

Appendix F.

Questionnaires

UNICEF UNITED NATIONS
CHILDREN'S FUND IN THE
REPUBLIC OF KAZAKHSTAN



AGENCY OF STATISTICS, RK

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION		HH
HH1. Cluster number: _____		HH2. Household number: _____
HH3. Name and number of Interviewer: _____		HH4. Name and number of Supervisor: _____
Name _____		Name _____
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Area:		HH7. Region/oblast:
Urban 1		Akmola1
Rural 2		Aktobe2
		Almaty3
		Almaty city4
		Astana city5
		Atyrau6
		East Kazakhstan7
		Zhambyl8
		West Kazakhstan9
		Karaganda10
		Kostanai11
		Kyzylorda12
		Mangistau13
		Pavlodar14
		North Kazakhstan15
		South Kazakhstan16
HH7A. Was this household selected for interviewing men aged 15 - 59?		Yes 1 No 2
<p>We are from the Agency of statistics, RK. We are working on a project related to family health, education, status of women and children. I would like to talk to you about these subjects. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p> <p>May I start?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18, record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.</p>		
After all questionnaires for the household have been completed, fill in the following information:		
HH8. Name of head of household: _____		
HH9. Result of household interview:		HH10. Respondent to household questionnaire:
Completed 01		Name: _____
No household member or no competent respondent at home at time of visit 02		Line number: _____
Entire household absent for extended period of time 03		
Refused 04		
Dwelling vacant / Address not a dwelling 05		
Dwelling destroyed 06		HH11. Total number of household members: _____
Dwelling not found 07		
Other (specify) 96		
HH12. Number of women age 15-49 years: _____		HH13. Number of woman's questionnaires completed: _____

HH12A. Number of men age 15-59 years: ___ ___	HH13B. Number of man's questionnaires completed: ___ ___
HH14. Number of children under 5: ___ ___	HH15. Number of under-5 questionnaires completed: ___ ___
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HOUSEHOLD LISTING FORM										HL			
HH18. Record the time.		First, please tell me the name of each person who usually lives here, except students, soldiers being on a military service for a regular period, and those staying out of home for more than 12 months. Please start with the head of the household											
Hour — —		List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)											
Minutes — —		Then ask: Are there any others who live here, even if they are not at home now?											
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire, if all rows in the household listing form have been used.													
HL1. Line number	HL2. Name	HL3. What is the relationship of (name) to the head of the household?	HL4. Is (name) male or female? 1 Male 2 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'	For women age 15-49 HL7. Circle line no. if woman is age 15-49	For men age 15-59 HL7A. Circle line no. if man is age 15-59	For children age 2-14 HL8. Who is the mother or primary caretaker of this child? Record line no. of mother/ caretaker	For children under 5 HL9. Who is the mother or primary caretaker of this child? Record line no. of mother/ caretaker	For children age 0-17			
										HL11. Is (name)'s natural mother alive? 1 Yes 2 No HL13 8 DK HL13	HL12. Does (name)'s natural mother live in this household? Record line no. of mother or 00 for "No"	HL13. Is (name)'s natural father alive? 1 Yes 2 No Next Line 8 DK Next Line	HL14. Does (name)'s natural father live in this household? Record line no. of father or 00 for "No"
Line	Name	Relation*	M	F	Month	Year	Age		Mother	Y	N	DK	Father
01		— — — —	1	2	— —	— — — —	— — — —	01	— — — —	1	2	8	— — — —
02		— — — —	1	2	— —	— — — —	— — — —	02	— — — —	1	2	8	— — — —
03		— — — —	1	2	— —	— — — —	— — — —	03	— — — —	1	2	8	— — — —
04		— — — —	1	2	— —	— — — —	— — — —	04	— — — —	1	2	8	— — — —
05		— — — —	1	2	— —	— — — —	— — — —	05	— — — —	1	2	8	— — — —
06		— — — —	1	2	— —	— — — —	— — — —	06	— — — —	1	2	8	— — — —
07		— — — —	1	2	— —	— — — —	— — — —	07	— — — —	1	2	8	— — — —
08		— — — —	1	2	— —	— — — —	— — — —	08	— — — —	1	2	8	— — — —
09		— — — —	1	2	— —	— — — —	— — — —	09	— — — —	1	2	8	— — — —
10		— — — —	1	2	— —	— — — —	— — — —	10	— — — —	1	2	8	— — — —
11		— — — —	1	2	— —	— — — —	— — — —	11	— — — —	1	2	8	— — — —
12		— — — —	1	2	— —	— — — —	— — — —	12	— — — —	1	2	8	— — — —
13		— — — —	1	2	— —	— — — —	— — — —	13	— — — —	1	2	8	— — — —
14		— — — —	1	2	— —	— — — —	— — — —	14	— — — —	1	2	8	— — — —
15		— — — —	1	2	— —	— — — —	— — — —	15	— — — —	1	2	8	— — — —

Continuation

Tick here if additional questionnaire used <input type="checkbox"/>	
Probe for additional household members. <u>Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends, other relatives) but who usually live in the household.</u>	
Insert names of additional members in the household <u>list</u> and complete form accordingly.	
<ul style="list-style-type: none"> • Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire. • Now for each man age 15-59 years, write his name and line number and other identifying information in the information panel of a separate Individual Men's Questionnaire. • For each child under 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 age 15 – 49, selected man age 15-59 and each child under 5 in the household.	

* Codes for HL3: Relationship to head of household:

01 Head	06 Parents/Father/Mother	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / 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				For household members age 5 and above										For household members age 5-24										ED		
ED1. Line num- ber	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. Has(name) ever at- tended school or pre- school?	ED4. What is the highest level of school (name) attended? What grade (name) completed at this level?	ED5. During the current (2010- 2011) school year, did (name) attend school or preschool at any time?		ED6. During this school year (2010- 2011), which level and grade is/ was (name) attending?		ED7. During the previ- ous school year, that is (2009- 2010), did(name) attend school or preschool at any time?		ED8. During that previous school year (2009-2010), which level and grade did (name) attend?																
				Yes	No	Level	Grade	Level	Grade	y	n	dk	Level	Grade												
		1 Yes 2 No Next line	Level: 0 Preschool 1 Primary 2 Secondary 3 Secondary-spe- cialised 4 Higher 8 DK If level =0, skip to ED5	Grade: 98 DK If 1 st grade not com- pleted, write 00.	1	2	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8		
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
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		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8
		1	0	1	2	3	4	8	0	1	2	3	4	8	0	1	2	3	4	8						

WATER AND SANITATION		WS
WS1. What is the <u>main</u> source of drinking water for members of your household?	<u>Piped water</u> Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 <u>Tube Well, Borehole</u> 21 <u>Dug well</u> Protected well 31 Unprotected well 32 <u>Water from spring</u> Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. What is the <u>main</u> source of water used by your household for other purposes such as cooking and handwashing?	<u>Piped water</u> Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 <u>Tube Well, Borehole</u> 21 <u>Dug well</u> Protected well 31 Unprotected well 32 <u>Water from spring</u> Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. Where is that water source located?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. How long does it take to go there, get water, and come back?	Time in minutes <u> </u> <u> </u> <u> </u> DK 998	
WS5. Who usually goes to this source to collect the water for your household? Probe: Is this person under age of 15? What sex?	Adult woman (15 years and older) 1 Adult man (age 15 years and older) 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 to drink?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8

<p>WS7. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Circle all items mentioned.</i></p>	<p>Boil..... A</p> <p>Add bleach / chlorine B</p> <p>Strain it through a cloth..... C</p> <p>Use water filter (ceramic, sand, composite, etc.)..... D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DK..... Z</p>	
<p>WS8. What type of toilet do members of your household usually use?</p> <p><i>If “flush” or “pour flush”, probe:</i> Where does it flush to?</p> <p><i>If necessary, ask permission to observe the toilet.</i></p>	<p><u>Flush / Pour flush</u></p> <p>Flush to piped sewer system..... 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place / Not sure /</p> <p>DK where 15</p> <p><u>Pit latrine</u></p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / Open pit..... 23</p> <p>Composting toilet..... 31</p> <p>Bucket..... 41</p> <p>Hanging toilet, Hanging latrine 51</p> <p>No facility, Bush, Field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS9. Do you share this facility with others who are not members of your household?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒NEXT. MODULE</p>
<p>WS10. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?</p>	<p>Only other households (not public)..... 1</p> <p>Public facility..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS11. How many households in total use this toilet facility, including your own household?</p>	<p>Number of households (if less than 10)..... 0__</p> <p>Ten or more households 10</p> <p>DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1a. What is the religion of the head of this household?		
HC1b. What is the mother tongue/native language of the head of this household?	<i>Kazakh</i> 1 <i>Russian</i> 2 <i>Other language (specify)</i> 6	
HC1c. To what ethnic group does the head of this household belong? Probe: What is the ethnicity of the head of household?	<i>Kazakhs</i> 1 <i>Russians</i> 2 Other ethnic groups (<i>specify</i>) _____ 6	
HC3. Main material of the dwelling floor. Record observation.	<u>Natural floor</u> Soil / Sand11 <u>Simple floor</u> Wooden boards 21 <u>Finished floor</u> Parquet or polished wood/laminat 31 Vinyl, linoleum or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet, tapis 35 Other (<i>specify</i>) _____ 96	
HC4. Main material of the roof. Record observation.	<u>Rudimentary Roofing</u> Wood planks 23 <u>Finished roofing</u> Metal 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) _____ 96	
HC5. Main material of the exterior walls. Record observation.	Rudimentary walls Stone with mud 22 Uncovered adobe (saman) 23 Plywood 24 Reused wood 26 <u>Finished walls</u> Cement 31 Stone with lime / cement 32 Bricks 33 Cement blocks 34 Covered adobe 35 Wood planks / shingles 36 Other (<i>specify</i>) _____ 96	

<p>HC6. What type of fuel does your household <u>mainly</u> use for cooking?</p>	<p>Electricity 01 Liquefied Petroleum Gas (LPG) 02 Natural gas 03 Biogas..... 04 Kerosene 05 Coal / Lignite..... 06 Charcoal 07 Wood 08 Animal dung..... 10 Diesel..... 10 No food cooked in household 95 Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 03⇒HC8 05⇒HC8 95⇒HC8</p>																																	
<p>HC7. Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>If 'In the house', probe:</i> is it done in a separate room used as a kitchen?</p>	<p><u>In the house</u> In a separate room used as kitchen 1 Elsewhere in the house 2 <u>In a separate building</u> 3 Outdoors 4 Other (<i>specify</i>) 6</p>																																		
<p>HC8. Does your household have::</p> <p>[A] Electricity?</p> <p>[B] A radio?</p> <p>[C] A television?</p> <p>[D] A non-mobile telephone?</p> <p>[E] A refrigerator?</p> <p>[G] A washing machine?</p> <p>[H] A vacuum cleaner?</p> <p>[J] DVD player?</p> <p>[K] dishwasher?</p> <p>[L] microwave oven?</p>	<table> <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>A radio</td><td>1</td><td>2</td></tr> <tr> <td>A television</td><td>1</td><td>2</td></tr> <tr> <td>A non-mobile telephone.....</td><td>1</td><td>2</td></tr> <tr> <td>A refrigerator.....</td><td>1</td><td>2</td></tr> <tr> <td>A washing machine.....</td><td>1</td><td>2</td></tr> <tr> <td>A vacuum cleaner</td><td>1</td><td>2</td></tr> <tr> <td>DVD player?</td><td>1</td><td>2</td></tr> <tr> <td>dishwasher?</td><td>1</td><td>2</td></tr> <tr> <td>microwave oven?.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity	1	2	A radio	1	2	A television	1	2	A non-mobile telephone.....	1	2	A refrigerator.....	1	2	A washing machine.....	1	2	A vacuum cleaner	1	2	DVD player?	1	2	dishwasher?	1	2	microwave oven?.....	1	2	
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<p>HC9. Does any member of your household own:</p> <p>[B] A mobile telephone?</p> <p>[C] A bicycle?</p> <p>[D] A motorcycle or scooter?</p> <p>[F] Light vehicle/truck/tractor?</p> <p>[G] A boat with a motor?</p> <p>[H] A personal computer /laptop?</p>	<table> <thead> <tr> <th></th><th>Yes.....</th><th>No</th></tr> </thead> <tbody> <tr> <td>A mobile telephone</td><td>1.....</td><td>2</td></tr> <tr> <td>A bicycle</td><td>1.....</td><td>2</td></tr> <tr> <td>A motorcycle or scooter.....</td><td>1.....</td><td>2</td></tr> <tr> <td>Light vehicle/truck/tractor.....</td><td>1.....</td><td>2</td></tr> <tr> <td>A boat with a motor.....</td><td>1.....</td><td>2</td></tr> <tr> <td>A personal computer /laptop.....</td><td>1.....</td><td>2</td></tr> </tbody> </table>		Yes.....	No	A mobile telephone	1.....	2	A bicycle	1.....	2	A motorcycle or scooter.....	1.....	2	Light vehicle/truck/tractor.....	1.....	2	A boat with a motor.....	1.....	2	A personal computer /laptop.....	1.....	2													
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<p>HC10. Do you or someone living in this household own this dwelling?</p> <p><i>If "No", then ask:</i> Do you rent this dwelling from someone not living in this household?</p> <p><i>If "Rented from someone else", circle "2".</i> <i>For other responses, circle "6".</i></p>	<p>Own 1</p> <p>Rent..... 2</p> <p>Other (Not owned or rented)..... 6</p>	
<p>HC11. Does any member of this household own any land that can be used for agriculture?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒HC13
<p>HC12. How many hectares of agricultural land do members of this household own?</p> <p><i>If less than 1, record "00".</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>Hectares _ _</p>	
<p>HC13. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒HC15
<p>HC14. How many of the following animals does this household have?</p> <p>[A] Cattle, milk cows, or bulls?</p> <p>[B] Horses, donkeys, or mules?</p> <p>[C] Goats?</p> <p>[D] Sheep?</p> <p>[E] Poultry: chickens/geese/ducks and others?</p> <p>[F] Pigs?</p> <p><i>If none, record '00'.</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls _ _</p> <p>Horses, donkeys, or mules _ _</p> <p>Goats _ _</p> <p>Sheep _ _</p> <p>Poultry: chickens/geese/ducks and others?..... _ _</p> <p>Pigs..... _ _</p> <p>Others (specify) 96</p>	
<p>HC15. Does any member of this household have an accumulation account or a bank deposit?</p>	<p>Yes..... 1</p> <p>No 2</p>	

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

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6	
Rank №	Line	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 number of children aged 2-14					— —

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page (**from 0 and 9**). This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column 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 number of the child (CD1) about whom 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

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number _____	
CD10. Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used and I want you to tell me if <u>you or anyone else in your household</u> has used this method with <u>(name) in the past month</u> .		
CD11. Took away privileges, forbade something (name) liked or did not allow him/her to leave 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, to take his/her attention from incorrect behavior.	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 another name like that.	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, that is hit over and over as hard as one could.	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	

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

SALT IODIZATION		SI
SI1. We would like to check whether the salt used in your household is iodized. May i have a sample of the salt used to cook meals in your household?	Not iodized 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house..... 6 Salt not tested..... 7	
Once you have tested the salt, circle number that corresponds to test outcome.		

INSTRUCTION FOR SELECTION OF WOMEN AGE 15-49**For interviewing using a module "DOMESTIC VIOLENCE"
OF WOMEN'S INDIVIDUAL QUESTIONNAIRE**

HH20A. DOES ANY ELIGIBLE WOMAN AGE 15-49 RESIDE IN THE HOUSEHOLD?
CHECK HOUSEHOLD LISTING, COLUMN HL7 FOR ANY ELIGIBLE WOMAN.

You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ **Yes.** ⇒ **Continue with Table 1.**

☐ **No.** ⇒ **Go to HH20B.**

TABLE 1: WOMEN AGE 15-49 ELIGIBLE FOR DOMESTIC VIOLENCE MODULE

List each of the women aged 15-49 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 15-49 years.

Record the line number, name and age for each woman.

Then record **the total number of woman aged 15-49 in the relevant box HH20AA.**

Rank number	Line number from HL1	Name from HL2	Age from HL6
Rank	Line	Name	Age
1	— —		— —
2	— —		— —
3	— —		— —
4	— —		— —
5	— —		— —
6	— —		— —
7	— —		— —
8	— —		— —
HH20AA	Total number of women aged 15-49		— —

☐ If there is only one eligible woman age 15-49 years in the household, then skip table 2 and go to HH20AB; write down '1', go to HH20AC and record the line number of a woman selected

Go to Women's Individual Questionnaire for interviewing by Domestic Violence Module

☐ If there are several eligible women age 15-49 in the household, then go to table 2

TABLE 2: RANDOM SELECTION OF A WOMAN FOR DOMESTIC VIOLENCE MODULE

- Check the last digit of the household number (HH2)(from 0 to 9) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible women (15-49) in HH20AA above. This is the number of the column 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 number of the woman (HH20AB) about whom the questions on DOMESTIC VIOLENCE will be asked.

Last digit of household number (HH2)	Total Number Of Eligible Women In The Household							
	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

HH20AB. Record the rank number of the selected woman

HH20AC. Write down name and line number of the women selected for this module

Name
Line number _ _

INSTRUCTION FOR SELECTION OF MEN AGE 15-59

for MEN'S INDIVIDUAL QUESTIONNAIRE

HH20B. DOES ANY ELIGIBLE MAN AGE 15-59 RESIDE IN THE HOUSEHOLD?

CHECK HOUSEHOLD LISTING, COLUMN HL7A TO IDENTIFY ANY ELIGIBLE MAN.

You should have a questionnaire with the Information Panel filled in for each eligible man.

☐ **Yes.** ⇒ Go to table 1 "selection of men for men's individual questionnaire"

☐ **No.** ⇒ Finish your interview by thanking the respondent for cooperation.

TABLE 1: MEN AGED 15-59 YEARS ELIGIBLE FOR MEN'S INDIVIDUAL QUESTIONNAIRE

List each of the men aged 15-59 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 15-59 years.

Record the line number, name and age for each man.

Then record the total number of men aged 15-59 in the relevant box (HH20BA).

Rank number	Line number from HL1	Name from HL2	Age from HL6
Rank	Line	Name	Age
1	___		___
2	___		___
3	___		___
4	___		___
5	___		___
6	___		___
7	___		___
8	___		___
HH20BA	Total number of men aged 15-59		___

☐ If there is only one eligible man age 15-59 years in the household, then skip table 2 and go to HH20BB; write down '1', go to HH20BC and record the line number of a man selected

Go to Men's Individual Questionnaire

☐ If there are several eligible men age 15-59 in the household, then go to table 2

TABLE 2: RANDOM SELECTION OF A MAN FOR MEN'S INDIVIDUAL QUESTIONNAIRE

- Use table 2 for selection of one man within the age range of 15-59 if there are several men of this age group living in this household
- Check the last digit of the household number (HH2) from the cover page (**from 0 to 9**). This is the number of the row you should go to in the table below.
- Check the total number of eligible men (15-59) in HH20BA above. This is the number of the column 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 number of the man (HH20BB) selected for Men's Individual Questionnaire.

Last digit of household number (HH2)	Total Number Of Eligible Men In The Household							
	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

HH20BB. Record the rank number of the selected man

HH20BC. Write down name and line number of the men selected for the Men's Individual Questionnaire

Name
Line number __

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number:	WM2. Household number:	
_____	_____	
WM3. Woman's name:	WM4. Woman's line number:	
Name _____	_____	
WM5. Name and number of interviewer:	WM6. Day / Month / Year of interview:	
Name _____	____ / ____ / ____	
<p>WM6A. Check the Household questionnaire. H20AC. Is this woman selected for questions on domestic violence? Yes..... 1 No 2</p>		
<p><i>Repeat greeting if not already read to this woman:</i></p> <p>We are from the agency of statistics, the republic of kazakhstan. We are working on a project concerned with family health, education, status of women and children. I would like to talk to you about these subjects.</p> <p>The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>		
<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>Now I would like to talk to you more about your health and other topics.</p> <p>This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>		
<p>May I start now?</p> <p><input type="checkbox"/> Yes, permission is given ð Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ð Complete WM7. Discuss this result with your supervisor.</p>		
WM7. Result of woman's interview.	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96	
WM8. Field edited by (Name and number):	WM9. Data entry clerk (Name and number):	
Name _____	Name _____	
WM10. Record the time.	Hour and minutes : ____	

WOMAN'S BACKGROUND		WB
WB1. In what month and year were you born?	<u>Date of birth</u> Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	
WB2. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years).....__ __	
WB3. Have you ever attended school or preschool?	Yes..... 1 No..... 2	2⇒WB7
WB4. What is the highest level of school you attended?	Preschool..... 00 Primary 11 Secondary 22 Secondary specialised..... 33 Higher..... 44	0⇒WB7
WB5. What is the highest grade you completed at that level? <i>If less than 1 grade, enter "00"</i>	Grade.....__ __	
WB6. Check WB4: <input type="checkbox"/> Secondary, secondary special or higher. ⇒ Go to the next module <input type="checkbox"/> Primary ⇒ Continue from WB7		
WB7. Now I would like you to read the following sentence for me please. <u>Show from the card the sentence to the respondent.</u> <i>If respondent is not able to read the sentence in full ask:</i> Would you please read a part of this sentence?	Can not read at all 1 Can read partially 2 Can read the sentence in full..... 3 Absence of the sentence on a required language 4 (specify the language) Blind/mute, visually / speech impaired ... 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/ COMMUNICATION TECHNOLOGY

MT

MT1. Check WB7:

- ☐ **Question left blank (Respondent has secondary or higher education)** ⇒ Continue with MT2
- ☐ **Able to read or no sentence in required language (codes 2, 3 or 4)** ⇒ Continue with MT2
- ☐ **Cannot read at all or blind (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 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: Age of respondent between 15 and 24?

- ☐ **Yes, Age 15-24** ⇒ Continue with the question MT6
- ☐ **No, Age 25-49** ⇒ Go to the next module

MT6. Have you ever used a computer?	Yes 1 No 2	2⇒MT9
MT7. Have you used a computer from any location in the last 12 months?	Yes 1 No 2	2⇒MT9
MT8. During the last one month, how often did you use a computer? almost every day, at least once a week, less than once a week or not at all?	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?	Yes 1 No 2	2⇒ Next Module
MT11. During the last one month, how often did you use the internet? almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

CHILD MORTALITY

CM

All questions from CM1 to CM12 refer only to LIVE births.

CM1. Now i would like to ask about all the births you have had during your life. Have you ever given birth?	Yes..... 1 No..... 2	2⇒CM8
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>	Date of first birth Day DK day..... 98 Month..... DK month..... 98 Year DK year..... 9998	⇒CM4
CM3. How many years ago did you have your first birth?	Completed years since first birth	
CM4. Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes.....1 No.....2	2⇒CM6
CM5. How many sons live with you? How many daughters live with you? <i>If none, record '00'.</i>	Sons at home Daughters at home	
CM6. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes.....1 No.....2	2⇒CM8
CM7. 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 elsewhere Daughters elsewhere.....	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? <i>If "No" probe by asking: I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?</i>	Yes..... 1 No.....2	2⇒CM10
CM9. How many boys have died? How many girls have died? <i>If none, record '00'.</i>	Boys dead..... Girls dead	
CM10. Sum answers to CM5, CM7, and CM9.	Sum	
CM11. Just to make sure that I have this right, you have had in total (<i>total number in CM10</i>) live births during your life. Is this correct?		

<input type="checkbox"/> Yes. Check below:				
<input type="checkbox"/> No live births ⇒ Go to ILLNESS SYMPTOMS Module				
<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				
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)? <u>Month and year must be recorded.</u>	Date of last birth Day ____ DK day.....98 Month..... ____ Year ____			
CM12A. Womensometimeshavepregnancieswhich do not end in a live born child. Have you ever had a pregnancy that miscarried, was aborted, or ended with a stillbirth?	Yes..... 1 No..... 2	2⇒CM13		
CM12B. How many such pregnancies (miscarriages, abortions or stillbirths) have you had over your lifetime?	Number of miscarriages, abortions and stillbirths..... ____			
CM12C. When did the last such pregnancy (miscarriages, abortions or stillbirths) end? <u>Fill in both the month and the year</u>	Month..... ____ DK 98 Year ____ DK 9998			
CM12D. Check CM12C: Last miscarriage, abortion or stillbirth ended within the last 2 years, that is, since _____ (month of interview) in 2008				
<input type="checkbox"/> No miscarriages, abortions or stillbirths in last 2 years. ⇒ Go to CM13.				
<input type="checkbox"/> One or more miscarriages, abortions or stillbirths in last 2 years. ⇒ Continue with CM12E				
CM12E. Ask the respondent to tell you, <u>in which Month and Year</u> each miscarriage, abortion or live birth had a place <u>during last 2 years</u> and record <u>Month and Year</u> for <u>each</u> pregnancy in CM12F , <u>started from the last miscarriage, abortion or stillbirth</u> .				
Then, ask to answer the questions from CM12G till CM12H for each miscarriage, abortion and stillbirth.				
	Last miscarriage, abortion, stillbirth	First	Second	Third
		Prior to the last miscarriage, abortion, stillbirth		
CM12F. In which Month and Year the previous pregnancy ended?	Already filled in CM12C – no need to fill in	Month..... ____ Year .. ____	Month... ____ Year ____	Month... ____ Year ____
CM12G. How many Months you were pregnant, when this pregnancy ended?	Months ____	Months ____	Months ____	Months ____

CM12H. Did that pregnancy end in a spontaneous miscarriage, an induced abortion, or a stillbirth?	Miscarriage 1 Abortion 2 Stillbirth 3	Miscarriage 1 Abortion 2 Stillbirth 3	Miscarriage 1 Abortion 2 Stillbirth 3	Miscarriage 1 Abortion 2 Stillbirth 3
CM12I. Check CM12H, the column <u>Last miscarriage, Abortion or Stillbirth</u> Dis that pregnancy end with the induced abortion? <input type="checkbox"/> Yes ⇒ Continue with CM12J. <input type="checkbox"/> No ⇒ Go to CM13.				
CM12J. Now let me ask you about your last pregnancy which ended with the Abortion in _____ Month and Year from CM12C). Who was the person that had the final say on taking the abortion decision?	Doctor / a Health Worker 01 Respondent 02 Husband/Partner 03 Respondent together with husband/partner 04 Parents 05 Respondent together with girlfriend 06 Relatives 07 Other 96 (specify)			
CM12K. Who made the abortion? <i>Specify the person <u>with the highest qualification</u></i>	<u>Health Personnel</u> Doctor 11 Nurse/Midwife 12 <u>Other Person</u> Traditional Birth Attendant 21 Relative/friend 22 No one 31 Other 96 (specify)			
CM12L. Where did that abortion take place ? <i>Probe to identify the type of place and circle the appropriate code.</i> <i>If <u>unable to determine whether the abortion took place in a hospital, health center or clinic, public or private institution,, write down the name of the place that the respondent provided.</u></i>	<u>Public Sector</u> Hospital/Maternity Home 11 Polyclinic/Ambulatory 12 Woman's Consultation 13 Family Planning Center 14 Medical Diagnostic Center 15 FAP/Rural Health Post 16 Other Public 26 (specify) <u>Private Sector</u> Hospital/Maternity Home 31 Polyclinic/Ambulatory 32 Women's Consultation 33 Family Planning Center 34 Medical Diagnostic Center 35 FAP/Rural Health Post 36 NGO 37 Other Private Med. 46 (specify) <u>Home</u> Your Home 51 Other Home 52 Other 96 (specify)			

CM12M. What abortion technique was used for that abortion?	Abortion produced by a drug (RU-486) 01 Suction-Aspiration 02 Dilation and Curettage..... 03 Dilation and Evacuation..... 04 Dilation and Extraction..... 05 Prostaglandin Abortion 06 Salt Poisoning (Saline Injection)..... 07 Hysterectomy..... 08 Other..... 96 (specify) DK 98	
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CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2008

☐ **No live birth in last 2 years.** ⇒ Go to ILLNESS SYMPTOMS Module.

☐ **One or more live births in last 2 years.** ⇒ Ask for the name of the child.

Name of child _____

If child has died, take special care when referring to this child by name in the following modules.

Continue with the next module.

DESIRE FOR LAST BIRTH		DB
<p>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</p>		
DB1. When you got pregnant with (name), did you want to get pregnant at that time?	Yes.....1 No.....2	1⇒Next Module
DB2. Did you want to have a baby later on, or did you not want any (more) children?	Later.....1 No more.....2	2⇒Next Module
DB3. How much longer did you want to wait?	Months.....1 ____ Years.....2 ____ DK.....998	

MATERNAL AND NEWBORN HEALTH

MN

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

MN1. Did you see anyone for antenatal care during your pregnancy with (name)?	Yes.....1 No2	2⇒MN17												
MN2. Whom did you see? <i>Probe:</i> Any one else? <i>Probe for the type of person seen and circle all answers given.</i>	<u>Health professional:</u> DoctorA Nurse / MidwifeB Auxiliary midwifeC FeldsherD <u>Other person</u> Traditional birth attendantF Other (specify)X													
MN3. How many times did you receive antenatal care during this pregnancy?	Number of times DK98													
MN4. As part of your antenatal care during this pregnancy, were any of the following done at least once:	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] Was your blood pressure measured?</td> <td>Blood pressure 1..</td> <td>2</td> </tr> <tr> <td>[B] Did you give a urine sample?</td> <td>Urine sample 1..</td> <td>2</td> </tr> <tr> <td>[C] Did you give a blood sample?</td> <td>Blood sample 1..</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] Was your blood pressure measured?	Blood pressure 1..	2	[B] Did you give a urine sample?	Urine sample 1..	2	[C] Did you give a blood sample?	Blood sample 1..	2	
	Yes	No												
[A] Was your blood pressure measured?	Blood pressure 1..	2												
[B] Did you give a urine sample?	Urine sample 1..	2												
[C] Did you give a blood sample?	Blood sample 1..	2												
MN17. Who assisted with the delivery of (name)? <i>Probe:</i> Any one else? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	<u>Health professional:</u> DoctorA Nurse / MidwifeB Auxiliary midwifeC FeldsherD <u>Other person</u> Traditional birth attendantF Community health workerG Relative / FriendH Other (specify)X No oneY													
MN18. Where did you give birth to (name)? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place)	<u>Home</u> Your home 11 Other home 12 <u>Public sector</u> Govt. hospital/maternity21 Govt. clinic / health centre22 Other public (specify)26	11⇒MN20 12⇒MN20												

	<u>Private Medical Sector</u> Private hospital31 Private clinic32 Private maternity home.....33 Other private medical (<i>specify</i>)36 Other (<i>specify</i>)96	96⇒MN20
MN19. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?	Yes.....1 No2	
MN20. When (<i>name</i>) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large 1 Larger than average2 Average3 Smaller than average4 Very small.....5 DK8	
MN21. Was (<i>name</i>) weighed at birth?	Yes..... 1 No 2 DK 8	2⇒MN23 8⇒MN23
MN22. How much did (<i>name</i>) weigh? <i>Record weight from health card, if available.</i>	From card 1 (kg) __ . ____ From recall..... 2 (kg) __ . ____ DK99998	
MN23. Has your menstrual period returned since the birth of (<i>name</i>)?	Yes.....1 No2	
MN24. Did you ever breastfeed (<i>name</i>)?	Yes.....1 No2	2⇒Next Module
MN25. How long after birth did you first put (<i>name</i>) to the breast? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately 000 Hours 1 __ __ Days2 __ __ Don't know / remember998	
MN26. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?	Yes..... 1 No2	2⇒ Next Module
MN27. What was (<i>name</i>) given to drink? Probe: Anything else?	Milk (other than breast milk) A Plain water..... B Sugar or glucose water..... C Gripe water..... D Sugar-salt-water solution..... E Fruit juice F Infant formula..... G Tea / Infusions H Honey I Other (<i>specify</i>) X	

ILLNESS SYMPTOMS

IS

IS1. *Check Household Listing, column HL9*

Is the respondent the mother or caretaker of any child under age 5?

☐ **Yes** ⇒ Continue with IS2.

☐ **No** ⇒ Go to Next Module.

IS2. Sometimes children have severe illnesses and should be taken immediately to a health facility.
What types of symptoms would cause you to take your child to a health facility right away?

Probe:

Any other symptoms?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions

Child not able to drink or breastfeed..... A
Child becomes sicker B
Child develops a fever C
Child has fast breathing D
Child has difficult breathing E
Child has blood in stool F
Child is drinking poorly G

Other (*specify*) X

Other (*specify*) Y

Other (*specify*) Z

CONTRACEPTION

CP

CP1. I would like to talk with you about another subject – family planning.

Are you pregnant now?

Yes, currently pregnant..... 1

No 2

Unsure or DK..... 8

1⇒Next
Module

CP2. Couples use various ways or methods to delay or avoid a pregnancy.

Are you currently doing something or using any method to delay or avoid getting pregnant?

Yes..... 1

No 2

2⇒Next
Module

CP3. What are you doing to delay or avoid a pregnancy?

Do not prompt.

If more than one method is mentioned, circle each one.

Female sterilization..... A

Male sterilization..... B

IUD C

Injectables D

Implants E

Pill..... F

Male condom G

Female condom..... H

Diaphragm I

Foam / Jelly J

Lactational amenorrhoea

method (LAM)..... K

Periodic abstinence / Rhythm..... L

Withdrawal..... M

Other (*specify*) X

UNMET NEEDS		UN
UN1. Check CP1. 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 <u>at that time</u> ?	Yes..... 1 No 2	1⇒UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later1 No more.....2	
UN4. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child..... 1 Would prefer no more / None 2 Undecided / DK 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using “Female sterilization”? <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 (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child 1 Would prefer no more / None 2 Says she cannot get pregnant..... 3 Undecided / DK 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. How long would you like to wait before the birth of (a/another) child?	Months..... 1 ____ Years 2 ____ Soon / Now 993 Says she cannot get pregnant..... 994 After marriage..... 995 Other..... 996 DK 998	994⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		
UN9. Check CP2. Currently using a 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 No2 DK8	1 ⇒UN13 8 ⇒UN13

UN11. Why do you think you are not physically able to get pregnant?	Infrequent sex / No sex..... A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrheic F Breastfeeding G Too old H Fatalistic I Other (<i>specify</i>) 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 hysterectomy 994 Before last birth 995 Never menstruated 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV
DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:				
		Yes	No	DK
[A] If she goes out without telling him?	Goes out without telling 1	2	8	
[B] If she neglects the children?	Neglects children 1	2	8	
[C] If she argues with him?	Argues with him 1	2	8	
[D] If she refuses to have sex with him?	Refuses sex 1	2	8	
[E] If she burns the food?	Burns food 1	2	8	

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with a man as if married?	Yes, currently married..... 1 Yes, living with a man 2 No, not in union 3	3⇒MA5
MA2. How old is your husband/partner? <i>Probe: How old was your husband/partner on his last birthday?</i>	Age in years..... __ __ DK 98	⇒MA7 ⇒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 <u>first</u> marry or start living with a man as if married?	Date of the first marriage Month..... __ __ DK month..... 98 Year __ __ DK year..... 9998	⇒Next Module
MA9. How old were you when you started to live with your husband/partner?	Age in years..... __ __	

SEXUAL BEHAVIOUR		SB
SB1A. Check WB2: Age of the respondent between 15 and 24? <input type="checkbox"/> Yes, age 15-24 ⇒ Continue from the question SB1 <input type="checkbox"/> No, age 25-49 ⇒ Go to next module Check for the presence of others. Before continuing, ensure privacy.		
SB1. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. The information you supply will remain strictly confidential. How old were you when you had sexual intercourse for the very first time?	Never had intercourse.....00 Age in years 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 ago..... 1 __ __ Weeks ago..... 2 __ __ Months ago..... 3 __ __ Years ago..... 4 __ __	4⇒SB15
SB4. The last time you had sexual intercourse, was a condom used?	Yes..... 1 No..... 2	

<p>SB5. What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', then ask:</i> Were you living together as if married? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband.....1</p> <p>Cohabiting partner.....2</p> <p>Boyfriend.....3</p> <p>Casual acquaintance.....4</p> <p>Other (<i>specify</i>).....6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>
<p>SB6. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</p>		
<p>SB7. How old is this person?</p> <p><i>If response is DK, probe:</i> About how old is this person?</p>	<p>Age of sexual partner.....__ __</p> <p>DK98</p>	
<p>SB8. Have you had sexual intercourse with any other person in the last 12 months?</p>	<p>Yes.....1</p> <p>No.....2</p>	2⇒SB15
<p>SB9. The last time you had sexual intercourse with this other person, was a condom used?</p>	<p>Yes.....1</p> <p>No.....2</p>	
<p>SB10. What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> Were you living together as if married? <i>If 'yes', circle '2'.</i> <i>If 'no', circle '3'.</i></p>	<p>Husband.....1</p> <p>Cohabiting partner.....2</p> <p>Boyfriend.....3</p> <p>Casual acquaintance.....4</p> <p>Other (<i>specify</i>).....6</p>	<p>3⇒SB12</p> <p>4⇒SB12</p> <p>6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2)</p> <p>AND</p> <p>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
<p>SB12. How old is this person?</p> <p><i>If response is DK, probe:</i> About how old is this person?</p>	<p>Age of sexual partner.....__ __</p> <p>DK98</p>	
<p>SB13. Other than these two persons, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>Yes.....1</p> <p>No.....2</p>	2⇒SB15
<p>SB14. In total, with how many different people have you had sexual intercourse in the last 12 months?</p>	<p>Number of partners.....__ __</p>	
<p>SB15. In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i> <i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners__ __</p> <p>DK98</p>	

HIV/AIDS		HA
HA1. Now I would like to talk with you about something else. Have you ever heard of an illness called HIV?	Yes..... 1 No 2	2⇒Next Module
HA2. Can people reduce their chance of getting the HIV virus by having just one uninfected sex partner who has no other sex partners?	Yes..... 1 No 2 DK 8	
HA3. Can people get the HIV virus because of witchcraft or other supernatural means?	Yes..... 1 No 2 DK 8	
HA4. Can people reduce their chance of getting the HIV virus by using a condom every time they have sex?	Yes..... 1 No 2 DK 8	
HA5. Can people get the HIV virus from mosquito bites?	Yes..... 1 No 2 DK 8	
HA6. Can people get the HIV virus by sharing food with a person who has the HIV virus?	Yes..... 1 No 2 DK 8	
HA7. Is it possible for a healthy-looking person to have the HIV virus?	Yes..... 1 No 2 DK 8	
HA8. Can the virus that causes HIV be transmitted from a mother to her baby:		
[A] During pregnancy?	Yes No DK During pregnancy 1 2 8	
[B] During delivery?	During delivery..... 1 2 8	
[C] By breastfeeding?	By breastfeeding..... 1 2 8	
HA9. In your opinion, if a female teacher has the HIV virus 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 vendor if you knew that this person had the HIV virus?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
HA11. If a member of your family got infected with the HIV virus, 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 HIV, would you be willing to care for her or him in your own household?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
HA13. Check CM13: Any live birth 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: Received antenatal care?		
<input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24		

HA15. During any of the antenatal visits for your pregnancy with <i>(name)</i> , were you given any information about AIDS or HIV?	Yes.....1 No.....2 DK8	
HA15A. During any of the antenatal visits for your pregnancy with <i>(name)</i> , were you given any information about: [A] Babies getting the HIV virus from their mother? [B] Things that you can do to prevent getting the HIV virus? [C] Getting tested for the HIV virus? were you: [D] offered a test for the HIV virus?	<div>Y N DK</div> AIDS from mother 1 2 8 Things to do..... 1 2 8 Tested for AIDS..... 1 2 8 Offered a test..... 1 2 8	
HA16. I don't want to know the results, but were you tested for the HIV virus as part of your antenatal care?	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 counseling after getting the result. After you were tested, did you receive counselling?	Yes..... 1 No 2 DK 8	1⇒HA22 2⇒HA22 8⇒HA22
HA19. Check MN17: Birth delivered by health professional (A, B, C or D)? <input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24		
HA20. I don't want to know the results, but were you tested for the HIV virus 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 HIV virus 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 HIV virus?	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 HIV virus?	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 HIV virus?	Yes..... 1 No 2	

TOBACCO AND ALCOHOL USE		TA
TA1. Have you ever tried cigarette smoking, even one or two puffs?	Yes.....1 No.....2	2⇒TA6
TA2. How old were you when you smoked a whole cigarette for the first time?	Never smoked a whole cigarette00 Age ____	00⇒TA6
TA3. Do you currently smoke cigarettes?	Yes.....1 No.....2	2⇒TA6
TA4. In the last 24 hours, how many cigarettes did you smoke?	Number of cigarettes ____	
TA5. During the last one month, on how many days did you smoke cigarettes? <i>If less than 10 days, record the number of days. If 10 days but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more, but less than a month ...10 Everyday / Almost every day30	
TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe?	Yes.....1 No.....2	2⇒TA10
TA7. During the last one month, did you use any smoked tobacco products?	Yes.....1 No.....2	2⇒TA10
TA8. What type of smoked tobacco product did you use or smoke? <i>Circle all mentioned.</i>	CigarsA Water pipeB CigarillosC PipeD Other (<i>specify</i>)X	
TA9. During the last one month, on how many days did you use smoked tobacco products? <i>If less than 10 days, record the number of days. If 10 days or more, but less than a month circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month10 Everyday / Almost every day30	
TA10. Have you tried other types of tobacco products free of smoke, such as chewing tobacco, snuff and dip?.	Yes.....1 No.....2	2 ⇒TA14
TA11. During the last one month, did you use any smokeless tobacco products?	Yes.....1 No.....2	2 ⇒TA14
TA12. What type of smokeless tobacco product did you use? <i>Circle all mentioned.</i>	Chewing tobaccoA SnuffB NasybaiC Other (<i>specify</i>)X	
TA13. During the last one month, on how many days did you use smokeless tobacco products? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month10 Everyday / Almost every day30	

TA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	Yes.....1 No2	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 cognac, vodka, whiskey or rum. 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 one 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, circle "10". If "everyday" or "almost every day", circle "30"</i>	Did not have one drink in last one month 00 Number of days 0 ____ 10 days or more..... 10 Everyday / Almost every day 30	00⇒Next Module
TA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have?	Number of drinks ____	

DOMESTIC VIOLENCE	DA
DA1A. Check the question WM6A, from the information section about woman <input type="checkbox"/> Woman <u>SELECTED</u> for questions on Domestic Violence module ⇒ Continue from DA1B. <input type="checkbox"/> Woman <u>NOT SELECTED</u> for questions on Domestic Violence module ⇒ Go to WM11	
DA1B. Check if anybody else is presented in the room. <u>Do not continue unless you get the privacy with the respondent:</u> <input type="checkbox"/> Privacy obtained ⇒ Continue from DA2 <input type="checkbox"/> Privacy not possible ⇒ Go to DA34	
<p><i>Read to the respondent:</i></p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in kazakhstan. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>	
DA2. Check MA1 and MA5 <input type="checkbox"/> Currently married or living with a man ⇒ Continue with DA3 <input type="checkbox"/> Was married or lived with a man ⇒ Continue with DA3, but read questions in a <u>past tense</u> <input type="checkbox"/> Never married and never lived with a man ⇒ Go to DA14B	

<p>DA3. First, I'm going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?</p> <p>[A] He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>[B] He frequently (accuses/accused) you of being unfaithful?</p> <p>[C] He (does/did) not permit you to meet your female friends?</p> <p>[D] He (tries/tried) to limit your contact with your family?</p> <p>[E] He (insists/insisted) on knowing where you (are/were) at all times?</p> <p>[F] He (does/did) not trust you with any money?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Jealous)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Accuses</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Not meet friends.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>No family.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Where you are.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Money.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Jealous)	1	2	8	Accuses	1	2	8	Not meet friends.....	1	2	8	No family.....	1	2	8	Where you are.....	1	2	8	Money.....	1	2	8	
	Yes	No	DK																											
Jealous)	1	2	8																											
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No family.....	1	2	8																											
Where you are.....	1	2	8																											
Money.....	1	2	8																											
<p>DA4. Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question:</p>																														
<p>[A1]. did your (last) husband/partner ever say or do something to humiliate you in front of others?</p>	<p>Yes.....1 No2</p>	<p>2⇒ B1</p>																												
<p>[A2]. Check MA6</p> <p><input type="checkbox"/> If Respondent is not widow ⇒ Continue with A3</p> <p><input type="checkbox"/> If Respondent is widow ⇒ Go to B1</p>																														
<p>[A3]. How often did this happen during the last 12 months?</p>	<p>Often 1 Sometimes 2 Never 3</p>																													
<p>[B1]. Your (ex) husband/partner threatened to hurt or harm you or someone else close to you?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒ C1</p>																												
<p>[B2]. Check MA6</p> <p><input type="checkbox"/> If Respondent is not widow ⇒ Continue with B3</p> <p><input type="checkbox"/> If Respondent is widow ⇒ Go to C1</p>																														
<p>[B3]. How often did this happen during the last 12 months: Often, Sometimes, Never?</p>	<p>Often1 Sometimes2 Never 3</p>																													
<p>[C1]. Your (ex) husband/partner insulted you or made you feel bad about yourself?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒ DA5</p>																												
<p>[C2]. Check MA6</p> <p><input type="checkbox"/> If Respondent is not widow ⇒ Continue with C3</p> <p><input type="checkbox"/> If Respondent is widow ⇒ Go to DA5</p>																														
<p>[C3]. How often did this happen during the last 12 months: Often, Sometimes, Never?</p>	<p>Often 1 Sometimes2 Never 3</p>																													

DA5. (Does/did) your (last) husband/partner ever do any of the following things to you:		
[A1]. Push you, shake you, or throw something at you?	Yes.....1 No.....2	2⇒ B1
[A2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with A3 <input type="checkbox"/> If Respondent is widow ⇒ Go to B1		
[A3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[B1]. Does/did) your (last) husband/partner slapped you?	Yes..... 1 No 2	2⇒ C1
[B2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with B3 <input type="checkbox"/> If Respondent is widow ⇒ Go to C1		
[B3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[C1]. Does/did your (last) husband/partner twist your arm or pull your hair?	Yes..... 1 No.....2	2⇒ D1
[C2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with C3 <input type="checkbox"/> If Respondent is widow ⇒ Go to D1		
C3. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[D1]. Does/did your (last) husband/partner punch you with his fist or with something that could hurt you?	Yes..... 1 No.....2	2⇒ E1
[D2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with D3 <input type="checkbox"/> If Respondent is widow ⇒ Go to E1		
[D3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[E1]. Does/did your (last) husband/partner kick you, drag you or beat you up?	Yes.....1 No.....2	2⇒ F1
[E2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with E3 <input type="checkbox"/> If Respondent is widow ⇒ Go to F1		
[E3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often1 Sometimes2 Never3	

F1. Does/did your (last) husband/partner try to choke you or burn you on purpose?	Yes.....1 No.....2	2⇒ G1
[F2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with F3 <input type="checkbox"/> If Respondent is widow ⇒ Go to G1		
[F3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[G1]. Does/did your (last) husband/partner threaten or attack you with a knife, gun, or any other weapon?	Yes.....1 No.....2	2⇒ H1
[G2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with G3 <input type="checkbox"/> If Respondent is widow ⇒ Go to H1		
[G3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[H1]. Does/did your (last) husband/partner physically force you to have sexual intercourse with him even when you did not want to?	Yes.....1 No.....2	2⇒ I1
[H2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with H3 <input type="checkbox"/> If Respondent is widow ⇒ Go to I1		
[H3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[I1]. Does/did your (last) husband/partner Force you to perform any sexual acts you did not want to?	Yes.....1 No.....2	2⇒ DA6
[I2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with I3 <input type="checkbox"/> If Respondent is widow ⇒ Go to DA6		
[I3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
DA6. Check DA6 <input type="checkbox"/> At least one «Yes» ⇒ Continue with DA7 <input type="checkbox"/> Not a single «Yes» ⇒ Go to DA9		
DA7. How long after you first got married/ started living with your (last) husband/ partner did (This/any of these things) first happen? <i>If less than one year, record '00'.</i>	Number of years..... _ _ Before marriage/before living together .. 95	

DA8. Did the following ever happen as a result of what your (last) husband/partner did to you: [A] You had cuts, bruises or arches? [B] You had eye injuries, sprains, dislocations, or burns? [C] You had deep wounds, broken bones, broken teeth, or any other serious injury?	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Cuts, bruises.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Eye injuries, sprains, dislocations, burns</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Deep wounds, broken bones, broken teeth or other serious injury....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	Cuts, bruises.....	1	2	Eye injuries, sprains, dislocations, burns	1	2	Deep wounds, broken bones, broken teeth or other serious injury....	1	2	
	Yes	No												
Cuts, bruises.....	1	2												
Eye injuries, sprains, dislocations, burns	1	2												
Deep wounds, broken bones, broken teeth or other serious injury....	1	2												
DA9. Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?	Yes..... 1 No2	2⇒DA12												
DA10. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with DA11 <input type="checkbox"/> If Respondent is widow ⇒ Go to DA12														
DA11. In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all	Often 1 Only Sometimes2 Never3													
DA12. Does (did) your husband/partner drink alcohol?	Yes..... 1 No2	2⇒DA14												
DA13. How often does (did) he get drunk: often, only sometimes, or never?	Often 1 Only Sometimes 2 Never 3													
DA14. Check MA1 and MA5 <input type="checkbox"/> Married or live with a man in unofficial union /was married or lived with a man in unofficial union ⇒ Continue from DA14A <input type="checkbox"/> Was never married or never lived with a man in unofficial union ⇒ Go to DA14B														
DA14A. From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?	Yes..... 1 No2 Refused to answer/No answer.....3	1⇒DA15 2⇒DA17 3⇒DA17												
DA14B. From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically??	Yes..... 1 No2 Refused to answer/No answer3	2⇒DA173 ⇒DA17												
DA15. Who has hurt you in this way? Anyone else? <i>Circle all mentioned.</i>	Mother/Step-mother _____ A Father/Step-father _____ B Sister/Brother _____ C Daughter/Son _____ D Other relative _____ E Former husband/Partner _____ F Current boyfriend _____ G Former boyfriend _____ H Mother-in-law _____ I Father-in-law _____ J Other –in-law _____ K Teacher _____ L Employer/Someone at work _____ M Police/Soldier _____ N Other (<i>specify</i>) _____ X													

DA16. In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	Often1 Sometimes2 Never3	
DA17. Check CM1, CM12, u CP1 <input type="checkbox"/> Ever been pregnant, the pregnancy ended with miscarriage, abortion or stillbirth ⇒ Continue with DA18 <input type="checkbox"/> Never been pregnant ⇒ Go to DA20		
DA18. Has anyone hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	Yes.....1 No2	2⇒DA20
DA19. Who has done any of these things to physically hurt you while you were pregnant? Anyone else? Circle all mentioned.	Current husband/PartnerA Mother/Step-mother.....B Father/Step-fatherC Sister/Brother.....D Daughter/SonE Other relativeF Former husband/PartnerG Current boyfriend.....H Former boyfriendI Mother-in-lawJ Father-in law.....K Other in -lawL Teacher.....M Employer/Someone at workN Police/Soldier.....O Other (specify)X	
DA20. Check: have you had sexual intercourse? <input type="checkbox"/> Has had sexual intercourse before ⇒ Continue from DA21 <input type="checkbox"/> Has never had sexual intercourse before ⇒ Go to DA28		
DA21. The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	Wanted to1 Forced to2 Refused to answer/No response3	
DA22. Check MA1 and MA5 <input type="checkbox"/> Married or lives with a man in unofficial marriage / was married or lived with a man in unofficial marriage ⇒ Continue from DA22A <input type="checkbox"/> Not married or never lived with a man in unofficial marriage ⇒ Go to DA22B		
DA22A. In the last 12 months has anyone apart from your (present/former) husband forced you to have sexual intercourse against your will?	Yes.....1 No2 Refused answer/no answer.....3	1⇒DA28 2⇒DA28 3⇒DA28
DA22B. In the last 12 months has anyone forced you to have sexual intercourse against your will?	Yes.....1 No2 Refused answer/no answer.....3	
DA28. Check DA5 (A,B,C,D,E,F,G,H,I), DA14 (A,B) , DA18, DA21, DA22 (A,B) (If there is an answer 'Yes' to one of these questions or DA21=2 (Continue from DA29 <input type="checkbox"/> If no 'Yes' ⇒ Go to DA32		

DA29. Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person (s) from doing this to you again?	Yes..... 1 No 2	2⇒DA31
DA30. From whom have you sought help? Anyone else? <i>Circle all mentioned</i>	Own family..... A Husband/Partner's family B Current/Last/Late husband/Partner C Current/Former boyfriend D Relatives E Neighbor F Religious Leader..... G Doctor/Medical personnel..... H Police..... I Lawyer J Social service organization..... K Other (<i>specify</i>) X	⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32
DA31. Have you ever told anyone else about this?	Yes..... 1 No 2	
DA32. As far as you know, did your father ever beat your mother?	Yes..... 1 No 2 DK 8	
<i>Thank the respondent for her cooperation and reassure her about the confidentiality of her answers. Fill out the questions below with reference to the domestic violence module only.</i>		
DA33. Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interrupted it in any other way?	Once More than once No Husband 1..... 2 8 Other male adult..... 1 2 8 Female adult 1..... 2..... 8	
DA34. Interviewer's comments/ Explanation for not completing the domestic violence module _____ _____ _____ _____		

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

Interviewer's Observations

Field Editor's Observations

QUESTIONNAIRE FOR INDIVIDUAL MEN


MAN'S INFORMATION PANEL		ME
<p><i>This questionnaire is to be administered to a man age 15 through 59, selected for Men's Individual Questionnaire (see Household Listing Form, line HH20BC Instruction for selection of a man for Men's Individual Questionnaire). A separate questionnaire should be used for eligible man.</i></p>		
ME1. Cluster number:	ME2. Household number:	
_____	_____	
ME3. Man's name:	ME4. Man's line number:	
Name.....	_____	
ME5. Interviewer name and number:	ME6. Day / Month / Year of interview:	
Name.....	____ / ____ / ____	
<p>Repeat greeting if not already read to this man:</p> <p>We are from Agency of Statistics, the Republic of Kazakhstan. We are working on a project concerned with family health, education, status of women and children. I would like to talk to you about these subjects. The interview will take about 10 minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>	<p>If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:</p> <p>Now I would like to talk to you more about your health and other topics. This interview will take about 10 minutes. Again, all the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>	
<p>May I start now?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to ME10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Complete ME7. Discuss this result with your supervisor.</p>		
ME7. Result of man's interview	<p>Completed.....01</p> <p>Not at home.....02</p> <p>Refused.....03</p> <p>Partly completed.....04</p> <p>Incapacitated.....05</p> <p>Other (specify).....96</p>	
ME8. Field edited by (Name and number):	ME9. Data entry clerk (Name and number):	
Name.....	Name.....	
ME10. Record the time.	Hour and minutes..... : ..	

MAN'S BACKGROUND		MB
MB1. In what month and year were you born?	Date of birth Month..... _ _ DK month..... 98 Year _ _ _ _ DK year..... 9998	
MB2. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>Compare and correct MB1 and/or MB2 if inconsistent</i>	Age (in completed years)..... _ _	
MB3. Have you ever attended school or preschool?	Yes..... 1 No 2	2⇒MB7
MB4. What is the highest level of school you attended?	Preschool..... 0 Primary 1 Secondary 2 Higher 3	0⇒MB7
MB5. What is the highest grade you completed at that level? <i>If less than 1 grade, enter "00"</i>	Grade..... _ _	
MB6. Check MB4: <input type="checkbox"/> Secondary, secondary-special or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with MB7		
MB7. Now I would like you to read this sentence to me. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> Can you read part of the sentence to me?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 <div style="text-align: center;">(specify language)</div> Blind / mute, visually / speech impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/ COMMUNICATION TECHNOLOGY

MMT

MMT1. Check MB7:

 Question left blank (Respondent has secondary, secondary-special or higher education) ⇒ Continue with MMT2

☐ Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MMT2

☐ Cannot read at all or blind (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 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 MB2: Age of respondent between 15 and 24?		
<input type="checkbox"/> Age 15-24 ⇒ Continue with MMT6		
<input type="checkbox"/> Age 25-59 ⇒ Go to Next Module		
MMT6. Have you ever used a computer?	Yes..... 1 No 2	2⇒MMT9
MMT7. Have you used a computer from any location in the last 12 months?	Yes..... 1 No 2	2⇒MMT9
MMT8. During the last one month, how often did you use a computer? almost every day, at least once a week, less than once a week or not at all?	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 from any location, with any device.</i>	Yes..... 1 No 2	2⇒ Next Module
MMT11. During the last one month, how often did you use the internet? almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	

CONTRACEPTION		MCP
MCP2. Couples use various ways or methods to delay or avoid a pregnancy.	Yes..... 1 No 2	2⇒Next Module
Are you or (any of) your partners currently doing something or using any method to delay or avoid getting pregnant?		
MCP3. What are you doing to delay or avoid a pregnancy? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization..... A Male sterilization..... B IUD C Injectables D Implants..... E Pill..... F Male condom..... G Female condom..... H Diaphragm..... I Foam / Jelly J Lactational amenorrhoea method (LAM)..... K Periodic abstinence / Rhythm..... L Withdrawal..... M Other (<i>specify</i>)..... X	

ATTITUDES TOWARD DOMESTIC VIOLENCE				MDV
MDV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		Yes	No	DK
[A] If she goes out without telling him?	Goes out without telling	1	2	8
[B] If she neglects the children?	Neglects children	1	2	8
[C] If she argues with him?	Argues with him	1	2	8
[D] If she refuses to have sex with him?	Refuses sex	1	2	8
[E] If she burns the food?	Burns food	1	2	8

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 man 2 No, not in union 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..... __ __ DK..... 98	3⇒MMA7 3⇒MMA7
MMA5. Have you ever been married or lived together with a woman as if married?	Yes, formerly married 1 Yes, formerly lived 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 <u>first</u> marry or start living with a woman as if married?	Date of first marriage Month..... __ __ DK month..... 98 Year __ __ __ __ DK year..... 9998	⇒Next Module
MMA9. How old were you when you started living with your first wife/partner?	Age in years..... __ __	

SEXUAL BEHAVIOUR

MSB

MSB1A. Check MB2: Age of respondent from 15 to 24?

☐ **Age 15-24** ⇒ Proceed with MSB1B

☐ **Age 25-59** ⇒ Go to the next module

Check for the presence of others. Before continuing, ensure privacy.

MSB1B. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. The information you supply will remain strictly confidential. How old were you when you had sexual intercourse for the very first time?	Never had intercourse 00 Age in years..... __ __ First time when started living with (first) wife/partner..... 95	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? <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 ago 1 __ __ Weeks ago..... 2 __ __ Months ago..... 3 __ __ Years ago 4 __ __	4⇒MSB15
MSB4. The last time you had sexual intercourse, was a condom used?	Yes..... 1 No 2	

<p>MSB5. What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend', then ask: Were you living together as if married? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1</p> <p>Cohabiting partner 2</p> <p>Girlfriend 3</p> <p>Casual acquaintance 4</p> <p>Prostitute 5</p> <p>Other (specify) 6</p>	<p>3⇒MSB7</p> <p>4⇒MSB7</p> <p>5⇒MSB7</p> <p>6⇒MSB7</p>
<p>MSB6. Check MMA1:</p> <p><input type="checkbox"/> Currently married or living with a woman (MMA1 = 1 or 2) ⇒ Go to MSB8</p> <p><input type="checkbox"/> Not married / Not in union (MMA1 = 3) ⇒ Continue with MSB7</p>		
<p>MSB7. How old is this person?</p> <p><i>If response is DK, probe: About how old is this person?</i></p>	<p>Age of sexual partner _ _</p> <p>DK..... 98</p>	
<p>MSB8. Have you had sexual intercourse with any other person in the last 12 months?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒MSB15
<p>MSB9. The last time you had sexual intercourse with this other person, was a condom used?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>MSB10. What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend' then ask: Were you living together as if married? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1</p> <p>Cohabiting partner 2</p> <p>Girlfriend 3</p> <p>Casual acquaintance 4</p> <p>Prostitute 5</p> <p>Other (specify) 6</p>	<p>3⇒MSB12</p> <p>4⇒MSB12</p> <p>5⇒MSB12</p> <p>6⇒MSB12</p>
<p>MSB11. Check MMA1 and MMA7:</p> <p><input type="checkbox"/> a) Currently married or living with a woman (MMA1 = 1 or 2) AND</p> <p>b) Married only once or lived with a woman only once (MMA7 = 1) ⇒ Go to MSB13</p> <p><input type="checkbox"/> Else ⇒ Continue with MSB12</p>		
<p>MSB12. How old is this person?</p> <p><i>If response is DK, probe: About how old is this person?</i></p>	<p>Age of sexual partner _ _</p> <p>DK..... 98</p>	
<p>MSB13. Other than these two persons, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒MSB15
<p>MSB14. In total, with how many different people have you had sexual intercourse in the last 12 months?</p>	<p>Number of partners..... _ _</p>	

MSB15. 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.</i> <i>If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners — — DK..... 98	
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HIV/AIDS		MHA
MHA1. Now I would like to talk with you about something else. Have you ever heard of an illness called HIV?	Yes..... 1 No 2 DK..... 8	2⇒Next Module
MHA2. Can people reduce their chance of getting the HIV virus by having just one uninfected sex partner who has no other sex partners?	Yes..... 1 No 2 DK..... 8	
MHA3. Can people get the HIV virus because of witchcraft or other supernatural means?	Yes..... 1 No 2 DK..... 8	
MHA4. Can people reduce their chance of getting the HIV virus by using a condom every time they have sex?	Yes..... 1 No 2 DK..... 8	
MHA5. Can people get the HIV virus from mosquito bites?	Yes..... 1 No 2 DK..... 8	
MHA6. Can people get the HIV virus by sharing food with a person who has the AIDS virus?	Yes..... 1 No 2 DKm8	
MHA7. Is it possible for a healthy-looking person to have the HIV virus?	Yes..... 1 No 2 DK..... 8	
MHA8. Can the virus that causes HIV be transmitted from a mother to her baby:		
[A] During pregnancy?	During pregnancy Yes No DK 1 2 8	
[B] During delivery?	During delivery 1 2 8	
[C] By breastfeeding?	By breastfeeding 1 2 8	
MHA9. In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
MHA10. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV virus?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
MHA11. If a member of your family got infected with the HIV virus, 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 HIV, would you be willing to care for her or him 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 HIV virus?	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 the 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 HIV virus?	Yes..... 1 No 2	

CIRCUMCISION		MMC
MMC1. Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	Yes..... 1 No 2	2⇒Next Module
MMC2. How old were you when you got circumcised?	Age in years..... — — DK..... 98	
MMC3. Who did the circumcision?	Health worker/Professional..... 1 Traditional practitioner/family/friend/mullah 2 Other (<i>specify</i>) 6 DK..... 8	
MMC4. Where was it done?	Health facility 1 Home of a health worker/professional 2 Circumcision done at home 3 Ritual site..... 4 Other home/place (<i>specify</i>) 6 DK..... 8	

TOBACCO AND ALCOHOL USE		MTA
MTA1. Have you ever tried cigarette smoking, even one or two puffs?	Yes..... 1 No 2	2⇒MTA6
MTA2. How old were you when you smoked a whole 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. In the last 24 hours, how many cigarettes did you smoke?	Number of cigarettes	
MTA5. During the last one month, on how many days did you smoke cigarettes? <i>If less than 10 days, record the number of days.</i> <i>If 10 days but less than a month, circle "10".</i> <i>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, water pipe, cigarillos or pipe?	Yes..... 1 No 2	2⇒MTA10
MTA7. During the last one 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? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos..... C Pipe D Other (specify) X	
MTA9. During the last one month, on how many days did you use smoked tobacco products? <i>If less than 10 days, record the number of days. If 10 days or more, but less than a month circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
MTA10. Have you tried other types of tobacco products free of smoke, such as chewing tobacco, snuff and nasybai?	Yes..... 1 No 2	2⇒MTA14
MTA11. During the last one month, did you use any smokeless tobacco products?	Yes..... 1 No 2	2⇒MTA14
MTA12. What type of smokeless tobacco product did you use? <i>Circle all mentioned.</i>	Chewing tobacco..... A Snuff B Nasybai..... C Other (specify) X	
MTA13. During the last one month, on how many days did you use smokeless tobacco products? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
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 cognac, vodka, whiskey or rum. 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
MTA16. During the last one 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, circle "10". If "everyday" or "almost every day", circle "30"</i>	Did not have one drink in last one month . 00 Number of days 0 ____ 10 days or more..... 10 Everyday / Almost every day 30	00⇒Next Module
MTA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have?	Number of drinks ____ ____	

ME11. Record the time.

Hour and minutes ____ : ____

End the interview with this respondent by thanking him for his cooperation.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).</i></p> <p><i>A separate questionnaire should be used <u>for each eligible child</u>.</i></p>		
UF1. Cluster number:	UF2. Household number:	
— — —	— —	
UF3. Child's name:	UF4. Child's line number:	
Name	— —	
UF5. Mother's / Caretaker's name:	UF6. Mother's / Caretaker's line number:	
Name	— —	
UF7. Interviewer name and number:	UF8. Day / Month / Year of interview:	
Name — —	— — / — — / — — — —	
<p>Repeat greeting if not already read to this respondent:</p> <p>We are from Agency of Statistics, the Republic of Kazakhstan. We are working on a project concerned with family health, education, status of women and children. I would like to talk to you about these subjects. The interview will take about 15 minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>Now I would like to talk to you more about health (child's name from UF3) and other topics. This interview will take about 15 minutes. Again, all the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>	
<p>May I start now?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor</p>		
<p>UF9. Result of interview for children under 5</p> <p>Codes refer to mother/caretaker.</p>	<p>Completed01</p> <p>Not at home02</p> <p>Refused03</p> <p>Partly completed.....04</p> <p>Incapacitated.....05</p> <p>Other (specify)96</p>	
UF10. File edited by (Name and number):	UF11. Data entry clerk (Name and number):	
Name — —	Name — —	
UF12. Record the time.	Hour and minutes : — —	

AGE		AG
<p>AG1. Now I would like to ask you some questions about the health of (name). In what month and year was (name) born?</p> <p><i>Probe:</i> What is his / her birthday? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i> <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><i>Probe:</i> How old was (name) at his / her last birthday? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years)..... _</p>	

BIRTH REGISTRATION		BR
<p>BR1. Does (name) have a birth certificate?</p> <p><i>If yes, ask:</i> May i see it?</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 civil authorities?</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?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	

EARLY CHILDHOOD DEVELOPMENT		EC																
EC1. How many children's books or picture books do you have for (name)?	None 00 Number of children's books 0 ____ Ten or more books 10																	
EC2. I am interested in learning about the things that (name) plays with when he/she is at home. Does he/she play with: [A] homemade toys (such as dolls, cars, or other toys made at home)? [B] toys from a shop or manufactured toys? [C] household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)? <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>	<table><thead><tr><th></th><th>Y</th><th>N</th><th>DK</th></tr></thead><tbody><tr><td>Homemade toys</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Toys from a shop</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Household objects or outside objects</td><td>1</td><td>2</td><td>8</td></tr></tbody></table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop	1	2	8	Household objects or outside objects	1	2	8	
	Y	N	DK															
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, wash clothes, 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 an hour?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour _ _</p> <p>Number of days left with other child less than 10 years old for more than an hour _ _</p>									
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>										
<p>EC5. Does <i>(name)</i> attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care/mini centres?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>								
<p>EC6. Within the last seven days, about how many hours did <i>(name)</i> attend?</p>	<p>Number of hours..... _ _</p>									
<p>EC7. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with <i>(name)</i>:</p> <p><i>If yes, ask:</i> who engaged in this activity with <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p>										
<p>[A] Read books to or looked at picture books with <i>(name)</i>?</p>	<p>Read books</p>	<table border="1"> <tr> <td>Mother</td> <td>Father</td> <td>Other</td> <td>No one</td> </tr> <tr> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	Mother	Father	Other	No one	A	B	X	Y
Mother	Father	Other	No one							
A	B	X	Y							
<p>[B] Told stories to <i>(name)</i>?</p>	<p>Told stories</p>	<table border="1"> <tr> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	A	B	X	Y				
A	B	X	Y							
<p>[C] Sang songs to <i>(name)</i> or with <i>(name)</i>, including lullabies?</p>	<p>Sang songs</p>	<table border="1"> <tr> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	A	B	X	Y				
A	B	X	Y							
<p>[D] Took <i>(name)</i> outside the home, compound, yard or enclosure?</p>	<p>Took outside</p>	<table border="1"> <tr> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	A	B	X	Y				
A	B	X	Y							
<p>[E] Played with <i>(name)</i>?</p>	<p>Played with</p>	<table border="1"> <tr> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	A	B	X	Y				
A	B	X	Y							
<p>[F] Named, counted, or drew things to or with <i>(name)</i>?</p>	<p>Named/ counted</p>	<table border="1"> <tr> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	A	B	X	Y				
A	B	X	Y							

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.	Yes..... 1 No 2 DK..... 8	
Can (<i>name</i>) identify or name at least ten letters of the alphabet?		
EC9. Can (<i>name</i>) read at least four simple, popular words?	Yes..... 1 No 2 DK..... 8	
EC10. Does (<i>name</i>) know the name and recognize the symbol of all numbers from 1 to 10?	Yes..... 1 No 2 DK..... 8	
EC11. Can (<i>name</i>) pick up a small object with two fingers, like a stick or a rock from the ground?	Yes..... 1 No 2 DK..... 8	
EC12. Is (<i>name</i>) sometimes too sick to play?	Yes..... 1 No 2 DK..... 8	
EC13. Does (<i>name</i>) follow simple directions on how to do something correctly?	Yes..... 1 No 2 DK..... 8	
EC14. When given something to do, is (<i>name</i>) able to do it independently?	Yes..... 1 No 2 DK..... 8	
EC15. Does (<i>name</i>) get along well with other children?	Yes..... 1 No 2 DK..... 8	
EC16. Does (<i>name</i>) kick, bite, or hit other children or adults?	Yes..... 1 No 2 DK..... 8	
EC17. Does (<i>name</i>) get distracted easily?	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 item even if it was combined with other foods.	Yes..... 1 No 2 DK..... 8	
Did (<i>name</i>) <u>drink plain water</u> yesterday, during the day or night?		

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?	Number of times — —	
BF6. Did (<i>name</i>) drink milk, such as tinned (condensed), 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 tinned (condensed), powdered or fresh animal milk?	Number of times — —	
BF8. Did (<i>name</i>) drink juice or juice drinks yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	
BF9. Did (<i>name</i>) drink <u>soup/bullion/sorpa</u> yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	
BF10. Did (<i>name</i>) drink or eat 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 ORS (oral rehydration solution) 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 yogurt/kefir, airan or other fermented milk products 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 yogurt/kefir, airan or other fermented milk products yesterday, during the day or night?	Number of times — —	
BF15. Did (<i>name</i>) eat thin 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 OF ILLNESS

CA

CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	Yes..... 1 No..... 2 DK..... 8	2⇒CA7 8⇒CA7
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CA2. I would like to know how much (<i>name</i>) was given to drink during the 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 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 to eat? <i>If "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 episode of diarrhoea, was (<i>name</i>) given to drink any of the following: <i>Read each item aloud and record response before proceeding to the next item.</i> [A] ORS from a special packet? Anything else? [B] A pre-packed ORS fluid a special packet called regidron ? [C] Homemade fluid	<div style="text-align: right;">Y N DK</div> Fluid from ORS packet 1 2 8 Pre-packaged ORS fluid 1 2 8 Homemade 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 brand name(s) of all medicines mentioned.</i> _____ (<i>Name</i>)	<u>Pills or Syrups</u> Antibiotic A Antimotility B Zinc C Other (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H <u>Injections</u> Antibiotic L Non-antibiotic M Unknown injection N Intravenous O Home remedy / Herbal medicine Q Other (<i>specify</i>) X	
CA7. At any time in 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 nose?	Problem in chest..... 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK..... 8	2⇒CA14 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
CA11. From where did you seek advice or treatment? <i>Probe:</i> Anywhere else? <i>Circle all 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 place.</i> _____ (Name of place)	<u>Public sector</u> Govt. hospital..... A Govt. health centre B State Medical point/Rural Doctoral Ambulatory/FAP..... C Rural health worker D Mobile / Outreach clinic E Other public (<i>specify</i>)..... H <u>Private medical sector</u> Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O <u>Other source</u> Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>)..... X	
CA12. Was (name) given any medicine to treat this illness?	Yes..... 1 No..... 2 DK..... 8	2⇒CA14 8⇒CA14
CA13. What medicine was (name) given? <i>Probe:</i> Any other medicine? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> _____ (Names of medicines)	<u>Antibiotics</u> Pills / Syrups..... A Injection B Paracetamol / Panadol / Acetaminophen ... P Aspirin..... Q Ibuprofen R Other (<i>specify</i>)..... X DK..... Z	
CA14. Check AG2: 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, what was done to dispose of the stools?	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 (<i>specify</i>) 96 DK..... 98	

IMMUNIZATION

IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 are for registering vaccinations that are not recorded on the card. IM6-IM16 will only be asked when a card is not available.

IM1. Do you have a card where (name)'s vaccinations are written down? (If yes) May I see it please?		Yes, seen.....1 Yes, not seen.....2 No card.....3				1⇒IM3 2⇒IM6		
IM2. Did you ever have a vaccination card for (name)?		Yes.....1 No.....2				1⇒IM6 2⇒IM6		
IM3. (a) Copy dates for each vaccination from the card. Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization						
			Day	Month	Year			
BCG	BCG							
Polio at birth(before 2008)	OPV0							
Polio 1	OPV1							
Polio 2	OPV2							
Polio 3								
Polio 4 (from 2008)	OPV3							
DPT1	DPT1							
DPT2	DPT2							
DPT3	DPT3							
DPT4 (antihemophilic infection of B type) (from 2008)								
HepB at birth	H0							
HepB1	H1							
HepB2	H2							
HepB3	H3							
Measles (or MMR) (before 2005)	Measles							
Measles, parotitis, rubella (MMR) (from 2005)								

IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?
☐ **Yes** ⇒ Go to UF13

☐ **No** ⇒ Continue with IM5

IM5. In addition to what is recorded on this card, did (name) receive any other vaccinations – including vaccinations received in campaigns or immunization days? <i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i>	Yes..... 1 <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to UF13)</i> No..... 2 DK..... 8	2⇒ UF13 8⇒ UF13
IM6. Has (name) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?	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” to protect him/her from getting diseases – that is, polio?	Yes..... 1 No..... 2 DK..... 8	2⇒IM11 8⇒IM11
IM9. Was the first polio vaccine received in the first two weeks after birth or later?	First two weeks..... 1 Later 2	
IM10. How many times was the polio vaccine received?	Number of times	
IM11. Has (name) ever received a DPT vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria? <i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	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 vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting Hepatitis B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes..... 1 No..... 2 DK..... 8	2⇒IM16 8⇒IM16
IM14. Was the first Hepatitis B vaccine received within 24 hours after birth, or later?	Within 24 hours..... 1 Later 2 DK..... 8	
IM15. How many times was a hepatitis B vaccine received?	Number of times	
IM16. Has (name) ever received a Measles injection or an MMR injection – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	Yes..... 1 No..... 2 DK..... 8	

UF13. Record the time.

Hour and minutes :

☐ **Yes.** ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later.
Go to the next **QUESTIONNAIRE FOR CHILDREN UNDER 5** to be administered to the same respondent

☐ **No.** ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child..

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

AN

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording 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 caretaker refused 3 Other (<i>specify</i>) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) ____ . ____ Weight not measured 99.9	
AN4. Child's length or height <i>Check age of child in AG2:</i> <input type="checkbox"/> Child under 2 years old. ⇒ <i>Measure length</i> <div style="text-align: right;"><i>(lying down).</i></div> <input type="checkbox"/> Child age 2 or more years. ⇒ <i>Measure height</i> <div style="text-align: right;"><i>(standing up).</i></div>	Length (cm) Lying down..... 1 ____ . ____ Height (cm) Standing up 2 ____ . ____ Length / Height not measured 9999.9	

☐ **Yes.** \Rightarrow Record measurements for next child.

☐ **No.** ⇒ *End the interview with this household by thanking all participants for their cooperation.*

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations