

Appendix F. UKRAINE MICS 2012 QUESTIONNAIRES



HOUSEHOLD QUESTIONNAIRE UKRAINE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. AREA: Urban 1 Rural 2	HH7. REGION: North 1 West 2 Centre 3 East 4 South 5	
HH6A. SETTLEMENT TYPE: BIG CITY 1 SMALL TOWN 2 VILLAGE 3		
HH7A. IS HOUSEHOLD SELECTED FOR MEN'S QUESTIONNAIRE?	YES 1 NO 2	

WE ARE FROM THE STATE STATISTICS SERVICE OF UKRAINE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

☐ YES, PERMISSION IS GIVEN ⇒ Go to HH18 to record the time and then BEGIN THE INTERVIEW.

☐ NO, PERMISSION IS NOT GIVEN ⇒ COMPLETE HH9. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.

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

HH8. Name of head of household: _____

<p>HH9. Result of household interview:</p> <p>Completed01</p> <p>No household member or no competent respondent at home at time of visit .02</p> <p>Entire household absent for extended period of time03</p> <p>Refused.....04</p> <p>Dwelling vacant / Address not a dwelling05</p> <p>Dwelling destroyed06</p> <p>Dwelling not found.....07</p> <p>Other (<i>specify</i>)_____ 96</p>	<p>HH10. Respondent to household questionnaire:</p> <p>Name: _____</p> <p>Line Number: _____</p> <hr/> <p>HH11. Total number of household members: _____</p>
<p>HH12. Number of women age 15-49 years: _____</p>	<p>HH13. Number of woman's questionnaires completed: _____</p>
<p>HH13A. Number of men age 15-49 years: _____</p>	<p>HH13B. Number of man's questionnaires completed: _____</p>
<p>HH14. Number of children under age 5: _____</p>	<p>HH15. Number of under-5 questionnaires completed: _____</p>

<p>HH16. Field editor name and number: _____</p>	<p>HH17. First data entry clerk name and number: _____</p>
<p>HH17B. Second data entry clerk name and number: _____</p>	

HOUSEHOLD LISTING FORM										HL							
FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. 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) 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.										For children under age 5				For children age 0-17 years			
		For women age 15-49		For men age 15-49		For children age 5-14											
HL1. Line No.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line no. if woman is age 15-49	HL7A. Circle line no. if man is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL11. IS (name)'S MOTHER ALIVE?	HL12. DOES (name)'S MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?				
			1 Male 2 Female	98 DK 9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line no. if woman is age 15-49	Circle line no. if man is age 15-49	Record line no. of mother/ caretaker	Record line no. of mother/ caretaker	1 Yes 2 No ^{SL} 8 DK ^{SL} HL13	Record line no. of mother or father 00 for "No"	1 Yes 2 No ^{SL} 8 DK ^{SL} Next Line	Record line no. of father or mother 00 for "No"				
Line	Name	Relation*	M F	Month Year	Age	15-49	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father				
01		0 1	1 2	___	___	01	01	___	___	1 2 8	___	1 2 8	___				
02		___	1 2	___	___	02	02	___	___	1 2 8	___	1 2 8	___				
03		___	1 2	___	___	03	03	___	___	1 2 8	___	1 2 8	___				
04		___	1 2	___	___	04	04	___	___	1 2 8	___	1 2 8	___				
05		___	1 2	___	___	05	05	___	___	1 2 8	___	1 2 8	___				
06		___	1 2	___	___	06	06	___	___	1 2 8	___	1 2 8	___				
07		___	1 2	___	___	07	07	___	___	1 2 8	___	1 2 8	___				
08		___	1 2	___	___	08	08	___	___	1 2 8	___	1 2 8	___				
09		___	1 2	___	___	09	09	___	___	1 2 8	___	1 2 8	___				
10		___	1 2	___	___	10	10	___	___	1 2 8	___	1 2 8	___				

HH18.

Record the time.

Hour

Minutes

HL1. Line No.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line no. if woman is age 15-49	HL7A. Circle line no. if man is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD?
Line	Name	Relation*	M F	Month Year	Age	15-49	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
11			1 2	98 DK 9998 DK		11	11			1 2 8	Record line no. of mother or father or 00 for "No"	1 Yes 2 No 8 DK Next Line	Record line no. of father or 00 for "No"
12			1 2			12	12			1 2 8			
13			1 2			13	13			1 2 8			
14			1 2			14	14			1 2 8			
15			1 2			15	15			1 2 8			

Tick here if additional questionnaire used ☐

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
Insert names of additional members in the household list and complete form accordingly.

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.
For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire if the household is selected for men's interviews.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to head of household:

- | | | |
|---------------------------------|-----------------------------------|---------------------------------|
| 01 Head | 06 Parent | 11 Niece / Nephew |
| 02 Wife / Husband | 07 Parent-In-Law | 12 Other relative |
| 03 Son / Daughter | 08 Brother / Sister | 13 Adopted / 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										ED									
For household members age 5 and above										For household members age 5-24 years									
ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE CURRENT SCHOOL YEAR (2012-2013), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR (2012-2013), WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR (2011-2012) DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR (2011-2012), WHICH LEVEL AND GRADE DID (name) ATTEND?											
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade				
01			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
02			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
03			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
04			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
05			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
06			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
07			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
08			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
09			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
10			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
11			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
12			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
13			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
14			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					
15			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8					

WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes__ __ __ DK998	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15)..... 3 Male child (under 15) 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	BoilA Add bleach / chlorine.....B Strain it through a clothC Use water filter (ceramic, sand, composite, etc.)D Let it stand and settle F Other (<i>specify</i>) X DKZ	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If necessary, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine)..... 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit ... 23 Composting toilet 31 Bucket 41 No facility, Bush, Field..... 95 Other (<i>specify</i>) 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No 2	2⇒Next Module

<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>Other households only (not public)1 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 _ Ten or more households10 DK98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand.....11 Rudimentary floor Wood planks21 Finished floor Parquet or polished wood31 Vinyl or asphalt strips32 Ceramic tiles33 Cement34 Carpet covering.....35 Other (<i>specify</i>)..... 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing Thatch12 Sod13 Rudimentary Roofing Wood planks23 Finished roofing Metal31 Wood/shingles32 Calamine / Cement fibre33 Ceramic tiles34 Cement35 Other (<i>specify</i>)..... 96	
HC5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Rudimentary walls Stone with mud22 Uncovered adobe23 Plywood24 Reused wood.....26 Finished walls Cement31 Stone with lime / cement32 Bricks33 Cement blocks.....34 Covered adobe35 Wood planks / logs36 Other (<i>specify</i>)..... 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity01 Liquefied Petroleum Gas (LPG).....02 Network natural gas.....03 Biogas04 Kerosene05</p> <p>Coal / Lignite06 Charcoal.....07 Wood08 Straw / Shrubs / Grass09 Animal dung10 Agricultural crop residue.....11</p> <p>No food cooked in household.....95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8 05⇒HC8</p> <p>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: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house In a separate room used as kitchen1 Elsewhere in the house2 In a separate building3 Outdoors4</p> <p>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 CRT/KYNESCOPE TV SET?</p> <p>[D] FLATSCREEN TV SET?</p> <p>[E] A NON-MOBILE TELEPHONE?</p> <p>[F] A REFRIGERATOR?</p> <p>[G] DVD PLAYER?</p> <p>[H] AN AIR CONDITIONER?</p> <p>[I] A SATELLITE DISH ANTENNE?</p> <p>[J] A DESKTOP COMPUTER?</p> <p>[K] A LAPTOP COMPUTER?</p> <p>[L] A TABLET COMPUTER?</p> <p>[M] A WASHING MACHINE?</p> <p>[N] 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>Radio</td><td>1</td><td>2</td></tr> <tr> <td>CRT TV set</td><td>1</td><td>2</td></tr> <tr> <td>Flatscreen TV set.....</td><td>1</td><td>2</td></tr> <tr> <td>Non-mobile telephone</td><td>1</td><td>2</td></tr> <tr> <td>Refrigerator</td><td>1</td><td>2</td></tr> <tr> <td>DVD player</td><td>1</td><td>2</td></tr> <tr> <td>Air conditioner</td><td>1</td><td>2</td></tr> <tr> <td>Satellite dish antenna.....</td><td>1</td><td>2</td></tr> <tr> <td>Desktop computer.....</td><td>1</td><td>2</td></tr> <tr> <td>Laptop computer.....</td><td>1</td><td>2</td></tr> <tr> <td>Tablet computer.....</td><td>1</td><td>2</td></tr> <tr> <td>Washing machine</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	Radio	1	2	CRT TV set	1	2	Flatscreen TV set.....	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	DVD player	1	2	Air conditioner	1	2	Satellite dish antenna.....	1	2	Desktop computer.....	1	2	Laptop computer.....	1	2	Tablet computer.....	1	2	Washing machine	1	2	Microwave oven	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone	1	2	Bicycle.....	1	2	Motorcycle / Scooter	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	Boat with motor.....	1	2	
	Yes	No																								
Watch.....	1	2																								
Mobile telephone	1	2																								
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Animal drawn-cart.....	1	2																								
Car / Truck.....	1	2																								
Boat with motor.....	1	2																								
<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i></p>	<p>Own1</p> <p>Rent2</p> <p>Other (Not owned or rented)6</p>																									
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT IS CULTIVATED/ USED FOR AGRICULTURE OR CAN BE CULTIVATED/USED FOR AGRICULTURE?</p>	<p>Yes.....1</p> <p>No2</p>	<p>2⇒HC12A</p>																								
<p>HC12. HOW MANY ARI (SOTOK) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>100 ARI=1 HECTARE</p> <p><i>If less than 1 sotka, record “000”. If 995 or more sotkas, record ‘995’. If unknown, record ‘998’.</i></p>	<p>Sotok.....__ __ __</p>																									
<p>HC12A. DOES ANY MEMBER OF THIS HOUSEHOLD RENT ANY LAND THAT IS CULTIVATED/ USED FOR AGRICULTURE OR CAN BE CULTIVATED/USED FOR AGRICULTURE?</p>	<p>Yes.....1</p> <p>No2</p>	<p>2⇒HC13</p>																								
<p>HC12B. HOW MANY ARI (SOTOK) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD RENT?</p> <p>100 ARI=1 HECTARE</p> <p><i>If less than 1 sotka, record “000”. If 995 or more sotkas, record ‘995’. If unknown, record ‘998’.</i></p>	<p>Sotok.....__ __ __</p>																									

HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes.....1 No2	2⇒HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKEN/GEESE/DUCKS/TURKEYS? [F] PIGS? [G] RABBITS/NUTRIA/OTHER FUR ANIMALS? <i>If none, record '00'.</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i>	Cattle, milk cows, or bulls.....__ __ Horses, donkeys, or mules.....__ __ Goats.....__ __ Sheep__ __ Chicken/geese/turkeys/ducks__ __ Pigs__ __ Rabbits/nutria/fur animals.....__ __	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT/BANK DEPOSIT?	Yes.....1 No2	

CHILD LABOUR

CL

To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.

Now I would like to ask about any work children in this household may do.

CL1. Line number	CL2. Name and Age <i>Copy from Household Listing Form, HL2 and HL6</i>	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i>			CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?	CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR FIREWOOD FOR HOUSEHOLD USE?	CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? <i>Include work for a business run by the child, alone or with one or more partners.</i>	CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?	CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?	CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?
Line	Name	Age	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours
01		—	1	2	3	1	2	1	1	2	1
02		—	1	2	3	1	2	1	1	2	1
03		—	1	2	3	1	2	1	1	2	1
04		—	1	2	3	1	2	1	1	2	1
05		—	1	2	3	1	2	1	1	2	1
06		—	1	2	3	1	2	1	1	2	1
07		—	1	2	3	1	2	1	1	2	1
08		—	1	2	3	1	2	1	1	2	1
09		—	1	2	3	1	2	1	1	2	1
10		—	1	2	3	1	2	1	1	2	1
11		—	1	2	3	1	2	1	1	2	1
12		—	1	2	3	1	2	1	1	2	1
13		—	1	2	3	1	2	1	1	2	1
14		—	1	2	3	1	2	1	1	2	1
15		—	1	2	3	1	2	1	1	2	1

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).
- If there are no children age 2-14 years in the household, skip to next module.

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 children age 2-14 years				__

- 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. 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.	Total Number of Eligible Children in the Household (CD6)							
Last digit of household number (HH2)	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child _____

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.	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 UP, THAT IS HIT HIM/HER 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. <i>Record the time.</i>	Hour and minutes __ __ : __ __	
-------------------------------	--------------------------------------	--

SALT IODIZATION		SI
<p>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?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1</p> <p>More than 0 PPM & less than 15 PPM. 2</p> <p>15 PPM or more 3</p> <p>No salt in the house 6</p> <p>Salt not tested 7</p>	

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

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

☐ *A separate Questionnaire for Individual Men has been issued for every man age 15-49 years in the household list (HL7A) if the household is selected for men's interviews.*

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

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), under-5s (HH14) and men (HH13A)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

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

Repeat greeting if not already read to this woman:

WE ARE FROM THE STATE STATISTICS SERVICE OF UKRAINE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

☐ YES, PERMISSION IS GIVEN ⇒ Go to WM10 to record the time and then BEGIN THE INTERVIEW.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 40 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.

NO, PERMISSION IS NOT GIVEN ⇒ COMPLETE WM7. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
----------------------------------	--

WM8. Field edited by (Name and number): Name _____	WM9. First data entry clerk (Name and number): Name _____
WM9A. Second data entry clerk (Name and number): Name _____	

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

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month 98 Year DK year 9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU 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 OTHER EDUCATIONAL FACILITY?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool..... 0 Primary 1 Secondary 2 PTU 3 Technikum/ uchylyshche 4 Higher..... 5	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, PTU, technikum/uchylyshche or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show 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 Blind / visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY

MT

MT1. Check WB4:

☐ Respondent has secondary, PTU, technikum/uchylyshche or higher education (codes 2-5)
⇒ Continue with MT2

☐ Respondent has pre-school or primary education (codes 0 or 1) ⇒ Check WB7:

☐ 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 day1 At least once a week2 Less than once a week3 Not at all4	
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 day1 At least once a week2 Less than once a week3 Not at all4	
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 day1 At least once a week2 Less than once a week3 Not at all4	
MT6. HAVE YOU EVER USED A COMPUTER?	Yes1 No2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes1 No2	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 day1 At least once a week2 Less than once a week3 Not at all4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes1 No2	2⇒MT12
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes1 No2	2⇒MT12

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	
MT12. FROM WHAT SOURCES DO YOU GET INFORMATION ON HEALTH RELATED ISSUES FOR YOU AND YOUR FAMILY/CHILDREN? <i>Probe:</i> FROM ANY OTHER SOURCE? .	Television A Newspapers B Friends/relatives C Magazines D Radio E Health workers F Internet G Recommendations from pharmacies ... H Books I Other (<i>specify</i>) X	
MT13. WHAT SOURCES OF INFORMATION YOU CONSIDER RELIABLE IN ISSUES RELATED TO YOUR HEALTH AND HEALTH OF YOUR FAMILY/RELATIVES? <i>Probe:</i> ANY OTHER SOURCE?.	Do not trust any source Z Trust Television A Newspapers B Friends/relatives C Magazines D Radio E Health workers F Internet G Recommendations from pharmacies ... H Books I Other (<i>specify</i>) X	

CHILD MORTALITY		CM
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes.....1 No2	2⇒CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes.....1 No2	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 No2	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 No2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead__ __ Girls dead__ __	
CM9A. WERE THERE ANY OTHER CHILDREN WHO WERE BORN ALIVE, BUT WHO DIED WITHIN A FEW MINUTES, HOURS, OR DAYS?	Yes.....1 No2	2⇒CM10

CM9B. Correct CM9 and CM9A and then continue with question CM10.		
CM10. Sum answers to CM5, CM7, and CM9.	Sum.....__ __	
<p>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?</p> <p><input type="checkbox"/> Yes. Continue with CM11A:</p> <p><input type="checkbox"/> No ⇒ Check responses to CM1-CM10 and make corrections as necessary.</p>		
<p>CM11A. <i>WOMEN SOMETIMES HAVE PREGNANCIES WHICH DO NOT RESULT IN A LIVE BORN CHILD. THAT IS, A PREGNANCY CAN BE ENDED EARLY BY AN ABORTION, A MISCARRIAGE, OR A STILLBIRTH. I WILL NOW ASK YOU ABOUT EACH OF THEM SEPARATELY.</i></p> <p><i>IN TOTAL, HOW MANY ABORTIONS HAVE YOU HAD?</i></p> <p>If “None” probe: <i>I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</i></p> <p>if none, record '00'.</p>	Total abortions.....__ __	
<p>CM11B. <i>HOW MANY MISCARRIAGES HAVE YOU HAD?</i></p> <p>If “None” probe: <i>I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5TH MONTH OF PREGNANCY.</i></p> <p>if none, record '00'.</p>	Total miscarriages__ __	
<p>CM11C. <i>HOW MANY STILLBIRTHS HAVE YOU HAD?</i></p> <p>If “None” probe: <i>I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5TH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.</i></p> <p>if none, record '00'.</p>	Total stillbirths.....__ __	
CM11D. Sum answers to CM11A, CM11B and CM11C. if none, record '00'	Total.....__ __	

CM11E. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL, NOT COUNTING THE CHILDREN BORN ALIVE, (*TOTAL NUMBER IN CM11D*) ABORTIONS, MISCARRIAGES AND STILLBIRTHS. IS THIS CORRECT?

☐ Yes.

☐ No ⇒ Check responses to CM11A-CM11C and make corrections.

CM11F. Check CM10 and CM11D. Has the respondent had any pregnancies?

☐ ONE OR MORE PREGNANCIES ⇒ CONTINUE WITH PH1

☐ NO PREGNANCIES ⇒ GO TO ILLNESS SYMPTOMS MODULE

PREGNANCY HISTORY														PH	
<p>NOW I WANT TO TALK ABOUT EACH OF YOUR PREGNANCIES, INCLUDING THOSE WHICH ENDED IN A LIVE BIRTH, A STILLBIRTH, A MISCARRIAGE, AND AN INDUCED ABORTION.</p> <p>STARTING WITH YOUR LAST PREGNANCY, PLEASE TELL ME THE FOLLOWING INFORMATION:</p> <p>Record all pregnancies. Record twins and triplets on separate lines. If there more than 10 pregnancies use an additional questionnaire.</p>															
PH1 Line No	PH2 DID YOUR (LAST/NEXT TO LAST/ETC) PREGNANCY END IN A LIVE BIRTH, A STILLBIRTH, A MISCARRIAGE, OR AN ABORTION?	PH3. WAS THIS A SINGLE OR A MULTIPLE BIRTH?	PH4. IN WHAT MONTH AND YEAR (WAS THIS CHILD BORN/DID THIS PREGNANCY END?)		PH6 <i>Check PH2, write same response</i>	PH7. WHAT NAME WAS GIVEN TO THIS CHILD?	PH8. IS/WAS (name) A BOY OR A GIRL?	PH9. IS (name) STILL ALIVE?	PH10. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	PH11. IS (name) LIVING WITH YOU?	PH12. <i>Record household line number of child (from HL1)</i>	PH13. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED?		PH14. WERE THERE ANY OTHER PREGNANCIES BETWEEN previous pregnancy AND THIS ONE	
	1 Live Birth 2 Stillbirth 3 Miscarriage 4 Abortion	1 Single 2 Multiple			1 Live Birth 2 Stillbirth 3 Miscarriage 4 Abortion	Write "BABY 1" "BABY 2" etc. If no name was given to a child.	1 Boy 2 Girl	1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Record days if less than 1 month; record months if less than 2 years; or years		1 Yes 2 No	
Line	L S M A	S M	Month	Year	L S M A	Name	B G	Y N	Age	Y N	Line No	Unit	No	Y N	
01	1 2 3 4 PH4	1 2	— —	— — — —	1 2 3 4 Next Pregnancy	— — — —	1 2	1 2 ⇒ PH1 3	— — — —	1 2	— — — — ⇒ PH14	Days 1 Months... 2 Years 3			
02	1 2 3 4 PH4	1 2	— —	— — — —	1 2 3 4 PH14	— — — —	1 2	1 2 ⇒ PH1 3	— — — —	1 2	— — — — ⇒ PH14	Days 1 Months... 2 Years 3	— —	1 2 Add Preg. Next Preg.	
03	1 2 3 4 PH4	1 2	— —	— — — —	1 2 3 4 PH14	— — — —	1 2	1 2 ⇒ PH1 3	— — — —	1 2	— — — — ⇒ PH14	Days 1 Months... 2 Years 3	— —	1 2 Add Preg. Next Preg.	
04	1 2 3 4 PH4	1 2	— —	— — — —	1 2 3 4 PH14	— — — —	1 2	1 2 ⇒ PH1 3	— — — —	1 2	— — — — ⇒ PH14	Days 1 Months... 2 Years 3	— —	1 2 Add Preg. Next Preg.	

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05	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2 ⇄ PH14	Days 1 Months... 2 Years 3	—	1 2 Add Preg.
06	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2 ⇄ PH14	Days 1 Months... 2 Years 3	—	1 2 Add Preg.
07	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2 ⇄ PH14	Days 1 Months... 2 Years 3	—	1 2 Add Preg.
08	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2 ⇄ PH14	Days 1 Months... 2 Years 3	—	1 2 Add Preg.
09	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2 ⇄ PH14	Days 1 Months... 2 Years 3	—	1 2 Add Preg.
10	1 2 3 4 PH4	1 2	—	—	—	1 2 ⇄ PH1 3	—	1 2	1 2 ⇄ PH14	Days 1 Months... 2 Years 3	—	1 2 Add Preg.

<p>CM11G. HAVE YOU HAD ANY BIRTH, MISCARRIAGE OR ABORTION SINCE THE [BIRTH OF (NAME OF LAST BIRTH IN PREGNANCY HISTORY) OR LAST MISCARRIAGE/ABORTION YOU DESCRIBED]?</p> <p>if “Yes, record pregnancies in table above.</p>	<p>Yes</p> <p>No</p>	<p>1⇒RECORD IN PREG-NANCY HISTORY</p>
<p>CM15. Record and compare number of live births recorded in pregnancy history (code 1 in PH6) with earlier responses:</p> <p>TOTAL NUMBER OF LIVE BIRTH: — —</p> <p><input type="checkbox"/> Same as number in CM10 ⇒ Continue with CM16</p> <p><input type="checkbox"/> Numbers are different ⇒ Probe and reconcile</p>		
<p>CM16. Record and compare number of abortions recorded in pregnancy history (code 4 in PH6) with earlier responses:</p> <p>TOTAL NUMBER OF ABORTIONS: — —</p> <p><input type="checkbox"/> Same as number in CM11A ⇒ Continue with CM18</p> <p><input type="checkbox"/> Numbers are different ⇒ Probe and reconcile</p>		
<p>CM18. Check:</p> <p>For each child in the Pregnancy History module, PH4 has been recorded. <input type="checkbox"/></p> <p>For each living child(PH9): current age (PH10) is recorded, <input type="checkbox"/></p> <p>For each child born alive who is dead (PH9): Age at death is recorded (PH13) <input type="checkbox"/></p> <p>For age at death 12 months or 1 year: probe to determine exact number of months (PH13) <input type="checkbox"/></p>		
<p>CM19. Check PH2 and PH4: Enter the number of live births in (month of the interview) 2007 or later (in PH2 circled code “1”)</p>	<p>Number of live births.....— —</p> <p>None.....98</p>	

CM20 Check PH2 and PH4:

☐ One or more abortions since (month of the interview) 2007 or later (code 4 in PH6) ⇒ Continue with CM21

☐ No abortions since (month of the interview) 2007 or later ⇒ Continue with CM23

<p>CM21 NOW LET ME ASK YOU ABOUT YOUR LAST PREGNANCY WHICH ENDED WITH THE ABORTION . WHERE WAS THAT LAST ABORTION PERFORMED?</p> <p><i>Probe to identify the type of place and circle the appropriate code.</i></p> <p><i>If unable to determine If a hospital, health Center, or clinic is Public or private Medical, write the The name of the place.</i></p> <p>—</p>	<p><u>Public Sector</u></p> <p>Hospital/Maternity Home11</p> <p>Policlinic/Ambulatory12</p> <p>Woman's Health Consultation13</p> <p>Family Planning Center14</p> <p>Medical Diagnostic Center15</p> <p>FAP/Rural Health Post16</p> <p>Other _____</p> <p>Public _____26</p> <p>(specify)</p> <p><u>Private Sector</u></p> <p>Hospital/Maternity Home31</p> <p>Policlinic/Ambulatory32</p> <p>Women's Health Consultation33</p> <p>Family Planning Center34</p> <p>Medical Diagnostic Center35</p> <p>FAP/Rural Health Post36</p> <p>NGO.....37</p> <p>Other Private</p> <p>Med. _____</p> <p>_____46</p> <p>(specify)</p> <p><u>Home</u></p> <p>Respondent's Home.....61</p> <p>Other home62</p> <p>Other _____</p> <p>_____96</p> <p>(specify)</p>	
<p>CM22 IN ADDITION TO THE ABORTION WE JUST HAVE TALKED ABOUT, IN THE LAST FIVE YEARS HAVE YOU EVER BEEN TAKING ANY FACILITATING ABORTION TABLETS OR MEDICATIONS WITH AN ABORTIVE EFFECT?</p>	<p>Yes1</p> <p>No2</p>	<p>1⇒CM24</p> <p>2⇒CM26</p>

CM23 IN THE LAST FIVE YEARS HAVE YOU BEEN TAKING ANY FACILITATING ABORTION TABLETS OR MEDICATIONS WITH AN ABORTIVE EFFECT?	Yes1 No2	2⇒CM26
CM24 FOR HOW MANY CASES OF EXPERIENCED MENSTRUATION DELAYS IN TOTAL HAVE YOU BEEN TAKING THIS MEDICATION DURING THE LAST FIVE YEARS?	Total cases__ __	
CM25 THE LAST TIME YOU HAVE USED THIS MEDICATION, WHAT WAS THE NAME OF THIS MEDICATION?	Cytotec/Misoporostol1 RU486/Mifepristone/Mifeprex2 Other _____6 (specify)	
<p>CM26. CHECK PH2 AND PH4 IN 'PREGNANCY HISTORY': LAST LIVE BIRTH OCCURRED WITHIN THE LAST 2 YEARS, THAT IS, SINCE (DAY AND MONTH OF INTERVIEW) IN 2010</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to <i>ILLNESS SYMPTOMS</i> Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the last-born child</p> <p style="text-align: center;">Name of last-born child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with the next module.</i></p>		

DESIRE FOR LAST BIRTH**DB**

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 CM26 and record name of last-born child here

_____.

Use this child's name in the following questions, where indicated.

DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	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 CM26 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 No 2	2⇒MN1 7												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Other person Traditional birth attendant F Other (specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample.....	1	2												
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor A Nurse / Midwife B Other person Traditional birth attendant F Relative / Friend H Other (specify) X No one Y													

<p>MN18. WHERE DID YOU GIVE BIRTH TO (NAME)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home11</p> <p>Other home.....12</p> <p>Public sector</p> <p>Govt. maternity hospital / maternity department.....21</p> <p>Govt. clinic / health centre22</p> <p>Govt. health post23</p> <p>Other public (<i>specify</i>)26</p> <p>Private Medical Sector</p> <p>Private hospital.....31</p> <p>Private clinic32</p> <p>Private maternity home33</p> <p>Other private medical (<i>specify</i>)36</p> <p>Other (<i>specify</i>)96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p>
<p>MN19. WAS (NAME) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes1</p> <p>No2</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large1</p> <p>Larger than average2</p> <p>Average.....3</p> <p>Smaller than average4</p> <p>Very small5</p> <p>DK8</p>	
<p>MN21. WAS (NAME) WEIGHED AT BIRTH?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID (NAME) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kg) __ . __ __ __</p> <p>From recall..... 2 (kg) __ . __ __ __</p> <p>DK99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (NAME)?</p>	<p>Yes1</p> <p>No2</p>	
<p>MN24. DID YOU EVER BREASTFEED (NAME)?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒Next Module</p>

<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>NAME</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately000</p> <p>Hours1 _ _</p> <p>Days2 _ _</p> <p>Don't know / remember998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes1</p> <p>No2</p>	2⇒Next Module
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk).....A</p> <p>Plain waterB</p> <p>Sugar or glucose waterC</p> <p>Gripe waterD</p> <p>Sugar-salt-water solutionE</p> <p>Fruit juice.....F</p> <p>Infant formula.....G</p> <p>Tea / InfusionsH</p> <p>HoneyI</p> <p>Other (<i>specify</i>) _____ X</p>	

POST-NATAL HEALTH CHECKS

PN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.

Check child mortality module CM26 and record name of last-born child here

Use this child's name in the following questions, where indicated.

PN1. Check MN18: Was the child delivered in a health facility?

☐ *Yes, the child was delivered in a health facility (MN18=21-36) ⇒ Continue with PN2*

☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6*

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).

YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

*If less than one day, record hours.
If less than one week, record days.
Otherwise, record weeks.*

Hours 1 _ _

Days..... 2 _ _

Weeks 3 _ _

Don't know / remember 998

PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.

BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?

Yes..... 1

No 2

PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?

Yes..... 1

No 2

<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name or type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)’S HEALTH AFTER YOU LEFT (<i>name or type of facility in MN18</i>)?</p>	<p>Yes.....1 No2</p>	<p>1⇒PN11 2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional or nurse/midwife assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or nurse/midwife (MN17=A or B) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional nor nurse/midwife (A or B not circled in MN17) ⇒ Go to PN10</p>		
<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes.....1 No2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes.....1 No2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes.....1 No2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes.....1 No2</p>	<p>2⇒PN19</p>

PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1⇒PN12A 2⇒PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i>	Hours 1 __ __ Days 2 __ __ Weeks 3 __ __ Don't know / remember 998	
PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional Doctor A Nurse / Midwife B Other person Traditional birth attendant F Relative / Friend H Other (<i>specify</i>) X	
PN14. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source. If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place)	Home Your home 11 Other home 12 Public sector Govt. maternity hospital / maternity department 21 Govt. clinic / health centre 22 Govt. health post 23 Other public (<i>specify</i>) 26 Private medical sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	
PN15. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-36) ⇒ Continue with PN16 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17		
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next Module

PN17. Check MN17: Did a health professional or nurse/midwife assist with the delivery?

☐ Yes, delivery assisted by a health professional or nurse/midwife (MN17=A-B) ⇒ Continue with PN18

☐ No, delivery not assisted by a health professional nor nurse/midwife (A-B not circled in MN17) ⇒ Go to PN19

PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes..... 1 No 2	1⇒PN20 2⇒Next Module
PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes..... 1 No 2	2⇒Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once..... 2	1⇒PN21A 2⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i>	Hours 1 _ _ Days..... 2 _ _ Weeks 3 _ _ Don't know / remember 998	
PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional Doctor A Nurse / Midwife B Other person Traditional birth attendant F Relative / Friend H Other (specify) X	

<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. maternity hospital / maternity department 21</p> <p>Govt. clinic / health centre 22</p> <p>Govt. health post 23</p> <p>Other public (<i>specify</i>) 26</p> <p>Private medical sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	
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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
CP0. NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.		
CP0A. HAVE YOU EVER HEARD OF FEMALE STERILIZATION? <i>Probe:</i> WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.	Yes..... 1 No 2	
CP0B. HAVE YOU EVER HEARD OF MALE STERILIZATION? <i>Probe:</i> MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.	Yes..... 1 No 2	
CP0C. HAVE YOU EVER HEARD OF IUD? <i>Probe:</i> WOMEN CAN HAVE A LOOP OR COIL PLACED INSIDE THEM BY A DOCTOR OR A NURSE.	Yes..... 1 No 2	
CP0D. HAVE YOU EVER HEARD OF INJECTABLES? <i>Probe:</i> WOMEN CAN HAVE AN INJECTION BY A HEALTH PROVIDER THAT STOPS THEM FROM BECOMING PREGNANT FOR ONE OR MORE MONTHS.	Yes..... 1 No 2	
CP0E. HAVE YOU EVER HEARD OF IMPLANTS? <i>Probe:</i> WOMEN CAN HAVE ONE OR MORE SMALL RODS PLACED IN THEIR UPPER ARM BY A DOCTOR OR NURSE WHICH CAN PREVENT PREGNANCY FOR ONE OR MORE YEARS.	Yes..... 1 No 2	
CP0F. HAVE YOU EVER HEARD OF PILL? <i>Probe:</i> WOMEN CAN TAKE A PILL EVERY DAY TO AVOID BECOMING PREGNANT.	Yes..... 1 No 2	

<p>CP0G. HAVE YOU EVER HEARD OF CONDOM?</p> <p><i>Probe:</i> MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.</p>	<p>Yes..... 1 No 2</p>	
<p>CP0H. HAVE YOU EVER HEARD OF FEMALE CONDOM?</p> <p><i>Probe:</i> WOMEN CAN PLACE A SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE.</p>	<p>Yes..... 1 No 2</p>	
<p>CP0I. HAVE YOU EVER HEARD OF LACTATIONAL AMENORRHEA METHOD?</p>	<p>Yes..... 1 No 2</p>	
<p>CP0J. HAVE YOU EVER HEARD OF RHYTHM METHOD?</p> <p><i>Probe:</i> EVERY MONTH THAT A WOMAN IS SEXUALLY ACTIVE SHE CAN AVOID PREGNANCY BY NOT HAVING SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH SHE IS MOST LIKELY TO GET PREGNANT..</p>	<p>Yes..... 1 No 2</p>	
<p>CP0K. HAVE YOU EVER HEARD OF WITHDRAWAL?</p> <p><i>Probe:</i> MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</p>	<p>Yes..... 1 No 2</p>	
<p>CP0L. HAVE YOU EVER HEARD OF DIAPHRAGM?</p> <p><i>Probe:</i> A CAP CAN BE PLACED IN THE VAGINA TO COVER THE CERVIX AND PREVENT THE SPERM FROM GETTING INTO THE UTERUS.</p>	<p>Yes..... 1 No 2</p>	
<p>CP0M. HAVE YOU EVER HEARD OF FOAM/JELLY?</p> <p><i>Probe:</i> A SPECIAL FOAM/JELLY CAN BE PUT IN THE VAGINA TO DISABLE SPERMATOZOIDS OR TO CREATE A CHEMICAL BARRIER PREVENTING THEM FROM GETTING INTO THE UTERUS.</p>	<p>Yes..... 1 No 2</p>	

<p>CP0N. HAVE YOU EVER HEARD OF PATCH?</p> <p><i>Probe:</i> WOMEN CAN WEAR A SMALL ADHESIVE PATCH ON THE BODY ALL TIME EVERY WEEK TO AVOID BECOMING PREGNANT.</p>	<p>Yes..... 1 No 2</p>	
<p>CP0O. HAVE YOU EVER HEARD OF RING?</p> <p><i>Probe:</i> WOMEN CAN PLACE A FLEXIBLE RING IN THE VAGINA EVERY 3 WEEKS TO AVOID BECOMING PREGNANT</p>	<p>Yes..... 1 No 2</p>	
<p>CP0P. HAVE YOU EVER HEARD OF EMERGENCY CONTRACEPTION?</p> <p><i>Probe:</i> AS AN EMERGENCY MEASURE, WITHIN THREE DAYS AFTER THEY HAVE UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY</p>	<p>Yes..... 1 No 2</p>	
<p>CP0Q. HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?</p>	<p>Yes..... 1 No 2</p>	2⇒CP1
<p>CP0R. WHICH OTHER METHODS OF CONTRACEPTION HAVE YOU HEARD OF?</p>	<p>Other (specify) _____ X Other (specify) _____ Y</p>	
<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1 No 2 Unsure or DK 8</p>	1⇒CP10
<p>CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1 No 2</p>	2⇒NEXT MODULE

<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p> <p><i>If more than one method mentioned, follow skip instruction for highest method in list.</i></p>	<p>Female sterilization A</p> <p>Male sterilization..... B</p> <p>IUD..... C</p> <p>Injectables..... D</p> <p>Implants..... E</p> <p>Pill F</p> <p>Male condom..... G</p> <p>Female condom H</p> <p>Diaphragm..... I</p> <p>Foam / Jelly J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence / Rhythm..... L</p> <p>Withdrawal M</p> <p>Patch N</p> <p>Ring O</p> <p>Other method..... X</p>	<p>B⇒CP6</p> <p>C⇒CP7A</p> <p>D⇒ CP7A</p> <p>E⇒ CP7A</p> <p>F⇒CP7A</p> <p>G⇒CP7A</p> <p>H⇒CP7A</p> <p>I⇒ CP7A</p> <p>J⇒ CP7A</p> <p>K⇒ CP7A</p> <p>L⇒ CP7A</p> <p>M⇒ CP7A</p> <p>N⇒CP7A</p> <p>O⇒CP7A</p> <p>X⇒ CP7A</p>
<p>CP3AA. DOES YOUR HUSBAND/PARTNER KNOW THAT YOU HAVE BEEN STERILIZED?</p>	<p>No husband/partner 0</p> <p>Yes..... 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	
<p>CP6. IN WHAT FACILITY DID THE STERILIZATION TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Maternity home..... 12</p> <p>Health center (Urban/Rural) 13</p> <p>Reproductive health center 14</p> <p>Heath house..... 15</p> <p>Polyclinics..... 16</p> <p>Children health center 17</p> <p>Immunoprophylaxis center 18</p> <p>AIDS center 19</p> <p>Healthy lifestyle center 20</p> <p>Family medicine center..... 21</p> <p>Other public sector (<i>specify</i>) 22</p> <p>Private Medical Sector</p> <p>Private hospital/clinic..... 31</p> <p>Private doctor's office..... 32</p> <p>Pharmacy..... 33</p> <p>Other private sector (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p> <p>Don't know 98</p>	

<p>CP7. IN WHAT MONTH AND YEAR WAS THE STERILIZATION PERFORMED?</p>	<p>Month__ __</p> <p>Year__ __ __ __</p> <p>DK/Don't remember.....98</p>	<p>⇒CP10A</p> <p>⇒CP10A</p> <p>98⇒CP10A</p>
<p>CP7A SINCE WHAT MONTH AND YEAR HAVE YOU BEEN USING (<i>current method</i>) WITHOUT STOPPING?</p> <p><i>Probe: FOR HOW LONG HAVE YOU BEEN USING (current method) NOW WITHOUT STOPPING?</i></p>	<p>Month.....__ __</p> <p>Year__ __ __ __</p>	
<p>CP7B. DOES YOUR HUSBAND/PARTNER KNOW THAT YOU ARE USING THIS METHOD/THESE METHODS OF CONTRACEPTION?</p>	<p>No husband/partner0</p> <p>Yes.....1</p> <p>No2</p> <p>Unsure or DK8</p>	
<p>CP8. Check CP7/CP7A, PH2, PH4:Any birth or pregnancy termination after month and year of start of use of contraception in CP7/CP7A?</p> <p><input type="checkbox"/> Yes ⇒ Go back to CP7/CP7A, probe and record month and year at start of continuous use of current method (must be after last birth)</p> <p><input type="checkbox"/> No ⇒ Go to CP10A</p>		
<p>CP10. HAVE YOU EVER USED ANYTHING OR TRIED IN ANY WAY TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes.....1</p> <p>No2</p>	<p>1⇒CP10B</p> <p>2⇒CP22</p>
<p>CP10A. BESIDE THE METHOD(S) YOU ARE CURRENTLY USING, HAVE YOU EVER USED ANYTHING ELSE OR TRIED ANY OTHER WAY TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes.....1</p> <p>No2</p>	<p>2⇒CP11</p>

CP10B. WHAT HAVE YOU USED OR DONE?	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 Patch N Ring O Other method X	
CP11. Check CP3: <i>Circle method code.</i> <i>If more than one method code circled in CP3, circle code for highest method in list.</i>	No code circled/CP3 skipped (pregnant/does not use a method of contraception))..... 00 Female sterilization 01 Male sterilization 02 IUD 03 Injectables 04 Implants..... 05 Pill 06 Male condom 07 Female condom 08 Diaphragm..... 09 Foam / Jelly 10 Lactational amen.method (LAM) 11 Periodic abstinence / Rhythm 12 Withdrawal 13 Patch 14 Ring 15 Other method 96	00⇒CP22 01⇒CP14A 02⇒CP24 11⇒CP12A 12⇒CP12A 13⇒CP24 96⇒CP24

<p>CP12. YOU STARTED USING (<i>current method</i>) CONTINUOUSLY IN (<i>date from, CP7/CP7A</i>). WHERE DID YOU GET IT AT THAT TIME?</p> <p>CP12A. WHERE DID YOU LEARN HOW TO USE THE RHYTHM/LACTATIONAL AMMENORRHEA METHOD?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Maternity home 12</p> <p>Health center (Urban/Rural) 13</p> <p>Reproductive health center 14</p> <p>Heath house 15</p> <p>Polyclinics 16</p> <p>Children health center 17</p> <p>Immuniprophylaxis center 18</p> <p>AIDS center 19</p> <p>Healthy lifestyle center 20</p> <p>Family medicine center 21</p> <p>Other public sector (<i>specify</i>) 22</p> <p>Private Medical Sector</p> <p>Private hospital/clinic 31</p> <p>Private doctor's office 32</p> <p>Pharmacy 33</p> <p>Other private sector (<i>specify</i>) 36</p> <p>Other source</p> <p>Shop/Market 41</p> <p>Friend/Relative 43</p> <p>Other (<i>specify</i>) 96</p>	
<p>CP13. Check CP11:</p> <p><i>Circle method code.</i></p>	<p>IUD 03</p> <p>Injectables 04</p> <p>Implants 05</p> <p>Pill 06</p> <p>Male condom 07</p> <p>Female condom 08</p> <p>Diaphragm 09</p> <p>Foam / Jelly 10</p> <p>Lactational amen.method (LAM) 11</p> <p>Periodic abstinence / Rhythm 12</p> <p>Patch 14</p> <p>Ring 15</p>	<p>07⇒CP19</p> <p>08⇒CP19</p> <p>09⇒CP19</p> <p>10⇒CP19</p> <p>11⇒CP24</p> <p>12⇒CP24</p>
<p>CP14. AT THAT TIME, WERE YOU TOLD ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒CP16</p> <p>2⇒CP15</p>
<p>CP14A. WHEN YOU GOT STERILIZED, WERE YOU TOLD ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒CP16</p>

CP15. WERE YOU EVER TOLD BY A HEALTH OR FAMILY PLANNING WORKER ABOUT SIDE EFFECTS OR PROBLEMS YOU MIGHT HAVE WITH THE METHOD?	Yes 1 No..... 2	2⇒CP17
CP16. WERE YOU TOLD WHAT TO DO IF YOU EXPERIENCED SIDE EFFECTS OR PROBLEMS?	Yes 1 No..... 2	
CP17. <i>Check CP14:</i> <input type="checkbox"/> <i>Yes ⇒ Go to CP18</i> <input type="checkbox"/> <i>No ⇒ Go to CP18A</i>		
CP18. AT THAT TIME, WERE YOU TOLD ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE? CP18A WHEN YOU OBTAINED (<i>current method from CP11</i>) FROM (<i>source of method from CP12 or CP12A</i>), WERE YOU TOLD ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?	Yes 1 No..... 2	1⇒CP20
CP19. WERE YOU EVER TOLD BY A HEALTH OR FAMILY PLANNING WORKER ABOUT OTHER METHODS OF FAMILY PLANNING THAT YOU COULD USE?	Yes 1 No..... 2	
CP20. <i>Check CP11:</i> <i>Circle method code.</i>	Female sterilization 01 IUD 03 Injectables 04 Implants..... 05 Pill..... 06 Male condom 07 Female condom..... 08 Diaphragm..... 09 Foam / Jelly..... 10 Patch..... 14 Ring..... 15	01⇒ CP24 03⇒ CP24 05⇒ CP24

<p>CP21. WHERE DID YOU OBTAIN (current method) THE LAST TIME?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Maternity home 12</p> <p>Health center (Urban/Rural) 13</p> <p>Reproductive health center 14</p> <p>Heath house 15</p> <p>Polyclinics 16</p> <p>Children health center 17</p> <p>Immuniprophylaxis center 18</p> <p>AIDS center 19</p> <p>Healthy lifestyle center 20</p> <p>Family medicine center 21</p> <p>Other public sector (<i>specify</i>) 22</p> <p>Private Medical Sector</p> <p>Private hospital/clinic 31</p> <p>Private doctor's office 32</p> <p>Pharmacy 33</p> <p>Other private sector (<i>specify</i>) 36</p> <p>Other source</p> <p>Shop/Market 41</p> <p>Friend/Relative 43</p> <p>Other (<i>specify</i>) 96</p>	
<p>CP22. DO YOU KNOW OF ANY (OTHER) PLACE WHERE YOU CAN OBTAIN A METHOD OF FAMILY PLANNING?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ CP24</p>

<p>CP23. WHERE IS THAT?</p> <p>ANY OTHER PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital A</p> <p>Maternity home B</p> <p>Health center (Urban/Rural) C</p> <p>Reproductive health center D</p> <p>Heath house E</p> <p>Polyclinics F</p> <p>Children health center G</p> <p>Immuniprophylaxis center H</p> <p>AIDS center I</p> <p>Healthy lifestyle center J</p> <p>Family medicine center K</p> <p>Other public sector (<i>specify</i>) L</p> <p>Private Medical Sector</p> <p>Private hospital/clinic M</p> <p>Private doctor's office N</p> <p>Pharmacy O</p> <p>Other private sector (<i>specify</i>) P</p> <p>Other source</p> <p>Shop/Market Q</p> <p>Friend/Relative R</p> <p>Other (<i>specify</i>) X</p>	
<p>CP24. IN THE LAST 12 MONTHS, WERE YOU VISITED BY A HEALTH WORKER WHO TALKED TO YOU ABOUT FAMILY PLANNING?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CP25 IN THE LAST 12 MONTHS, HAVE YOU VISITED A HEALTH FACILITY FOR CARE FOR YOURSELF (OR YOUR CHILDREN)?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CP27
<p>CP26. DID ANY STAFF MEMBER AT THE HEALTH FACILITY SPEAK TO YOU ABOUT FAMILY PLANNING METHODS?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CP27. IN THE LAST THREE MONTHS, HAVE YOU HEARD/SEEN/READ A FAMILY PLANNING MESSAGE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CP32</p> <p>8⇒CP32</p>

<p>CP28. COULD YOU RECALL WHAT THE MESSAGE WAS?</p> <p><i>Probe: ANY OTHER MESSAGE?</i></p>	<p>Contraceptives can prevent an unintended pregnancyA</p> <p>Hormonal contraceptives are safeB</p> <p>Hormonal contraceptives are effective Visit a specific website to get more information about contraceptivesD</p> <p>Call a toll-free/hotline number to get more information about contraceptives.....E</p> <p>Ask the doctor what is the best family planning method for you.....F</p> <p>Other (specify)_____X</p>	
<p>CP29. WHERE DID YOU HEAR/SEE/READ THE MESSAGE?</p> <p><i>Probe: ANYWHERE ELSE?</i></p> <p><i>Record all responses mentioned.</i></p>	<p>Radio advertisement/program..... A</p> <p>Television advertisement/show.....B</p> <p>Newspaper or magazine advert/article..C</p> <p>Internet D</p> <p>Health workerE</p> <p>Partner/Friend/Relative F</p> <p>Teacher G</p> <p>Public event..... H</p> <p>Public message board.....I</p> <p>Other (specify)_____X</p>	
<p>CP30. DID THE MESSAGE MOTIVATE YOU TO LEARN ANYTHING NEW OR DO ANYTHING DIFFERENT?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CP32</p> <p>8⇒CP32</p>
<p>CP31. WHAT DID THE MESSAGE MOTIVATE YOU TO LEARN OR DO DIFFERENTLY?</p>	<p>Learn something new (specify) _____ ... A</p> <p>Visit FP health providerB</p> <p>Discuss it with a partner/spouseC</p> <p>Talk with friend or relative D</p> <p>Started to use method of contraceptionE</p> <p>Call to Hot Line F</p> <p>Looking for additional information in the Internet G</p> <p>Other (specify)_____X</p>	
<p>CP32. WHAT IS YOUR GENERAL ATTITUDE TOWARDS HORMONAL CONTRACEPTIVES, POSITIVE, SOMEWHAT POSITIVE, UNDECIDED, SOMEWHAT NEGATIVE OR VERY</p>	<p>Never heard of hormonal contraceptives0</p> <p>Very positive..... 1</p> <p>Somewhat positive 2</p> <p>Undecided 3</p>	<p>0 ⇒CP35</p>

<p>NEGATIVE?</p> <p>HORMONAL CONTRACEPTIVES INCLUDES: PILL, INJECTABLE, IMPLANTS, PATCH, RING</p>	<p>Somewhat negative 4</p> <p>Very negative 5</p>	
<p>CP33. IN YOUR VIEW THE HORMONAL CONTRACEPTIVES ARE ABSOLUTELY SAFE, SAFE, NOT REALLY SAFE, NOT AT ALL SAFE OR YOU ARE UNDECIDED?</p>	<p>Absolutely safe 1</p> <p>Safe 2</p> <p>Undecided 3</p> <p>Not really safe 4</p> <p>Not at all safe 5</p>	
<p>CP35. NOW I WOULD LIKE TO ASK YOU ABOUT A THE RISK OF PREGNANCY. FROM ONE MENSTRUAL PERIOD TO THE NEXT, ARE THERE CERTAIN DAYS WHEN A WOMAN IS MORE LIKELY TO BECOME PREGNANT IF SHE HAS SEXUAL RELATIONS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know 8</p>	<p>2⇒ NEXT MODULE 8⇒ NEXT MODULE</p>
<p>CP36. IN THIS TIME JUST BEFORE HER PERIOD BEGINS, DURING HER PERIOD, RIGHT AFTER HER PERIOD ENDED, OR HALFWAY BETWEEN TWO PERIODS?</p>	<p>Just before her period begins 1</p> <p>During her period..... 2</p> <p>Right after her period has ended 3</p> <p>Halfway between two periods..... 4</p> <p>Other (<i>specify</i>) 6</p> <p>Don't know 8</p>	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married1 Yes, living with a man2 No, not in union3	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__ __ DK98	⇒ MA7 98⇒ MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married1 Yes, formerly lived with a man2 No3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month__ __ DK month98 Year__ __ __ __ DK year9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years__ __	

UNMET NEED		UN
UN1. <i>Check CP1. Currently pregnant?</i> <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more..... 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None 2 Undecided / Don't know 8	2⇒UN13 8⇒UN13
UN4A. AFTER THE BIRTH OF THE CHILD YOU ARE EXPECTING NOW, HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF ANOTHER CHILD?	Months..... 1 __ __ Years..... 2 __ __ Soon / Now 993 After marriage 995 Other..... 996 Don't know..... 998	1⇒UN9F 2⇒UN9F 993⇒UN9F 995⇒UN9F 996⇒UN9F 998⇒UN9F
UN5. <i>Check CP3. Currently using "Female sterilization"?</i> <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 No more / None 2 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9E

UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months..... 1 _ _	
	Years..... 2 _ _	
	Soon / Now..... 993	993⇒UN9E
	Says she cannot get pregnant 994	994⇒UN11
	After marriage 995	995⇒UN9E
	Other (<i>specify</i>) 996	996⇒UN9E
	Don't know..... 998	998⇒UN9E

UN9. *Check CP2. Currently using a method of contraception?*

☐ Yes ⇒ Go to UN12.

☐ No⇒ Check UN7. How long would she like to wait until the birth of a/another baby?

☐ Wants to wait for 00-23 months or 00-01 year ⇒ Go to UN9F

☐ Wants to wait for 24 or more months or 02 or more years, or UN7 is blank ⇒
Check UN6: Would she like to have a/another baby?

☐ Wants to have a/another child ⇒ Go to UN9D

☐ Wants no more/none ⇒ Continue with UN9C

<p>UN9C. YOU HAVE SAID THAT YOU DO NOT WANT ANY (MORE) CHILDREN. CAN YOU TELL ME WHY YOU ARE NOT USING A METHOD TO PREVENT PREGNANCY?</p> <p>ANY OTHER REASON?</p> <p><i>Record all reasons mentioned.</i></p> <p>UN9D. YOU HAVE SAID THAT YOU DO NOT WANT (A/ANOTHER) CHILD SOON. CAN YOU TELL ME WHY YOU ARE NOT USING A METHOD TO PREVENT PREGNANCY?</p> <p>ANY OTHER REASON?</p> <p><i>Record all reasons mentioned.</i></p>	<p>Not married A</p> <p>Fertility-related reasons</p> <p>Not having sex B</p> <p>Infrequent sex C</p> <p>Menopausal..... D</p> <p>Hysterectomy (surgical removal of uterus)..... E</p> <p>Can't get pregnant..... F</p> <p>Not menstruated since last birth G</p> <p>Breastfeeding H</p> <p>Postpartum amenorrheic I</p> <p>Too old..... J</p> <p>Up to God/Fatalistic..... K</p> <p>Opposition to use</p> <p>Respondent opposed L</p> <p>Husband/partner opposed M</p> <p>Others opposed N</p> <p>Religious prohibition O</p> <p>Lack of knowledge</p> <p>Knows no method P</p> <p>Knows no source Q</p> <p>Method -related reasons</p> <p>Side effect/Health concerns R</p> <p>Lack of access/too far S</p> <p>Costs too much T</p> <p>Preferred method not available..... U</p> <p>No method available..... V</p> <p>Inconvenient to use..... W</p> <p>Interferes with body's normal processes..... X</p> <p>Other (<i>specify</i>) Y</p> <p>Don't know..... Z</p>	
<p>UN9E. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN15</p> <p><input type="checkbox"/> No ⇒ Continue with UN9F</p>		
<p>UN9F. DO YOU THINK YOU WILL USE A CONTRACEPTIVE METHOD TO DELAY OR AVOID PREGNANCY AT ANY TIME IN THE FUTURE?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒UN9H</p> <p>8⇒ UN9J</p>

UN9G. WHICH CONTRACEPTIVE METHOD WOULD YOU PREFER TO USE?	Female sterilization	01	01⇒ UN9J
	Male sterilization	02	02⇒ UN9J
	IUD	03	03⇒ UN9J
	Injectables	04	04⇒ UN9J
	Implants	05	05⇒ UN9J
	Pill	06	06⇒ UN9J
	Male condom	07	07⇒ UN9J
	Female condom	08	08⇒ UN9J
	Diaphragm	09	09⇒ UN9J
	Foam / Jelly	10	10⇒ UN9J
	Lactational amen.method (LAM)	11	11⇒ UN9J
	Periodic abstinence / Rhythm	12	12⇒ UN9J
	Withdrawal	13	13⇒ UN9J
	Patch	14	14⇒ UN9J
	Ring	15	15⇒ UN9J
	Other method	96	96⇒ UN9J
	Unsure	98	98⇒ UN9J
UN9H. WHAT IS THE MAIN REASON THAT YOU THINK YOU WILL NOT USE A CONTRACEPTIVE METHOD AT ANY TIME IN THE FUTURE?	Not married	01	01⇒ UN9I
	Fertility-related reasons		
	Infrequent sex/No sex	02	02⇒ UN10
	Menopausal/hysterectomy	03	03⇒ UN10
	Subfecund/Infecund	04	04⇒ UN10
	Wants as many children as possible	05	05⇒ UN10
	Opposition to use		
	Respondent opposed	06	06⇒ UN10
	Husband/partner opposed	07	07⇒ UN10
	Others opposed	08	08⇒ UN10
	Religious prohibition	09	09⇒ UN10
	Lack of knowledge		
	Knows no method	10	10⇒ UN10
	Knows no source	11	11⇒ UN10
	Method-related reasons		
	Health concerns	12	12⇒ UN10
	Fear of side effects	13	13⇒ UN10
	Lack of access/too far	14	14⇒ UN10
	Costs too much	15	15⇒ UN10
	Inconvenient to use	16	16⇒ UN10
	Interferes with body's normal processes	17	17⇒ UN10
	Other _____ 96 (specify)	96	96⇒ UN10
	Don't know	98	98⇒ UN10

UN9I. WOULD YOU EVER USE A CONTRACEPTIVE METHOD IF YOU WERE MARRIED?	Yes..... 1 No 2 DK 8	
UN9J. <i>Check CP1. Currently pregnant?</i> <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN13. <input type="checkbox"/> No, unsure or DK ⇒ Go to UN10.		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes..... 1 No 2 DK 8	1 ⇒ UN13 8 ⇒ UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent 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. <i>Check UN11. "Never menstruated" mentioned (C response)?</i> <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> NOT MENTIONED ⇒ CONTINUE WITH UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? Record the answer using the same unit stated by the respondent	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	

<p>UN15. Check CM4 and CM6</p> <p><input type="checkbox"/> No living children ⇒ Go to UN16A</p> <p><input type="checkbox"/> Has living children ⇒ Continue with UN16</p>		
<p>UN16. IF YOU COULD GO BACK TO THE TIME YOU DID NOT HAVE ANY CHILDREN AND COULD CHOOSE EXACTLY THE NUMBER OF CHILDREN TO HAVE IN YOUR WHOLE LIFE, HOW MANY WOULD THAT BE?</p> <p><i>Probe for a numeric response.</i></p> <p>UN16A. IF YOU COULD CHOOSE EXACTLY THE NUMBER OF CHILDREN TO HAVE IN YOUR WHOLE LIFE, HOW MANY WOULD THAT BE?</p> <p><i>Probe for a numeric response.</i></p>	<p>None00</p> <p>Number..... _ _</p> <p>Other (<i>specify</i>)96</p>	<p>00⇒UN20</p> <p>96⇒UN20</p>
<p>UN17. HOW MANY OF THESE CHILDREN WOULD YOU LIKE TO BE BOYS, HOW MANY WOULD YOU LIKE TO BE GIRLS AND FOR HOW MANY WOULD IT NOT MATTER IF IT'S A BOY OR A GIRL?</p> <p><i>If one answer category is recorded fill '00' for the two remaining ones. If two answer categories are recorded fill '00' for the remaining one.</i></p>	<p>Boys..... _ _</p> <p>Girls..... _ _</p> <p>Either _ _</p>	
<p>UN20. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Continue with UN21</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Go to UN25</p>		

UN21. Check CP2. Currently using a method? <input type="checkbox"/> Yes ⇒ Continue with UN22 <input type="checkbox"/> No ⇒ Go to UN24		
UN22. WOULD YOU SAY THAT USING CONTRACEPTION IS MAINLY YOUR DECISION, MAINLY YOUR (HUSBAND'S/PARTNER'S) DECISION, OR DID YOU BOTH DECIDE TOGETHER?	Mainly respondent..... 1 Mainly husband/partner..... 2 Joint decision..... 3 Other (<i>specify</i>) 6	
UN23. Check CP3. <input type="checkbox"/> He or she sterilized ⇒ UN25 <input type="checkbox"/> Neither sterilized ⇒ Continue with UN24		
UN24. DOES YOUR (HUSBAND/PARTNER) WANT THE SAME NUMBER OF CHILDREN THAT YOU WANT, OR DOES HE WANT MORE OR FEWER THAN YOU WANT?	Same number..... 1 More children 2 Fewer children..... 3 Don't know 8	
UN25. ARE THERE ANY CIRCUMSTANCES UNDER WHICH A WOMAN SHOULD NOT GET PREGNANT?	Yes..... 1 No 2 Don't know 8	2⇒Next Module 8⇒ Next Module
UN26. UNDER WHICH CIRCUMSTANCE? <i>Probe:</i> ANY OTHER CIRCUMSTANCES?	Too young A Too old B Already too many children C Has a transmissible infection..... D Physically impaired/sick E Mentally impaired F Does not have work/poor G Not married H Sexually abused..... I Abnormal fetus..... J Does not want a child..... K Threat to woman's life L Homeless M Alcoholism/Narcomania/ Social/Criminal behaviour..... N Other (<i>specify</i>) X	

UN27. IF A WOMAN GOT PREGNANT UNDER THE CIRCUMSTANCES THAT YOU MENTIONED, WHAT DO YOU THINK THAT SHE SHOULD DO ABOUT HER PREGNANCY?	Keep the pregnancy 1 Terminate pregnancy/Abortion 2 Woman's personal decision 3 Other (<i>specify</i>) 6 Don't know 8	
UN28. IF A WOMAN GOT PREGNANT UNDER THE CIRCUMSTANCES THAT YOU MENTIONED AND FINALLY GAVE BIRTH, WHAT DO YOU THINK THAT SHE SHOULD DO ABOUT THE CHILD?	Keep the child 01 Give the child up for abortion 02 Give the child up to foster family 03 Give the child to an orphanage 04 Seek help from a family member to care for the child 05 Woman's personal decision 06 Other (<i>specify</i>) 96 Don't know 98	

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:

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

[B] IF SHE NEGLECTS THE CHILDREN?

[C] IF SHE ARGUES WITH HIM?

[D] IF SHE REFUSES TO HAVE SEX WITH HIM?

[E] IF SHE BURNS THE FOOD?

Yes No DK

Goes out without telling.....1 2 8

Neglects children1 2 8

Argues with him.....1 2 8

Refuses sex1 2 8

Burns food.....1 2 8

SEXUAL BEHAVIOUR
SB

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

<p>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.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years _ _</p> <p>First time when started living with (first) husband/partner 95</p>	<p>00⇒Next Module</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year).</i></p> <p><i>If more than 12 months (one year), answer must be recorded in years.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago..... 2 _ _</p> <p>Months ago 3 _ _</p> <p>Years ago 4 _ _</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<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></p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>

SB6. Check MA1:

- ☐ Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8
- ☐ Not married / Not in union (MA1 = 3) ⇒ Continue with SB7

SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner..... _ _ DK 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'boyfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Other (<i>specify</i>) 6	3⇒SB12 4⇒SB12 6⇒SB12
SB11. Check MA1 and MA7: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13 <input type="checkbox"/> Else ⇒ Continue with SB12		
SB12. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner..... _ _ DK 98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners..... _ _	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners _ _ DK 98	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1 No 2	2 ⇒ Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS 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 AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No 2 DK 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No 2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No 2 DK 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<div>Yes No DK</div> During pregnancy 1 2 8 During delivery 1 2 8 By breastfeeding..... 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	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 AIDS VIRUS?	Yes..... 1 No 2 DK / Not sure / Depends 8																					
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS 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 AIDS, 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 CM26: Any live birth in last 2 years?																						
<input type="checkbox"/> No live birth in last 2 years (CM26= "No" or blank) ⇒ 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 (name), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS	1	2	8	Offered a test	1	2	8	
	Y	N	DK																			
AIDS from mother.....	1	2	8																			
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Offered a test	1	2	8																			
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS 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 No2 DK8	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 No2 DK8	1⇒HA22 2⇒HA22 8⇒HA22
HA19. Check MN17: Birth delivered by health professional (A, B or C)? <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 AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes.....1 No2	2⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes.....1 No2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago1 12-23 months ago2 2 or more years ago3	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 AIDS VIRUS?	Yes.....1 No2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago2 2 or more years ago3	

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 AIDS virus?	Yes..... 1 No 2	

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes1 No2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette.....00 Age.....__ __	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes1 No2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes__ __	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of 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?	Yes1 No2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes1 No2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars.....A Water pipe.....B 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",</i>	Number of days0 __ 10 days or more but less than a month 10 Everyday / Almost every day30	

circle "30"		
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes1 No2	2 ⇒ TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes1 No2	2 ⇒ TA14
TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobaccoA SnuffB DipC Other (specify)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 month 10 Everyday / Almost every day30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes1 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 alcohol00 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 but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Did not have one drink in last one month00 Number of days0 ____ 10 days or more but less than a month 10 Everyday / Almost every day30	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..... ____ ____	

LIFE SATISFACTION		LS
<p>LS1. Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to WM11</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2</p>		
<p>LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.</i></p>	<p>Very happy1</p> <p>Somewhat happy.....2</p> <p>Neither happy nor unhappy3</p> <p>Somewhat unhappy.....4</p> <p>Very unhappy5</p>	
<p>LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS5. DURING THE CURRENT SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes1 No2	2⇒LS7
LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job0 Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	

LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income0 Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?	Improved1 More or less the same2 Worsened3	
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better1 More or less the same2 Worse3	

WM11. Record the time.	Hour and minutes __ : __	
------------------------	--------------------------------	--

WM12. Check Household Listing Form, column HL9.






Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.






☐ No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman, man or child under-5 in the household.

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

MAN'S INFORMATION PANEL

MWM

This questionnaire is to be administered to all men age 15 through 49 (see Household Listing Form, column HL7A) in selected households (HH7A). A separate questionnaire should be used for each eligible man.

MWM1. Cluster number:

___ _

MWM2. Household number:

___ _

MWM3. Man's name:

Name _____

MWM4. Man's line number:

___ _

MWM5. Interviewer name and number:

Name _____

MWM6. Day / Month / Year of interview:

___ / ___ / ___

REPEAT GREETING IF NOT ALREADY READ TO THIS MAN:

We are from the State Statistics Service of Ukraine. We are working on a project concerned with family health and education. I would like to talk to you about these subjects. The interview will take about 30 minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.

IF GREETING AT THE BEGINNING OF THE HOUSEHOLD QUESTIONNAIRE HAS ALREADY BEEN READ TO THIS MAN, THEN READ THE FOLLOWING:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 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.

MAY I START NOW?

- ☐ YES, PERMISSION IS GIVEN ⇒ Go to MWM10 to record the time and then BEGIN THE INTERVIEW.
- ☐ No, permission is not given ⇒ Complete MWM7. Discuss this result with your supervisor.

MWM7. Result of man's interview

Completed 01
Not at home 02
Refused 03
Partly completed 04
Incapacitated 05
Other (*specify*) _____ 96

MWM8. Field edited by (Name and number):

MWM9. First data entry clerk (Name and number):

Name _____	Name _____
MWM9A. Second data entry clerk (Name and number):	
Name _____	

MWM10. <i>RECORD THE TIME.</i>	Hour and minutes..... __ __ : __ __	
--------------------------------	-------------------------------------	--

MAN'S BACKGROUND		MWB
MWB1. In what month and year were you born?	Date of birth Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	
MWB2. How old are you? <i>PROBE: How old were you at your last birthday?</i> <i>COMPARE AND CORRECT MWB1 AND/OR MWB2 IF INCONSISTENT</i>	Age (in completed years).....__ __	
MWB3. Have you ever attended school?	Yes1 No2	2⇒MWB 7
MWB4. What is the highest level of school you attended?	Preschool0 Primary1 Secondary2 PTU3 Tehnikum/Uchylyshche.....4 Higher5	0⇒MWB 7
MWB5. What is the highest grade you completed at that level? <i>IF LESS THAN 1 GRADE, ENTER "00"</i>	Grade__ __	
MWB6. Check MWB4: <input type="checkbox"/> Secondary, PTU, tehnikum/uchylyshche or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with MWB7		
MWB7. Now I would like you to read this sentence to me. Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?	Cannot read at all.....1 Able to read only parts of sentence2 Able to read whole sentence.....3 No sentence in required language.....4 <i>(specify language)</i> Blind / visually impaired5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY

MMT

MMT1. Check MWB4:

☐ Respondent has secondary, PTU, technikum/uchylyshche or higher education (codes 2-5) ⇒ Continue with MMT2

☐ Respondent has pre-school or primary education (codes 0 or 1) ⇒ Check MWB7:

☐ 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	
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⇒MMT12
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⇒MMT12

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	
MMT12. FROM WHAT SOURCES DO YOU GET INFORMATION ON HEALTH RELATED ISSUES FOR YOU AND YOUR FAMILY/CHILDREN? <i>Probe: ANY OTHER SOURCES?</i>	Television..... A NewspapersB Friends/relativesC Magazines D RadioE Health workers F Internet G Recommendations from pharmacies.... H Books I Other (<i>specify</i>)..... X	
MMT13. WHAT SOURCES OF INFORMATION YOU CONSIDER RELIABLE IN ISSUES RELATED TO YOUR HEALTH AND HEALTH OF YOUR FAMILY/RELATIVES? <i>Probe: ANY OTHER SOURCES?</i>	Do not trust any sourceZ Trust Television..... A NewspapersB Friends/relativesC Magazines D RadioE Health workers F Internet G Recommendations from pharmacies.... H Books I Other (<i>specify</i>)..... X	

CHILD MORTALITY		MCM
<i>All questions refer only to LIVE births.</i>		
MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFE. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME. HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?	Yes 1 No 2 DK 8	2⇒MCM8 8⇒MCM8
MCM3. HOW OLD WERE YOU WHEN YOUR (FIRST) CHILD WAS BORN?	Age in years _ _	
MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒MCM6
MCM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home _ _ Daughters at home _ _	
MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒MCM8
MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere _ _ Daughters elsewhere _ _	
MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes 1 No 2	2⇒MCM10
MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead _ _ Girls dead _ _	

MCM10. Sum answers to MCM5, MCM7, and MCM9.	Sum _ _	
<p>MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (<i>total number in MCM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p><input type="checkbox"/> No live births ⇒ Go to Next Module</p> <p><input type="checkbox"/> One or more live births ⇒ Continue with MCM11A</p> <p><input type="checkbox"/> No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary</p>		
MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes 1 No..... 2	1⇒ MCM12
MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women _ _	
MCM12. OF THESE (<i>total number in MCM10</i>) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)? <i>Month and year must be recorded.</i>	Date of last birth Day _ _ DK day 98 Month _ _ Year _ _ _ _	

CONTRACEPTION		MCP
MCP0. NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.		
MCP0A. HAVE YOU EVER HEARD OF FEMALE STERILIZATION? <i>Probe:</i> WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.	Yes..... 1 No..... 2	
MCP0B. HAVE YOU EVER HEARD OF MALE STERILIZATION? <i>Probe:</i> MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.	Yes..... 1 No..... 2	2⇒ MCP0C
MCP0BA. HAVE YOU EVER HAD AN OPERATION TO AVOID HAVING ANY MORE CHILDREN?	Yes..... 1 No..... 2	
MCP0C. HAVE YOU EVER HEARD OF IUD? <i>Probe:</i> WOMEN CAN HAVE A LOOP OR COIL PLACED INSIDE THEM BY A DOCTOR OR A NURSE.	Yes..... 1 No..... 2	
MCP0D. HAVE YOU EVER HEARD OF INJECTABLES? <i>Probe:</i> WOMEN CAN HAVE AN INJECTION BY A HEALTH PROVIDER THAT STOPS THEM FROM BECOMING PREGNANT FOR ONE OR MORE MONTHS.	Yes..... 1 No..... 2	
MCP0E. HAVE YOU EVER HEARD OF IMPLANTS? <i>Probe:</i> WOMEN CAN HAVE ONE OR MORE SMALL RODS PLACED IN THEIR UPPER ARM BY A DOCTOR OR NURSE WHICH CAN PREVENT PREGNANCY FOR ONE OR MORE YEARS.	Yes..... 1 No..... 2	
MCP0F. HAVE YOU EVER HEARD OF PILL? <i>Probe:</i> WOMEN CAN TAKE A PILL EVERY DAY TO AVOID BECOMING PREGNANT.	Yes..... 1 No..... 2	
MCP0G. HAVE YOU EVER HEARD OF CONDOM? <i>Probe:</i> MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.	Yes..... 1 No..... 2	2⇒ MCP0J
MCP0GA. HAVE YOU EVER USED CONDOM?	Yes..... 1 No..... 2	

<p>MCP0J. HAVE YOU EVER HEARD OF RHYTHM METHOD?</p> <p><i>Probe:</i> EVERY MONTH THAT A WOMAN IS SEXUALLY ACTIVE SHE CAN AVOID PREGNANCY BY NOT HAVING SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH SHE IS MOST LIKELY TO GET PREGNANT.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒ MCP0K</p>
<p>MCP0JA. HAVE YOU EVER USED RHYTHM METHOD?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>MCP0K. HAVE YOU EVER HEARD OF WITHDRAWAL?</p> <p><i>Probe:</i> MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒ MCP0L</p>
<p>MCP0KA. HAVE YOU EVER USED WITHDRAWAL?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>MCP0L. Have you ever heard of diaphragm?</p> <p><i>PROBE:</i> A cap can be placed in the vagina to cover the cervix and prevent the sperm from getting into the uterus.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>MCP0M. Have you ever heard of foam/jelly?</p> <p><i>PROBE:</i> A special foam/jelly can be put in the vagina to disable spermatozooids or to create a chemical barrier preventing them from getting into the uterus.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>MCP0N. Have you ever heard of patch?</p> <p><i>PROBE:</i> Women can wear a small adhesive patch on the body all time every week to avoid becoming pregnant.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>MCP0O. Have you ever heard of ring?</p> <p><i>PROBE:</i> Women can place a flexible ring in the vagina every 3 weeks to avoid becoming pregnant.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>MCP0P. Have you ever heard of emergency Contraception?</p> <p><i>PROBE:</i> As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	

MCP0Q. Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	Yes..... 1 No..... 2	2⇒ MCP27
MCP0R Which other methods of contraception have you heard of?	Other (<i>specify</i>) X Other (<i>specify</i>) Y	
MCP27. IN THE LAST THREE MONTHS, HAVE YOU HEARD/SEEN/READ A FAMILY PLANNING MESSAGE?	Yes..... 1 No..... 2 DK..... 8	2⇒ MCP34 8⇒ MCP34
MCP29. WHERE DID YOU HEAR/SEE/READ THE MESSAGE? <i>Probe: ANYWHERE ELSE?</i> <i>Record all responses mentioned.</i>	Radio advertisement/program A Television advertisement/show B Newspaper or magazine advert/article . C Internet D Health worker E Partner/Friend/Relative F Teacher G Public event H Public message board I Other (specify) X	
MCP30. Could you recall what the message was? <i>Probe: ANYTHING ELSE?</i>	Contraceptives can prevent an unintended pregnancy A Hormonal contraceptives are safe B Hormonal contraceptives are effective C Visit a specific website to get more information about contraceptives D Call a toll-free/hotline number to get more information about contraceptives E Ask the doctor what is the best family planning method for you F Other (specify) X	
MCP32. Did the message motivate you to learn anything new or do anything different?	Yes..... 1 No..... 2 DK..... 8	2⇒ MCP34 8⇒ MCP34

MCP33. WHAT DID THE MESSAGE MOTIVATE YOU TO LEARN OR DO DIFFERENTLY?	Learn something new (specify) A Visit FP health provider B Discuss it with a partner/spouse C Talk with friend or relative D Started to use method of contraception E Call to Hot Line.....F Looking for additional information in the Internet..... G Other (specify)_____X	
MCP34. IN THE LAST SIX MONTHS, HAVE YOU DISCUSSED THE PRACTICE OF FAMILY PLANNING WITH A HEALTH WORKER OR HEALTH PROFESSIONAL?	Yes..... 1 No2	
MCP35. NOW I WOULD LIKE TO ASK YOU ABOUT A WOMAN'S RISK OF PREGNANCY. FROM ONE MENSTRUAL PERIOD TO THE NEXT, ARE THERE CERTAIN DAYS WHEN A WOMAN IS MORE LIKELY TO BECOME PREGNANT IF SHE HAS SEXUAL RELATIONS?	Yes..... 1 No2 Don't know 8	2⇒ MCP37 8⇒ MCP37
MCP36. IN THIS TIME JUST BEFORE HER PERIOD BEGINS, DURING HER PERIOD, RIGHT AFTER HER PERIOD ENDED, OR HALFWAY BETWEEN TWO PERIODS?	Just before her period begins..... 1 During her period2 Right after her period has ended3 Halfway between two periods.....4 Other (specify) _____ 6 Don't know 8	
MCP37. DO YOU THINK THAT A WOMAN WHO IS BREASTFEEDING HER BABY CAN BECOME PREGNANT?	Yes..... 1 No2 Depends.....3 Don't know.....8	
MCP38. I WILL NOW READ YOU SOME STATEMENTS ABOUT CONTRACEPTION. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH EACH ONE. [A] CONTRACEPTION IS WOMEN'S BUSINESS AND A MAN SHOULD NOT HAVE TO WORRY ABOUT IT. [B] WOMEN WHO USE CONTRACEPTION MAY BECOME PROMISCUOUS.	<div style="text-align: right;">Agree NoDK</div> Contraception woman's business..... 1 2 8 Woman may become promiscuous 1 2 8	

MCP39. <i>CHECK MCP0G:</i> <input type="checkbox"/> Knows male condom ⇒ Continue with MCP40 <input type="checkbox"/> Does not know male condom ⇒ Go to Next Module		
MCP40. DO YOU KNOW A PLACE WHERE A PERSON CAN GET CONDOMS?	Yes..... 1 No 2	2⇒ MCP43
MCP41. Where is that? Any other place? <i>Probe to identify each type of source and circle the appropriate code.</i> <i>If unable to determine if hospital, health center or clinic is public or private medical, write the name of the place.</i> _____ (Name of place)	Public sector Hospital/Maternity home..... A Polyclinic/Ambulatory..... B Women's health consult center..... C Family planning center/CAB..... D Medical diagnostic center..... E FAP/Rural health post F Pharmacy G Other public sector (<i>specify</i>) H Private Medical Sector Hospital/Maternity home..... I Polyclinic/Ambulatory..... J Women's health consult center..... K Family planning center/CAB..... L Medical diagnostic center..... M FAP/Rural health post N Pharmacy O NGO..... P Other private sector (<i>specify</i>) R Other source Shop/Market S Friend/Relative/Neighbour /Spouse/Sex partner T Other (<i>specify</i>) X	
MCP42. If you wanted to, could you yourself get a condom?	Yes..... 1 No 2	

<p>MCP43 WHAT IS YOUR GENERAL ATTITUDE TOWARDS HORMONAL CONTRACEPTIVES, POSITIVE, SOMEWHAT POSITIVE, UNDECIDED, SOMEWHAT NEGATIVE OR VERY NEGATIVE?</p> <p>HORMONAL CONTRACEPTIVES INCLUDES: PILL, INJECTABLE, IMPLANTS, PATCH, RING</p>	<p>Never heard of hormonal contraceptives 0</p> <p>Very positive 1</p> <p>Somewhat positive 2</p> <p>Undecided 3</p> <p>Somewhat negative 4</p> <p>Very negative 5</p>	<p>0 ⇒ Next module</p>
<p>MCP44. IN YOUR VIEW THE HORMONAL CONTRACEPTIVES ARE ABSOLUTELY SAFE, SAFE, NOT REALLY SAFE, NOT AT ALL SAFE OR YOU ARE UNDECIDED?</p>	<p>Absolutely safe..... 1</p> <p>Safe..... 2</p> <p>Undecided..... 3</p> <p>Not really..... 4</p> <p>Not at all..... 5</p>	

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 woman 2 No, not in union 3	3⇒MMA5
MMA2. HOW OLD IS YOUR WIFE/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY?	Age in years __ __ DK 98	⇒ MMA7 98⇒ 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 __ __	

FERTILITY PREFERENCES		FP
FP1. Check MMA1. Currently married? <input type="checkbox"/> No, not in union ⇒ Go to FP8A <input type="checkbox"/> Yes, currently married/living together with a woman ⇒ Continue with FP2		
FP2. Check MCP0BA. <input type="checkbox"/> Man sterilized ⇒ Go to FP8 <input type="checkbox"/> Man not sterilized ⇒ Continue with FP3		
FP3. IS YOUR WIFE (PARTNER) CURRENTLY PREGNANT?	Yes..... 1 No..... 2 Don't know..... 8	1⇒FP4 2⇒FP4A 8⇒FP4A
FP4. 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? FP4A. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE ANOTHER CHILD?	Have a/another child 1 No more / None 2 Couple infecund 3 Wife/Partner sterilized 4 Undecided / Don't know 8	2⇒FP10 3⇒FP10 4⇒FP10 8⇒FP10
FP5. Check FP3. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to FP6A <input type="checkbox"/> No, unsure or DK ⇒ Continue with FP6		
FP6. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? FP6A. AFTER THE BIRTH OF THE CHILD YOU ARE EXPECTING NOW, HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF ANOTHER CHILD?	Months..... 1 __ __ Years 2 __ __ Soon / Now..... 993 Other (<i>specify</i>)..... 996 Don't know..... 998	
FP7. Check MCM4 and MCM6 <input type="checkbox"/> No living children ⇒ Go to FP8A <input type="checkbox"/> Has living children ⇒ Continue with FP8		

<p>FP8. IF YOU COULD GO BACK TO THE TIME YOU DID NOT HAVE ANY CHILDREN AND COULD CHOOSE EXACTLY THE NUMBER OF CHILDREN TO HAVE IN YOUR WHOLE LIFE, HOW MANY WOULD THAT BE?</p> <p><i>Probe for a numeric response.</i></p> <p>FP8A. IF YOU COULD CHOOSE EXACTLY THE NUMBER OF CHILDREN TO HAVE IN YOUR WHOLE LIFE, HOW MANY WOULD THAT BE?</p> <p><i>Probe for a numeric response.</i></p>	<p>None00</p> <p>Number..... _ _</p> <p>Other (<i>specify</i>)..... 96</p>	00⇒FP10
<p>FP9. HOW MANY OF THESE CHILDREN WOULD YOU LIKE TO BE BOYS, HOW MANY WOULD YOU LIKE TO BE GIRLS AND FOR HOW MANY WOULD THE SEX NOT MATTER?</p> <p><i>If 'either' is recorded fill '00' for boys and girls.</i></p>	<p>Boys..... _ _</p> <p>Girls..... _ _</p> <p>Either _ _</p>	
<p>FP10. ARE THERE ANY CIRCUMSTANCES UNDER WHICH A WOMAN SHOULD NOT GET PREGNANT?</p>	<p>Yes..... 1</p> <p>No2</p> <p>Don't know.....8</p>	<p>2⇒ Next module</p> <p>8⇒ Next module</p>
<p>FP11. UNDER WHICH CIRCUMSTANCE?</p>	<p>Too young A</p> <p>Too old B</p> <p>Already too many children C</p> <p>Has a transmissible infection D</p> <p>Physically impaired/sick E</p> <p>Mentally impaired F</p> <p>Does not have work/poor G</p> <p>Not married H</p> <p>Sexually abused..... I</p> <p>Abnormal fetus..... J</p> <p>Does not want a child..... K</p> <p>Threat to woman's life L</p> <p>Homeless M</p> <p>Alcoholism/Narcomania/ Social/Criminal behaviour N</p> <p>Other (<i>specify</i>)..... X</p>	

<p>FP12. IF A WOMAN GOT PREGNANT UNDER THE CIRCUMSTANCES THAT YOU MENTIONED, WHAT DO YOU THINK THAT SHE SHOULD DO ABOUT HER PREGNANCY?</p>	<p>Keep the pregnancy 1 Terminate pregnancy/Abortion 2 Woman's personal decision 3 Other (<i>specify</i>) 6 Don't know 8</p>	
<p>FP13. IF A WOMAN GOT PREGNANT UNDER THE CIRCUMSTANCES THAT YOU MENTIONED AND FINALLY GAVE BIRTH, WHAT DO YOU THINK THAT SHE SHOULD DO ABOUT THE CHILD?</p>	<p>Keep the child 01 Give the child up for adoption 02 Give the child up to foster family 03 Give the child to an orphanage 04 Seek help from a family member to care for the child 05 Woman's personal decision 06 Other (<i>specify</i>) 96 Don't know 98</p>	

SEXUAL BEHAVIOUR		MSB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
<p>MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years _ _</p> <p>First time when started living with (first) wife/partner 95</p>	00⇒Next Module
<p>MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year).</i></p> <p><i>If more than 12 months (one year), answer must be recorded in years.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago..... 2 _ _</p> <p>Months ago 3 _ _</p> <p>Years ago 4 _ _</p>	4⇒MSB15
<p>MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<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:</i></p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>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 (<i>specify</i>) 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>		

MSB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner..... _ _ DK 98	
MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MSB15
MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	2⇒MSB10
MSB9A. WAS CONDOM USED EVERY TIME YOU HAD SEXUAL INTERCOURSE WITH THIS PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2 Not sure/DK..... 8	
MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'girlfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i>	Wife 1 Cohabiting partner 2 Girlfriend 3 Casual acquaintance..... 4 Prostitute 5 Other (<i>specify</i>) 6	3⇒MSB11A 4⇒MSB11A 5⇒MSB11A 6⇒MSB11A
MSB11. Check MMA1 and MMA7: <input type="checkbox"/> Currently married or living with a woman (MMA1 = 1 or 2) AND Married only once or lived with a woman only once (MMA7 = 1) ⇒ Go to MSB13 <input type="checkbox"/> Else ⇒ Continue with MSB11A		
MSB11A. FOR HOW LONG (HAVE YOU HAD/DID YOU HAVE) A SEXUAL REALTIONSHIP WITH THIS PERSON? <i>Circle the answer and record the number of days/months/years. If only had sexual relations with this person once, record '01' days.</i>	Days 1 _ _ Months 2 _ _ Years 3 _ _	
MSB12. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner..... _ _ DK 98	

MSB12A. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS PERSON, DID YOU OR THIS PERSON DRINK ALCOHOL?	Yes 1 No 2 DK/Do not remember 8	2⇒MSB12 D 8⇒MSB12 D
MSB12B. WERE YOU OR YOUR PARTNER DRUNK AT THAT TIME?	Yes 1 No 2	2⇒MSB12 D
MSB12C. WHO WAS DRUNK?	Respondent only 1 Partner only 2 Respondent and partner/both 3	
MSB12D. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS PERSON, DID YOU OR THIS PERSON USED RECREATIONAL DRUGS/NARCOTICS?	Yes 1 No 2 DK/Do not remember 8	2⇒MSB13 8⇒MSB13
MSB12E. WHO WAS ON DRUGS THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS PERSON?	Respondent only 1 Partner only 2 Respondent and partner/both 3	
MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MSB15
MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners _ _	
MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <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	
MSB16. Check MSB5 and MSB10: <input type="checkbox"/> one of the partners in last 12 months is not prostitute ⇒ Go to MSB20 <input type="checkbox"/> one of the partners in last 12 months is prostitute ⇒ Continue with MSB17		
MSB17. IN THE LAST 12 MONTHS, DID YOU PAY ANYONE IN EXCHANGE FOR HAVING SEXUAL INTERCOURSE?	Yes 1 No 2	2⇒MSB20

MSB18. THE LAST TIME YOU PAID SOMEONE IN EXCHANGE OF HAVING SEXUAL INTERCOURSE, WAS CONDOM USED?	Yes 1 No 2	2⇒MSB20
MSB19. WAS A CONDOM USED DURING SEXUAL INTERCOURSE EVERY TIME YOU PAID SOMEONE IN EXCHANGE OF HAVING SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Yes 1 No 2 Not sure/DK..... 8	
MSB20. <i>Check MSB4, MSB9 and MSB18:</i> <input type="checkbox"/> <i>With most recent partner condom is not used ⇒ Go to MSB24</i> <input type="checkbox"/> <i>With most recent partner condom it used ⇒ Continue with MSB21</i>		
MSB21. HOW MANY CONDOMS DID YOU GET THE LAST TIME?	Number of condoms _ _ _ DK 998	
MSB22. THE LAST TIME YOU OBTAINED CONDOMS, HOW MUCH DID YOU PAY IN TOTAL, INCLUDING THE COST OF CONDOM(S) AND ANY CONSULTATION YOU MAY HAVE HAD? <i>Indicate the amount in hryvnias (without kopiykas).</i>	Cost _ _ _ _ Free 9995 DK/Do not remember 9998	

<p>MSB23. FROM WHERE DID YOU OBTAIN THE CONDOM THE LAST TIME?</p> <p><i>If unable to determine if hospital, health center or clinic is public or private medical, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Hospital/Maternity home 11</p> <p>Polyclinic/Ambulatory 12</p> <p>Women's health consult center 13</p> <p>Family planning center/CAB 14</p> <p>Medical diagnostic center 15</p> <p>FAP/Rural health post 16</p> <p>Pharmacy 17</p> <p>Other public sector (<i>specify</i>) 26</p> <p>Private Medical Sector</p> <p>Hospital/Maternity home 31</p> <p>Polyclinic/Ambulatory 32</p> <p>Women's health consult center 33</p> <p>Family planning center/CAB 34</p> <p>Medical diagnostic center 35</p> <p>FAP/Rural health post 36</p> <p>Pharmacy 37</p> <p>NGO 38</p> <p>Other private sector (<i>specify</i>) 46</p> <p>Other source</p> <p>Shop/Market 51</p> <p>Friend/Relative/Neighbour /Spouse/Sex partner 52</p> <p>Other (<i>specify</i>) 96</p>	
<p>MSB24. Check MCP0BA:</p> <p><input type="checkbox"/> Respondent sterilized ⇒ Go to Next Module</p> <p><input type="checkbox"/> Respondent not sterilized ⇒ Continue with MSB25</p>		
<p>MSB25. THE LAST TIME YOU HAD SEX DID YOU OR YOUR PARTNER USE ANY METHOD (OTHER THAN CONDOM) TO AVOID OR PREVENT A PREGNANCY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ Next Module</p> <p>8 ⇒ Next Module</p>

<p>MSB26. WHAT METHOD DID YOU OR YOUR PARTNER USE? WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Probe: DID YOU OR YOUR PARTNER USE ANY OTHER METHOD TO PREVENT PREGNANCY?</i></p> <p><i>Record all mentioned.</i></p>	<p>Female sterilization.....A</p> <p>Pill.....B</p> <p>IUDC</p> <p>InjectablesD</p> <p>ImplantsE</p> <p>Female condom.....F</p> <p>DiaphragmG</p> <p>Foam / JellyH</p> <p>Rhythm methodI</p> <p>WithdrawalJ</p> <p>Other(<i>specify</i>) _____X</p>	
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HIV/AIDS		MHA
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes1 No2	2⇒ Next Module
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?		
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes1 No2 DK8	
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes1 No2 DK8	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes1 No2 DK8	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes1 No2 DK8	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes1 No2 DK8	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes1 No2 DK8	
MHA8. CAN THE VIRUS THAT CAUSES AIDS 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	
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?	Yes1 No2 DK / Not sure / Depends.....8	

MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes1 No2 DK / Not sure / Depends.....8	
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes1 No2 DK / Not sure / Depends.....8	
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes1 No2 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 AIDS VIRUS?	Yes1 No2	2⇒ MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago2 2 or more years ago3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No2 DK8	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 AIDS VIRUS?	Yes1 No2	

LIFE SATISFACTION		MLS
<p>MLS1. Check MWB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to MWM11</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with MLS2</p>		
<p>MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.</i></p>	<p>Very happy 1</p> <p>Somewhat happy 2</p> <p>Neither happy nor unhappy 3</p> <p>Somewhat unhappy 4</p> <p>Very unhappy 5</p>	
<p>MLS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions MLS3 to MLS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied..... 2</p> <p>Neither satisfied nor unsatisfied..... 3</p> <p>Somewhat unsatisfied..... 4</p> <p>Very unsatisfied 5</p>	

MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS5. DURING THE CURRENT SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes..... 1 No 2	2⇒MLS 7
MLS6. HOW SATISFIED (ARE/WERE) YOU WITH YOUR SCHOOL?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he does not have a job, circle “0” and continue with the next question. Do not probe to find out how he feels about not having a job, unless he tells you herself.</i>	Does not have a job 0 Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	

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

MWM11. Record the time.	Hour and minutes : ..	
-------------------------	-----------------------------	--






MWM12. Check Household Listing Form, column HL9.
 Is the respondent the caretaker of any child age 0-4 living in this household?

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.






☐ No ⇒ End the interview with this respondent by thanking him for his cooperation. Check for the presence of any other eligible man in the household.

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

UNDER-FIVE CHILD INFORMATION PANEL

UF

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).

A separate questionnaire should be used for each eligible child.

UF1. Cluster number: ____ ____ ____	UF2. Household number: ____ ____
UF3. Child's name: Name _____	UF4. Child's line number: ____ ____
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: ____ ____
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ ____ / ____ ____ / ____ ____

Repeat greeting if not already read to this respondent:

WE ARE FROM THE STATE STATISTICS SERVICE.

WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. 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.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*CHILD'S NAME FROM UF3*)'S HEALTH AND OTHER TOPICS. 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.

MAY I START NOW?

- *YES, PERMISSION IS GIVEN ⇒ Go to UF12 to record the time and then BEGIN THE INTERVIEW.*
- *NO, PERMISSION IS NOT GIVEN ⇒ COMPLETE UF9. DISCUSS THIS RESULT WITH YOUR SUPERVISOR*

UF9. Result of interview for children under 5	Completed01
Codes refer to mother/caretaker.	Not at home02
	Refused03
	Partly completed04
	Incapacitated05
	Other (<i>specify</i>)96

UF10. Field edited by (Name and number): Name _____	UF11. First data entry clerk (Name and number): Name _____
UF11A. Second data entry clerk (Name and number): Name _____	

UF12. <i>Record the time.</i>	Hour and minutes__ __ : __ __	
-------------------------------	-------------------------------------	--

AGE	AG	
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (name).</p> <p>IN WHAT MONTH AND YEAR WAS (NAME) BORN?</p> <p><i>PROBE:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day__ __</p> <p>DK day98</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?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years).....__</p>	

BIRTH REGISTRATION		BR
BR1. DOES (NAME) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen.....1	1⇒Next
	Yes, not seen.....2	Module
	No3	2⇒Next
	DK8	Module
BR2. HAS (NAME)'S BIRTH BEEN REGISTERED WITH THE RESPECTIVE AUTHORITIES?	Yes.....1	1⇒Next
	No2	Module
	DK8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....1	
	No2	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (NAME)?</p>	<p>None00</p> <p>Number of children's books0 ____</p> <p>Ten or more books10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (NAME) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><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></p>	<table border="0"> <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 (NAME):</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 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 (NAME) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>																																			
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (NAME) 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 (NAME):</p> <p><i>IF YES, ASK:</i></p> <p>WHO ENGAGED IN THIS ACTIVITY WITH (NAME)?</p> <p><i>CIRCLE ALL THAT APPLY.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (NAME)?</p> <p>[B] TOLD STORIES TO (NAME)?</p> <p>[C] SANG SONGS TO (NAME) OR WITH (NAME), INCLUDING LULLABIES?</p> <p>[D] TOOK (NAME) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (NAME)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (NAME)?</p>	<table border="0"> <thead> <tr> <th></th> <th>Mot her</th> <th>Fath er</th> <th>Oth er</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/count ed</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mot her	Fath er	Oth er	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/count ed	A	B	X	Y	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (NAME). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (NAME) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC9. CAN (NAME) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</p>																																				

EC10. DOES (<i>NAME</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes.....1 No2 DK8	
EC11. CAN (<i>NAME</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes.....1 No2 DK8	
EC12. IS (<i>NAME</i>) SOMETIMES TOO SICK TO PLAY?	Yes.....1 No2 DK8	
EC13. DOES (<i>NAME</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes.....1 No2 DK8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>NAME</i>) ABLE TO DO IT INDEPENDENTLY?	Yes.....1 No2 DK8	
EC15. DOES (<i>NAME</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes.....1 No2 DK8	
EC16. DOES (<i>NAME</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes.....1 No2 DK8	
EC17. DOES (<i>NAME</i>) GET DISTRACTED EASILY?	Yes.....1 No2 DK8	

BREASTFEEDING		BF
BF1. HAS (NAME) 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 (NAME) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (NAME) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (NAME) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF4. DID (NAME) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (NAME) <u>DRINK INFANT FORMULA</u> ?	Number of times _ _	
BF6. DID (NAME) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (NAME) <u>DRINK TINNED, POWDERED OR FRESH ANIMAL MILK</u> ?	Number of times _ _	
BF8. DID (NAME) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF9. DID (NAME) <u>DRINK BORSHCH/LIQUID SOUP</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF10. DID (NAME) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	

BF11. DID (NAME) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF12. DID (NAME) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF13. DID (NAME) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (NAME) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times__ __	
BF15. DID (NAME) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF16. DID (NAME) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (NAME) 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 (NAME) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes.....1 No2 DK8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (NAME) HAD DIARRHOEA?	Yes 1 No 2 DK 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (NAME) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (NAME) 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 (NAME) 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	
CA4A. DURING THE TIME (NAME) HAD DIARRHOEA, WAS HE/SHE GIVEN THE ORAL REHYDRATATION SOLUTION (REGIDRON/GASTROLIT)?	Yes 1 No 2 DK 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> _____ (Name)	Pill or Syrup Antibiotic A Antimotility/loperamid B Zinc C Other pill or syrup (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H Injection Antibiotic L Non-antibiotic M Unknown injection N Intravenous O Home remedy / Herbal medicine Q Other (specify) X	

CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (NAME) HAD AN ILLNESS WITH A COUGH?	Yes 1 No 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
CA8. WHEN (NAME) 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⇒NEXT MODULE 8⇒NEXT MODULE
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only 1 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) 6 DK 8	2⇒NEXT MODULE 6⇒NEXT MODULE
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? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Public sector Govt. hospital A Govt. health centre B Outpatient clinic C FAP D Medical emergency E Other public (<i>specify</i>) F Private medical sector Private hospital / clinic G Private physician H Private pharmacy I Other private medical (<i>specify</i>) J Other source Relative / Friend K Shop L Traditional practitioner M Other (<i>specify</i>) X	
CA12. WAS (NAME) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE

<p>CA13. WHAT MEDICINE WAS (<i>NAME</i>) GIVEN?</p> <p>Probe: ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p><i>(Names of medicines)</i></p>	<p>Antibiotic Pill / Syrup A Injection B</p> <p>Paracetamol / Panadol / Acetaminophen C Aspirin D Ibuprofen/nurofen E</p> <p>Other (<i>specify</i>) X</p> <p>DK..... Z</p>	
--	---	--

IMMUNIZATION										IM
<p><i>If a card listing immunizations is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM15 are for registering vaccinations that are not recorded on the card. IM6-IM15 will only be asked when a card is not available.</i></p> <p><i>In case the card is not at home find out where it is kept and add respective comment at the end of the questionnaire (e.g. name and address of the polyclinic, FAP etc.). If the card is kept at a medical facility ISSUE THE FORM FOR VACCINATIONS AT HEALTH FACILITY, FILL THE IDENTIFICATION INFORMATION OF its COVER PAGE AND THEN GET THE written CONSENT OF THE MOTHER/CARETAKER/RESPONDENT (page 3 of the form).</i></p>										
IM1. DO YOU HAVE A CARD WHERE (NAME)'S VACCINATIONS ARE WRITTEN DOWN? (If YES) MAY I SEE IT PLEASE?				Yes, at home, seen 1 Yes, at home, not seen 2 No card at home 3						1⇒IM3 2⇒IM6
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (NAME)?				Yes 1 No..... 2						1⇒IM6 2⇒IM6
IM3. 1 Copy dates for each vaccination from the card. 2 Write '44' in day column if card shows that vaccination was given but no date recorded.				<div> Date of Immunization </div> <div> Day Month Year </div>						
BCG		BCG								
POLIO 1		IPV1								
POLIO 2		IPV2								
POLIO 3		OPV3 /IPV3								
POLIO 4		OPV4 /IPV4								
DPT1		ADPT1								
DPT2		ADPT2								
DPT3		ADPT3								
DPT4		ADPT4								
HEPB AT BIRTH		H0								
HEPB1		H1								

HEPB2	H2									
HIB1	HIB1									
HIB2	HIB2									
HIB3	HIB3									
MMR	MMR									

IM4. Check IM3. Are all vaccines (BCG to MMR) recorded?

☐ Yes ⇒ Go to IM19A

☐ No ⇒ Continue with IM5

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (NAME) RECEIVE ANY OTHER?</p> <p><i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i></p>	<p>Yes 1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM19A)</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM19A</p> <p>8⇒IM19A</p>
<p>IM6. HAS (NAME) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM19A</p> <p>8⇒IM19A</p>
<p>IM7. HAS (NAME) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK..... 8</p>	
<p>IM8. HAS (NAME) EVER RECEIVED VACCINATION TO PROTECT HIM/HER FROM GETTING POLIO?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM11</p> <p>8⇒IM11</p>
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM11. HAS (NAME) EVER RECEIVED AN ADPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>PROBE BY INDICATING THAT DPT VACCINATION IS SOMETIMES GIVEN AT THE SAME TIME AS POLIO</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM13</p> <p>8⇒IM13</p>

IM12. HOW MANY TIMES WAS ADPT VACCINE RECEIVED?	Number of times	
IM13. HAS (<i>NAME</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH – 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	
IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times	
IM16. HAS (<i>NAME</i>) EVER RECEIVED AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, MUMPS AND RUBELLA?	Yes 1 No..... 2 DK..... 8	
IM16A. HAS (<i>NAME</i>) EVER RECEIVED A HIB INJECTION OR AN MMR INJECTION – THAT IS, A SHOT AT THE AGE OF 3 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE?	Yes 1 No..... 2 DK..... 8	2⇒IM19A 8⇒IM19A
IM16B. HOW MANY TIMES WAS A HIB VACCINE RECEIVED?	Number of times	
IM19A. In your opinion, can immunization protect children against certain diseases?	Yes 1 No..... 2 Not sure/Depends/DK..... 8	
IM19B. In your opinion, is immunization a safe medical practice?	Yes 1 No..... 2 Not sure/Depends/DK..... 8	
IM19C. Are you going to get your child fully immunized according to the national calendar of compulsory vaccination?	Yes.....1 No.....2 Not sure/Depends/DK..... 8	
IM19D. Have you ever refused from vaccinating (<i>name</i>)?	Yes 1 No..... 2	2⇒IM19F

IM19E. When refusing from vaccinating (<i>name</i>) you did so temporarily (for example, until he is not sick any more) or you did so because you are not going to get him/her vaccinated at all?	Temporarily..... 1 Permanently 2	
IM19F. Has (<i>name</i>) ever had any side reactions to vaccinations?	Yes 1 No..... 2 Not sure/ DK 8	
IM19G. Have you ever had to beg or bribe a health worker to get a fake/false vaccination record for (<i>name</i>)?	Yes 1 No..... 2	

UF13. <i>Record the time.</i>	Hour and minutes__ __ : __ __	
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UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

☐ *Yes ⇒ Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

☐ *No ⇒ End the interview with this respondent by thanking him/her for his/her.*

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

Move to another woman's, man's or under-5 questionnaire.

QUESTIONNAIRE FORM FOR VACCINATIONS AT HEALTH FACILITY

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations of children age 0-4 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The Questionnaire for Under Five Children must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the Questionnaire for Under Five Children for each child.</i></p>		
HF1. Cluster number: <div style="text-align: right;">___ _ _</div>	HF2. Household number: <div style="text-align: right;">___ _</div>	
HF3. Child's name: Name _____	HF4. Child's line number: <div style="text-align: right;">___ _</div>	
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: <div style="text-align: right;">___ _</div>	
HF7. Interviewer name and number: Name _____	HF8. Day / Month / Year of facility visit: <div style="text-align: right;">___ ___ / ___ ___ / ___ ___</div>	
HF9. Day, month and year of birth <i>(From AG1 in Under-5 Questionnaire)</i> <div style="text-align: right;">___ ___ / ___ ___ / ___ ___</div>	HF10. Name of health facility: _____ _____	

HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen 02 Other (<i>specify</i>) _____ 96
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IMMUNIZATION										HF
HF12. Record day, month and year of birth as written on vaccination record		____ / ____ / ____								
HF13. (a) Copy dates for each vaccination from the card. (b) 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 1	IPV1									
POLIO 2	IPV2									
POLIO 3	OPV3 /IPV3									
POLIO 4	OPV4 /IPV4									
DPT1	ADPT1									
DPT2	ADPT2									
DPT3	ADPT3									
DPT4	ADPT4									
HEPB AT BIRTH	H0									
HEPB1	H1									
HEPB2	H2									
HIB1	HIB1									
HIB2	HIB2									
HIB3	HIB3									
MMR	MMR									

I, _____(*name*), the mother/caretaker of the child _____(*name*)
hereby give my consent to the State Statistics Service of Ukraine to get the data on the vaccinations
made to my child kept in the records of the local health facility for the purpose of conducting the
Multiple Indicator Cluster Survey.

(date)

(signature)