1, 2, 4 or 5 ⇒ DU9						
DU9. Result of completion of form <i>Completed by interviewer.</i>			Respondent not at home 01 Refused 02 Respondent incapacitated 03 Other (specify) 96			
DU10. Result of completion of form <i>Completed by field editor.</i>			Questionnaire completed 1 Questionnaire partially completed 2 Respondent left questionnaire blank 3			
DU11. Field edited by (Name and number) Name _____			DU12. Data entry operator (Name and number): Name _____			
DRUG USE (SELF-ADMINISTERED)					DU	
NOW WE WOULD LIKE TO ASK YOU FOR INFORMATION ON THE USE OF NARCOTIC SUBSTANCES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL. PLEASE COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE INTERVIEWER IN THE ENVELOPE PROVIDED TO YOU.						
DU13. HAVE YOU EVER USED ANY DRUGS (NARCOTIC SUBSTANCES) IN YOUR LIFE? <i>Circle only one code and follow the instructions.</i>			Yes..... 1 ⇒ If "Yes", answer the questions below. No..... 2 ⇒ If "No", place the form in the envelope, seal the envelope and return it to the interviewer.			
DU14. WHEN DID YOU LAST TAKE ANY OF THE FOLLOWING SUBSTANCES / DRUGS? <i>Circle one code for each row.</i>			Never	During the last 12 months	Earlier than 12 months ago	Don't know or don't remember
[A] CANNABIS (MARIJUANA AND/OR HASHISH)			1	2	3	8
[B] ECSTASY			1	2	3	8
[C] AMPHETAMINE AND/OR METHAMPHETAMINE, MOST COMMONLY REFERRED TO AS "SPEED"			1	2	3	8
[D] COCAINE OR CRACK			1	2	3	8
[E] HEROIN			1	2	3	8
[F] LSD (TRIP / ACID)			1	2	3	8
[G] MAGIC MUSHROOMS			1	2	3	8
[H] SUBSTANCES WHICH ARE INHALED, SUCH AS GLUE AND OTHER INDUSTRIAL PRODUCTS WHICH ARE DELIBERATELY INHALED			1	2	3	8

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS.
PLEASE PLACE THE COMPLETED FORM IN THE ENVELOPE PROVIDED TO YOU AND RETURN THE SEALED ENVELOPE TO THE INTERVIEWER.