# MICS HOUSEHOLD QUESTIONNAIRE *[Moldova]*

| HOUSEHOLD INFORMATION PANEL | HH |
|---|---|
| HH1. Cluster number: ___ ___ ___ | HH2. Household number: ___ ___ |
| HH3. Interviewer name and number:<br>Name _____ ___ ___ | HH4. Supervisor name and number:<br>Name_____ ___ ___ |
| HH5. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___ | |
| HH6. Area:<br>Urban ..... 1<br>Rural ..... 2 | HH7. Region:<br>North.....1 South .....3<br>Centre.....2 mun.Chisinau .....4 |
| | HH7A. Household selected for the man's individual interview:<br>Yes.....1<br>No.....2 |

WE ARE FROM ***National Centre of Public Health***. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH, EDUCATION AND WELLBEING. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY 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: _____

| | |
|---|---|
| HH9. Result of household interview:<br>Completed ..... 01<br>No household member or no competent respondent at home at time of visit ..... 02<br>Entire household absent for extended period of time ..... 03<br>Refused ..... 04<br>Dwelling vacant / Address not a dwelling ..... 05<br>Dwelling destroyed ..... 06<br>Dwelling not found ..... 07<br>Other (*specify*)_____ 96 | HH10. Respondent to household questionnaire:<br>Name:_____<br>Line Number: ___ ___<br><br>HH11. Total number of household members: ___ ___ |
| HH12. Number of women aged 15-49 years: ___ ___ | HH13. Number of woman's questionnaires completed: ___ ___ |
| HH13A. Number of men aged 15-49 years: ___ ___ | HH13B. Number of man's questionnaires completed: ___ ___ |
| HH14. Number of children under the age of five: ___ ___ | HH15. Number of under-5 questionnaires completed: ___ ___ |

| | |
|---|---|
| HH16. Field edited by (Name and number):<br>Name _____ ___ ___ | HH17. Data entry clerk (Name and number):<br>Name _____ ___ ___ |

HH18.
*Record the time.*

Hour..... __ __

Minutes..... __ __

## 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 women age* **15-49** | *For men age* **15-49** | *For children age* **5-15** | *For children Under age* **5** | *For children age* **0-17** *years* | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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? 98 DK 9998 DK | | HL6. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'* | 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? *Record line no. of mother/ caretaker* | HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line no. of mother/ caretaker* | HL11. IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No↘ HL13 8 DK↘ HL13 | HL12. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *If mother is living in this household record line number and go to HL13. If mother is living elsewhere record 00 for "No" and continue to HL12A* | HL12 A . WHERE DOES (*name*)'S NATURAL MOTHER LIVE? 1.Abroad 2.In another household in Moldova 3.Institution (hospital, old age centre, prison, etc.) 8.DK | HL13. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No↘ Next Line 8 DK↘ Next Line | HL14. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *If father is living in this household record line number and go to next person. If father is living elsewhere record 00 for "No" and continue to HL14A* | HL14 A . WHERE DOES (*name*)'S NATURAL FATHER LIVE? 1.Abroad 2.In another household in Moldova 3.Institution (hospital, old age centre, prison, etc.) 8.DK |
| Line | Name | Relation* | M F | Month | Year | Age | 15-49 | 15-49 | Mother | Mother | Y N DK | Mother | Place Code | Y N DK | Father | Place Code |
| 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 | __ __ | __ |

| 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? 98 DK 9998 DK | | HL6. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'* | 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 CARETAKE R OF THIS CHILD? *Record line no. of mother/ caretaker* | HL9. WHO IS THE MOTHER OR PRIMARY CARETAKE R OF THIS CHILD? *Record line no. of mother/ caretaker* | HL11. IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No⇘ HL13 8 DK⇘ HL13 | HL12. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *If mother is living in this household record line number and go to HL13. If mother is living elsewhere record 00 for "No" and continue to HL12A* | HL12 A . WHERE DOES (*name*)'S NATURAL MOTHER LIVE? 1.Abroad 2.In another household in Moldova 3.Institution (hospital, old age centre, prison, etc.) 8.DK | HL13. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No⇘ Next Line 8 DK⇘ Next Line | HL14. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *If father is living in this household record line number and go to next person. If father is living elsewhere record 00 for "No" and continue to HL14A* | HL14 A . WHERE DOES (*name*)'S NATURAL FATHER LIVE? 1.Abroad 2.In another household in Moldova 3.Institution (hospital, old age centre, prison, etc.) 8.DK |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Line | Name | Relation* | M F | Month | Year | Age | 15-49 | 15-49 | Mother | Mother | Y N DK | Mother | Place Code | Y N DK | Father | Place Code |
| 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 | __ __ | __ |
| 11 | | __ __ | 1 2 | __ __ | __ __ __ __ | __ __ | 11 | 11 | __ __ | __ __ | 1 2 8 | __ __ | __ | 1 2 8 | __ __ | __ |
| 12 | | __ __ | 1 2 | __ __ | __ __ __ __ | __ __ | 12 | 12 | __ __ | __ __ | 1 2 8 | __ __ | __ | 1 2 8 | __ __ | __ |
| 13 | | __ __ | 1 2 | __ __ | __ __ __ __ | __ __ | 13 | 13 | __ __ | __ __ | 1 2 8 | __ __ | __ | 1 2 8 | __ __ | __ |
| 14 | | __ __ | 1 2 | __ __ | __ __ __ __ | __ __ | 14 | 14 | __ __ | __ __ | 1 2 8 | __ __ | __ | 1 2 8 | __ __ | __ |
| 15 | | __ __ | 1 2 | __ __ | __ __ __ __ | __ __ | 15 | 15 | __ __ | __ __ | 1 2 8 | __ __ | __ | 1 2 8 | __ __ | __ |

| 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? | HL5. WHAT IS (*name*)'S DATE OF BIRTH? | | HL6. HOW OLD IS (*name*)? | HL7. | HL7A. | 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 NATURAL MOTHER ALIVE? | HL12. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? | HL12 A. WHERE DOES (*name*)'S NATURAL MOTHER LIVE? | HL13. IS (*name*)'S NATURAL FATHER ALIVE? | HL14. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? | HL14 A. WHERE DOES (*name*)'S NATURAL FATHER LIVE? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1 Male<br>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<br>2 No↘ HL13<br>8 DK↘ HL13 | *If mother is living in this household record line number and go to HL13. If mother is living elsewhere record 00 for "No" and continue to HL12A* | 1.Abroad<br>2.In another household in Moldova<br>3.Institution (hospital, old age centre, prison, etc.)<br>8.DK | 1 Yes<br>2 No↘ Next Line<br>8 DK↘ Next Line | *If father is living in this household record line number and go to next person. If father is living elsewhere record 00 for "No" and continue to HL14A* | 1.Abroad<br>2.In another household in Moldova<br>3.Institution (hospital, old age centre, prison, etc.)<br>8.DK |
| Line | Name | Relation* | M F | Month | Year | Age | 15-49 | 15-49 | Mother | Mother | Y N DK | Mother | Place Code | Y N DK | Father | Place Code |

*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 aged 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 aged 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.*
*For each child under the age of five, 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? 1 Yes 2 No ↘ Next Line | ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) HAS ATTENDED? Level: 0 Preschool 1 Primary (Gr.1-4 ) 2 Gymnasium (Gr.5-9) 3 Lyceum/ middle School (Gr.10-12) 4. Polyvalent/PTS 5. College/technical school 6. University/Post-Grad 8 DK *If level=0, skip to ED5* | ED4B. WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? Grade: 98 DK *If less than 1 grade, enter 00.* | ED5. DURING THE (***2011-2012***) SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ ED7 | | ED6. DURING **2011-2012** SCHOOL YEAR, WHICH LEVEL, GRADE IS/WAS (*name*) ATTENDING? Level: 0 Preschool 1 Primary (Gr.1-4) 2 Gymnasium (Gr.5-9) 3 Lyceum/ middle School (Gr.10-12) 4. Polyvalent/PTS 5. College/technical school 6. University/Post-Grad 8 DK *If level=0, skip to ED7* | Grade: 98 DK | ED7. DURING THE PREVIOUS **2010-2011** SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line | | | ED8. DURING **2010-2011** PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND? Level: 0 Preschool 1 Primary (Gr.1-4) 2 Gymnasium Gr.5-9 3 Lyceum/ middle School (Gr.10-12) 4. Polyvalent/PTS 5.College/ Technical school 6. University/Post-Grad 8 DK *If level=0, go to next person* | Grade: 98 DK |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 02 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 03 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 04 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 05 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 06 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 07 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 08 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 09 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 10 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 11 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 12 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 13 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 14 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |
| 15 | | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 0 1 2 3 4 5 6 8 | __ __ | 1 | 2 | 8 | 0 1 2 3 4 5 6 8 | __ __ |

| WATER AND SANITATION | | WS |
|---|---|---|
| WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD? | Piped water<br>Piped into dwelling.....11<br>Piped into compound, yard or plot.....12<br>Piped to neighbour .....13<br>Public tap / standpipe .....14<br>Tube Well, Borehole.....21<br>Dug well<br>Protected well .....31<br>Unprotected well.....32<br>Water from spring<br>Protected spring .....41<br>Unprotected spring .....42<br>Rainwater collection .....51<br>Tanker-truck .....61<br>Cart with small tank / drum.....71<br>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81<br><br>Bottled water.....91<br><br>Other (*specify*) _____ 96 | <br>11⇨WS6<br>12⇨WS6<br>13⇨WS6<br>14⇨WS3<br>21⇨WS3<br><br>31⇨WS3<br>32⇨WS3<br><br>41⇨WS3<br>42⇨WS3<br>51⇨WS3<br>61⇨WS3<br>71⇨WS3<br><br>81⇨WS3<br><br><br>96⇨WS3 |
| WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING? | Piped water<br>Piped into dwelling.....11<br>Piped into compound, yard or plot.....12<br>Piped to neighbour .....13<br>Public tap / standpipe .....14<br>Tube Well, Borehole.....21<br>Dug well<br>Protected well .....31<br>Unprotected well.....32<br>Water from spring<br>Protected spring .....41<br>Unprotected spring .....42<br>Rainwater collection .....51<br>Tanker-truck .....61<br>Cart with small tank / drum.....71<br>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81<br><br>Other (*specify*) _____ 96 | <br>11⇨WS6<br>12⇨WS6<br>13⇨WS6 |
| WS3. WHERE IS THAT WATER SOURCE LOCATED? | In own dwelling .....1<br>In own yard / plot .....2<br>Elsewhere.....3 | 1⇨WS6<br>2⇨WS6 |
| WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK? | Number of minutes .....__ __ __<br><br>DK.....998 | |

| | | |
|---|---|---|
| WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?<br><br>*Probe:*<br>IS THIS PERSON UNDER AGE 15?<br>WHAT SEX? | Adult woman (age 15+ years) ..... 1<br>Adult man (age 15+ years) ..... 2<br>Female child (under 15) ..... 3<br>Male child (under 15) ..... 4<br><br>DK ..... 8 | |
| WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | 2⇨WS8<br><br>8⇨WS8 |
| WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?<br><br>*Probe:*<br>ANYTHING ELSE?<br><br>*Record all items mentioned.* | Boil ..... A<br>Add bleach / chlorine ..... B<br>Strain it through a cloth ..... C<br>Use water filter (ceramic, sand, composite, etc.) ..... D<br>Solar disinfection ..... E<br>Let it stand and settle ..... F<br><br>Other (*specify*) _____ X<br>DK ..... Z | |
| WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?<br><br>*If "flush" or "pour flush", probe:*<br>WHERE DOES IT FLUSH TO?<br><br>*If necessary, ask permission to observe the facility.* | Flush / Pour flush<br>Flush to piped sewer system ..... 11<br>Flush to septic tank ..... 12<br>Flush to pit (latrine) ..... 13<br>Flush to somewhere else ..... 14<br>Flush to unknown place / Not sure / DK where ..... 15<br>Pit latrine<br>Ventilated Improved Pit latrine (VIP) .... 21<br>Pit latrine with slab ..... 22<br>Pit latrine without slab / Open pit ..... 23<br><br>Composting toilet ..... 31<br>Bucket ..... 41<br>Hanging toilet, Hanging latrine ..... 51<br><br>No facility, Bush, Field ..... 95<br><br>Other (*specify*) _____ 96 | 95⇨Next Module |
| WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD? | Yes ..... 1<br>No ..... 2 | 2⇨Next Module |
| 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? | Other households only (not public) ..... 1<br>Public facility ..... 2 | 2⇨Next Module |
| WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD? | Number of households (if less than 10) 0 __<br><br>Ten or more households ..... 10<br><br>DK ..... 98 | |

| HOUSEHOLD CHARACTERISTICS | | HC |
|---|---|---|
| HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? | Moldovan/Romanian ..... 1<br>Russian ..... 2<br>Ukrainian ..... 3<br>Roma(Gypsy) ..... 4<br>Gagauz..... 5<br><br>Other ethnic group (*specify*) _____ 6 | |
| HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING? | Number of rooms ..... __ __ | |
| HC3. *Main material of the dwelling floor.*<br><br>*Record observation.* | Natural floor<br>Earth / Sand ..... 11<br>Dung..... 12<br>Rudimentary floor<br>Wood planks..... 21<br>Finished floor<br>Parquet or polished wood ..... 31<br>Vinyl, linoleum or asphalt strips..... 32<br>Ceramic tiles..... 33<br>Cement..... 34<br>Carpet..... 35<br><br>Other (*specify*) _____ 96 | |
| HC4. *Main material of the roof.*<br><br>*Record observation.* | Rudimentary roofing<br>Wood planks ..... 23<br>Cardboard ..... 24<br>Finished roofing<br>Metal..... 31<br>Wood ..... 32<br>Calamine / Cement fibre ..... 33<br>Ceramic tiles..... 34<br>Cement/bitumen ..... 35<br>Roofing shingles..... 36<br><br>Other (*specify*) _____ 96 | |
| HC5. *Main material of the exterior walls.*<br><br>*Record observation.* | Rudimentary walls<br>Stone with loam..... 22<br>Loam blocks ..... 28<br>Finished walls<br>Cement..... 31<br>Stone with lime / cement..... 32<br>Bricks..... 33<br>Cement blocks ..... 34<br>Wood planks / shingles ..... 36<br>Lime blocks ..... 37<br>Plastered walls ..... 38<br><br>Other (*specify*) _____ 96 | |
| HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING? | Electricity..... 01<br>Liquefied Petroleum Gas (LPG)..... 02<br>Natural gas..... 03<br>Biogas ..... 04<br>Kerosene..... 05<br>Coal / Lignite ..... 06<br>Charcoal..... 07<br>Wood..... 08 | 01⇨HC8<br>02⇨HC8<br>03⇨HC8<br>04⇨HC8<br>05⇨HC8 |

| | | |
|---|---|---|
| | Straw / Shrubs / Grass ..... 09<br>Animal dung ..... 10<br>Agricultural crop residue ..... 11<br><br>No food cooked in household ..... 95<br><br>Other (*specify*) _____ 96 | 95 ⇨HC8 |
| HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?<br><br>*If 'In the house', probe*: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN? | In the house<br>In a separate room used as kitchen ..... 1<br>Elsewhere in the house ..... 2<br>In a separate building ..... 3<br>Outdoors ..... 4<br><br>Other (*specify*) _____ 6 | |

| HC8. DOES YOUR HOUSEHOLD HAVE: | | Yes | No |
|---|---|---|---|
| [A] ELECTRICITY? | Electricity | 1 | 2 |
| [B] A RADIO? | Radio | 1 | 2 |
| [C] A TELEVISION? | Television | 1 | 2 |
| [D] A FIXED TELEPHONE? | Fixed telephone | 1 | 2 |
| [E] A REFRIGERATOR? | Refrigerator | 1 | 2 |
| [F] A TABLE? | Table | 1 | 2 |
| [G] A SOFA? | Sofa | 1 | 2 |
| [H] A WARDROBE? | Wardrobe | 1 | 2 |
| [I] A WASHING MACHINE? | Washing machine | 1 | 2 |
| [J] A WATER HEATER/BOILER? | Water heater/boiler | 1 | 2 |
| [K] A VACUUM CLEANER? | Vacuum cleaner | 1 | 2 |
| [L] A PHOTO CAMERA? | Photo camera | 1 | 2 |
| [M] A DVD PLAYER? | DVD player | 1 | 2 |
| [N] A MICROWAVE? | Microwave | 1 | 2 |
| [O] A COMPUTER? | Computer | 1 | 2 |

| | | |
|---|---|---|
| HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:<br>[A] A WATCH?<br>[B] A MOBILE TELEPHONE?<br>[C] A BICYCLE?<br>[D] A MOTORCYCLE OR SCOOTER?<br>[E] AN ANIMAL-DRAWN CART?<br>[F] A CAR OR TRUCK?<br>[H] A TRACTOR? | Yes No<br>Watch ..... 1 2<br>Mobile telephone ..... 1 2<br>Bicycle ..... 1 2<br>Motorcycle / Scooter ..... 1 2<br>Animal drawn-cart ..... 1 2<br>Car / Truck ..... 1 2<br>Tractor ..... 1 2 | |
| HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?<br>*If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?<br>*If "Rented from someone else", circle "2". For other responses, circle "6".* | Own ..... 1<br>Rent ..... 2<br>Other (Not owned or rented) ..... 6 | |
| HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE? | Yes ..... 1<br>No ..... 2 | 2⇨HC13 |
| HC12. HOW MANY HECTARES OR ARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?<br>*For 1 hectare or more, circle 1 and record the figure mentioned by the respondent.*<br>*For 95 hectares or more, circle 1 and record 95.*<br>*For less than 1 hectare, circle 2 and record the figure in ares.*<br>*For less than 1are, circle 2 and record "00".*<br>*If unknown, record '998'.* | Hectares ..... 1___ ___<br>Ares ..... 2___ ___<br>DK..... 998 | |
| HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY? | Yes ..... 1<br>No ..... 2 | 2⇨HC15 |
| HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?<br>[A] CATTLE, MILK COWS, OR BULLS?<br>[B] HORSES, DONKEYS, OR MULES?<br>[C] GOATS?<br>[D] SHEEP?<br>[E] CHICKENS?<br>[G] OTHER POULTRY? | Cattle, milk cows, or bulls ..... ___ ___<br>Horses, donkeys, or mules ..... ___ ___<br>Goats ..... ___ ___<br>Sheep ..... ___ ___<br>Chickens ..... ___ ___<br>Other poultry ..... ___ ___ | |

| | | |
|---|---|---|
| [F] PIGS?<br>[H] RABBITS, COYPU?<br><br>*If none, record '00'.*<br>*If 95 or more, record '95'.*<br>*If unknown, record '98'.* | Pigs ..... ___ ___<br>Rabbits, coypu ..... ___ ___ | |
| HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT? | Yes ..... 1<br>No ..... 2 | |

## CHILD DISCIPLINE CD

**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 aged 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 aged 2-14 years | | | | ___ ___ |

- *If there is only one child aged 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 _____<br>Line number ..... __ __ | |
| CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOURAL PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.<br><br>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE. | Yes ..... 1<br>No ..... 2 | |
| CD12. EXPLAINED WHY (*name*)'S BEHAVIOUR WAS WRONG. | Yes ..... 1<br>No ..... 2 | |
| CD13. SHOOK HIM/HER. | Yes ..... 1<br>No ..... 2 | |
| CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER. | Yes ..... 1<br>No ..... 2 | |
| CD15. GAVE HIM/HER SOMETHING ELSE TO DO. | Yes ..... 1<br>No ..... 2 | |
| CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND. | Yes ..... 1<br>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<br>No ..... 2 | |
| CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT. | Yes ..... 1<br>No ..... 2 | |
| CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS. | Yes ..... 1<br>No ..... 2 | |
| CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG. | Yes ..... 1<br>No ..... 2 | |
| CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD. | Yes ..... 1<br>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<br>No ..... 2<br><br>Don't know / No opinion ..... 8 | |

| HANDWASHING | | HW |
|---|---|---|
| HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS. | Observed ..... 1<br><br>Not observed<br>Not in dwelling / plot / yard ..... 2<br>No permission to see ..... 3<br>Other reason ..... 6 | <br><br><br>2 ⇨HW4<br>3 ⇨HW4<br>6 ⇨HW4 |
| HW2. *Observe presence of water at the specific place for handwashing.*<br><br>*Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.* | Water is available ..... 1<br><br>Water is not available ..... 2 | |
| HW3. *Record if soap or detergent is present at the specific place for handwashing.*<br><br>*Circle all that apply.*<br><br>*Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.* | Bar soap ..... A<br><br>Detergent (Powder / Liquid / Paste) ..... B<br><br>Liquid soap ..... C<br><br>None ..... Y | A⇨HH19<br><br>B⇨HH19<br><br>C⇨HH19 |
| HW4. DO YOU HAVE ANY SOAP OR DETERGENT (***or other locally used cleansing agent***) IN YOUR HOUSEHOLD FOR WASHING HANDS? | Yes ..... 1<br><br>No ..... 2 | <br><br>2⇨HH19 |
| HW5. CAN YOU PLEASE SHOW IT TO ME?<br><br>*Record observation. Circle all that apply.* | Bar soap ..... A<br><br>Detergent (Powder / Liquid / Paste) ..... B<br><br>Liquid soap ..... C<br><br>Not able / Does not want to show ..... Y | |

| | | |
|---|---|---|
| HH19. *Record the time.* | Hour and minutes .....__ __ : __ __ | |

| **SALT IODIZATION** | | **SI** |
|---|---|---|
| SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?<br><br>*Once you have tested the salt, circle number that corresponds to test outcome.* | Not iodized 0 PPM .....1<br>More than 0 PPM & less than 15 PPM.....2<br>15 PPM or more .....3<br><br>No salt in the house.....6<br><br>Salt not tested .....7 | |

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 aged 15-49 years in the household list (HL7)*

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

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

*Return to the cover page and make sure that all information 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.*

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

# QUESTIONNAIRE FOR CHILDREN UNDER FIVE

[*Moldova*]

| 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 ***National Centre of Public Health***. WE ARE WORKING ON A SURVEY 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 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY TEAM.

*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 (***child's name from UF3***)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 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<br><br>*Codes refer to mother/caretaker.* | Completed .....01<br>Not at home .....02<br>Refused .....03<br>Partly completed .....04<br>Incapacitated .....05<br><br>Other (*specify*)_____96 |
|---|---|

| UF10. Field edited by (Name and number): | UF11. Data entry clerk (Name and number): |
|---|---|
| Name _____ ___ ___ | Name _____ ___ ___ |

| | | |
|---|---|---|
| UF12. *Record the time.* | Hour and minutes..... __ __ : __ __ | |

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

| BIRTH REGISTRATION | | BR |
|---|---|---|
| BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE?<br><br>*If yes, ask:*<br>MAY I SEE IT? | Yes, seen.....1<br><br>Yes, not seen.....2<br><br>No .....3<br><br>DK.....8 | 1⇨Next Module<br>2⇨Next Module |
| BR2. HAS (*name*)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES? | Yes.....1<br><br>No .....2<br><br>DK.....8 | 1⇨Next Module |
| BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH? | Yes.....1<br>No .....2 | 2⇨Next Module |
| BR3A. WHY DIDN'T YOU REGISTER YOUR CHILD AT THE CIVIL AUTHORITY? | It is expensive..... A<br>It is too far..... B<br>I didn't know that I had to register my child ..... C<br>The child is over 6 months and I don't want to pay a penalty for late registration ..... D<br>I don't know where registration is made..... E<br>The child is too small and I do not have enough time to register him/her..... F<br>I don't have a name yet.....G<br>I have no time.....H<br>I don't have other documents for registration.....I<br>Other (*specify*) ..... X<br>DK..... Z | |

| EARLY CHILDHOOD DEVELOPMENT | | EC |
|---|---|---|
| EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)? | None .....00<br>Number of children's books .....0 __<br>Ten or more books .....10 | |
| EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME.<br>DOES HE/SHE PLAY WITH:<br>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?<br>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?<br>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?<br>*If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response* | Y N DK<br>Homemade toys .....1 2 8<br>Toys from a shop.....1 2 8<br>Household objects or outside objects .....1 2 8 | |
| 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.<br>ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*):<br>[A] LEFT ALONE FOR MORE THAN AN HOUR?<br>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?<br>*If 'none' enter' 0'. If 'don't know' enter'8'* | Number of days left alone for more than an hour .....__<br>Number of days left with other child for more than an hour .....__ | |
| EC4. *Check AG2: Age of child*<br>☐ *Child age 3 or 4 ⇨ Continue with EC5*<br>☐ *Child age 0, 1 or 2 ⇨ Go to Next Module* | | |
| 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? | Yes .....1<br>No .....2<br>DK.....8 | <br>2⇨EC7<br>8⇨EC7 |
| EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND? | Number of hours.....__ __ | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 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*):<br><br>*If yes, ask:*<br>WHO ENGAGED IN THIS ACTIVITY WITH (*name*)?<br><br>*Circle all that apply.* | | Mother | Father | Other | No one | |
| [A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)? | Read books | A | B | X | Y | |
| [B] TOLD STORIES TO (*name*)? | Told stories | A | B | X | Y | |
| [C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES? | Sang songs | A | B | X | Y | |
| [D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? | Took outside | A | B | X | Y | |
| [E] PLAYED WITH (*name*)? | Played with | A | B | X | Y | |
| [F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)? | Named/counted | A | B | X | Y | |
| EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.<br><br>CAN (*name*) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | | | | | |
| EC9. CAN (*name*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | | | | | |
| EC10. DOES (*name*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | | | | | |
| EC11. CAN (*name*) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | | | | | |
| EC12. IS (*name*) SOMETIMES TOO SICK TO PLAY? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | | | | | |
| EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | | | | | |

| | | |
|---|---|---|
| EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY? | Yes .....1<br>No .....2<br><br>DK.....8 | |
| EC15. DOES *(name)* GET ALONG WELL WITH OTHER CHILDREN? | Yes .....1<br>No .....2<br><br>DK.....8 | |
| EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS? | Yes .....1<br>No .....2<br><br>DK.....8 | |
| EC17. DOES (*name*) GET DISTRACTED EASILY? | Yes .....1<br>No .....2<br><br>DK.....8 | |

| BREASTFEEDING | | BF |
|---|---|---|
| BF1. HAS (*name*) EVER BEEN BREASTFED? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨BF3<br><br>8⇨BF3 |
| BF2. IS HE/SHE STILL BEING BREASTFED? | Yes ..... 1<br>No ..... 2<br><br>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.<br><br>DID (*name*) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT? | <br><br><br><br><br>Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| BF4. DID (*name*) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨BF6<br><br>8⇨BF6 |
| BF5. HOW MANY TIMES DID (*name*) DRINK INFANT FORMULA? | Number of times ..... __ __ | |
| BF6. DID (*name*) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨BF8<br><br>8⇨BF8 |
| BF7. HOW MANY TIMES DID (*name*) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK? | Number of times ..... __ __ | |
| BF8. DID (*name*) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| BF9. DID (*name*) DRINK clear broth/clear soup YESTERDAY, DURING THE DAY OR NIGHT? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| BF10. DID (*name*) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| BF11. DID (*name*) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |

| | | |
|---|---|---|
| BF12. DID (*name*) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT? | Yes .....1<br>No .....2<br><br>DK.....8 | |
| BF13. DID (*name*) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT? | Yes .....1<br>No .....2<br><br>DK.....8 | <br>2⇨BF15<br><br>8⇨BF15 |
| BF14. HOW MANY TIMES DID (*name*) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT? | Number of times .....__ __ | |
| BF15. DID (*name*) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT? | Yes .....1<br>No .....2<br><br>DK.....8 | |
| BF16. DID (*name*) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT? | Yes .....1<br>No .....2<br><br>DK.....8 | <br>2⇨BF18<br><br>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*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE? | Yes .....1<br>No .....2<br><br>DK.....8 | |

| CARE OF ILLNESS | | CA |
|---|---|---|
| CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨CA7<br><br>8⇨CA7 |
| CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).<br><br>DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?<br><br>*If less, probe*:<br>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS? | Much less ..... 1<br>Somewhat less ..... 2<br>About the same ..... 3<br>More ..... 4<br>Nothing to drink ..... 5<br><br>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?<br><br>*If "less", probe:*<br>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS? | Much less ..... 1<br>Somewhat less ..... 2<br>About the same ..... 3<br>More ..... 4<br>Stopped food ..... 5<br>Never gave food ..... 6<br><br>DK ..... 8 | |
| CA4. DURING THE EPISODE OF DIARRHOEA, WAS (*name*) GIVEN TO DRINK ANY OF THE FOLLOWING:<br><br>*Read each item aloud and record response before proceeding to the next item.*<br><br>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED REHIDRON (REHIDOL, HIDOREG)<br>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? | Y N DK<br><br>Fluid from ORS packet<br>REHIDRON (REHIDOL, HIDOREG) ..... 1 2 8<br><br>Pre-packaged ORS fluid ..... 1 2 8 | |
| CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨CA7<br><br>8⇨CA7 |

| | | |
|---|---|---|
| CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?<br><br>*Probe*:<br>ANYTHING ELSE?<br><br>*Record all treatments given. Write brand name(s) of all medicines mentioned.*<br><br>_____<br>*(Name)* | Pill or Syrup<br>Antibiotic ..... A<br>Antimotility ..... B<br>Zinc ..... C<br>Other (Not antibiotic, antimotility, zinc ..... G<br>Unknown pill or syrup ..... H<br><br>Injection<br>Antibiotic ..... L<br>Non-antibiotic ..... M<br>Unknown injection ..... N<br><br>Intravenous ..... O<br><br>Home remedy / Herbal medicine ..... Q<br><br>Other (*specify*) _____ X | |
| CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨CA14<br><br>8⇨CA14 |
| 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<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨CA14<br><br>8⇨CA14 |
| CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE? | Problem in chest only ..... 1<br>Blocked or runny nose only ..... 2<br><br>Both ..... 3<br><br>Other (*specify*) _____ 6<br>DK ..... 8 | <br>2⇨CA14<br><br><br><br>6⇨CA14 |
| CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨CA12<br><br>8⇨CA12 |
| CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?<br><br>*Probe:*<br>ANYWHERE ELSE?<br><br>*Circle all providers mentioned, but do NOT prompt with any suggestions.*<br><br>*Probe to identify each type of source.*<br><br>*If unable to determine if public or private sector, write the name of the place.*<br><br>_____<br>*(Name of place)* | Public sector<br>Hospital ..... A<br>Health Centre ..... S<br>Centre for family doctors, office of family doctor ..... T<br><br>Other public (*specify*) _____ H<br><br>Private medical sector<br>Private hospital / clinic ..... I<br>Private physician ..... J<br>Private pharmacy ..... K<br><br>Other private medical (*specify*) _____ O<br><br>Other source<br>Relative / Friend ..... P<br>Shop ..... Q<br>Traditional practitioner ..... R<br><br>Other (*specify*) _____ X | |

| | | |
|---|---|---|
| CA12. WAS (*name*) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨CA14<br><br>8⇨CA14 |
| CA13. WHAT MEDICINE WAS (*name*) GIVEN?<br><br>*Probe:*<br>ANY OTHER MEDICINE?<br><br>*Circle all medicines given. Write brand name(s) of all medicines mentioned.*<br><br>_____<br>*(Names of medicines)* | Antibiotic / Biseptol<br>Pill / Syrup ..... A<br>Injection ..... B<br><br>Paracetamol ..... P<br>Aspirin ..... Q<br>Ibuprofen ..... R<br><br>Other (*specify*) _____ X<br>DK ..... Z | |
| CA14. *Check AG2: Child aged under 3?*<br><br>☐ *Yes ⇨ Continue with CA15*<br><br>☐ *No ⇨ Go to Next Module* | | |
| CA15. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS? | Child used toilet / latrine ..... 01<br>Put / Rinsed into toilet or latrine ..... 02<br>Put / Rinsed into drain or ditch ..... 03<br>Thrown into garbage (solid waste) ..... 04<br>Buried ..... 05<br>Left in the open ..... 06<br><br>Other (*specify*) _____ 96<br>DK ..... 98 | |

## IMMUNIZATION — IM

*If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.*

| | | |
|---|---|---|
| IM1. DO YOU HAVE A CARD WHERE (*name*)'S VACCINATIONS ARE WRITTEN DOWN?<br><br>(*If yes*) MAY I SEE IT PLEASE? | Yes, seen ..... 1<br>Yes, not seen ..... 2<br>No card ..... 3 | 1⇨IM3<br>2⇨IM6 |
| IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (*name*)? | Yes ..... 1<br>No ..... 2 | 1⇨IM6<br>2⇨IM6 |

IM3.
*(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 | OPV1 | | | | | | | | | |
| POLIO 2 | OPV2 | | | | | | | | | |
| POLIO 3 | OPV3 | | | | | | | | | |
| POLIO 4 | OPV 4 | | | | | | | | | |
| DPT1 | DPT1 | | | | | | | | | |
| DPT2 | DPT2 | | | | | | | | | |
| DPT3 | DPT3 | | | | | | | | | |
| DPT 4 | DPT 4 | | | | | | | | | |
| HEPB AT BIRTH | H0 | | | | | | | | | |
| HEPB1 | H1 | | | | | | | | | |
| HEPB2 | H2 | | | | | | | | | |
| HEPB3 | H3 | | | | | | | | | |
| MEASLES, MUMPS, RUBELLA (OR MMR) | MMR | | | | | | | | | |

IM4. *Check IM3. Are all vaccines (BCG to Yellow Fever) recorded?*

☐ *Yes⇨ Go to IM18*

☐ *No ⇨ Continue with IM5*

| | | |
|---|---|---|
| IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?<br><br>*Record 'Yes' only if respondent mentions vaccines shown in the table above.* | Yes ..... 1<br>*(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)*<br><br>No ..... 2<br>DK ..... 8 | <br><br><br><br>2⇨IM18<br>8⇨IM18 |
| IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY? | Yes ..... 1<br><br>No ..... 2<br>DK ..... 8 | <br><br>2⇨IM18<br>8⇨IM18 |
| IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR? | Yes ..... 1<br><br>No ..... 2<br>DK ..... 8 | |
| IM8. HAS (*name*) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO? | Yes ..... 1<br><br>No ..... 2<br>DK ..... 8 | <br><br>2⇨IM11<br>8⇨IM11 |
| IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED? | Number of times ..... __ | |
| IM11. HAS (*name*) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?<br><br>*Probe by indicating that DPT vaccination is sometimes given at the same time as Polio* | Yes ..... 1<br><br>No ..... 2<br>DK ..... 8 | <br><br>2⇨IM13<br>8⇨IM13 |
| IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED? | Number of times ..... __ | |
| IM13. HAS (*name*) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?<br><br>*Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines* | Yes ..... 1<br><br>No ..... 2<br>DK ..... 8 | <br><br>2⇨IM16<br>8⇨IM16 |
| IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER? | Within 24 hours ..... 1<br>Later ..... 2 | |
| IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED? | Number of times ..... __ | |
| IM16. HAS (*name*) EVER RECEIVED A MEASLES, MUMPS, RUBELLA INJECTION OR 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, RUBELLA? | Yes ..... 1<br><br>No ..... 2<br>DK ..... 8 | |
| IM18. HAS (*name*) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS? | Yes ..... 1<br><br>No ..... 2 | |

| | | |
|---|---|---|
| | DK.....8 | |
| IM18A. Has (*name*) ever received pills, drops or syrup with iron? | Yes .....1<br><br>No.....2<br>DK.....8 | |
| IM20. *Issue a "Questionnaire Form for Vaccinations at Health Facility" for this child. Complete the Information Panel on that Questionnaire and continue below.* | | |

| | | |
|---|---|---|
| UF13. *Record the time.* | Hour and minutes.....__ __ : __ __ | |

UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

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

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

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

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

| ANTHROPOMETRY | | AN |
|---|---|---|
| *After questionnaires for all children are complete, the measurer weights and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.* | | |
| AN1. *Measurer's name and number:* | Name_____ ___ ___ | |
| AN2. *Result of height / length and weight measurement* | Either or both measured.....1<br>Child not present .....2<br>Child or caretaker refused.....3<br>Other (*specify*) _____6 | <br>2⇨HM5<br>3⇨ Next Module<br>6⇨ Next Module |
| AN3. *Child's weight* | Kilograms (kg) .....__ __ . __<br>Weight not measured .....99.9 | |
| AN4. *Child's length or height*<br>*Check age of child in AG2:*<br>☐ *Child under 2 years old. ⇨ Measure length (lying down).*<br>☐ *Child age 2 or more years. ⇨ Measure height (standing up).* | Length (cm)<br>Lying down .....1 __ __ __ . __<br>Height (cm)<br>Standing up .....2 __ __ __ . __<br>Length / Height not measured.....9999.9 | |

## HAEMOGLOBIN LEVEL MEASUREMENT — HM

*Record the haemoglobin level below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and the line number on the household listing before recording measurements.*

| | | |
|---|---|---|
| HM1. *Measurer's name and number:* | Name_____ ___ ___ | |

HM2. CHECK AG1: IS THE CHILD'S AGE 0-5 MONTHS OR WAS THE CHILD BORN IN THE MONTH OF THE INTERVIEW OR 5 MONTHS AGO?

☐ *Yes, 0-5 months ⇨ Go to HM7.*

☐ *No, older ⇨ Continue with HM3.*

| | | |
|---|---|---|
| HM3. *Check the line number of the parent/caretaker from the household listing form, HL1.*<br><br>*Record "00", if not included in the household listing form and specify who is the caretaker.* | Line number _____ _____<br><br>Specify _____ | |

HM4. READ THE CONSENT MESSAGE TO THE PARENT/CARETAKER IDENTIFIED IN HM3.

WITHIN THIS SURVEY, WE EVALUATE THE ANAEMIA IN WOMEN AND CHILDREN. ANAEMIA IS A VERY IMPORTANT HEALTH ISSUE THAT IS USUALLY CAUSED BY INSUFFICIENT NUTRITION, INFECTIONS OR CHRONIC DISEASES. THIS SURVEY WILL HELP THE MINISTRY OF HEALTH TO DEVELOP PROGRAMMES FOR PREVENTING AND TREATING ANAEMIA.
WE WOULD LIKE THAT ALL CHILDREN BORN IN 2007 OR LATER PARTICIPATE IN ANAEMIA TESTING BY ALLOWING US TO TAKE SOME DROPS OF BLOOD FROM THE FINGER. THE TEST USES ONLY DISPOSABLE INSTRUMENTS THAT ARE STERILE AND ABSOLUTELY SAFE. THE TEST WILL BE EFFECTED USING A SPECIAL MODERN EQUIPMENT AND THE RESULTS WILL BE READY IMMEDIATELY AFTER BLOOD TAKING. THE RESULTS WILL BE STRICTLY CONFIDENTIAL.
DO YOU HAVE ANY QUESTIONS?
NOW I WOULD LIKE THAT THE CHILD (*child's name*) PARTICIPATE IN THE ANAEMIA TEST. HOWEVER, IF YOU DECIDE NOT TO PERFORM THIS TEST, IT IS YOUR RIGHT TO DO SO AND WE WILL COMPLY WITH YOUR DECISION. PLEASE TELL ME YOUR DECISION ON ACCEPTING THIS TEST.

| | | |
|---|---|---|
| HM5. *Circle the respective code and ask the parent/caretaker to sign.* | Consent received .....1<br><br>Signature _____<br><br>Refusal on the part of the parent/caretaker 2<br><br>Parent/caretaker is not present .....3<br><br>Child is not present.....4 | |
| HM6. *Register the haemoglobin level (g/dl).* | Haemoglobin level (g/dl) .....<br><br>____ _____.____<br><br>Not measured due to other reasons (specify) .....996 | |

HM7. *Is there any other child in the household who is eligible for measurement?*

☐ *Yes ⇨ Record measurements for the next child, including the haemoglobin level.*

☐ *No ⇨ Check if there are any other individual questionnaires to be completed in the household.*

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

MICS

[*Moldova*]

# QUESTIONNAIRE FORM FOR VACCINATIONS AT HEALTH FACILITY

| UNDER-FIVE CHILD INFORMATION PANEL | HF |
|---|---|
| *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.*<br><br>*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.*<br><br>*This questionnaire form must be appended to the Questionnaire for Under Five Children for each child.* | |
| HF1. Cluster number:<br>___ ___ ___ | HF2. Household number:<br>___ ___ |
| HF3. Child's name:<br>Name_____ | HF4. Child's line number:<br>___ ___ |
| HF5. Mother's / Caretaker's name:<br>Name_____ | HF6. Mother's / Caretaker's line number:<br>___ ___ |
| HF7. Interviewer name and number:<br>Name_____ ___ ___ | HF8. Day / Month / Year of facility visit:<br>___ ___ / ___ ___ / ___ ___ ___ ___ |
| HF9. Day, month and year of birth<br>*(From AG1 in Under-5 Questionnaire)*<br>___ ___ / ___ ___ / ___ ___ ___ ___ | HF10. Name of health facility:<br>_____ |

| | |
|---|---|
| HF11. Result of health facility visit | Vaccination record seen ..... 01<br>Vaccination record not seen ..... 02<br><br>Other (*specify*) _____ 96 |

| IMMUNIZATION | | | HF |
|---|---|---|---|
| HF12. *Record day, month and year of birth as written on vaccination record* | | ___ ___ / ___ ___ / ___ ___ ___ ___ | |
| HF13.<br>*(c) Copy dates for each vaccination from the card.*<br>*(d) Write '44' in day column if card shows that vaccination was given but no date recorded.* | | Date of Immunization<br>Day / Month / Year | |
| BCG | BCG | | |
| POLIO 1 | OPV1 | | |
| POLIO 2 | OPV2 | | |
| POLIO 3 | OPV3 | | |
| POLIO 4 | OPV 4 | | |
| DPT1 | DPT1 | | |
| DPT2 | DPT2 | | |
| DPT3 | DPT3 | | |
| DPT 4 | DPT 4 | | |
| HEPB AT BIRTH | H0 | | |
| HEPB1 | H1 | | |
| HEPB2 | H2 | | |
| HEPB3 | H3 | | |
| MEASLES, MUMPS AND RUBELLA I (OR MMR) | MMRB | | |

MICS

# QUESTIONNAIRE FOR INDIVIDUAL MEN

**[*Moldova*]**

| MAN'S INFORMATION PANEL | MWM |
|---|---|
| *This questionnaire is to be administered to all men age 15 through 49 (see Household Listing Form, column HL7A). 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 National Centre of Public Health. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY 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 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY 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<br>Not at home .....02<br>Refused .....03<br>Partly completed .....04<br>Incapacitated .....05<br><br>Other (*specify*)_____96 |
|---|---|

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

| | | |
|---|---|---|
| MWM10. *Record the time.* | Hour and minutes ..... __ __ : __ __ | |

| MAN'S BACKGROUND | | MWB |
|---|---|---|
| MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN? | Date of birth<br>Month.....__ __<br>DK month.....98<br><br>Year .....__ __ __ __<br>DK year.....9998 | |
| MWB2. HOW OLD ARE YOU?<br><br>*Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?<br><br>*Compare and correct MWB1 and/or MWB2 if inconsistent* | Age (in completed years).....__ __ | |
| MWB2A. TO WHAT ETHNIC GROUP DO YOU BELONG? | Moldovan/Romanian.....1<br>Russian.....2<br>Ukrainian .....3<br>Roma(Gypsy) .....4<br>Gagauz .....5<br>Other ethnic group (*specify*) ..... 6 | |
| MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL? | Yes.....1<br>No .....2 | 2⇨MWB7 |
| MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED? | Preschool.....0<br>Primary .....1<br>Gymnasium .....2<br>Lyceum/middle school .....3<br>Polyvalent/PTS .....4<br>College/technical school.....5<br>University/Post-Grad .....6 | 0⇨MWB7 |
| MWB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?<br><br>*If less than 1 grade, enter "00"* | Grade.....__ __ | |
| MWB6. *Check MWB4:*<br>☐ *Secondary or higher.* ⇨ *Go to Next Module*<br>☐ *Primary* ⇨ *Continue with MWB7* | | |
| MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.<br><br>*Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:*<br><br>CAN YOU READ PART OF THE SENTENCE TO ME? | Cannot read at all .....1<br>Able to read only parts of sentence.....2<br>Able to read whole sentence .....3<br><br>No sentence in required language _____ 4<br>*(specify language)*<br><br>Blind / visually impaired.....5 | |

| ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY | | MMT |
|---|---|---|
| *MMT1. Check MWB7:*<br>☐ *Question left blank (Respondent has secondary or more education) ⇨ Continue with MMT2*<br>☐ *Able to read or no sentence in required language (codes 2, 3 or 4) ⇨ Continue with MMT2*<br>☐ *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<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>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<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>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<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 | |
| MMT5. *Check MWB2: Age of respondent 15-24 years?*<br>☐ *Yes, age 15-24 years ⇨ Continue with MMT6*<br>☐ *No, age 25-49 years ⇨ Go to Next Module* | | |
| MMT6. HAVE YOU EVER USED A COMPUTER? | Yes ..... 1<br>No ..... 2 | 2⇨MMT9 |
| MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS? | Yes ..... 1<br>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<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 | |
| MMT9. HAVE YOU EVER USED THE INTERNET? | Yes ..... 1<br>No ..... 2 | 2⇨Next Module |
| MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?<br>*If necessary, probe for use from any location, with any device.* | Yes ..... 1<br>No ..... 2 | 2⇨ Next Module |
| MMT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day ..... 1<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 | |

| CHILD MORTALITY | | MCM |
|---|---|---|
| *All questions refer only to LIVE births.* | | |
| 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.<br><br>HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN? | Yes ..... 1<br>No ..... 2<br>DK ..... 8 | 2⇨MCM8<br>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<br>No ..... 2 | 2⇨MCM6 |
| MCM5. HOW MANY SONS LIVE WITH YOU?<br><br>HOW MANY DAUGHTERS LIVE WITH YOU?<br><br>*If none, record '00'.* | Sons at home ..... __ __<br><br>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<br>No ..... 2 | 2⇨MCM8 |
| MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?<br><br>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?<br><br>*If none, record '00'.* | Sons elsewhere ..... __ __<br><br>Daughters elsewhere ..... __ __ | |
| MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED?<br><br>*If "No" probe by asking:*<br>I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS? | Yes ..... 1<br>No ..... 2 | 2⇨MCM10 |
| MCM9. HOW MANY BOYS HAVE DIED?<br><br>HOW MANY GIRLS HAVE DIED?<br><br>*If none, record '00'.* | Boys dead ..... __ __<br><br>Girls dead ..... __ __ | |
| MCM10. *Sum answers to MCM5, MCM7, and MCM9.* | Sum ..... __ __ | |

MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (*total number in MCM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

☐ *No live births ⇨ Go to Next Module*

☐ *One or more live births ⇨ Continue with MCM11A*

☐ *No ⇨ Check responses to MCM1-MCM10 and make corrections as necessary*

| | | |
|---|---|---|
| MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER? | Yes ..... 1<br>No ..... 2 | 1⇨MCM12 |
| MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH? | Number of women ..... __ __ | |
| MCM12. OF THESE (*total number in MCM10*) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)?<br>*Month and year must be recorded.* | Date of last birth<br>Day ..... __ __<br>DK day ..... 98<br>Month ..... __ __<br>Year ..... __ __ __ __ | |

| 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<br>Yes, living with a woman ..... 2<br>No, not in union ..... 3 | 3⇨MMA5 |
| MMA2. HOW OLD IS YOUR WIFE/PARTNER?<br><br>*Probe*: HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY? | Age in years ..... __ __<br><br>DK ..... 98 | |
| MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED? | Yes, formerly married ..... 1<br>Yes, formerly lived with a woman ..... 2<br>No ..... 3 | 3 ⇨Next Module |
| MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED? | Widowed ..... 1<br>Divorced ..... 2<br>Separated ..... 3 | |
| MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE? | Only once ..... 1<br>More than once ..... 2 | |
| MMA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED? | Date of first marriage<br>Month ..... __ __<br>DK month ..... 98<br><br>Year ..... __ __ __ __<br><br>DK year ..... 9998 | ⇨Next Module |
| MMA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER? | Age in years ..... __ __ | |

| SEXUAL BEHAVIOUR | | MSB |
|---|---|---|
| ***Check for the presence of others. Before continuing, ensure privacy.*** | | |
| 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.<br><br>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.<br><br>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME? | Never had intercourse ..... 00<br><br>Age in years ..... __ __<br><br>First time when started living with (first) wife/partner ..... 95 | 00⇨Next Module |
| MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED? | Yes ..... 1<br>No ..... 2<br><br>DK / Don't remember ..... 8 | |
| MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?<br><br>*Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.* | Days ago ..... 1 __ __<br><br>Weeks ago ..... 2 __ __<br><br>Months ago ..... 3 __ __<br><br>Years ago ..... 4 __ __ | 4⇨MSB14C |
| MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED? | Yes ..... 1<br>No ..... 2 | |
| MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?<br><br>*Probe to ensure that the response refers to the relationship at the time of sexual intercourse*<br><br>*If 'girlfriend', then ask:*<br>WERE YOU LIVING TOGETHER AS IF MARRIED?<br>*If 'yes', circle '2'. If 'no', circle '3'.* | Wife ..... 1<br>Cohabiting partner ..... 2<br>Girlfriend ..... 3<br>Casual acquaintance ..... 4<br>Prostitute ..... 5<br><br>Other (*specify*) _____ 6 | 3⇨MSB7<br>4⇨MSB7<br>5⇨MSB7<br><br>6⇨MSB7 |
| MSB6. *Check MMA1:*<br><br>☐ *Currently married or living with a woman (MMA1 = 1 or 2) ⇨ Go to MSB8*<br><br>☐ *Not married / Not in union (MMA1 = 3) ⇨ Continue with MSB7* | | |
| MSB7. HOW OLD IS THIS PERSON?<br><br>*If response is DK, probe:*<br>ABOUT HOW OLD IS THIS PERSON? | Age of sexual partner ..... __ __<br><br>DK ..... 98 | |
| MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS? | Yes ..... 1<br>No ..... 2 | 2⇨MSB14A |
| MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED? | Yes ..... 1<br>No ..... 2 | |

| | | |
|---|---|---|
| MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?<br><br>*Probe to ensure that the response refers to the relationship at the time of sexual intercourse*<br><br>*If 'girlfriend' then ask:*<br>WERE YOU LIVING TOGETHER AS IF MARRIED?<br>*If 'yes', circle '2'. If 'no', circle' 3'.* | Wife ..... 1<br>Cohabiting partner..... 2<br>Girlfriend..... 3<br>Casual acquaintance ..... 4<br>Prostitute ..... 5<br><br>Other (*specify*) _____ 6 | <br><br>3⇨MSB12<br>4⇨MSB12<br>5⇨MSB12<br><br>6⇨MSB12 |
| MSB11. *Check MMA1 and MMA7:*<br><br>☐ *Currently married or living with a woman (MMA1 = 1 or 2)*<br>*AND*<br>*Married only once or lived with a woman only once (MMA7 = 1) ⇨ Go to MSB13*<br><br>☐ *Else ⇨ Continue with MSB12* | | |
| MSB12. HOW OLD IS THIS PERSON?<br><br>*If response is DK, probe:*<br>ABOUT HOW OLD IS THIS PERSON? | Age of sexual partner ..... __ __<br><br>DK ..... 98 | |
| MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS? | Yes ..... 1<br>No..... 2 | <br>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?<br><br>*If a non-numeric answer is given, probe to get an estimate.*<br><br>*If number of partners is 95 or more, write '95'.* | Number of lifetime partners..... __ __<br><br>DK ..... 98 | |

| HIV/AIDS | | MHA |
|---|---|---|
| MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.<br><br>HAVE YOU EVER HEARD OF AN ILLNESS CALLED HIV/AIDS? | Yes ..... 1<br><br>No ..... 2 | <br><br>2⇨ Next Module |
| MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| MHA3. CAN PEOPLE GET THE HIV/AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| MHA5. CAN PEOPLE GET THE HIV/AIDS VIRUS FROM MOSQUITO BITES? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| MHA6. CAN PEOPLE GET THE HIV/AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV/AIDS VIRUS? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| HA7a. CAN A PERSON GET HIV/AIDS BY HUGGING OR SHAKING WITH A PERSON WHO IS INFECTED? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| MHA8. CAN THE VIRUS THAT CAUSES HIV/AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:<br><br>[A] DURING PREGNANCY?<br>[B] DURING DELIVERY?<br>[C] BY BREASTFEEDING? | Yes No DK<br>During pregnancy ..... 1 2 8<br>During delivery ..... 1 2 8<br>By breastfeeding ..... 1 2 8 | |
| MHA9. IN YOUR OPINION, IF A TEACHER HAS THE HIV/AIDS VIRUS BUT IS NOT SICK, SHOULD HE/SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL? | Yes ..... 1<br>No ..... 2<br><br>DK / Not sure / Depends ..... 8 | |
| MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV/AIDS VIRUS? | Yes ..... 1<br>No ..... 2<br><br>DK / Not sure / Depends ..... 8 | |
| MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET? | Yes ..... 1<br>No ..... 2<br><br>DK / Not sure / Depends ..... 8 | |

| | | |
|---|---|---|
| MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD? | Yes ..... 1<br>No ..... 2<br><br>DK / Not sure / Depends ..... 8 | |
| MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE HIV/AIDS VIRUS? | Yes ..... 1<br>No ..... 2 | 2⇨MHA27 |
| MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED? | Less than 12 months ago ..... 1<br>12-23 months ago ..... 2<br>2 or more years ago ..... 3 | |
| MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes ..... 1<br><br>No ..... 2<br><br>DK ..... 8 | 1⇨Next Module<br>2⇨Next Module<br>8⇨Next Module |
| MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE HIV/AIDS VIRUS? | Yes ..... 1<br>No ..... 2 | |

| TUBERCULOSIS | | MTB |
|---|---|---|
| MTB1. NOW I WOULD LIKE TO ASK YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD ABOUT A DISEASE NAMED TUBERCULOSIS OR TBC? | Yes ..... 1<br><br>No ..... 2 | <br><br>2⇨Next Module |
| MTB2. HOW DO YOU THINK IS TUBERCULOSIS TRANSMITTED FROM ONE PERSON TO ANOTHER?<br><br>*Probe:* IN WHICH WAYS?<br><br>*Record all the mentioned variants.* | Through the air during coughing or sneezing ..... A<br>When you share the same objects ..... B<br>When touching the person with TB ..... C<br>Through food ..... D<br>Sexually ..... E<br>Through mosquito bites ..... F<br><br>Others (specify)_____X<br>DK ..... Z | |
| MTB3. WHAT ARE THE SIGNS OR SYMPTOMS INDICATING THAT A PERSON HAS TB?<br><br>OTHER?<br><br>*Record all the mentioned variants.* | Cough ..... A<br>Cough with sputum ..... B<br>Cough during several weeks ..... C<br>Fever ..... D<br>Blood in sputum ..... E<br>Loss of appetite ..... F<br>Night sweats ..... G<br>Chest pains ..... H<br>Tiredness ..... I<br>Weight loss ..... J<br>Weakness ..... K<br><br>Others (specify)_____X<br>DK ..... Z | |
| MTB4. CAN TUBERCULOSIS BE CURED? | Yes ..... 1<br><br>No ..... 2<br><br>DK ..... 8 | |
| MTB5. IF A MEMBER OF YOUR FAMILY BECAME SICK OF TUBERCULOSIS, WOULD YOU WANT IT TO REMAIN A SECRET? | Yes ..... 1<br><br>No ..... 2<br><br>DK ..... 8 | |

| TOBACCO AND ALCOHOL USE | | MTA |
|---|---|---|
| MTA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS? | Yes ..... 1<br>No ..... 2 | 2⇨MTA6 |
| MTA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME? | Never smoked a whole cigarette ..... 00<br><br>Age ..... ___ ___ | 00⇨MTA6 |
| MTA3. DO YOU CURRENTLY SMOKE CIGARETTES? | Yes ..... 1<br><br>No ..... 2 | 2⇨MTA6 |
| MTA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE? | Number of cigarettes ..... ___ ___ | |
| MTA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?<br><br>*If less than 10 days, record the number of days.*<br>*If 10 days or more but less than a month, circle "10".*<br>*If "everyday" or "almost every day", circle "30"* | Number of days ..... 0 ___<br><br>10 days or more but less than a month .... 10<br><br>Everyday / Almost every day ..... 30 | |
| MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE? | Yes ..... 1<br><br>No ..... 2 | 2⇨MTA10 |
| MTA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS? | Yes ..... 1<br><br>No ..... 2 | 2⇨MTA10 |
| MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?<br><br>*Circle all mentioned.* | Cigars ..... A<br>Water pipe ..... B<br>Cigarillos ..... C<br>Pipe ..... D<br><br>Other (*specify*) _____ X | |
| MTA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?<br><br>*If less than 10 days, record the number of days.*<br>*If 10 days or more but less than a month, circle "10".*<br>*If "everyday" or "almost every day", circle "30"* | Number of days ..... 0 ___<br><br>10 days or more but less than a month .... 10<br><br>Everyday / Almost every day ..... 30 | |

| | | |
|---|---|---|
| MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP? | Yes ..... 1<br>No ..... 2 | 2 ⇨MTA14 |
| MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS? | Yes ..... 1<br>No ..... 2 | 2 ⇨MTA14 |
| MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?<br><br>*Circle all mentioned.* | Chewing tobacco ..... A<br>Snuff ..... B<br>Dip ..... C<br><br>Other (*specify*) _____ X | |
| MTA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?<br><br>*If less than 10 days, record the number of days.*<br>*If 10 days or more but less than a month, circle "10".*<br>*If "everyday" or "almost every day", circle "30"* | Number of days ..... 0 ___<br><br>10 days or more but less than a month .... 10<br><br>Everyday / Almost every day ..... 30 | |
| MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.<br><br>HAVE YOU EVER DRUNK ALCOHOL? | Yes ..... 1<br>No ..... 2 | 2⇨Next Module |
| MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.<br><br>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS? | Never had one drink of alcohol ..... 00<br><br>Age ..... ___ ___ | 00⇨Next Module |
| MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?<br><br>*If respondent did not drink, circle "00".*<br>*If less than 10 days, record the number of days.*<br>*If 10 days or more but less than a month, circle "10".*<br>*If "everyday" or "almost every day", circle "30"* | Did not have one drink in last one month . 00<br><br>Number of days ..... 0 ___<br><br>10 days or more but less than a month .... 10<br><br>Everyday / Almost every day ..... 30 | 00⇨Next Module |
| MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE? | Number of drinks ..... ___ ___ | |

| LIFE SATISFACTION | | MLS |
|---|---|---|
| MLS1. *Check MWB2: Age of respondent is between 15 and 24?*<br><br>☐ *Age 25-49 years ⇨ Go to MWM11*<br><br>☐ *Age 15-24 years ⇨ Continue with MLS2* | | |
| MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.<br><br>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?<br><br>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.<br><br>*Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.* | Very happy ..... 1<br>Somewhat happy ..... 2<br>Neither happy nor unhappy ..... 3<br>Somewhat unhappy ..... 4<br>Very unhappy ..... 5 | |
| MLS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.<br><br>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.<br><br>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.<br><br>*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.*<br><br>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE? | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS? | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| MLS5. DURING THE (***current / 2011-2012***) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME? | Yes ..... 1<br>No ..... 2 | 2⇨MLS7 |

| | | |
|---|---|---|
| MLS6. HOW SATISFIED (***are/were***) YOU WITH YOUR SCHOOL? | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?<br><br>*If the respondent says that he/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.* | Does not have a job ..... 0<br><br>Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH? | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?<br><br>*If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.* | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU? | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK? | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL? | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?<br><br>*If the respondent responds that he/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.* | Does not have any income ..... 0<br><br>Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>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 WORSENED, OVERALL? | Improved ..... 1<br>More or less the same ..... 2<br>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<br>More or less the same ..... 2<br>Worse ..... 3 | |

| | | |
|---|---|---|
| MWB11. *Record the time.* | Hour and minutes ..... __ __ : __ __ | |

MWB12. *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.*

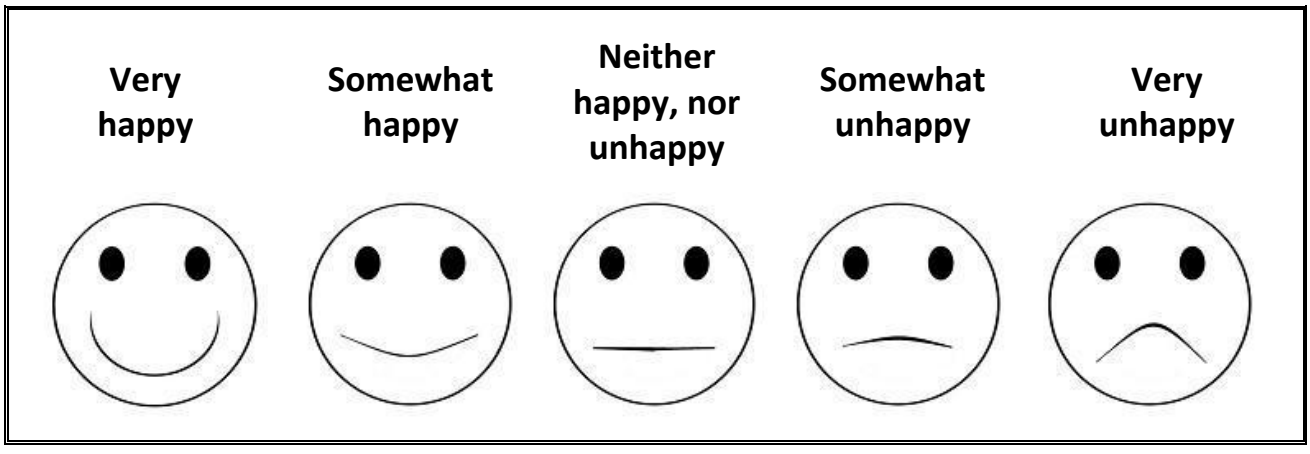
☐ *No ⇨ End the interview with this respondent by thanking him for his cooperation. Check for the presence of any other eligible man in the household.*

**Field Editor's Observations**

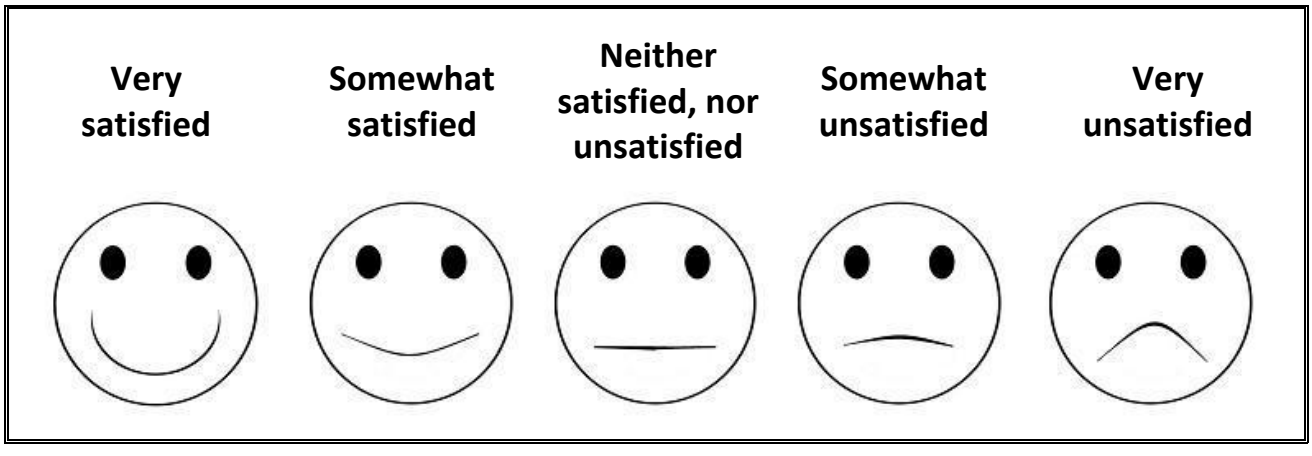
**Supervisor's Observations**

**RESPONSE CARD:**

**SIDE 1**




**SIDE 2**



MICS

# QUESTIONNAIRE FOR INDIVIDUAL WOMEN

**[*Moldova*]**

| **WOMAN'S INFORMATION PANEL** | **WM** |
|---|---|
| *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.* | |
| 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 National Centre of Public Health. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY TEAM.

*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 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY TEAM.

MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to WM10 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Complete WM7. Discuss this result with your supervisor.*

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

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

| | | |
|---|---|---|
| WM10. *Record the time.* | Hour and minutes .....__ __ : __ __ | |

| **WOMAN'S BACKGROUND** | | **WB** |
|---|---|---|
| WB1. IN WHAT MONTH AND YEAR WERE YOU BORN? | Date of birth<br>Month.....__ __<br>DK month.....98<br><br>Year .....__ __ __ __<br>DK year.....9998 | |
| WB2. HOW OLD ARE YOU?<br><br>*Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?<br><br>*Compare and correct WB1 and/or WB2 if inconsistent* | Age (in completed years) .....__ __ | |
| WB2A. TO WHAT ETHNIC GROUP DO YOU BELONG? | Moldovan/Romanian .....1<br>Russian .....2<br>Ukrainian .....3<br>Roma(Gypsy) .....4<br>Gagauz.....5<br><br>Other ethnic group (*specify*) ..... 6 | |
| WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL? | Yes .....1<br>No.....2 | 2⇨WB7 |
| WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED? | Preschool .....0<br>Primary .....1<br>Gymnasium .....2<br>Lyceum/middle school.....3<br>Polyvalent/PTS.....4<br>College/technical school .....5<br>University/Post-Grad .....6 | 0⇨WB7 |
| WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?<br><br>*If less than 1 grade, enter "00"* | Grade/year .....__ __ | |
| WB6. *Check WB4:*<br>☐ *Secondary or higher.* ⇨ *Go to Next Module*<br>☐ *Primary* ⇨ *Continue with WB7* | | |
| WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.<br><br>*Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:*<br><br>CAN YOU READ PART OF THE SENTENCE TO ME? | Cannot read at all .....1<br>Able to read only parts of sentence.....2<br>Able to read whole sentence.....3<br><br>No sentence in required language_____ 4<br>*(specify language)*<br><br>Blind / visually impaired.....5 | |

## ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY MT

MT1. *Check WB7:*

☐ *Question left blank (Respondent has secondary or more education) ⇨ Continue with MT2*

☐ *Able to read or no sentence in required language (codes 2, 3 or 4) ⇨ Continue with MT2*

☐ *Cannot read at all or blind (codes 1 or 5) ⇨ Go to MT3*

| | | |
|---|---|---|
| MT2. How often do you read a newspaper or magazine: almost every day, at least once a week, less than once a week or not at all? | Almost every day ..... 1<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 | |
| MT3. Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? | Almost every day ..... 1<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 | |
| MT4. How often do you watch television: would you say that you watch almost every day, at least once a week, less than once a week or not at all? | Almost every day ..... 1<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 | |

MT5. *Check WB2: Age of respondent 15-24 years?*

☐ *Yes, 15-24 years ⇨ Continue with MT6*

☐ *No, age 25-49 ⇨ Go to Next Module*

| | | |
|---|---|---|
| MT6. Have you ever used a computer? | Yes ..... 1<br>No ..... 2 | 2⇨MT9 |
| MT7. Have you used a computer from any location in the last 12 months? | Yes ..... 1<br>No ..... 2 | 2⇨MT9 |
| MT8. During the last one month, how often did you use a computer: almost every day, at least once a week, less than once a week or not at all? | Almost every day ..... 1<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 | |
| MT9. Have you ever used the internet? | Yes ..... 1<br>No ..... 2 | 2⇨Next Module |
| MT10. In the last 12 months, have you used the internet?<br><br>*If necessary, probe for use from any location, with any device.* | Yes ..... 1<br>No ..... 2 | 2⇨ Next Module |
| MT11. During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week or not at all? | Almost every day ..... 1<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 | |

| CHILD MORTALITY | | CM |
|---|---|---|
| *All questions refer only to LIVE births.* | | |
| CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? | Yes ..... 1<br>No ..... 2 | 2⇨CM8 |
| CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU? | Yes ..... 1<br>No ..... 2 | 2⇨CM6 |
| CM5. HOW MANY SONS LIVE WITH YOU?<br><br>HOW MANY DAUGHTERS LIVE WITH YOU?<br><br>*If none, record '00'.* | Sons at home ..... __ __<br><br>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<br>No ..... 2 | 2⇨CM8 |
| CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?<br><br>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?<br><br>*If none, record '00'.* | Sons elsewhere ..... __ __<br><br>Daughters elsewhere ..... __ _ | |
| CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?<br><br>*If "No" probe by asking:*<br>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? | Yes ..... 1<br>No ..... 2 | 2⇨CM10 |
| CM9. HOW MANY BOYS HAVE DIED?<br><br>HOW MANY GIRLS HAVE DIED?<br><br>*If none, record '00'.* | Boys dead ..... __ __<br><br>Girls dead ..... __ __ | |
| CM10. *Sum answers to CM5, CM7, and CM9.* | Sum ..... __ __ | |

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

☐ *No live births ⇨ Go to CM12A*

☐ *One or more live births ⇨ Continue with the BIRTH HISTORY module*

☐ *No ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or CM12A*

## BIRTH HISTORY

BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

*RECORD NAMES OF ALL OF THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINE. IF THERE ARE MORE THAN 14 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE.*

| *BH Line No.* | BH1. WHAT NAME WAS GIVEN TO YOUR (*FIRST/NEXT*) BABY? | BH2. WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE | BH3. IS (*NAME*) A BOY OR A GIRL? 1 BOY 2 GIRL | BH4. IN WHAT MONTH AND YEAR WAS (*NAME*) BORN? *PROBE*: WHAT IS HIS/HER BIRTHDAY? | | BH5. IS (*NAME*) STILL ALIVE? 1 YES 2 NO | BH6. HOW OLD WAS (*NAME*) AT HIS/HER LAST BIRTHDAY? *RECORD AGE IN COMPLETED YEARS.* | BH7. IS (*NAME*) LIVING WITH YOU? 1 YES 2 NO | BH8. *RECORD HOUSEHOLD LINE NUMBER OF CHILD (FROM HL1)* *RECORD "00" IF CHILD IS NOT LISTED.* | BH9. *IF DEAD:* HOW OLD WAS (*NAME*) WHEN HE/SHE DIED? *IF "1 YEAR", PROBE:* HOW MANY MONTHS OLD WAS (*NAME*)? *RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS* | | BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*NAME OF PREVIOUS BIRTH*) AND (*NAME*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 YES 2 NO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LINE | NAME | S M | B G | MONTH | YEAR | Y N | AGE | Y N | LINE NO | UNIT | NUMBER | Y N |
| 01 | | 1 2 | 1 2 | ___ ___ | ___ ___ ___ ___ | 1 2 ⇨ BH9 | ___ ___ | 1 2 | ___ ___ ⇨ NEXT LINE | DAYS ..... 1 MONTHS ..... 2 YEARS ..... 3 | ___ ___ | |
| 02 | | 1 2 | 1 2 | ___ ___ | ___ ___ ___ ___ | 1 2 ⇨ BH9 | ___ ___ | 1 2 | ___ ___ ⇨ BH10 | DAYS ..... 1 MONTHS ..... 2 YEARS ..... 3 | ___ ___ | 1 2 ADD BIRTH NEXT BIRTH |
| 03 | | 1 2 | 1 2 | ___ ___ | ___ ___ ___ ___ | 1 2 ⇨ BH9 | ___ ___ | 1 2 | ___ ___ ⇨ BH10 | DAYS ..... 1 MONTHS ..... 2 YEARS ..... 3 | ___ ___ | 1 2 ADD BIRTH NEXT BIRTH |
| 04 | | 1 2 | 1 2 | ___ ___ | ___ ___ ___ ___ | 1 2 ⇨ BH9 | ___ ___ | 1 2 | ___ ___ ⇨ BH10 | DAYS ..... 1 MONTHS ..... 2 YEARS ..... 3 | ___ ___ | 1 2 ADD BIRTH NEXT BIRTH |
| 05 | | 1 2 | 1 2 | ___ ___ | ___ ___ ___ ___ | 1 2 ⇨ BH9 | ___ ___ | 1 2 | ___ ___ ⇨ BH10 | DAYS ..... 1 MONTHS ..... 2 YEARS ..... 3 | ___ ___ | 1 2 ADD BIRTH NEXT BIRTH |
| 06 | | 1 2 | 1 2 | ___ ___ | ___ ___ ___ ___ | 1 2 ⇨ BH9 | ___ ___ | 1 2 | ___ ___ ⇨ BH10 | DAYS ..... 1 MONTHS ..... 2 YEARS ..... 3 | ___ ___ | 1 2 ADD BIRTH NEXT BIRTH |
| 07 | | 1 2 | 1 2 | ___ ___ | ___ ___ ___ ___ | 1 2 ⇨ BH9 | ___ ___ | 1 2 | ___ ___ ⇨ BH10 | DAYS ..... 1 MONTHS ..... 2 YEARS ..... 3 | ___ ___ | 1 2 ADD BIRTH NEXT BIRTH |

| *BH Line No.* | BH1. WHAT NAME WAS GIVEN TO YOUR (*FIRST/NEXT*) BABY? | BH2. WERE ANY OF THESE BIRTHS TWINS?<br><br>1 SINGLE<br>2 MULTIPLE | BH3. IS (*NAME*) A BOY OR A GIRL?<br><br>1 BOY<br>2 GIRL | BH4. IN WHAT MONTH AND YEAR WAS (*NAME*) BORN?<br><br>*PROBE*: WHAT IS HIS/HER BIRTHDAY? | | BH5. IS (*NAME*) STILL ALIVE?<br><br>1 YES<br>2 NO | BH6. HOW OLD WAS (*NAME*) AT HIS/HER LAST BIRTHDAY?<br><br>*RECORD AGE IN COMPLETED YEARS.* | BH7. IS (*NAME*) LIVING WITH YOU?<br><br>1 YES<br>2 NO | BH8. *RECORD HOUSEHOLD LINE NUMBER OF CHILD (FROM HL1)*<br><br>*RECORD "00" IF CHILD IS NOT LISTED.* | BH9. *IF DEAD:* HOW OLD WAS (*NAME*) WHEN HE/SHE DIED?<br><br>*IF "1 YEAR", PROBE:* HOW MANY MONTHS OLD WAS (*NAME*)?<br><br>*RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS* | | BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*NAME OF PREVIOUS BIRTH*) AND (*NAME*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?<br><br>1 YES<br>2 NO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 08 | | 1 2 | 1 2 | __ __ | __ __ __ __ | 1 2 ⇨ BH9 | __ __ | 1 2 | __ __ ⇨ BH10 | DAYS ..... 1<br>MONTHS ..... 2<br>YEARS ..... 3 | __ __ | 1 2<br>ADD BIRTH NEXT BIRTH |
| 09 | | 1 2 | 1 2 | __ __ | __ __ __ __ | 1 2 ⇨ BH9 | __ __ | 1 2 | __ __ ⇨ BH10 | DAYS ..... 1<br>MONTHS ..... 2<br>YEARS ..... 3 | __ __ | 1 2<br>ADD BIRTH NEXT BIRTH |
| 10 | | 1 2 | 1 2 | __ __ | __ __ __ __ | 1 2 ⇨ BH9 | __ __ | 1 2 | __ __ ⇨ BH10 | DAYS ..... 1<br>MONTHS ..... 2<br>YEARS ..... 3 | __ __ | 1 2<br>ADD BIRTH NEXT BIRTH |
| 11 | | 1 2 | 1 2 | __ __ | __ __ __ __ | 1 2 ⇨ BH9 | __ __ | 1 2 | __ __ ⇨ BH10 | DAYS ..... 1<br>MONTHS ..... 2<br>YEARS ..... 3 | __ __ | 1 2<br>ADD BIRTH NEXT BIRTH |
| 12 | | 1 2 | 1 2 | __ __ | __ __ __ __ | 1 2 ⇨ BH9 | __ __ | 1 2 | __ __ ⇨ BH10 | DAYS ..... 1<br>MONTHS ..... 2<br>YEARS ..... 3 | __ __ | 1 2<br>ADD BIRTH NEXT BIRTH |
| 13 | | 1 2 | 1 2 | __ __ | __ __ __ __ | 1 2 ⇨ BH9 | __ __ | 1 2 | __ __ ⇨ BH10 | DAYS ..... 1<br>MONTHS ..... 2<br>YEARS ..... 3 | __ __ | 1 2<br>ADD BIRTH NEXT BIRTH |
| 14 | | 1 2 | 1 2 | __ __ | __ __ __ __ | 1 2 ⇨ BH9 | __ __ | 1 2 | __ __ ⇨ BH10 | DAYS ..... 1<br>MONTHS ..... 2<br>YEARS ..... 3 | __ __ | 1 2<br>ADD BIRTH NEXT BIRTH |

| | | |
|---|---|---|
| BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (*NAME OF LAST BIRTH IN BIRTH HISTORY*)? | Yes ..... 1<br>No ..... 2 | 1⇨RECORD BIRTH(S) IN BIRTH HISTORY |

CM12. *Compare number in CM10 with number of births in the Birth History above and check:*

☐ *Numbers are same ⇨ Continue with CM12A*

☐ *Numbers are different ⇨ Probe and reconcile*

| | | |
|---|---|---|
| CM12A. SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A LIVE BIRTH.<br><br>HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN A STILLBIRTH, OR THAT WAS TERMINATED EARLY (ABORTED)? | Yes ..... 1<br><br>No ..... 2 | <br><br>2⇨CM13 |
| CM12B. HOW MANY MISCARRIAGES HAVE YOU HAD DURING YOUR LIFETIME?<br><br>BY MISCARRIAGE, I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5TH MONTH OF PREGNANCY. | None ..... 00<br><br>Number of miscarriages ..... __ __ | |
| CM12C. IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH?<br><br>BY STILLBIRTH, I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5TH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE. | None ..... 00<br><br>Number of stillbirths ..... __ __ | |
| CM12D. AND HOW MANY EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) HAVE YOU HAD DURING YOUR LIFETIME?<br><br>BY EARLY TERMINATION OF PREGNANCY (ABORTION), I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY. | None ..... 00<br><br>Number of early terminations of pregnancy (abortions) ..... __ __ | 00⇨CM13 |
| CM12E. WHEN DID YOUR (LAST) EARLY TERMINATION OF PREGNANCY (ABORTION) TAKE PLACE?<br><br>*Month and year must be recorded.* | Date of (last) early termination of pregnancy (abortion)<br><br>Month ..... __ __<br><br>Year ..... __ __ __ __ | |

CM12F. *Check in CM12E when the last abortion took place and if:*

☐ *There are no abortions during the last 2 years. ⇨ Go to CM13*

☐ *The last abortion took place during the last 2 years, that is, since (the month of interviewing) in **2010**, ⇨ Continue with CM12G*

CM12G. *If the respondent has mentioned more than one early termination (abortion), i.e. CM12D is higher than 1, then ask her for the exact month and year of each mentioned early termination (abortion) that took place during the last 2 years, i.e. since (the month of interviewing) 2010. Write down month and year for each early termination (abortion) in CM12H, starting from the last, and for each recorded early termination (abortion) ask the respondent to tell you how many weeks/months she was pregnant when she had the early termination (abortion) and record this appropriately.*

| | Last early termination (abortion) | Previous to the last early termination (abortion) | Second last from the last early termination (abortion) | Third last from the last early termination (abortion) |
|---|---|---|---|---|
| CM12H. WHAT MONTH AND YEAR DID YOUR (LAST) EARLY TERMINATION (ABORTION) TAKE PLACE? | *Don't ask, it is given in CM12E* | Month ..... __ __<br>Year... __ __ __ __ | Month..... __ __<br>Year .. __ __ __ __ | Month ..... __ __<br>Year... __ __ __ __ |
| CM12I. HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED?<br><br>*If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months* | Weeks.....1 __ __<br>Months.....2 __ __ | Weeks ..... 1 __ __<br>Months .... 2 __ __ | Weeks..... 1 __ __<br>Months .... 2 __ __ | Weeks ..... 1 __ __<br>Months.....2 __ __ |

CM13. *Check BH4 in BIRTH HISTORY: Last birth occurred within the last 2 years, that is, since (day and month of interview) in* ***2010***

☐ *No live birth in last 2 years or no live birth in general. ⇨ Go to ILLNESS SYMPTOMS Module.*

☐ *One or more live births in last 2 years. ⇨ Record name of last live born child*

*Name of child*_____

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

*Continue with the next module.*

| DESIRE FOR LAST BIRTH | | DB |
|---|---|---|
| *This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.* | | |
| DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME? | Yes ..... 1<br>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<br>No more ..... 2 | 2⇨Next Module |
| DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? | Months ..... 1 __ __<br>Years ..... 2 __ __<br>DK ..... 998 | |

## MATERNAL AND NEWBORN HEALTH — MN

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

| | | |
|---|---|---|
| MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)? | Yes ..... 1<br>No ..... 2 | 2⇨MN5 |
| MN 1.A. WHY YOU DID NOT SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)? | I was out of the country throughout pregnancy ..... 1<br>I did not think it was necessary ..... 2<br>I do not trust physicians ..... 3<br>I did not have money ..... 4<br>The insurance does not cover the full costs of antenatal care ..... 5<br>Other reasons ..... 6 | 1⇨MN4A<br>2⇨MN4A<br>3⇨MN4A<br>4⇨MN4A<br>5⇨MN4A<br>6⇨MN4A |
| MN2. WHOM DID YOU SEE?<br><br>*Probe:*<br>ANYONE ELSE?<br><br>*Probe for the type of person seen and circle all answers given.* | Health professional:<br>Doctor ..... A<br>Nurse / Midwife ..... B<br>Other person<br>Traditional birth attendant ..... F<br><br>Other (*specify*) _____ X | |
| MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? | Number of times ..... __ __<br><br>DK ..... 98 | |
| MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:<br><br>[A] WAS YOUR BLOOD PRESSURE MEASURED?<br><br>[B] DID YOU GIVE A URINE SAMPLE?<br><br>[C] DID YOU GIVE A BLOOD SAMPLE? | Yes No<br><br>Blood pressure ..... 1 2<br><br>Urine sample ..... 1 2<br><br>Blood sample ..... 1 2 | |
| MN4A. HAVE YOU HEARD ABOUT PILLS OR SYRUP WITH IRON RECOMMENDED FOR WOMEN? | Yes ..... 1<br>No ..... 2 | 2⇨MN4F |
| MN4B. DURING THIS PREGNANCY HAVE YOU BEEN GIVEN OR HAVE YOU PURCHASED PILLS OR SYRUP WITH IRON?<br>SHOW THE PILLS OR SYRUP. | Yes, have been given ..... 1<br>Yes, have purchased ..... 2<br>No ..... 3<br>DK ..... 8 | 3⇨MN4E<br>8⇨MN4E |
| MN4C. DURING YOUR PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE IRON PILLS OR SYRUP?<br><br>*If the answer is not numeric, ask the approximate number of days.* | Number of days ..... ___ ___ ___<br><br>DK ..... 998 | |
| MN4D. WHO RECOMMENDED YOU TO TAKE THE IRON PILLS OR SYRUP? | Physician/nurse ..... 1<br>Pharmacist ..... 2<br><br>Other person (*specify*) ..... 6 | |

| | | |
|---|---|---|
| MN4E. DO YOU THINK THE IRON SUPPLEMENTS:<br>(A) STRENGTHEN THE BONES?<br>(B) PREVENT CONGENITAL ANOMALIES?<br>(C) PREVENT BLOOD PRESSURE?<br>(D) PREVENT ANAEMIA? | Yes / No / DK<br>1 / 2 / 8<br>1 / 2 / 8<br>1 / 2 / 8<br>1 / 2 / 8 | |
| MN4F. HAVE YOU HEARD ABOUT FOLIC ACID? | Yes ..... 1<br>No ..... 2 | 2⇨MN4L |
| MN4G. DURING THIS PREGNANCY HAVE YOU BEEN GIVEN OR HAVE YOU PURCHASED PILLS OR SYRUP WITH FOLIC ACID?<br><br>SHOW THE PILLS OR SYRUP. | Yes, have been given ..... 1<br>Yes, have purchased ..... 2<br>No ..... 3<br>DK ..... 8 | 3⇨MN4K<br>8⇨MN4K |
| MN4H. HAVE YOU RECEIVED FOLIC ACID DURING THE FIRST THREE MONTHS OF YOUR PREGNANCY? | Yes ..... 1<br>No ..... 2 | 2⇨MN4J |
| MN4I. HAVE YOU RECEIVED FOLIC ACID DURING AT LEAST 45 DAYS DURING THE FIRST QUARTER OF YOUR PREGNANCY? | Yes ..... 1<br>No ..... 2<br>DK ..... 8 | |
| MN4J. WHO RECOMMENDED YOU TO TAKE THE FOLIC ACID DURING PREGNANCY? | Physician/nurse ..... 1<br>Pharmacist ..... 2<br><br>Other person (*specify*) ..... 6 | |
| MN4K. DO YOU THINK THE FOLIC ACID SUPPLEMENTS:<br>(E) STRENGTHEN THE BONES?<br>(F) PREVENT CONGENITAL ANOMALIES?<br>(G) PREVENT BLOOD PRESSURE?<br>(H) PREVENT ANAEMIA? | Yes / No / DK<br>1 / 2 / 8<br>1 / 2 / 8<br>1 / 2 / 8<br>1 / 2 / 8 | |
| MN4L. DURING THIS PREGNANCY, HAVE YOU HAD PROBLEMS WITH THE DAYTIME VISION? | Yes ..... 1<br>No ..... 2<br>DK ..... 8 | |
| MN4M. DURING THIS PREGNANCY, HAVE YOU HAD PROBLEMS WITH THE NIGHT VISION? | Yes ..... 1<br>No ..... 2<br>DK ..... 8 | |
| MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)?<br><br>*Probe:*<br>ANYONE ELSE?<br><br>*Probe for the type of person assisting and circle all answers given.*<br><br>*If respondent says no one assisted, probe to determine whether any adults were present at the delivery.* | Health professional:<br>Doctor ..... A<br>Nurse / Midwife ..... B<br>Other person<br>Traditional birth attendant ..... F<br>Relative / Friend ..... H<br><br>Other (*specify*) _____ X<br>No one ..... Y | |

| | | |
|---|---|---|
| MN18. WHERE DID YOU GIVE BIRTH TO (*name*)?<br><br>*Probe to identify the type of source.*<br><br>*If unable to determine whether public or private, write the name of the place.*<br><br>_____<br>*(Name of place)* | Home<br>Your home ..... 11<br>Other home ..... 12<br><br>Public sector<br>Govt. hospital ..... 21<br>Health Centre ..... 24<br>Office of Family Doctor, Health Office .. 25<br>Other public (*specify*) _____ 26<br><br>Private Medical Sector<br>Private hospital ..... 31<br>Private clinic ..... 32<br>Private maternity home ..... 33<br>Other private medical (*specify*) _____ 36<br><br>Other (*specify*) _____ 96 | 11⇨MN20<br>12⇨MN20<br><br><br><br>24⇨MN20<br>25⇨MN20<br><br><br><br><br><br><br>96⇨MN20 |
| MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT? | Yes ..... 1<br>No ..... 2 | |
| MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL? | Very large ..... 1<br>Larger than average ..... 2<br>Average ..... 3<br>Smaller than average ..... 4<br>Very small ..... 5<br><br>DK ..... 8 | |
| MN21. WAS (*name*) WEIGHED AT BIRTH? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | <br>2⇨MN23<br><br>8⇨MN23 |
| MN22. HOW MUCH DID (*name*) WEIGH?<br><br>*Record weight from health card, if available.* | From card ..... 1 (kg) __ . __ __ __<br><br>From recall ..... 2 (kg) __ . __ __ __<br><br>DK ..... 99998 | |
| MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)? | Yes ..... 1<br><br>No ..... 2 | |
| MN24. DID YOU EVER BREASTFEED (*name*)? | Yes ..... 1<br>No ..... 2 | <br>2⇨Next Module |
| MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST?<br><br>*If less than 1 hour, record '00' hours.*<br>*If less than 24 hours, record hours.*<br>*Otherwise, record days.* | Immediately ..... 000<br><br>Hours ..... 1 __ __<br><br>Days ..... 2 __ __<br><br>Don't know / remember ..... 998 | |

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|---|---|---|
| MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK? | Yes ..... 1<br>No..... 2 | 2⇨Next Module |
| MN27. WHAT WAS (*name*) GIVEN TO DRINK?<br><br>*Probe:*<br>ANYTHING ELSE? | Milk (other than breast milk).....A<br>Plain water .....B<br>Sugar or glucose water .....C<br>Gripe water.....D<br>Water with sugar and salt .....E<br>Fruit juice.....F<br>Infant formula ..... G<br>Tea / Infusions.....H<br>Honey..... I<br><br>Other (*specify*) _____X | |

## 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 CM13 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=21-26 or 31-36) ⇨ 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*).<br><br>YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?<br><br>*If less than one day, record hours.*<br>*If less than one week, record days.*<br>*Otherwise, record weeks.* | Hours..... 1 __ __<br>Days..... 2 __ __<br>Weeks..... 3 __ __<br>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.<br><br>BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH? | Yes..... 1<br>No..... 2 | |
| GPN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.<br><br>DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)? | Yes..... 1<br>No..... 2 | |
| PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*).<br><br>DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*)? | Yes..... 1<br>No..... 2 | 1⇨PN11<br>2⇨PN16 |

PN6. *Check MN17: Did a health professional, traditional birth attendant assist with the delivery?*

☐ *Yes, delivery assisted by a health professional, traditional birth attendant (MN17=A-F)*
*⇨ Continue with PN7*

☐ *No, delivery not assisted by a health professional, traditional birth attendant (A-F not circled in MN17)*
*⇨ Go to PN10*

| | | |
|---|---|---|
| PN7. YOU HAVE ALREADY SAID THAT (*person or persons in MN17*) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK.<br><br>AFTER THE DELIVERY WAS OVER AND BEFORE (*person or persons in MN17*) LEFT YOU, DID (*person or persons in MN17*) CHECK ON (*name*)'S HEALTH? | Yes ..... 1<br>No ..... 2 | |
| PN8. AND DID (*person or persons in MN17*) CHECK ON YOUR HEALTH BEFORE LEAVING?<br><br>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU. | Yes ..... 1<br>No ..... 2 | |
| PN9. AFTER THE (*person or persons in MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*name*)? | Yes ..... 1<br>No ..... 2 | 1⇨PN11<br>2⇨PN18 |
| PN10. 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 THE BABY IS OK.<br><br>AFTER (*name*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH? | Yes ..... 1<br>No ..... 2 | 2⇨PN19 |
| PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE? | Once ..... 1<br>More than once ..... 2 | 1⇨PN12A<br>2⇨PN12B |
| PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?<br><br>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?<br><br>*If less than one day, record hours.*<br>*If less than one week, record days.*<br>*Otherwise, record weeks.* | Hours ..... 1 __ __<br><br>Days ..... 2 __ __<br><br>Weeks ..... 3 __ __<br><br>Don't know / remember ..... 998 | |
| PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME? | Health professional<br>Doctor ..... A<br>Nurse / Midwife ..... B<br>Other person<br>Traditional birth attendant ..... F<br><br>Relative / Friend ..... H<br><br>Other (*specify*) _____ X | |

| | | |
|---|---|---|
| PN14. WHERE DID THIS CHECK TAKE PLACE?<br><br>*Probe to identify the type of source.*<br><br>*If unable to determine whether public or private, write the name of the place.*<br><br>_____<br>*(Name of place)* | Home<br>Your home..... 11<br>Other home ..... 12<br><br>Public sector<br>Govt. hospital ..... 21<br>Health Centre..... 24<br>Office of Family Doctor,<br>Health Office.....25<br><br>Other public (*specify*) _____ 26<br><br>Private medical sector<br>Private hospital..... 31<br>Private clinic ..... 32<br>Private maternity home ..... 33<br>Other private<br>medical (*specify*) _____ 36<br><br>Other (*specify*) _____ 96 | |
| PN15. *Check MN18: Was the child delivered in a health facility?*<br><br>☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇨ Continue with PN16*<br><br>☐ *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 YOUR HEALTH? | Yes ..... 1<br>No..... 2 | 1⇨PN20<br>2⇨Next Module |
| PN17. *Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?*<br><br>☐ *Yes, delivery assisted by a health professional, traditional birth attendant (MN17=A-F) ⇨ Continue with PN18*<br><br>☐ *No, delivery not assisted by a health professional, traditional birth attendant (A-F not circled in MN17) ⇨ Go to PN19* | | |
| PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON YOUR HEALTH? | Yes ..... 1<br>No..... 2 | 1⇨PN20<br>2⇨Next Module |
| PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON YOUR HEALTH?<br><br>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU. | Yes ..... 1<br>No..... 2 | 2⇨Next Module |
| PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE? | Once..... 1<br>More than once ..... 2 | 1⇨PN21A<br>2⇨PN21B |

| | | |
|---|---|---|
| PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?<br><br>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?<br><br>*If less than one day, record hours.*<br>*If less than one week, record days.*<br>*Otherwise, record weeks.* | Hours ..... 1 __ __<br><br>Days ..... 2 __ __<br><br>Weeks ..... 3 __ __<br><br>Don't know / remember ..... 998 | |
| PN22. WHO CHECKED ON YOUR HEALTH AT THAT TIME? | Health professional<br>Doctor ..... A<br>Nurse / Midwife ..... B<br>Other person<br>Traditional birth attendant ..... F<br>Relative / Friend ..... H<br><br>Other (*specify*) _____ X | |
| PN23. WHERE DID THIS CHECK TAKE PLACE?<br><br>*Probe to identify the type of source.*<br><br>*If unable to determine whether public or private, write the name of the place.*<br><br>_____<br>*(Name of place)* | Home<br>Your home ..... 11<br>Other home ..... 12<br><br>Public sector<br>Govt. hospital ..... 21<br>Health Centre ..... 24<br>Office of Family Doctor, Health Office .. 25<br><br>Other public (*specify*) _____ 26<br><br>Private medical sector<br>Private hospital ..... 31<br>Private clinic ..... 32<br>Private maternity home ..... 33<br>Other private medical (*specify*) _____ 36<br><br>Other (*specify*) _____ 96 | |

| ILLNESS SYMPTOMS | | IS |
|---|---|---|
| IS1. *Check Household Listing, column HL9*<br><br>*Is the respondent the mother or caretaker of any child under the age of five?*<br><br>☐ *Yes ⇨ Continue with IS2.*<br><br>☐ *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?<br><br>*Probe:*<br>ANY OTHER SYMPTOMS?<br><br>*Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.*<br><br>*Circle all symptoms mentioned, but do NOT prompt with any suggestions* | Child not able to drink or breastfeed ..... A<br>Child becomes sicker ..... B<br>Child develops a fever..... C<br>Child has fast breathing..... D<br>Child has difficult breathing ..... E<br>Child has blood in stool .....F<br>Child is drinking poorly ..... G<br>Child is restless ..... H<br>Child is crying .....I<br>Child is sleeping poorly ..... J<br><br>Other (*specify*) _____ X<br><br>Other (*specify*) _____ Y<br><br>Other (*specify*) _____ Z | |

## CONTRACEPTION — CP

CP0. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.

COUPLES USE DIFFERENT WAYS OR METHODS IN ORDER TO POSTPONE OR AVOID PREGNANCY.

HAVE YOU HEARD OF :

| | |
|---|---|
| [A] FEMALE STERILIZATION?<br>*Probe:* AN OPERATION WOMEN UNDERTAKE IN ORDER TO AVOID PREGNANCY. | Yes ..... 1<br>No ..... 2 |
| [B] MALE STERILIZATION?<br>*Probe*: AN OPERATION MEN UNDERTAKE IN ORDER TO AVOID PREGNANCY. | Yes ..... 1<br>No ..... 2 |
| [C] IUD?<br>*Probe:* WOMEN CAN HAVE A COIL PLACED INSIDE THE UTERUS BY A DOCTOR. | Yes ..... 1<br>No ..... 2 |
| [D] INJECTABLES?<br>*Probe:* WOMEN CAN RECEIVE INJECTIONS THAT HAVE AN EFFECT ON THEIR HORMONES AND PREVENT PREGNANCY OVER A PERIOD OF A FEW MONTHS. | Yes ..... 1<br>No ..... 2 |
| [E] IMPLANTS?<br>*Probe:* WOMEN CAN HAVE ONE OR MORE SMALL IMPLANTS (RODS) IMPLANTED IN THEIR UPPER ARM BY A DOCTOR THAT PREVENT PREGNANCY FOR A NUMBER OF YEARS. | Yes ..... 1<br>No ..... 2 |
| [F] PILL?<br>*Probe:* WOMEN CAN TAKE PILLS ON AN EVERYDAY BASIS TO AVOID GETTING PREGNANT. | Yes ..... 1<br>No ..... 2 |
| [G] MALE CONDOM?<br>*Probe:* MEN CAN PUT A RUBBER COVER ON THEIR PENIS BEFORE OR DURING SEXUAL INTERCOURSE. | Yes ..... 1<br>No ..... 2 |
| [H] FEMALE CONDOM?<br>*Probe:* WOMEN CAN PUT A COVER INSIDE THEIR VAGINA BEFORE SEXUAL INTERCOURSE. | Yes ..... 1<br>No ..... 2 |
| [I] DIAPHRAGM?<br>*Probe:* WOMEN CAN INSERT A SOFT RUBBER CUP IN THEIR VAGINA TO BLOCK THE SPERM FROM ENTERING THEIR UTERUS OR FALLOPIAN TUBES. | Yes ..... 1<br>No ..... 2 |
| [J] FOAM / JELLY?<br>*Probe:* WOMEN MAY USE SPERMICIDAL PRODUCTS (E.G. FOAM, JELLY, CREAM) THAT CAN KILL OR PREVENT THE SPERM FROM | Yes ..... 1<br>No ..... 2 |

| | | |
|---|---|---|
| MOVING AND REACHING THE EGG.<br><br>[K] LACTATIONAL AMENORRHOEA METHOD (LAM)?<br><br>[L] PERIODIC ABSTINENCE / RHYTHM METHOD?<br>*Probe:* THE WOMAN CAN AVOID PREGNANCY BY NOT HAVING SEXUAL INTERCOURSE DURING FERTILE DAYS IN THE MONTH, I.E. DAYS SHE IS MOST LIKELY TO GET PREGNANT.<br><br>[M] WITHDRAWAL?<br>*Probe:* MEN CAN PULL OUT DIRECTLY BEFORE EJACULATING.<br><br>[N] EMERGENCY / POSTCOITAL CONTRACEPTION?<br>*Probe*: AS AN EMERGENCY MEASURE, WITHIN A PERIOD OF 3 DAYS, AFTER HAVING UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY.<br><br>[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT MEN OR WOMEN CAN UTILISE IN ORDER TO AVOID PREGNANCY? | Yes ..... 1<br>No ..... 2<br>Yes ..... 1<br>No ..... 2<br><br>Yes ..... 1<br>No ..... 2<br><br>Yes ..... 1<br>No ..... 2<br><br>Yes ..... 1<br>_____<br>*(specify)*<br>_____<br>*(specify)*<br>No ..... 2 | |
| CP1. ARE YOU PREGNANT NOW? | Yes, currently pregnant ..... 1<br>No ..... 2<br>Unsure or DK ..... 8 | 1⇨Next Module |
| CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID PREGNANCY? | Yes ..... 1<br><br>No ..... 2 | <br><br>2⇨CP4 |
| CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?<br><br>*Do not prompt.*<br>*If more than one method is mentioned, circle each one.* | Female sterilization ..... A<br>Male sterilization ..... B<br>IUD ..... C<br>Injectables ..... D<br>Implants ..... E<br>Pill ..... F<br>Male condom ..... G<br>Female condom ..... H<br>Diaphragm ..... I<br>Foam / Jelly ..... J<br>Lactational amenorrhoea method (LAM) ..... K<br>Periodic abstinence / Rhythm ..... L<br>Withdrawal ..... M<br><br>Other (*specify*) _____ X | A ⇨Next M<br>B ⇨Next M<br>C ⇨Next M<br>D ⇨Next M<br>E ⇨Next M<br>F ⇨Next M<br>G⇨Next M<br>H ⇨Next M<br>I ⇨Next M<br>J ⇨Next M<br><br>K ⇨Next M<br>L ⇨Next M<br>M⇨Next M<br><br>X ⇨Next M |
| CP4. HAVE YOU EVER DONE ANYTHING OR USED A METHOD TO DELAY OR AVOID A PREGNANCY? | Yes ..... 1<br>No ..... 2 | |

| UNMET NEED | | UN |
|---|---|---|
| UN1. *Check CP1. Currently pregnant?*<br><br>☐ *Yes, currently pregnant ⇨ Continue with UN2*<br><br>☐ *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<br><br>No ..... 2 | 1⇨UN4 |
| UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN? | Later ..... 1<br><br>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<br><br>No more / None ..... 2<br><br>Undecided / Don't know ..... 8 | 1⇨UN7<br><br>2⇨UN13<br><br>8⇨UN13 |
| UN5. *Check CP3. Currently using "Female sterilization"?*<br><br>☐ *Yes ⇨ Go to UN13*<br><br>☐ *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<br><br>No more / None ..... 2<br><br>Says she cannot get pregnant ..... 3<br>Undecided / Don't know ..... 8 | <br><br>2⇨UN9<br><br>3⇨UN11<br>8⇨UN9 |
| UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? | Months ..... 1 __ __<br><br>Years ..... 2 __ __<br><br>Soon / Now ..... 993<br>Says she cannot get pregnant ..... 994<br>After marriage ..... 995<br>Other ..... 996<br><br>Don't know ..... 998 | <br><br><br><br>994⇨UN11 |
| UN8. *Check CP1. Currently pregnant?*<br><br>☐ *Yes, currently pregnant ⇨ Go to UN13*<br><br>☐ *No, unsure or DK ⇨ Continue with UN9* | | |

| | | |
|---|---|---|
| UN9. *Check CP2. Currently using a method?*<br><br>☐ *Yes ⇨ Go to UN13*<br><br>☐ *No ⇨ Continue with UN10* | | |
| UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME? | Yes ..... 1<br><br>No ..... 2<br><br>DK ..... 8 | 1 ⇨UN13<br><br><br><br>8 ⇨UN13 |
| UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT? | Infrequent sex / No sex ..... A<br>Menopausal ..... B<br>Never menstruated ..... C<br>Hysterectomy (surgical removal of uterus) ..... D<br>Has been trying to get pregnant for 2 years or more without result ..... E<br>Postpartum amenorrheic ..... F<br>Breastfeeding ..... G<br>Too old ..... H<br>Fatalistic ..... I<br><br>Other (*specify*) _____ X<br><br>Don't know ..... Z | |
| UN12. *Check UN11. "Never menstruated" mentioned?*<br><br>☐ *Mentioned ⇨ Go to Next Module*<br><br>☐ *Not mentioned ⇨ Continue with UN13* | | |
| UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? | Days ago ..... 1 __ __<br><br>Weeks ago ..... 2 __ __<br><br>Months ago ..... 3 __ __<br><br>Years ago ..... 4 __ __<br><br>In menopause / Has had hysterectomy ..... 994<br>Before last birth ..... 995<br>Never menstruated ..... 996 | |

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

| MARRIAGE/UNION | | MA |
|---|---|---|
| MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED? | Yes, currently married .....1<br>Yes, living with a man.....2<br>No, not in union .....3 | <br><br>3⇨MA5 |
| MA2. HOW OLD IS YOUR HUSBAND/PARTNER?<br><br>*Probe*: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY? | Age in years.....__ __<br><br>DK.....98 | ⇨MA7<br><br>98⇨MA7 |
| MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED? | Yes, formerly married .....1<br>Yes, formerly lived with a man .....2<br>No .....3 | <br><br>3 ⇨Next Module |
| MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED? | Widowed.....1<br>Divorced .....2<br>Separated.....3 | |
| MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE? | Only once .....1<br>More than once.....2 | |
| MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED? | Date of first marriage<br>Month.....__ __<br>DK month.....98<br><br>Year .....__ __ __ __<br><br>DK year.....9998 | <br><br><br><br>⇨Next Module |
| MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER? | Age in years.....__ __ | |

| SEXUAL BEHAVIOUR | | SB |
|---|---|---|
| ***Check for the presence of others. Before continuing, ensure privacy.*** | | |
| SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.<br><br>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.<br><br>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME? | Never had intercourse ..... 00<br><br>Age in years ..... __ __<br><br>First time when started living with (first) husband/partner ..... 95 | 00⇨Next Module |
| SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED? | Yes ..... 1<br>No ..... 2<br><br>DK / Don't remember ..... 8 | |
| SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?<br><br>*Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.* | Days ago ..... 1 __ __<br><br>Weeks ago ..... 2 __ __<br><br>Months ago ..... 3 __ __<br><br>Years ago ..... 4 __ __ | 4⇨SB15 |
| SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED? | Yes ..... 1<br>No ..... 2 | |
| SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?<br><br>*Probe to ensure that the response refers to the relationship at the time of sexual intercourse*<br><br>*If 'boyfriend', then ask:*<br>WERE YOU LIVING TOGETHER AS IF MARRIED?<br>*If 'yes', circle '2'. If 'no', circle'3'.* | Husband ..... 1<br>Cohabiting partner ..... 2<br>Boyfriend ..... 3<br>Casual acquaintance ..... 4<br><br>Other (*specify*)_____6 | 3⇨SB7<br>4⇨SB7<br><br>6⇨SB7 |
| SB6. *Check MA1:*<br><br>☐ *Currently married or living with a man (MA1 = 1 or 2) ⇨ Go to SB8*<br><br>☐ *Not married / Not in a union (MA1 = 3) ⇨ Continue with SB7* | | |
| SB7. HOW OLD IS THIS PERSON?<br><br>*If response is DK, probe:*<br>ABOUT HOW OLD IS THIS PERSON? | Age of sexual partner ..... __ __<br><br>DK ..... 98 | |
| SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS? | Yes ..... 1<br>No ..... 2 | 2⇨SB15 |
| SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED? | Yes ..... 1<br>No ..... 2 | |

| | | |
|---|---|---|
| SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?<br><br>*Probe to ensure that the response refers to the relationship at the time of sexual intercourse*<br><br>*If 'boyfriend' then ask:*<br>WERE YOU LIVING TOGETHER AS IF MARRIED?<br>*If 'yes', circle '2'. If 'no', circle' 3'.* | Husband..... 1<br>Cohabiting partner ..... 2<br>Boyfriend..... 3<br>Casual acquaintance ..... 4<br><br>Other (*specify*)_____6 | 3⇨SB12<br>4⇨SB12<br><br>6⇨SB12 |
| SB11. *Check MA1 and MA7:*<br><br>☐ *Currently married or living with a man (MA1 = 1 or 2)*<br>*AND*<br>*Married only once or lived with a man only once (MA7 = 1)* ⇨ *Go to SB13*<br><br>☐ *Else* ⇨ *Continue with SB12* | | |
| SB12. HOW OLD IS THIS PERSON?<br><br>*If response is DK, probe:*<br>ABOUT HOW OLD IS THIS PERSON? | Age of sexual partner..... __ __<br><br>DK ..... 98 | |
| SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS? | Yes..... 1<br>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?<br><br>*If a non-numeric answer is given, probe to get an estimate.*<br><br>*If number of partners is 95 or more, write '95'.* | Number of lifetime partners ..... __ __<br><br>DK ..... 98 | |

| HIV/AIDS | | HA |
|---|---|---|
| HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.<br><br>HAVE YOU EVER HEARD OF AN ILLNESS CALLED HIV/AIDS? | Yes ..... 1<br><br>No ..... 2 | <br><br>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<br>No ..... 2<br><br>DK ..... 8 | |
| HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| HA5. CAN PEOPLE GET THE HIV/AIDS VIRUS FROM MOSQUITO BITES? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE HIV/AIDS VIRUS? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV/AIDS VIRUS? | Yes ..... 1<br>No ..... 2<br><br>DK ..... 8 | |
| HA7A. CAN A PERSON GET HIV/AIDS BY HUGGING OR SHAKING WITH A PERSON WHO IS INFECTED? | Yes ..... 1<br>No ..... 2<br><br>DK .....8 | |
| HA8. CAN THE VIRUS THAT CAUSES HIV/AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:<br><br>[A] DURING PREGNANCY?<br>[B] DURING DELIVERY?<br>[C] BY BREASTFEEDING? | Yes No DK<br>During pregnancy ..... 1 2 8<br>During delivery..... 1 2 8<br>By breastfeeding..... 1 2 8 | |
| HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV/AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL? | Yes ..... 1<br>No ..... 2<br><br>DK / Not sure / Depends..... 8 | |
| HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV/AIDS VIRUS? | Yes ..... 1<br>No ..... 2<br>DK / Not sure / Depends..... 8 | |
| HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET? | Yes ..... 1<br>No ..... 2<br>DK / Not sure / Depends..... 8 | |
| HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD? | Yes ..... 1<br>No ..... 2<br>DK / Not sure / Depends..... 8 | |

HA13. *Check CM13: Any live birth in last 2 years?*

☐ *No live birth in last 2 years ⇨ Go to HA24*

☐ *One or more live births in last 2 years ⇨ Continue with HA14*

HA14. *Check MN1: Received antenatal care?*

☐ *Received antenatal care ⇨ Continue with HA15*

☐ *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: | Y N DK | |
| [A] BABIES GETTING THE HIV/AIDS VIRUS FROM THEIR MOTHER? | HIV/AIDS from mother ..... 1 2 8 | |
| [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE HIV/AIDS VIRUS? | Things to do ..... 1 2 8 | |
| [C] GETTING TESTED FOR THE HIV/AIDS VIRUS? | Tested for HIV/AIDS ..... 1 2 8 | |
| WERE YOU: [D] OFFERED A TEST FOR THE HIV/AIDS VIRUS? | Offered a test ..... 1 2 8 | |
| HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/AIDS VIRUS AS PART OF YOUR ANTENATAL CARE? | Yes ..... 1<br>No ..... 2<br>DK ..... 8 | <br>2⇨HA19<br>8⇨HA19 |
| HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes ..... 1<br>No ..... 2<br>DK ..... 8 | <br>2⇨HA22<br>8⇨HA22 |
| HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING? | Yes ..... 1<br>No ..... 2<br>DK ..... 8 | 1⇨HA22<br>2⇨HA22<br>8⇨HA22 |

HA19. *Check MN17: Birth delivered by health professional (A, B or C)?*

☐ *Yes, birth delivered by health professional ⇨ Continue with HA20*

☐ *No, birth not delivered by health professional ⇨ Go to HA24*

| | | |
|---|---|---|
| HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN? | Yes ..... 1<br>No ..... 2 | <br>2⇨HA24 |
| HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes ..... 1<br>No ..... 2 | |
| HA22. HAVE YOU BEEN TESTED FOR THE HIV/AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY? | Yes ..... 1<br>No ..... 2 | 1⇨HA25 |

| | | |
|---|---|---|
| HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE HIV/AIDS VIRUS? | Less than 12 months ago .....1<br>12-23 months ago.....2<br>2 or more years ago .....3 | 1 ⇨Next Module<br>2 ⇨Next Module<br>3 ⇨Next Module |
| HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE HIV/AIDS VIRUS? | Yes.....1<br>No .....2 | 2⇨HA27 |
| HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED? | Less than 12 months ago .....1<br>12-23 months ago.....2<br>2 or more years ago .....3 | |
| HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes.....1<br>No .....2<br>DK.....8 | 1 ⇨Next Module<br>2 ⇨Next Module<br>8 ⇨Next Module |
| HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE HIV/AIDS VIRUS? | Yes.....1<br>No .....2 | |

| TUBERCULOSIS | | WTB |
|---|---|---|
| TB1. NOW I WOULD LIKE TO ASK YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD ABOUT A DISEASE NAMED TUBERCULOSIS OR TBC? | Yes ..... 1<br><br>No ..... 2 | <br><br>2⇨Next Module |
| TB2. HOW DO YOU THINK IS TUBERCULOSIS TRANSMITTED FROM ONE PERSON TO ANOTHER?<br><br>*Probe:* IN WHICH WAYS?<br><br>*Record all the mentioned variants.* | Through the air during coughing or sneezing ..... A<br>When you share the same objects ..... B<br>When touching the person with TB ..... C<br>Through food ..... D<br>Sexually ..... E<br>Through mosquito bites ..... F<br><br>Others (specify)_____X<br>DK ..... Z | |
| TB3. WHAT ARE THE SIGNS OR SYMPTOMS INDICATING THAT A PERSON HAS TB?<br><br>OTHER?<br><br>*Record all the mentioned variants.* | Cough ..... A<br>Cough with sputum ..... B<br>Cough during several weeks ..... C<br>Fever ..... D<br>Blood in sputum ..... E<br>Loss of appetite ..... F<br>Night sweats ..... G<br>Chest pains ..... H<br>Tiredness ..... I<br>Weight loss ..... J<br>Weakness ..... K<br><br>Others (specify)_____X<br>DK ..... Z | |
| TB4. CAN TUBERCULOSIS BE CURED? | Yes ..... 1<br><br>No ..... 2<br><br>DK ..... 8 | |
| TB5. IF A MEMBER OF YOUR FAMILY BECAME SICK OF TUBERCULOSIS, WOULD YOU WANT IT TO REMAIN A SECRET? | Yes ..... 1<br><br>No ..... 2<br><br>DK ..... 8 | |

| TOBACCO AND ALCOHOL USE | | TA |
|---|---|---|
| TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS? | Yes ..... 1<br>No ..... 2 | 2⇨TA6 |
| TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME? | Never smoked a whole cigarette ..... 00<br>Age ..... ___ ___ | 00⇨TA6 |
| TA3. DO YOU CURRENTLY SMOKE CIGARETTES? | Yes ..... 1<br>No ..... 2 | 2⇨TA6 |
| TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE? | Number of cigarettes ..... ___ ___ | |
| TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?<br>*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"* | Number of days ..... 0 ___<br>10 days or more but less than a month ..... 10<br>Everyday / Almost every day ..... 30 | |
| TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE? | Yes ..... 1<br>No ..... 2 | 2⇨TA10 |
| TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS? | Yes ..... 1<br>No ..... 2 | 2⇨TA10 |
| TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?<br>*Circle all mentioned.* | Cigars ..... A<br>Water pipe ..... B<br>Cigarillos ..... C<br>Pipe ..... D<br>Other (*specify*) _____ X | |
| TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?<br>*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"* | Number of days ..... 0 ___<br>10 days or more but less than a month ..... 10<br>Everyday / Almost every day ..... 30 | |
| TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP? | Yes ..... 1<br>No ..... 2 | 2 ⇨TA14 |
| TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS? | Yes ..... 1<br>No ..... 2 | 2 ⇨TA14 |

| | | |
|---|---|---|
| TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?<br><br>*Circle all mentioned.* | Chewing tobacco ..... A<br>Snuff ..... B<br>Dip ..... C<br><br>Other (*specify*) _____ X | |
| TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?<br><br>*If less than 10 days, record the number of days.*<br>*If 10 days or more but less than a month, circle "10".*<br>*If "everyday" or "almost every day", circle "30"* | Number of days .....0 ___<br><br>10 days or more but less than a month.....10<br><br>Everyday / Almost every day.....30 | |
| TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.<br><br>HAVE YOU EVER DRUNK ALCOHOL? | Yes .....1<br>No .....2 | 2⇨Next Module |
| TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.<br><br>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS? | Never had one drink of alcohol .....00<br><br>Age .....___ ___ | 00⇨Next Module |
| TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?<br><br>*If respondent did not drink, circle "00".*<br><br>*If less than 10 days, record the number of days.*<br>*If 10 days or more but less than a month, circle "10".*<br>*If "everyday" or "almost every day", circle "30"* | Did not have one drink in last one month..00<br><br>Number of days .....0 ___<br><br>10 days or more but less than a month.....10<br><br>Everyday / Almost every day.....30 | 00⇨Next Module |
| TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE? | Number of drinks .....___ ___ | |

| LIFE SATISFACTION | | LS |
|---|---|---|
| LS1. *Check WB2: Age of respondent is between 15 and 24?*<br><br>☐ *Age 25-49 ⇨ Go to WM11*<br><br>☐ *aged 15-24 years ⇨ Continue with LS2* | | |
| LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.<br><br>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?<br><br>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.<br><br>*Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.* | Very happy ..... 1<br>Somewhat happy ..... 2<br>Neither happy nor unhappy ..... 3<br>Somewhat unhappy ..... 4<br>Very unhappy ..... 5 | |
| LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.<br><br>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.<br><br>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.<br><br>*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.*<br><br>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE? | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS? | Very satisfied ..... 1<br>Somewhat satisfied ..... 2<br>Neither satisfied nor unsatisfied ..... 3<br>Somewhat unsatisfied ..... 4<br>Very unsatisfied ..... 5 | |
| LS5. DURING THE (***current / 2011-2012***) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME? | Yes ..... 1<br>No ..... 2 | 2⇨LS7 |

| | | |
|---|---|---|
| LS6. HOW SATISFIED (***are/were***) YOU WITH YOUR SCHOOL? | Very satisfied..... 1<br>Somewhat satisfied..... 2<br>Neither satisfied nor unsatisfied..... 3<br>Somewhat unsatisfied..... 4<br>Very unsatisfied..... 5 | |
| LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?<br><br>*If the respondent says that he/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.* | Does not have a job ..... 0<br><br>Very satisfied..... 1<br>Somewhat satisfied..... 2<br>Neither satisfied nor unsatisfied..... 3<br>Somewhat unsatisfied..... 4<br>Very unsatisfied..... 5 | |
| LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH? | Very satisfied..... 1<br>Somewhat satisfied..... 2<br>Neither satisfied nor unsatisfied..... 3<br>Somewhat unsatisfied..... 4<br>Very unsatisfied..... 5 | |
| LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?<br><br>*If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.* | Very satisfied..... 1<br>Somewhat satisfied..... 2<br>Neither satisfied nor unsatisfied..... 3<br>Somewhat unsatisfied..... 4<br>Very unsatisfied..... 5 | |
| LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU? | Very satisfied..... 1<br>Somewhat satisfied..... 2<br>Neither satisfied nor unsatisfied..... 3<br>Somewhat unsatisfied..... 4<br>Very unsatisfied..... 5 | |
| LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK? | Very satisfied..... 1<br>Somewhat satisfied..... 2<br>Neither satisfied nor unsatisfied..... 3<br>Somewhat unsatisfied..... 4<br>Very unsatisfied..... 5 | |
| LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL? | Very satisfied..... 1<br>Somewhat satisfied..... 2<br>Neither satisfied nor unsatisfied..... 3<br>Somewhat unsatisfied..... 4<br>Very unsatisfied..... 5 | |
| LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?<br><br>*If the respondent responds that he/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.* | Does not have any income ..... 0<br><br>Very satisfied..... 1<br>Somewhat satisfied..... 2<br>Neither satisfied nor unsatisfied..... 3<br>Somewhat unsatisfied..... 4<br>Very unsatisfied..... 5 | |
| LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENED, OVERALL? | Improved ..... 1<br>More or less the same ..... 2<br>Worsened..... 3 | |

| | | |
|---|---|---|
| LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL? | Better ..... 1<br>More or less the same ..... 2<br>Worse ..... 3 | |

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

## HAEMOGLOBIN LEVEL MEASUREMENT — HB

*Record the haemoglobin level below, taking care to record the measurements on the correct questionnaire for each woman. Check the woman's name and the line number on the household listing before recording measurements.*

| | |
|---|---|
| HB1. *Measurer's name and number:* | NAME_____ NO. ___ ___ ___ |

HB2. CHECK WOMAN'S AGE:

☐ *15-17 years ⇨ Check MA1:*

☐ *code 1 or 2 is circled ⇨ Go to HB6.*

☐ *code 1 or 2 is not circled ⇨ Check HL8 from the household listing form:*

☐ *mother/caretaker is identified in HL8 from the household listing form ⇨ Go to HB3.*

☐ *mother/caretaker is not identified in HL8 from the household listing form ⇨Go to HB6.*

☐ *18 years and older ⇨ Go to HB6.*

| | |
|---|---|
| HB3. *Check the line number of the mother/caretaker in HL8 from the household listing form.* | Line number _____ _____ |

HB4. *Read the consent message to the mother/caretaker identified in HB3*:

WITHIN THIS SURVEY, WE EVALUATE THE ANAEMIA IN WOMEN AND CHILDREN. ANAEMIA IS A VERY IMPORTANT HEALTH ISSUE THAT IS USUALLY CAUSED BY INSUFFICIENT NUTRITION, INFECTIONS OR CHRONIC DISEASES. THIS SURVEY WILL HELP THE MINISTRY OF HEALTH TO DEVELOP PROGRAMMES FOR PREVENTING AND TREATING ANAEMIA.

WE WOULD LIKE THAT YOU AND ALL CHILDREN BORN IN 2007 OR LATER PARTICIPATE IN ANAEMIA TESTING BY ALLOWING US TO TAKE SOME DROPS OF BLOOD FROM THE FINGER.

THE TEST USES ONLY DISPOSABLE INSTRUMENTS THAT ARE STERILE AND ABSOLUTELY SAFE.
THE TEST WILL BE EFFECTED USING A SPECIAL MODERN EQUIPMENT AND THE RESULTS WILL BE READY IMMEDIATELY AFTER BLOOD TAKING. THE RESULTS WILL BE STRICTLY CONFIDENTIAL.

DO YOU HAVE ANY QUESTIONS?

NOW I WOULD LIKE TO REQUEST YOU TO PARTICIPATE IN THE ANAEMIA TEST. HOWEVER, IF YOU DECIDE NOT TO PERFORM THIS TEST, IT IS YOUR RIGHT TO DO SO AND WE WILL COMPLY WITH YOUR DECISION. PLEASE TELL ME YOUR DECISION ON ACCEPTING THIS TEST.

| | | |
|---|---|---|
| HB5. *Circle the respective code and ask the mother/caretaker to sign.* | Consent received .....1<br>Signature _____<br>Refusal on the part of the parent/caretaker 2<br>Mother/caretaker is not present .....3 | 1⇨HB8<br><br>2⇨WM12<br>3⇨WM12 |

*HB6. Read the informed consent to the respondent*:

WITHIN THIS SURVEY, WE EVALUATE THE ANAEMIA IN WOMEN AND CHILDREN. ANAEMIA IS A VERY IMPORTANT HEALTH ISSUE THAT IS USUALLY CAUSED BY INSUFFICIENT NUTRITION, INFECTIONS OR CHRONIC DISEASES. THIS SURVEY WILL HELP THE MINISTRY OF HEALTH TO DEVELOP PROGRAMMES FOR PREVENTING AND TREATING ANAEMIA.

WE WOULD LIKE THAT YOU AND ALL CHILDREN BORN IN 2007 OR LATER PARTICIPATE IN ANAEMIA TESTING BY ALLOWING US TO TAKE SOME DROPS OF BLOOD FROM THE FINGER.

THE TEST USES ONLY DISPOSABLE INSTRUMENTS THAT ARE STERILE AND ABSOLUTELY SAFE.
THE TEST WILL BE EFFECTED USING A SPECIAL MODERN EQUIPMENT AND THE RESULTS WILL BE READY IMMEDIATELY AFTER BLOOD TAKING. THE RESULTS WILL BE STRICTLY CONFIDENTIAL.

DO YOU HAVE ANY QUESTIONS?

NOW I WOULD LIKE TO REQUEST YOU TO PARTICIPATE IN THE ANAEMIA TEST. HOWEVER, IF YOU DECIDE NOT TO PERFORM THIS TEST, IT IS YOUR RIGHT TO REFUSE AND WE WILL COMPLY WITH YOUR DECISION. PLEASE TELL ME WHETHER YOU ACCEPT TO DO THIS TEST.

| | | |
|---|---|---|
| HB7. *Circle the respective code and ask the respondent to sign.* | Consent received .....1<br><br>Signature _____<br><br>Refusal on the part of the respondent.....2 | <br><br><br>2⇨WM12 |
| HB8. *Register the haemoglobin level (g/dl).* | Haemoglobin level (g/dl).....<br><br>____ _____.____<br><br>Not measured due to other reasons (specify) .....996 | |

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.*

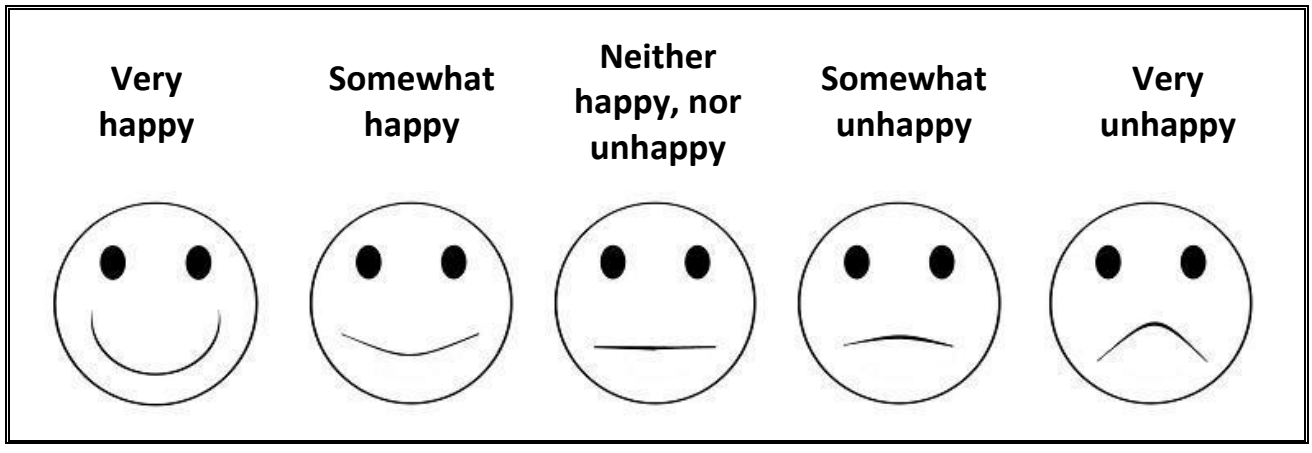
**Interviewer's Observations**

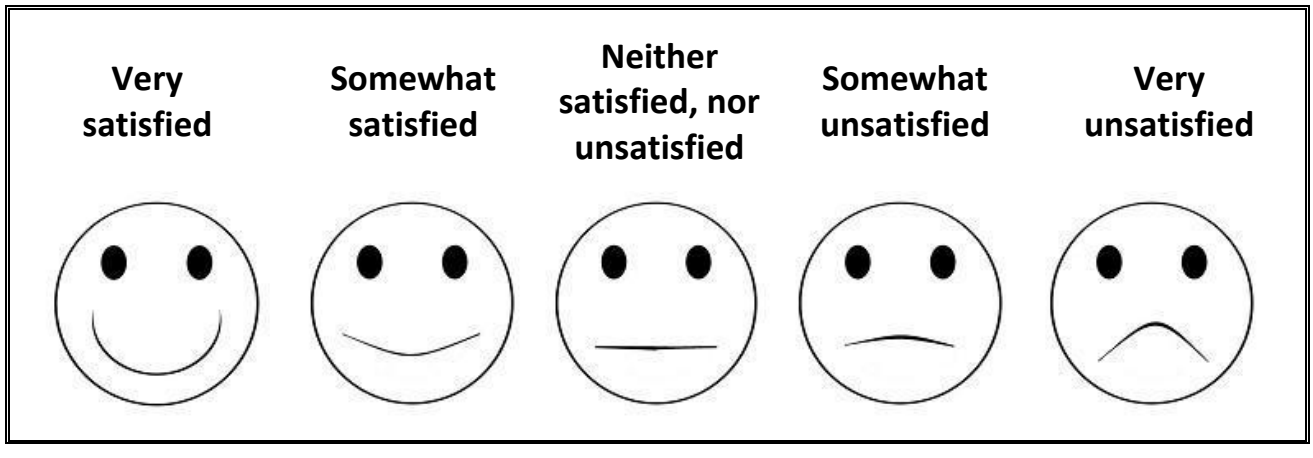
**Field Editor's Observations**

**Supervisor's Observations**

**RESPONSE CARD:**

**SIDE 1**




**SIDE 2**