

Appendix F 2014 Serbia MICS and 2014 Serbia Roma Settlements MICS Questionnaires

HOUSEHOLD QUESTIONNAIRE

MODULE HH – HOUSEHOLD INFORMATION PANEL	
HH1. Cluster number: <input type="text"/>	HH2. Household number: <input type="text"/>
HH3. Interviewer's name and ID code: Name <input type="text"/> ID code <input type="text"/>	HH4. Supervisor's name and ID code: Name <input type="text"/> ID code <input type="text"/>
HH5. Day / Month / Year of interview: <input type="text"/> <input type="text"/> <input type="text"/> 2 0 1 4 (Day) (Month) (Year)	HH7. Region: Belgrade 1 Vojvodina 2 Sumadija and West Serbia 3 South and East Serbia 4
HH6. Area: Urban 1 Other 2	
<p>WE ARE FROM THE STATISTICAL OFFICE OF THE REPUBLIC OF SERBIA. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '04' in HH9. Discuss this result with your supervisor.</p>	
<p>HH9. Result of household interview:</p> <p>Completed 01</p> <p>No household member or no competent respondent at home at time of visit 02</p> <p>Entire household absent for extended period of time 03</p> <p>Refused 04</p> <p>Dwelling vacant / Address not a dwelling 05</p> <p>Dwelling destroyed 06</p> <p>Dwelling not found 07</p> <p>Other (specify) 96</p>	
<p>After the household questionnaire has been completed, fill in the following information:</p> <p>HH10. Respondent to Household Questionnaire: Name <input type="text"/> Respondent's line number in Module HL: <input type="text"/></p> <p>HH11. Total number of household members: <input type="text"/></p> <p>HH12. Number of women age 15-49 years: <input type="text"/></p> <p>HH14. Number of children under the age of 5: <input type="text"/></p>	
<p>After all questionnaires for the household have been completed, fill in the following information:</p> <p>HH13. Number of women's questionnaire completed: <input type="text"/></p> <p>HH15. Number of under-5 questionnaires completed: <input type="text"/></p>	
HH16. Field editor's name and ID code: Name <input type="text"/> ID code <input type="text"/>	HH17. Main data entry clerk's name and ID code: Name <input type="text"/> ID code <input type="text"/>

HH18. Record the time.

Hour.....

Minute.....

MODULE HL – LIST OF HOUSEHOLD MEMBERS

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: IS THERE ANY OTHER PERSONS 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 List of Household Members have been used.

						For women age 15-49	For children age 0-4	For children age 0-17 years						For children age 0-14							
HL1 Line no.	HL2 Name	HL3 WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4 Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5 WHAT IS (name)'S DATE OF BIRTH?		HL6 HOW OLD IS (name)? Record in completed years. If age is 95 or above, record "95".	HL7 Circle line no. if woman age 15-49.	HL7B Circle line no. if age 0-4.	HL11 Is (name)'S NATURAL MOTHER ALIVE?	HL12 DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" record line no. of mother and go to HL13 If "No", record "00".	HL12A WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	HL13 Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK HL15	HL14 DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" record line no. of father and go to HL15 If "No", record "00".	HL14A WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	HL15 Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00", ask: WHO IS THE PRIMARY CARETAKER OF (name)?						
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y	N	DK	Mother		Y	N	DK	Father		Mother	
01		0 1	1	2				01	01	1	2	8			1	2	3	8	1	2	8
02			1	2				02	02	1	2	8			1	2	3	8	1	2	8
03			1	2				03	03	1	2	8			1	2	3	8	1	2	8
04			1	2				04	04	1	2	8			1	2	3	8	1	2	8
05			1	2				05	05	1	2	8			1	2	3	8	1	2	8
06			1	2				06	06	1	2	8			1	2	3	8	1	2	8
07			1	2				07	07	1	2	8			1	2	3	8	1	2	8
08			1	2				08	08	1	2	8			1	2	3	8	1	2	8
09			1	2				09	09	1	2	8			1	2	3	8	1	2	8
10			1	2				10	10	1	2	8			1	2	3	8	1	2	8

						For women age 15-49	For children age 0-4	For children age 0-17 years								For children age 0-14							
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'.</i>	HL7. <i>Circle line no. if woman age 15-49.</i>	HL7B. <i>Circle line no. if age 0-4.</i>	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No <input type="checkbox"/> HL13 8 DK <input type="checkbox"/> HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" record line no. of mother and go to HL13</i> <i>If "No", record "00".</i>	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No <input type="checkbox"/> HL15 8 DK <input type="checkbox"/> HL15	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" record line no. of father and go to HL15</i> <i>If "No", record "00".</i>	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	HL15. <i>Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00", ask:</i> WHO IS THE PRIMARY CARETAKER OF (name)?								
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y	N	DK	Mother		Y	N	DK	Father		Mother			
11			1	2				11	11	1	2	8			1	2	3	8		1	2	3	8
12			1	2				12	12	1	2	8			1	2	3	8		1	2	3	8
13			1	2				13	13	1	2	8			1	2	3	8		1	2	3	8
14			1	2				14	14	1	2	8			1	2	3	8		1	2	3	8
15			1	2				15	15	1	2	8			1	2	3	8		1	2	3	8

Enter X here if additional questionnaire is used ☐

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as friend, etc.) but who usually live in the household.

Insert names of additional members in the Household List and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the Module WM – WOMAN'S INFORMATION PANEL of a separate Individual Women's Questionnaire.

For each child under the age of 5, write his/her name and line number and the line number of his/her mother or caretaker in the Module UF – CHILD INFORMATION PANEL of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman, and each child under five in the household.

* Codes for HL3: Relationship to head of household:

- 01 Head
- 02 Spouse; partner
- 03 Son/daughter
- 04 Son-in-Law / Daughter-in-Law
- 05 Grandchild

- 06 Parent
- 07 Parent-in-Law / Partner's parent
- 08 Brother / Sister
- 09 Brother-in-Law / Sister-in-Law
- 10 Uncle / Aunt

- 11 Niece / Nephew
- 12 Other relative
- 13 Adopted / Foster / Stepchild
- 14 Servant (live-in)
- 96 Other (Not related)
- 98 DK

MODULE ED – EDUCATION

		For household members age 5 and above				For household members age 5-24 years							
ED1. Line number	ED2. Name and age <i>Copy from HL2 and HL6</i>	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Kindergarten 1 Preparatory Preschool Program (PPP) 2 Primary school 3 Secondary 4 Higher 8 DK	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade / Year: 98 DK <i>If the first grade at this level is not completed, enter "00"</i>	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013- 2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE OF SCHOOL IS (name) ATTENDING?		ED7. DURING THE PREVIOUS 2012-2013 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE OF SCHOOL DID (name) ATTEND?		ED8C. <i>Check ED6. If level = 0 or 1 go to next line. For all other levels ask: AT WHAT AGE DID (name) START THE FIRST GRADE OF PRIMARY SCHOOL? Record in completed years. 98 DK</i>		
Line number	Name	Age	Yes No	Level	Grade	Yes No	Level	Grade	Y N DK	Level	Grade	Age	
01			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
02			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
03			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
04			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
05			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
06			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
07			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
08			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
09			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
10			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
11			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
12			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
13			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
14			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			
15			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8			

ATTENDANCE TO COMPULSORY PREPARATORY PRESCHOOL PROGRAM (PPP)

ED8D Check ED2, are there children aged 5-7 years living in the household?

☐ Yes → Continue with ED9 and copy the line number from ED1 and name and age from ED2 for all children aged 5-7 years.

☐ No → Go to Next Module.

ED9. Line number	ED10. Name and age Copy name and age from ED2		ED11. DOES (name) ATTEND / ATTENDED TO THE PPP? 1 Yes 2 No If "No", and child is 6 or 7 yrs. go to ED15. If "No", and child is 5 yrs. → Next line	ED12. IN WHAT TYPE OF FACILITY DOES (name) ATTEND THE PPP, OR DID ATTEND THE PPP DURING THE PREVIOUS SCHOOL YEAR? 01 Public facility 02 Private facility 03 School 04 Facility sponsored by Roma NGO 05 Facility sponsored by other NGO 06 Denominational facility 96 Other	ED13. HOW DOES / DID (name) USUALLY GOES / WENT TO PPP? 1 Walks 2 Bicycle 3 Public transportation 4 Private car or motorcycle 5 Organized transportation to the facility 6 Other	ED14. WHAT IS THE DISTANCE (IN KM) AND HOW MUCH TIME (IN MINUTES) DOES (name) TAKE FROM YOUR HOUSEHOLD TO THE PPP FACILITY, WHEN USING THE USUAL WAY / MEAN OF TRANSPORTATION TO GET THERE? DK, enter 98. For any answer go to Next line.		ED15. WHAT ARE THE MAIN REASONS OF NON-ATTENDANCE OF PREPARATORY PRESCHOOL PROGRAM? Probe: ANYTHING ELSE? A The child will not learn anything important in PPP B Disabled C Groups overcrowded, lack of attention D Inadequate treatment E Didn't know it is compulsory F Overcrowded facility G Too far H The child does not have necessary documents I No one can take child to PPP J Costs of transportation K Textbooks/school supplies/pens L Clothes M Food N Hygiene expenses X Other									
Line number	Name	Age	PPP Attendance	Facility	Transportation	Km	Minutes	Attitudes	Access Problems	Financial Problems							
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X							
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X							
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X							
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X							
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X							
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X							
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X							
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X							
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X							

MODULE SL – SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years

Total number

SL2. Check the number of children age 1-17 in SL1:

- ☐ Zero ⇒ Go to Module AC - ATTITUDES TOWARD CHILDREN WITH DISABILITIES.
- ☐ One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.
- ☐ Two or more ⇒ Continue with SL2A.

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6
Rank	Line	Name	M	F	Age
1	<input type="text"/>		1	2	<input type="text"/>
2	<input type="text"/>		1	2	<input type="text"/>
3	<input type="text"/>		1	2	<input type="text"/>
4	<input type="text"/>		1	2	<input type="text"/>
5	<input type="text"/>		1	2	<input type="text"/>
6	<input type="text"/>		1	2	<input type="text"/>
7	<input type="text"/>		1	2	<input type="text"/>
8	<input type="text"/>		1	2	<input type="text"/>

SL8. 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 children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child from the table in question SL2A, and for this child you need to write data in SL9.

Last Digit of Household Number - HH2	Total Number of Eligible Children in the Household (from SL1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.

Rank number.....

Line number.....

Name.....

Age.....

MODULE CL – CHILD LABOUR

CL1. Check selected child's age from SL9.

☐ 1-4 years ⇒ Go to Next Module

☐ 5-17 years ⇒ Continue with CL2

CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?

Yes No

[A] DID (name) DO ANY WORK OR HELP ON HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?

Worked on plot/farm/food garden/looked after animals..... 1 2

[B] DID (name) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY OR RUN HIS/HER OWN BUSINESS?

Helped in family/relative's Business/ran own business 1 2

[C] DID (name) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?

Produce/sell articles/handicrafts/clothes/food or agricultural products 1 2

[D] SINCE LAST (day of the week), DID (name) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?

If "No", Probe:

PLEASE INCLUDE ANY ACTIVITY (name) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.

Any other activity 1 2

CL3. Check CL2, A to D

☐ There is at least one 'Yes' ⇒ continue with CL4

☐ All answers are 'No' ⇒ Go to CL8

CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?

Number of hours

If less than one hour, record "00".

CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?

Yes 1
No 2

1⇒ CL8

CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?

Yes 1
No 2

1⇒ CL8

CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)? [A] IS (name) EXPOSED TO DUST, FUMES OR GAS? [B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY? [C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION? [D] IS (name) REQUIRED TO WORK AT HEIGHTS? [E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES? [F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?	Yes..... 1 No 2 Yes..... 1 No 2 Yes..... 1 No 2 Yes..... 1 No 2 Yes..... 1 No 2 Yes..... 1 No 2	1⇒ CL8 1⇒ CL8 1⇒ CL8 1⇒ CL8 1⇒ CL8
CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes..... 1 No 2	2⇒ CL10
CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)? <i>If less than one hour, record "00".</i>	Number of hours <input type="text"/> <input type="text"/>	
CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD: [A] SHOPPING FOR HOUSEHOLD? [B] REPAIR ANY HOUSEHOLD EQUIPMENT? [C] COOKING OR CLEANING UTENSILS OR THE HOUSE? [D] WASHING CLOTHES? [E] CARING FOR CHILDREN? [F] CARING FOR THE OLD OR SICK? [G] OTHER HOUSEHOLD TASKS?	<div style="text-align: right;">Yes No</div> Shopping for household..... 1 2 Repair household equipment 1 2 Cooking/cleaning utensils/house 1 2 Washing clothes 1 2 Caring for children 1 2 Caring for old/sick 1 2 Other household tasks 1 2	
CL11. Check CL10 (A to G). <input type="checkbox"/> <i>There is at least one 'Yes' ⇒ Continue with CL12</i> <input type="checkbox"/> <i>All answers are 'No' ⇒ Go to Next Module</i>		
CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00".</i>	Number of hours <input type="text"/> <input type="text"/>	

MODULE CD – CHILD DISCIPLINE

CD1. Check selected child's age from SL9:

☐ 1–14 years ⇒ Continue with CD2

☐ 15–17 years ⇒ Go to Next Module

CD2. Write the line number and name of the child from SL9.

Line number.....

Name

CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH:

[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE?

Yes No

Took away privileges 1 2

[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG?

Explained wrong behaviour 1 2

[C] SHOOK HIM/HER?

Shook him/her 1 2

[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER?

Shouted, yelled, screamed 1 2

[E] GAVE HIM/HER SOMETHING ELSE TO DO?

Gave something else to do 1 2

[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND?

Spanked, hit, slapped on bottom with bare hand 1 2

[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?

Hit with belt, hairbrush, stick, or other hard object 1 2

[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT?

Called dumb, lazy, or another name 1 2

[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS?

Hit/slapped on the face, head or ears 1 2

[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG?

Hit/slapped on hand, arm or leg 1 2

[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?

Beat up, hit over and over as hard as one could 1 2

CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?

Yes..... 1

No..... 2

DK / No opinion 8

MODULE AC – ATTITUDES TOWARD CHILDREN WITH DISABILITIES

AC1. NOW I WILL READ A FEW STATEMENTS RELATED TO CHILDREN WITH DISABILITIES:

If necessary, explain to the respondent that the persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

THE FOLLOWING STATEMENTS REFER ONLY TO CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES.

AFTER I READ THE STATEMENT, PLEASE ANSWER TO WHAT EXTENT YOU AGREE WITH THE STATEMENT. THERE ARE FIVE POSSIBLE ANSWERS: STRONGLY DISAGREE, DISAGREE, NEITHER AGREE NOR DISAGREE, AGREE, STRONGLY AGREE. NOW I WILL READ STATEMENTS.

[A] FOR CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES IT IS BETTER TO LIVE IN FAMILY THAN IN SPECIALIZED CHILD CARE INSTITUTIONS.

Strongly disagree Mostly disagree Neither agree or disagree Mostly agree Strongly agree

1 2 3 4 5

[B] CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES HAVE NEGATIVE IMPACT ON EVERYDAY LIFE OF OTHER CHILDREN IN THE FAMILY.

1 2 3 4 5

[C] FOR CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES IT IS BETTER TO ATTEND MAINSTREAM SCHOOLS THAN SPECIAL SCHOOLS.

1 2 3 4 5

[D] CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES ATTENDING MAINSTREAM SCHOOLS HAVE NEGATIVE IMPACT ON THE WORK OF OTHER STUDENTS.

1 2 3 4 5

[E] CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES CAN ACHIEVE A LOT IN LIFE IF THEY ARE ADEQUATELY SUPPORTED.

1 2 3 4 5

AC2. THE FOLLOWING STATEMENTS REFER ONLY TO CHILDREN WITH INTELLECTUAL DISABILITIES.

[A] FOR CHILDREN WITH INTELLECTUAL DISABILITIES IT IS BETTER TO LIVE IN FAMILY THAN IN SPECIALIZED CHILD CARE INSTITUTIONS.

Strongly disagree Mostly disagree Neither agree or disagree Mostly agree Strongly agree

1 2 3 4 5

[B] CHILDREN WITH INTELLECTUAL DISABILITIES HAVE NEGATIVE IMPACT ON EVERYDAY LIFE OF OTHER CHILDREN IN THE FAMILY.

1 2 3 4 5

[C] FOR CHILDREN WITH INTELLECTUAL DISABILITIES IT IS BETTER TO ATTEND MAINSTREAM SCHOOLS THAN SPECIAL SCHOOLS.

1 2 3 4 5

[D] CHILDREN WITH INTELLECTUAL DISABILITIES ATTENDING MAINSTREAM SCHOOLS HAVE NEGATIVE IMPACT ON THE WORK OF OTHER STUDENTS.

1 2 3 4 5

[E] CHILDREN WITH INTELLECTUAL DISABILITIES CAN ACHIEVE A LOT IN LIFE IF THEY ARE ADEQUATELY SUPPORTED.

1 2 3 4 5

MODULE HC – HOUSEHOLD CHARACTERISTICS

HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Orthodox 1 Catholic 2 Islamic 3 Does not want to declare 4 Other religion (<i>specify</i>): 6 No religion 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Serbian 1 Hungarian 2 Bosnian 3 Roma 4 Other (<i>specify</i>): 6 Does not want to declare 7	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms <input type="text"/> <input type="text"/>	
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor Earth 11 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Vinyl / Linoleum 32 Ceramic tiles 33 Cement 34 Carpet 35 Laminate 36 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof 11 Thatch 12 Rudimentary roofing Cane 22 Wood planks 23 Cardboard 24 Finished roofing Meta / Tin 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) 96	

<p>HC5. Main material of the exterior walls</p> <p><i>Record observations.</i></p>	<p>Natural walls</p> <p>No walls 11</p> <p>Cane / Trunks 12</p> <p>Mud 13</p> <p>Rudimentary walls</p> <p>Cane, straw and mud 21</p> <p>Stone with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood 24</p> <p>Cardboard 25</p> <p>Reused wood 26</p> <p>Finished walls</p> <p>Cement 31</p> <p>Stone with lime / cement 32</p> <p>Bricks 33</p> <p>Cement blocks 34</p> <p>Covered adobe 35</p> <p>Wood planks / shingles 36</p> <p>Plaster walls 37</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01</p> <p>Liquid Petroleum Gas (LPG) 02</p> <p>Natural gas (piped) 03</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Coal / Lignite 06</p> <p>Charcoal 07</p> <p>Wood 08</p> <p>Straw / Shrubs / Grass 09</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen 1</p> <p>Elsewhere in the house 2</p> <p>In a separate building 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>	

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 NON-MOBILE TELEPHONE?	Non-mobile telephone	1	2
[E] A REFRIGERATOR?	Refrigerator	1	2
[F] A WARDROBE?	Wardrobe	1	2
[G] A TABLE WITH CHAIRS?	Table with chairs	1	2
[H] A BED?	Bed	1	2
[I] AN IRON?	Iron	1	2
[J] A HAIR DRYER?	Hair dryer	1	2
[K] A WATER HEATER?	Water heater	1	2
[L] A VACUUM CLEANER?	Vacuum cleaner	1	2
[M] A FREEZER?	Freezer	1	2
[N] AN ELECTRICAL STOVE?	Electrical stove	1	2
[O] A WASHING MACHINE?	Washing machine	1	2
[P] A DRYING MACHINE?	Drying machine	1	2
[Q] A DISHWASHER?	Dishwasher	1	2
[R] A MICROWAVE?	Microwave	1	2
[S] A CABLE TV/TOTAL TV?	Cable TV/ Total TV	1	2
[T] A PC/LAPTOP?	PC/laptop	1	2
[U] AN INTERNET?	Internet	1	2
[V] AN AIR CONDITIONER?	Air conditioner	1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No
[A] A WRIST WATCH?	Wrist watch	1	2
[B] A MOBILE TELEPHONE?	Mobile telephone	1	2
[C] A BICYCLE?	Bicycle	1	2
[D] A MOTORCYCLE OR SCOOTER?	/Motorcycle/Scooter	1	2
[E] AN ANIMAL-DRAWN CART?	Animal-drawn cart	1	2
[I] A CAR	Car	1	2
[J] A TRUCK?	Truck	1	2
[K] A TRACTOR?	Tractor	1	2

HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	Own.....1 Rent.....2 Other (specify).....6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes1 No2	2⇒HC13
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record "95". If unknown, record "98".</i>	Hectares <input type="text"/> <input type="text"/>	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, OTHER FARM ANIMALS OR POULTRY?	Yes1 No2	2⇒HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE: [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? [G] OTHER POULTRY? [H] BEEHIVES? <i>If none, record "00". If 95 or more, record "95". If unknown, record "98".</i>	Cattle, milk cows or bulls <input type="text"/> <input type="text"/> Horses, donkeys or mules <input type="text"/> <input type="text"/> Goats <input type="text"/> <input type="text"/> Sheep <input type="text"/> <input type="text"/> Chickens <input type="text"/> <input type="text"/> Pigs <input type="text"/> <input type="text"/> Other poultry <input type="text"/> <input type="text"/> Beehives <input type="text"/> <input type="text"/>	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes1 No2	

MODUL CB – CASH BENEFIT

<p>CB1. I WOULD LIKE TO ASK YOU ABOUT CASH BENEFIT PROGRAMS.</p> <p>DID YOU KNOW THAT THERE ARE VARIOUS CASH BENEFIT PROGRAMS PROVIDED BY GOVERNMENT/CITY/MUNICIPAL INSTITUTION:</p> <p>[A] FINANCIAL SOCIAL ASSISTANCE - FSA?</p> <p>[B] CHILD ALLOWANCE?</p> <p>[C] ONE-OFF SOCIAL ASSISTANCE?</p> <p>[D] DISABILITY ALLOWANCE?</p>	<p style="text-align: right;">Yes No</p> <p>FSA..... 1 2</p> <p>Child allowance 1 2</p> <p>One-off social assistance 1 2</p> <p>Disability allowance 1 2</p>	
<p>CB2. HAVE YOU APPLIED OR RENEWED APPLICATION FOR THE FINANCIAL SOCIAL ASSISTANCE DURING THE PAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒CB5</p>
<p>CB3. WERE YOU APPROVED THE FINANCIAL SOCIAL ASSISTANCE BASED ON THIS REQUEST?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know / waiting for answer 3</p>	<p>2⇒CB6</p>
<p>CB4. WHETHER AND FOR HOW LONG HAVE YOU BEEN RECEIVING THIS ALLOWANCE EVEN IF THERE WERE BREAK PERIODS?</p>	<p>Less than 12 months..... 1</p> <p>1-3 years..... 2</p> <p>4-5 years..... 3</p> <p>More than 5 years..... 4</p> <p>He / she never received allowance..... 5</p>	<p>⇒CB6</p> <p>⇒CB6</p> <p>⇒CB6</p> <p>⇒CB6</p> <p>⇒CB6</p>
<p>CB5. WHAT IS THE MAIN REASON YOU DID NOT APPLY FOR THE FINANCIAL SOCIAL ASSISTANCE?</p>	<p>Did not need any..... 01</p> <p>Unaware of the program..... 02</p> <p>Did not know how to apply..... 03</p> <p>Complicated administrative procedure 04</p> <p>Expensive administrative procedure..... 05</p> <p>I know I do not meet conditions..... 06</p> <p>I was told I do not meet conditions..... 07</p> <p>Other (specify) 96</p>	

CHILD ALLOWANCE

CB6. Check if there are children ages 0-18 years in the household.

☐ Yes \Rightarrow Continue with CB?

For every household member age 0-18 years, in the order they appear in the HL - List of Household Members copy line number of a child from HL1, and name from HL2 and age from HL6.

☐ No \Rightarrow Go to Next Module[illegible]

MODULE WS – WATER AND SANITATION

WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water (water supply) Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Tute Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>): 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 81⇒WS3 96⇒WS3			
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water (water supply) Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Tute Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>): 96	11⇒WS6 12⇒WS6 13⇒WS6 21 31 32 41 42 51 61 81 96			
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6			
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes..... <table border="1" data-bbox="1177 1688 1299 1730"> <tr> <td></td> <td></td> <td></td> </tr> </table> DK998				

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15)..... 3 Male child (under 15)..... 4 DK..... 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes..... 1 No 2 DK..... 8	2⇒WS8 8⇒WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil..... A Add bleach / chlorine B Strain it through a cloth..... C Use water filter (ceramic, sand, etc.)..... D Solar disinfection E Let it stand and settle F Other (specify)..... X DK..... Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If "flush" or "pour flush", probe:</i> WHERE DOES IT FLUSH TO? <i>If not possible to determine, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank..... 12 Flush to pit (latrine)..... 13 Flush to somewhere else..... 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab..... 22 Pit latrine without slab / Open pit..... 23 Composting toilet..... 31 Bucket..... 41 No facility 95 Other (specify)..... 96	95⇒ HH19
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes..... 1 No 2	2⇒HH19
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 Public facility..... 2	2⇒HH19
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households if less than 10 <input type="text" value="0"/> Ten or more households..... 10 DK..... 98	

HH19. Record the time.	Hour and minute <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> , <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
<p>HH20. Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p>Check if there is any woman age 15-49 eligible for <u>QUESTIONNAIRE FOR INDIVIDUAL WOMEN AGE 15 - 49 YEARS</u> in the household (HL7).</p> <p><input type="checkbox"/> Yes, a separate questionnaire has been issued for each woman aged 15 – 49 years with the Information panel filled in.</p> <p><input type="checkbox"/> No, there is no woman age 15-49.</p> <p>Check if there is any child under 5 eligible for <u>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</u> in the household (HL7B).</p> <p><input type="checkbox"/> Yes, a separate questionnaire has been issued for each child under 5 with the Information panel filled in.</p> <p><input type="checkbox"/> No, there is no child under 5.</p> <p>Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12) and under-5s (HH14) are entered.</p> <p>Make arrangements for the administration of the remaining questionnaire(s) in this household.</p>										

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR WOMEN AGE 15–49 YEARS

MODULE WM – WOMAN'S INFORMATION PANEL

This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.

WM1. Cluster number: <div style="text-align: right;"> </div>	WM2. Household number: <div style="text-align: right;"> </div>
WM3. Woman's name: Name _____	WM4. Woman's line number: <div style="text-align: right;"> </div>
WM5. Interviewer's name and ID code: Name: _____ <div style="text-align: right;"> </div>	WM6. Day / Month / Year of interview: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> (Day)</div> <div style="text-align: center;"> (Month)</div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (Day) (Month) (Year) </div>

Repeat greeting if not already read to this woman:

WE ARE FROM THE **STATISTICAL OFFICE OF THE REPUBLIC OF SERBIA**. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **15** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

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 **15** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

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 ⇒ Circle '03' in WM7. Discuss this result with your supervisor.

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

WM8. Field editor's name and ID code: Name: _____ <div style="text-align: right;"> </div>	WM9. Main data entry clerk's name and ID code: Name: _____ <div style="text-align: right;"> </div>
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MODULE WB – WOMAN'S BACKGROUND**WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?**

Date of birth

Month.....

--	--

DK month..... 98

Year.....

--	--	--	--

DK year..... 9998

WB2. HOW OLD ARE YOU?*Probe: HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?**Compare and correct WB1 and/or WB2 if inconsistent.*Age (in completed years).....

--	--

WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?

Yes..... 1

No 2

2⇒WB7

WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTEND / ATTENDED?

Preschool..... 0

Primary 1

Secondary 2

Higher 3

0⇒WB7

WB5. WHAT IS THE HIGHEST GRADE / YEAR YOU COMPLETED AT THAT LEVEL?*If the first grade/year at this level is not completed, enter "00".*Grade/Year

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WB6. Check WB4:☐ Secondary or higher (WB4= 2 or 3)⇒ Go to Next Module.☐ Primary (WB4= 1)⇒ Continue with WB7.**WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.***Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:***CAN YOU READ PART OF THE SENTENCE TO ME?**

Cannot read at all 1

Able to read only parts of sentence..... 2

Able to read whole sentence 3

No sentence in required language

..... 4

(specify language)

Blind / visually impaired..... 5

MODULE CM – FERTILITY

CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Month DK month 98 Year DK year 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record "00".</i>	Sons at home Daughters at home	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record "00".</i>	Sons elsewhere Daughters elsewhere	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record "00".</i>	Boys dead Girls dead	
CM10. Sum answers to CM5, CM7 and CM9.	Sum	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGH, YOU HAVE HAD IN TOTAL (<i>the total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?		
<input type="checkbox"/> <i>Yes. Check below:</i> <div style="margin-left: 20px;"> <input type="checkbox"/> <i>No live births ⇒ Go to CM12B.</i> <input type="checkbox"/> <i>One or more live births ⇒ Continue with CM12.</i> </div> <input type="checkbox"/> <i>No. ⇒ Check responses to CM1–CM10 and make corrections as necessary before proceeding to CM12.</i>		
CM12. OF THESE (<i>total number in CM10</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? <i>Month and year must be recorded.</i>	Date of last birth Month..... Year 	
CM12B. SOMETIMES PREGNANCIES DO NOT END WITH LIVE BIRTHS. HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN STILLBIRTH OR THAT WAS ABORTED?	Yes 1 No 2	2⇒CM13
CM12C. HOW MANY MISCARRIAGES DID YOU HAVE DURING YOUR LIFETIME? BY MISCARRIAGE, I MEAN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5 MONTHS OF PREGNANCY.	None 00 Number of miscarriages	
CM12E. HOW MANY ABORTIONS DID YOU HAVE DURING YOUR LIFETIME? BY ABORTION, I MEAN A PREGNANCY THAT WAS WILLINGLY TERMINATED IN THE FIRST 5 MONTHS OF PREGNANCY.	None 00 Number of abortions	
CM12D. IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH? BY STILLBIRTH, I MEAN A BIRTH THAT OCCURED AFTER THE FIFTH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.	None 00 Number of stillbirths	
CM13. Check CM12: Last birth occurred within the last 2 years, that is since (month of interview) in 2012 (if the month of interview and the month of birth are the same, and the year of birth is 2012 , consider this as a birth within the last 2 years). <input type="checkbox"/> <i>No live birth in last 2 years. ⇒ Go to ILLNESS/SYMPTOMS Module</i> <input type="checkbox"/> <i>Yes, one or more live births in last 2 years. ⇒ Ask for the name of the last-born child.</i> <div style="text-align: center;"> <i>Name of last-born child</i> _____ </div> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with Next Module.</i></p>		

MODULE DB – DESIRE FOR LAST BIRTH

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 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 No 2	1⇒ Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	2⇒ Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by the respondent.</i>	Months 1 <input type="text"/> <input type="text"/> Years 2 <input type="text"/> <input type="text"/> DK 998	

MODULE MN – MATERNAL AND NEWBORN HEALTH

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

MN1. DID ANYONE CONDUCT A CHECK AND/OR CONTROL YOU DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒ MN4A															
MN2. WHO CHECKED YOU/CONTROLLED YOU? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Other person: Traditional birth attendant F Other (specify): X																
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU HAD YOUR FIRST CHECK-UP? <i>Record the answer as stated by the respondent.</i>	Weeks 1 Months 2 0 Don't know 998																
MN3. HOW MANY TIMES WERE YOU CHECKED DURING THIS PREGNANCY? <i>Probe to identify the number of times antenatal care was received. For a range of values, record the minimum number of times antenatal care received.</i>	Number of times. <input type="text"/> <input type="text"/> DK 98																
MN4. AS PART OF CHECK-UPS DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE? [D] DID THEY MEASURE YOUR WEIGHT?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Weight</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	Weight	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample	1	2															
Weight	1	2															
MN4A. DURING THIS PREGNANCY, DID AUXILIARY NURSE (PATRONAGE NURSE) VISIT YOU AT YOUR HOME?	Yes 1 No 2																
MN4B. DURING THIS PREGNANCY, DID YOU ATTEND ANY CHILD BIRTH PREPARATION PROGRAMME (PARENTING AND PREGNANCY EDUCATION WITH HEALTH CARE INSTITUTION)?	Yes 1 No 2	2⇒ MN4D															

<p>MN4C. WHILE YOU ATTENDED PREPARATION PROGRAMME DID YOU RECEIVE INFORMATION ABOUT THE FOLLOWING SUBJECTS:</p> <p>[A] WOMAN'S HEALTH DURING PREGNANCY?</p> <p>[B] BREASTFEEDING?</p> <p>[C] NEWBORN CARE?</p> <p>[D] PARENTING SKILLS?</p>	<p style="text-align: right;">Yes No</p> <p>Woman's health during pregnancy.....1 2</p> <p>Breastfeeding1 2</p> <p>Newborn care1 2</p> <p>Parenting skills1 2</p>	<p>⇒ MN17</p>
<p>MN4D. WHAT WAS THE MAIN REASON THAT YOU DID NOT ATTEND CHILDBIRTH PREPARATION PROGRAMME (PARENTING AND PREGNANCY EDUCATION WITH HEALTH CARE INSTITUTION)?</p>	<p>Did not know it exists..... 1</p> <p>No need..... 2</p> <p>No time..... 3</p> <p>Not organized in my neighborhood..... 4</p> <p>Do not know / do not remember..... 5</p> <p>Other (specify)..... 6</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If the respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>DoctorA</p> <p>Nurse / Midwife.....B</p> <p>Other person:</p> <p>Traditional birth attendant.....F</p> <p>Relatives / Friends.....H</p> <p>Husband / partner.....I</p> <p>Other (specify):X</p> <p>No one.....Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place, organisation, etc.</i></p> <p>_____ (Name of place, organisation, etc.)</p>	<p>Home</p> <p>Respondent's home 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government clinic / health centre..... 22</p> <p>Government health post..... 23</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic..... 32</p> <p>Private maternity home 33</p> <p>Other private medical (specify) 36</p> <p>Other (specify) 96</p>	<p>11⇒ MN20</p> <p>12⇒ MN20</p> <p>96⇒ MN20</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ MN20</p>
<p>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER LABOR PAINS STARTED?</p>	<p>Before 1</p> <p>After 2</p>	

MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN21. WAS (name) WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2⇒ MN23 8⇒ MN23
MN22. HOW MUCH DID (name) WEIGH? <i>Record weight from a hospital discharge letter, if available.</i>	From discharge letter... 1 (kg) <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> From recall 2 (kg) <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?	Yes 1 No 2	
MN24. DID YOU EVER BREASTFEED (name)?	Yes 1 No 2	2⇒ MN27A
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST ? <i>If less than 1 hour, record "00" hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately 000 Hours 1 <input type="text"/> <input type="text"/> Days 2 <input type="text"/> <input type="text"/> DK / Don't remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒ MN27A
MN27. WHAT WAS (name) GIVEN TO DRINK? <i>Probe: ANYTHING ELSE?</i>	Milk (other than breast milk) A Plain water B Sugar or glucose water C Anti-colic (cramps) remedy D Sugar-salt-water solution E Fruit juice F Infant formula G Tea/ Herbal infusion H Other (specify) X DK Z	
MN27A. WAS CHILD WITH YOU IN THE ROOM AFTER BIRTH? <i>If "No" probe by asking: WHY WAS THE CHILD NOT IN THE ROOM WITH YOU AFTER</i>	Yes 1 No, I did not want that though conditions existed 2 No, no conditions. 3 No, due to illness of mother and / or baby 4	
MN27B. DID PATRONAGE NURSE VISIT YOU AT YOUR HOME IN THE WEEK YOU RETURNED HOME AFTER AFTER DELIVERY?	Yes 1 No 2	2⇒ Next Module
MN27C. HOW MANY TIMES DID PATRONAGE NURSE VISIT YOU AFTER BIRTH?	Number of times <input type="text"/> <input type="text"/> DK 98	

MODULE IS – ILLNESS SYMPTOMS

IS1. Check List of Household Members, columns HL7B and HL15

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

☐ Yes ⇒ Continue with IS2.

☐ No ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESS AND SHOULD BE TAKEN IMMEDIATELY TO DOCTOR. IN CASE OF WHAT SYMPTOMS OF ILLNESS WOULD YOU TAKE THE CHILD UNDER THE AGE OF 5 TO THE DOCTOR RIGHT AWAY?

Probe:

ANY OTHER SYMPTOMS?

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

Circle all symptoms mentioned but do NOT prompt any suggestions.

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

Other (specify):X

Other (specify):Y

Other (specify):Z

MODULE CP – CONTRACEPTION

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

COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID PREGNANCY.

HAVE YOU HEARD OF:

[A] FEMALE STERILIZATION?

Probe: WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN („TUBAL LIGATION“).

Yes 1
No 2

[B] MALE STERILIZATION?

Probe: MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.

Yes 1
No 2

[C] IUD?

Probe: WOMEN CAN HAVE A LOOP OR COILD PLACED INSIDE THEM BY A DOCTOR.

Yes 1
No 2

[D] INJECTABLES?

Probe: WOMEN CAN HAVE AN INJECTION BY A DOCTOR THAT STOPS THEM FROM GETTING PREGNANT FOR ONE OR MORE MONTHS.

Yes 1
No 2

[E] IMPLANTS?

Probe: WOMEN CAN HAVE ONE OR MORE SMALL IMPLANTS (RODS) PLACED IN THEIR UPPER ARM BY A DOCTOR WHICH CAN PREVENT PREGNANCY FOR ONE OR MORE YEARS.

Yes 1
No 2

[F] PILL?

Probe: WOMEN CAN TAKE A PILL EVERY DAY TO AVOID GETTING PREGNANT.

Yes 1
No 2

[G] CONDOM?

Probe: MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.

Yes 1
No 2

[H] FEMALE CONDOM?

Probe: WOMEN CAN PLACE A RUBBER SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE.

Yes 1
No 2

[I] DIAPHRAGM?

Probe: WOMEN CAN PLACE A SOFT RUBBER CUP IN THEIR VAGINA TO BLOCK SPERM FROM ENTERING UTERUS OR TUBES.

Yes 1
No 2

<p>[J] FOAM/JELLY? <i>Probe: WOMEN MAY USE SPERMICIDAL PRODUCTS (E.G. FOAM, JELLY, CREAM) THAT CAN KILL OR PREVENT THE SPERM FROM MOVING AND REACHING THE EGG.</i></p> <p>[L] PERIODIC ABSTINENCE/RHYTHM METHOD? <i>Probe: TO AVOID PREGNANCY, WOMEN DO NOT HAVE SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH THEY THINK THEY CAN GET PREGNANT</i></p> <p>[M] WITHDRAWAL? <i>Probe: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX ("THE HUSBAND KEEPS ME" OR "WE KEEP OURSELVES").</i></p> <p>[N] EMERGENCY CONTRACEPTION? <i>Probe: AS AN EMERGENCY MEASURE WITHIN THREE DAYS AFTER THEY HAVE UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY ("MORNING AFTER PILL")</i></p> <p>[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHOD THAT WOMEN OR MAN CAN APPLY TO AVOID PREGNANCY?</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1</p> <p>_____ (specify) _____ (specify)</p> <p>No 2</p>	
<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1 No 2 Unsure or DK..... 8</p>	<p>1 ⇒ CP2A</p>
<p>CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1 No 2</p>	<p>1 ⇒ CP3</p>
<p>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1 No 2</p>	<p>1 ⇒ Next Module</p>
<p>CP2B. WHY HAVE YOU NEVER DONE SOMETHING OR USED ANY METHOD TO AVOID OR DELAY GETTING PREGNANT?</p>	<p>Have not had sex before. 1 Wanted to get pregnant 2 Husband/partner was against..... 3 Insufficient means (too expensive) 4 Uninformed. 5</p> <p>Other 6 DK 8</p>	<p>⇒ Next Module</p>

<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam /jelly J</p> <p>Rhythm method L</p> <p>Withdrawal M</p> <p>Other (specify): X</p>	
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MODULE UN – UNMET NEED

UN1. Check CP1. Currently pregnant?

☐ Yes, currently pregnant ⇒ Continue with UN2

☐ 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

1⇒UN4

No..... 2

UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?

Later..... 1

No more..... 2

UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?

Have another child..... 1

1⇒UN7

No more / None..... 2

2⇒UN13

Undecided / DK..... 8

8⇒UN13

UN5. Check CP3. Currently using "Female sterilization"?

☐ Yes ⇒ Go to UN13

☐ No ⇒ Continue with UN6

UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?

Have (a/another) child..... 1

No more / None..... 2

2⇒UN9

Says she cannot get pregnant..... 3

3⇒UN11

Undecided / DK..... 8

8⇒UN9

UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?

Record the answer as stated by respondent.

Months..... 1

Years..... 2

Does not want to wait (soon/now)..... 993

Says she cannot get pregnant..... 994

After marriage..... 995

Other..... 996

DK..... 998

994⇒UN*1

UN8. Check CP1. Currently pregnant?

☐ Yes, currently pregnant ⇒ Go to UN13

☐ No, unsure or DK ⇒ Continue with UN9

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

MODULE DV – ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

	Yes	No	DK
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
------------------	---	---	---

MODULE MA – MARRIAGE/UNION

MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man..... 2 No, not in union..... 3	3 ⇒ MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years <input type="text"/> <input type="text"/> Does not know 98	⇒ MA7 ⇒ MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man..... 2 No 3	3 ⇒ Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced..... 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once..... 2	1 ⇒ MA8A 2 ⇒ MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? MA8B. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month..... <input type="text"/> <input type="text"/> DK month..... 98 Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year..... 9998	⇒ Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age in years..... <input type="text"/> <input type="text"/>	

MODULE LS – LIFE SATISFACTION

LS1. Check WB2: Age of respondent is between 15 and 24?

☐ Age 25-49 ⇒ Go to WM11

☐ Age 15-24 ⇒ Continue with LS2

LS2. NOW I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.

FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 1 of response card to the respondent and explain what each symbol represents. Circle the response code selected by the respondent.

Very happy 1
Somewhat happy 2
Neither happy nor unhappy 3
Somewhat unhappy 4
Very unhappy 5

LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

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.

AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied 5

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied 5

LS5. DURING THE CURRENT SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

Yes 1
No 2

2⇒LS7

LS6. HOW SATISFIED ARE YOU WITH YOUR SCHOOL?

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied 5

LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job..... 0 Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENE, OVERALL?	Improved..... 1 More or less the same 2 Worsened 3	
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better 1 More or less the same 2 Worse 3	

WM11. *Record the time*

Hour and minute

		:		
--	--	---	--	--

WM12. *Check the Household Questionnaire, Module H1 – LIST OF HOUSEHOLD MEMBERS, columns HL7B and HL15. Is the respondent the mother or caretaker of any child age 0-4 living in this household?*

- ☐ *Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then 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 and proceed to complete the result of woman's interview (WM7) on the cover page.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

MODULE UF – CHILD INFORMATION PANEL

*This questionnaire is to be administered to all mothers or caretakers (see **Household Questionnaire, Module HL – LIST OF HOUSEHOLD MEMBERS**, column HL15) who care for a child that lives with them and is under the age of 5 years (see **Household Questionnaire, Module HL – LIST OF HOUSEHOLD MEMBERS**, column HL7B). A separate questionnaire is to be filled in for each eligible child.*

UF1. Cluster number: <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	UF2. Household number: <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
UF3. Child's name: Name _____	UF4. Child's line number: <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
UF7. Interviewer's name and ID code: Name _____ <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	UF8. Day / Month / Year of interview: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> (Day) (Month) (Year) </div>

Repeat greeting if not already read to mother or caretaker:

WE ARE FROM THE **STATISTICAL OFFICE OF THE REPUBLIC OF SERBIA**.
 WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (*child's name from UF3*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

If greeting at the beginning of the Household Questionnaire has already been read to mother or caretaker, then read the following text:

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

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 ⇒ Circle '03' in the question UF9. Discuss this result with your supervisor.

UF9. Result of interview for children under 5

Codes refer to mother/caretaker.

Questionnaire is completed	01
Mother/caretaker not at home.....	02
Mother/caretaker refuses the interview.....	03
Questionnaire partly completed	04
Mother/caretaker incapacitated	05
Other (specify):	96

UF10. Field editor's name and ID code:

Name _____

UF11. Main data entry clerk's name and ID code:

Name _____

MODULE AG – CHILD'S AGE

AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (name).

ON WHAT DAY, MONTH AND YEAR WAS (name) BORN?

Probe:

WHAT IS HIS/HER BIRTHDAY?

If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.

Month and year must be recorded.

Date of birth

Day

--	--

DK day 98

Month

--	--

Year

2	0		
---	---	--	--

AG2. HOW OLD IS (name)?

Probe:

HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?

Record age in completed years.

Record '0' if less than 1 year

Compare and correct AG1 and/or AG2 if inconsistent.

Child's age (in completed years)

--

MODULE BR – BIRTH REGISTRATION

BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If „yes“, ask:</i> MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No 3 DK 8	1⇒BR3A 2⇒BR3A
BR2. HAS (name)'S BIRTH BEEN REGISTERED IN THE BIRTH REGISTER?	Yes 1 No 2 DK 8	1⇒BR3A
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH IN THE BIRTH REGISTER?	Yes 1 No 2	
BR3A. DOES (name) HAVE A HEALTH INSURANCE CARD? <i>If „yes“, ask:</i> MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No 3 DK 8	

MODULE BG – BIRTH GRANT

<p>BG1. DID YOU APPLY FOR THE BIRTH GRANT FOR (name) NO LATER THAN SIX MONTH AFTER HE/SHE WAS BORN?</p> <p><i>Explain, if necessary:</i></p> <p>WHEN I SAY THE BIRTH GRANT I MEAN FINANCIAL SUBSIDY PARENT IS ENTITLED TO AFTER A CHILD IS BORN AND THE FIRST FOUR CHILDREN IN THE FAMILY ARE ENTITLED TO IT. ONE CAN APPLY WITHIN THE FIRST SIX MONTHS OF THE CHILD'S BIRTH.</p>	<p>Yes.....1</p> <p>No2</p>	<p>2⇒BG3</p>
<p>BG2. DID YOU RECEIVE THE BIRTH GRANT?</p>	<p>Yes.....1</p> <p>No2</p>	<p>1⇒Next module</p> <p>2⇒ Next module</p>
<p>BG3. WHAT IS THE MAIN REASON YOU DID NOT APPLY FOR THE BIRTH GRANT?</p>	<p>Did not need any.....01</p> <p>Unaware of the program.....02</p> <p>Did not know how to apply.....03</p> <p>Complicated administrative procedure04</p> <p>Expensive administrative procedure.....05</p> <p>I know I do not meet conditions.....06</p> <p>There is still time / I will apply.....07</p> <p>Other (specify).....96</p>	

MODULE EC – EARLY CHILDHOOD DEVELOPMENT

<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p>	<p>None..... 00</p> <p>Number of children's books.....0 <input type="text"/></p> <p>Ten or more books..... 10</p>	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, LEAVES, ETC.)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<p>Yes No DK</p> <p>Homemade toys 1 2 8</p> <p>Toys from a shop..... 1 2 8</p> <p>Household objects or outside objects 1 2 8</p>	
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS (name):</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS SOMEONE LESS THAN TEN YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If „none“, enter '0'.</i></p> <p><i>If „don't know“, enter '8'.</i></p>	<p>Number of days a child was left alone for more than an hour..... <input type="text"/></p> <p>Number of days child was left with other child for more than an hour..... <input type="text"/></p>	

EC4. Check AG2: Age of child		
<input type="checkbox"/> Child age 0 ⇒ Go to the Next Module <input type="checkbox"/> Child age 1 or 2 ⇒ Go to the EC7 <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5		
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 No 2 DK 8	2⇒EC6B 8⇒EC7
EC6A. WHAT TYPE OF FACILITY DOES THE CHILD ATTEND?	Government facility 1 Private facility 2 Facility sponsored by Roma NGO 3 Facility sponsored by another NGO 4 Denominational facility 5 Other (specify) 6	1⇒EC7 2⇒EC7 3⇒EC7 4⇒EC7 5⇒EC7 6⇒EC7
EC6B. WHAT ARE THE MAIN REASONS THAT (name) DOES NOT GO TO A KINDERGARTEN OR ANY OTHER EARLY LEARNING FACILITY? Probe: ANYTHING ELSE?	Parents' attitudes The child will not learn much in the kindergarten..... A The child is disabled B Low level of services (poor conditions, inadequate personnel) C Poor treatment (ethnicity reasons, does not speak the language).....D The child is taken care at home E Access problems Not admitted in the facility as both parents are unemployed.....F Overcrowded facility G Costly services H Other expenses (transport, clothes, food) too high.....I The facility is too far/no organized transport for children.....J Other (specify) X	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If „yes“, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO (name) OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (NAME) OUTSIDE THE HOME, COMPOUND OR YARD?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED OR DREW THINGS TO (name) OR WITH (name)?</p>	<table> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took child outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted/drew</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took child outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted/drew	A	B	X	Y	
	Mother	Father	Other	No one																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took child outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted/drew	A	B	X	Y																																	
<p>EC7A. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 1 or 2 ⇒ Go to the Next Module</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC8</p>																																					
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (name)'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF CYRILLIC / LATIN ALPHABET?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				

EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?	Yes1 No.....2 DK8	
EC13. CAN <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes1 No.....2 DK8	
EC14. WHEN TOLD SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes1 No.....2 DK8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No.....2 DK8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No.....2 DK8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes1 No.....2 DK8	

MODULE BD – BREASTFEEDING AND DIETARY INTAKE

BD1. Check AG2: Age of child

☐ Child age 0, 1 or 2 ⇒ Continue with BD2

☐ Child age 3 or 4 ⇒ Go to UF13

BD2. HAS (name) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2 ⇒ BD4 8 ⇒ BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK 8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD7. I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR NIGHT. I AM INTERESTED TO KNOW WHETHER (name) TOOK THAT LIQUID EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (name) DRINK (Name of liquid) YESTERDAY DURING THE DAY OR THE NIGHT:		
		Yes No DK
[A] PLAIN WATER?	Plain water	1 2 8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1 2 8
[C] CLEAR SOUP?	Soup	1 2 8
[D] MILK SUCH AS POWDERED OR FRESH ANIMAL MILK?	Milk	1 2 8
If "yes" ask: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'.	Number of times drank milk	<input type="text"/>
[E] INFANT FORMULA (BEBELAC, APTAMIL, IMPAMIL, HIPPI, NESTLE AND ALIKE)?	Infant formula	1 2 8
If "yes" ask: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'.	Number of times drank infant formula	<input type="text"/>
[F] ANY OTHER LIQUIDS? LIQUID (specify)	Other liquids	1 2 8

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (name) HAD THAT FOOD EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.				
DID (name) EAT (Name of food) YESTERDAY DURING THE DAY OR NIGHT:		Yes	No	DK
[A] YOGURT / SOUR MILK?	Yogurt / sour milk	1	2	8
<i>If "yes" ask: HOW MANY TIMES DID (name) DRINK OR EAT YOGHURT / SOUR MILK? If 7 or more</i>		Number of times drank/ate yoghurt / sour milk <input style="width: 50px;" type="text"/>		
[B] BABY CEREALS (BABY KING, MILUPA, HIPPI, NESTLE AND ALIKE)?	Baby cereals	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, FARINA OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN OR CARROT?	Pumpkin or carrot	1	2	8
[E] WHITE POTATOES OR ANY OTHER FOODS MADE FROM ROOTS?	Root vegetables	1	2	8
[F] SPINACH, SWISS CHARD, KALE OR ANY OTHER DARK GREEN, LEAFY VEGETABLES?	Dark green leafy vegetables	1	2	8
[G] APRICOT OR CANTALOUPE?	Apricot or cantaloupe	1	2	8
[H] OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEYS, HEART OR OTHER OFFAL?	Liver, kidneys, heart or other offal	1	2	8
[J] ANY MEAT SUCH AS VEAL/YOUNG BEEF, PORK, LAMB, GOAT, CHICKEN OR TURKEY?	Meat such as veal/young beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FISH?	Fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS OR LENTILS?	Food made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid or soft food	1	2	8
FOOD (specify)				
BD9. Check BD8 (Categories "A" through "O") <input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11 <input type="checkbox"/> Else ⇒ Continue with BD10				
BD10. Ask additional question to determine whether the child ate solid, semi-solid or soft food yesterday, during the day or night <input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module <input type="checkbox"/> The child ate at least one solid, semi-solid, or soft food mentioned by the respondent ⇒ Go back to BD8 and record food the child ate yesterday [A through O]. When finished, continue with BD11.				
BD11. HOW MANY TIMES DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? <i>If 7 or more times, record '7'.</i> <i>If unknown, circle '8'.</i>	Number of times <input style="width: 50px;" type="text"/> DK 8			

MODULE IM – IMMUNIZATION

If personal immunization card / maternity hospital discharge list is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 will only be asked when immunization card/maternity hospital discharge list is not available.

IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? <i>If „Yes“, ask: MAY I SEE IT, PLEASE?</i>	Yes, seen..... 1 Yes, not seen..... 2 No 3	1⇒IM3 2⇒IM6						
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?	Yes 1 No 2	1⇒IM6 2⇒IM6						
IM3 (a) Copy dates for each vaccination from the card. (b) Write '44' in „Day“ column if the card shows that vaccination was given but no date recorded. (c) Circle '1' in the „Combined pentavalent vaccine (PENTAXIM or INFANRIX)“ column if the card shows that monovalent vaccine was given as a part of combined pentavalent vaccine (PENTAXIM or INFANRIX). Otherwise circle '2'.	Date of Immunization							Combined pentavalent vaccine (PENTAXIM or INFANRIX)
	Day	Month	Year	Yes	No			
BCG								
OPV1 / IPV1								1 2
OPV2 / IPV2								1 2
OPV3 / IPV3								1 2
DTP1								1 2
DTP2								1 2
DTP3								1 2
HEPB1								
HEPB2								
HEPB3								
Hib1								1 2
Hib2								1 2
Hib3								1 2
MMR1								
IM4. Check IM3. Are all vaccines (BCG to MMR1) recorded? <input type="checkbox"/> Yes ⇒ Go to IM20 <input type="checkbox"/> No ⇒ Continue with IM5								

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS?		
<input type="checkbox"/> <i>Yes ⇒ Go back to IM3 and ask about these vaccinations and record '66' in the appropriate day column for each vaccine mentioned. When finished, go to IM20</i>		
<input type="checkbox"/> <i>No / DK ⇒ Go to IM20</i>		
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES?	Yes 1 No 2 DK 8	2⇒IM20 8⇒IM20
IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS, THAT IS, AN INJECTION IN THE LEFT ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes 1 No 2 DK 8	
IM7A. HAS (name) EVER RECEIVED COMBINED PENTAVALENT VACCINE (PENTAXIM OR INFANRIX)? <i>Probe by indicating that pentavalent vaccine is usually given at the suggestion of pediatrician or parent's request and it prevents child from getting polio, diphtheria, tetanus, whooping cough and diseases caused by bacteria Hib.</i>	Yes 1 No 2 DK 8	2⇒IM8 8⇒IM8
IM7B. HOW MANY TIMES (name) RECEIVED THE COMBINED PENTAVALENT VACCINE?	Number of times <input type="text"/>	
IM7C. Check IM7B: How many times is combined pentavalent vaccine received? <input type="checkbox"/> <i>Number of times 1 or 2 ⇒ Continue with IM8</i> <input type="checkbox"/> <i>Number of times 3 ⇒ Go to IM13</i>		
IM8 HAS (name) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO (POLIO VACCINE)?	Yes 1 No 2 DK 8	2⇒IM11 8⇒IM11
IM10. HOW MANY TIMES (name) RECEIVED POLIO VACCINE AS VACCINATION DROPS IN THE MOUTH?	Number of times <input type="text"/>	
IM11. HAS (name) EVER RECEIVED A DTP VACCINATION, THAT IS, AN INJECTION IN THE THIGH OR THE UPPER ARM TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that DTP vaccination is almost always given at the same time as Polio.</i>	Yes 1 No 2 DK 8	2⇒IM12A 8⇒IM12A
IM12. HOW MANY TIMES (name) RECEIVED THE DTP VACCINE?	Number of times <input type="text"/>	

<p>IM12A. HAS (<i>name</i>) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING MENINGITIS / PNEUMONIA OR ANY OTHER DISEASE CAUSED BY BACTERIA HAEMOPHILUS INFLUENZAE TYPE B?</p> <p><i>Probe by indicating that the Hib vaccine is almost always given at the same time as Polio and DTP vaccines</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM13</p> <p>8⇒IM13</p>
<p>IM12B. HOW MANY TIMES (<i>name</i>) RECEIVED THE HIB VACCINE?</p>	<p>Number of times <input type="text"/></p>	
<p>IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION, THAT IS, AN INJECTION IN THE THIGH OR THE UPPER ARM TO PREVENT HIM/HER FROM GETTING HEPATITIS B (INFECTIOUS HEPATITIS B) ?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DTP vaccines</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM15. HOW MANY TIMES (<i>name</i>) RECEIVED THE HEPATITIS B VACCINE?</p>	<p>Number of times <input type="text"/></p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MMR VACCINE, THAT IS, A SHOT IN THE UPPER ARM (AT THE AGE OF 12 MONTHS OR OLDER) TO PREVENT HIM/HER FROM GETTING MEASLES, MUMPS AND RUBELLA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM20. Issue a Questionnaire for Vaccination Records at Health Facility for this child. Complete the Module HF – UNDER-FIVE CHILD INFORMATION PANEL and go to UF13.</p>		

UF13. Record the time.

Hour and minutes

		:		
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UF14. Check List of Household Members, columns HL7B and HL15.

Is the respondent (a person who answered questions from this questionnaire) mother or caretaker of another child aged 0–4 living in this household?

- ☐ Yes ⇒ Tell to respondent that you will need to measure weight and height of the child later. Take the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE that the same respondent needs to respond to
- ☐ No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell him/her that you will need to measure weight and height of the child before you leave the household

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

MODULE AN – ANTHROPOMETRY

After questionnaires for all children are complete, the measurer measures both the weight and height/length of each child. Record weight and length/height below, taking care that measures are recorded in the right questionnaire for each child. Check the child's name and line number in the HOUSEHOLD QUESTIONNAIRE, Module HL – LIST OF HOUSEHOLD MEMBERS, column HL7B, before you start recording measurements

AN1. <i>Measurer's name and ID code:</i>	Name: _____		
	ID code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
AN2. <i>Result of height/length and weight measurement</i>	Measured one or both 1		
	Child not present 2		2 ⇒ AN6
	Child or mother/caretaker refused 3		3 ⇒ AN6
	Other (specify): 6		6 ⇒ AN6
AN3. <i>Child's weight</i>	Kilograms (kg) <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		
	Weight not measured 99.9		
AN3A. <i>Was the child undressed to the minimum?</i>			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No, the child could not be undressed to the minimum			
AN3B. <i>Check child's age in AG2:</i>			
<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (while lying down).			
<input type="checkbox"/> Child age 2 or more years ⇒ Measure height (while standing up).			
AN4. <i>Child's length or height</i>	Length / Height (cm) <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		
	Length / Height not measured 999.9		⇒ AN6
AN4A. <i>How was the child actually measured?</i> <i>Lying down or standing up?</i>	Lying down 1		
	Standing up 2		

AN6. *Is there another child in the household who is eligible for measurement?*

☐ Yes ⇒ Record measurements for the next child.

☐ No ⇒ Check if there is any other women's or questionnaire for children under five to be completed in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

QUESTIONNAIRE FOR VACCINATION RECORDS AT HEALTH FACILITY

MODUL HF – CHILD INFORMATION PANEL

This questionnaire is to be used at health facilities to record information on vaccinations for children age 0-2 years. A separate questionnaire should be filled in for each eligible child.

The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This information panel should be completed before visiting the health facility.

This questionnaire must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child!

Read the following text to the mother or caretaker:

AS YOU ARE AWARE, CHILD'S VACCINATION RECORD IS USUALLY KEPT IN THE HEALTH FACILITY THAT IS RESPONSIBLE FOR ADMINISTER VACCINATIONS TO A CHILD WITHIN THE REGULAR IMMUNISATION PROGRAMME.

AS PART OF THIS SURVEY, IN ADDITION TO VACCINATION RECORDS KEPT AT HOME, WE ARE COLLECTING IMMUNISATION DATA ON ALL CHILDREN AGED 0-2 FROM VACCINATION RECORDS KEPT IN HEALTH FACILITIES. IMMUNISATION DATA COLLECTED FROM HEALTH FACILITY RECORDS IS PARTICULARLY IMPORTANT FOR SUPPLEMENTING DATA FROM VACCINATION CARDS KEPT AT HOME AND WILL HELP PREPARE MORE PRECISE ESTIMATES OF IMMUNISATION COVERAGE OF CHILDREN THIS AGE IN SERBIA. AGAIN, ALL THE INFORMATION WE OBTAIN FROM HEALTH FACILITY RECORDS WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

DO YOU HAVE ANY QUESTIONS?

I HAVE HERE A CONSENT FORM WHICH I WILL ASK YOU TO SIGN IF YOU AGREE TO THE COLLECTION OF VACCINATION RECORDS FOR *(name of the child)* FROM THE HEALTH FACILITY.

DO YOU GRANT YOUR CONSENT FOR US TO COLLECT VACCINATION RECORDS FOR *(name of the child)* FROM THE HEALTH FACILITY?

HF0. Results of request for consent to collect vaccination records from the health facility

Consent of mother/legal guardian granted 01
 Consent of mother/legal guardian not granted 02
 Father/legal guardian absent for an extended period of time..... 03
 Other *(specify)* 96

HF1. Cluster number:

HF2. Household number:

HF3. Child's name and surname:

HF4. Child's line number:

HF5. Mother's/Caretaker's name: Name _____	HF6. Mother's/Caretaker's line number: <div style="text-align: right;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>
HF7. Interviewer's name and ID code: Name _____ <div style="float: right; text-align: right;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>	HF8. Day / Month / Year of facility visit: <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="text-align: center; margin-top: 5px;"> (Day) (Month) (Year) </div>
HF9. Day, Month and Year of birth: <i>(From AG1 in the Questionnaire for Children Under Five)</i> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="text-align: center; margin-top: 5px;"> (Day) (Month) (Year) </div>	HF10. Name of health facility: _____ <hr/> HF10A. Name and number of the fieldwork staff member that visited the health facility: Name _____ <div style="float: right; text-align: right;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>

HF11. Result of health facility visit:	Vaccination records seen.....)1 Vaccination records not seen.....)2 Other (specify) _____)6
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HF11A. Field editor's name and ID code: Name _____ <div style="float: right; text-align: right;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>	HF11B. Main data entry clerk's name and ID code: Name _____ <div style="float: right; text-align: right;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>
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MODULE HF - IMMUNIZATION

HF12. Record day, month and year of birth as specified in vaccination records.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Day)		(Month)		(Year)					

HF13.

- (a) Copy dates for each vaccination from the card.
- (b) Write '44' in „Day“ column if the card shows vaccination was given but no date recorded.
- (c) Circle '1' in „Combined pentavalent vaccine (PENTAXIM or INFANRIX)“ column if the card shows monovalent vaccine was given as a part of combined pentavalent vaccine (PENTAXIM or INFANRIX). Otherwise circle '2'.

Date of immunization								Combined pentavalent vaccine (PENTAXIM or INFANRIX)	
Day	Month	Year						Yes	No

BCG

OPV1/IPV1

OPV2/IPV2

OPV3/IPV3

DTP1/DTaP1

DTP2/DTaP2

DTP3/DTaP3

HEPB1

HEPB2

HEPB3

Hib1

Hib2

Hib3

MMR1

For the purpose of 2014 Serbia Multiple Indicator Cluster Survey (MICS) which is conducted by Statistical Office of the Republic of Serbia, in accordance with Contract with Unicef, contracted on 13th of August, 2013, with contract number 15 broj 052-694/1, the following agreement is going to be given:

AGREEMENT

I, below signed mother/caretaker, agree that information related to vaccination for child _____ (*name and surname from HF3*) is going to be copied in the Health Facility _____ (*name of the Health Facility from HF10*).

Mother/caretaker's signature: _____

Personal No: _____



Reg No: _____

Issuing authority: _____

Date: _____

RESPONSE CARDS






HAPPINESS

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

SATISFACTION

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

ATTITUDES

				
Strongly disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Strongly agree
1	2	3	4	5

THE CARD WAS USED FOR QUESTION WB7 IN QUESTIONNAIRE FOR WOMEN 15-49

Српски језик:	1. Дете чита књигу.
	2. Ово лето је било врло кишно.
	3. Родитељи морају бринути о деци.
	4. Бављење пољопривредом је тежак посао.

Мађарски језик:	1. A gyermek könyvet olvas.
	2. Ez a nyár nagyon esős volt.
	3. A szülőknek gondoskodniuk kell a gyermekükről.
	4. A mezőgazdaságban dolgozni nehéz munka.

Slovački језик:	1. Dieťa číta knihu.
	2. Toto leto bolo veľmi daždivé.
	3. Rodičia sa musia starať o deti.
	4. Zaoberanie sa poľnohospodárstvom je ťažká práca.

Rumunsk i језик:	1. Copilul citește o carte.
	2. Vara aceasta a fost foarte ploioasă.
	3. Părinții trebuie să aibă grijă de copii.
	4. Practicarea agriculturii este un lucru foarte greu.

Русинск и језик:	1. Дзецко чита кнїжку.
	2. Тото лето було барз дижджовне.
	3. Родичи ше муша старац о дзехох.
	4. Занїмац ше зоз пољопривреду то чежка работа.

Hrvatski језик:	1. Dijete čita knjigu.
	2. Ovo ljeto je bilo vrlo kišno.
	3. Roditelji moraju brinuti o djeci.
	4. Bavljenje poljoprivredom je težak posao.

Ромски језик 1:	1. O čhavo drabarela pustik.
	2. Akava nilaj sine brišinalo.
	3. O dad/daj musaj te dikhen pe čhaven.
	4. Keribe buti sar agroekonomi sito phare.

Ромски језик 2:	1. O čhavo lekhavel e pustak.
	2. Akava nilaj sine but brišindalo.
	3. E dadora musaj trubun te igaren izaeti e čhavendar.
	4. O čeriba pe umaljinkerimaske buća si phari buti.