

Appendix F. 2013 Montenegro MICS Questionnaires

MICS HOUSEHOLD QUESTIONNAIRE MONTENEGRO

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: ____ / ____ / 2013	HH7. REGION: North 1 Central 2 South 3	
HH6. AREA: Urban..... 1 Rural..... 2		
HH8. Is the household selected for Questionnaire for Men? Yes..... 1 No..... 2		

WE ARE FROM THE STATISTICAL OFFICE OF MONTENEGRO - MONSTAT. 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 **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?

- ☐ YES, PERMISSION IS GIVEN ⇒ GO TO HH18 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.
- ☐ NO, PERMISSION IS NOT GIVEN ⇒ CIRCLE 04 IN HH9. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.

HH9. Result of household interview:	
Completed	01
No household member or no competent respondent at home at time of visit	02
Entire household absent for extended period of time	03
Refused	04
Dwelling vacant / Address not a dwelling	05
Dwelling destroyed	06
Dwelling not found	07
Other (specify)	96

After the household questionnaire has been completed, fill in the following information:	
HH10. Respondent to household questionnaire: Name _____ Line no: ____ _	
HH11. Total number of household members: ____ _	
HH12. Number of women age 15-49 years: ____ _	
If the household is selected for Questionnaire for Men: HH13A. Number of men age 15-49 years: ____ _	
HH14. Number of children under age 5: ____ _	
After all questionnaires for the household have been completed, fill in the following information:	
HH13. Number of women's questionnaires completed: ____ _	
If the household is selected for Questionnaire for Men: HH13B. Number of men's questionnaires completed: ____ _	
HH15. Number of under-5 questionnaires completed: ____ _	
HH16. Field editor's name and number: Name _____	HH17. Main data entry clerk's name and number: Name _____

01 Head	02 Wife / Husband	11 Niece / Nephew	12 Other relative	04 Son-in-Law / Daughter-in-Law	13 Adopted / Foster / Stepchild	14 Not related	98 Don't know	06 Parent	07 Parent-in-Law	08 Brother / Sister	09 Brother-in-Law / Sister-in-Law	10 Uncle / Aunt
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* Codes for HL3: Relationship to head of household:

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

Questionnaire.

For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5

Questionnaire.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's

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

[illegible]

HH18. <i>Record the time.</i> Hour — — Minutes — —	<table border="1"> <thead> <tr> <th data-bbox="426 1620 1465 1623">LIST OF HOUSEHOLD MEMBERS</th> <th data-bbox="1465 1620 1866 1623">HL</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="426 1623 1866 1626"> FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. </td> </tr> <tr> <td colspan="2" data-bbox="426 1626 1866 1629"> <i>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)</i> </td> </tr> <tr> <td colspan="2" data-bbox="426 1629 1866 1632"> <i>Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?</i> </td> </tr> <tr> <td colspan="2" data-bbox="426 1632 1866 1635"> <i>If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.</i> </td> </tr> <tr> <td colspan="2" data-bbox="426 1635 1866 1638"> <i>Use an additional questionnaire if all rows in the list of household members have been used.</i> </td> </tr> </tbody> </table>	LIST OF HOUSEHOLD MEMBERS	HL	FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.		<i>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)</i>		<i>Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?</i>		<i>If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.</i>		<i>Use an additional questionnaire if all rows in the list of household members have been used.</i>	
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								For women age 15-49	For men 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 RELATION- SHIP OF (NAME) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (NAME) MALE OR FEMALE?	HL5. WHAT IS (NAME)'S DATE OF BIRTH?		HL6. HOW OLD IS (NAME)?	HL7. Circle line no. if woman is age 15-49	HL7A. Circle line no. if the household is selected for man interview and man is age 15-49	HL7B. Circle line no. if age 0-4	HL11. Is (NAME)'S NATURAL MOTHER ALIVE? 1 YES 2 NO↘ HL13 8 DK↘ HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD? If “Yes” Record line no. of mother and go to HL13. Record 00 for “No”	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 Another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. Is (NAME)'S NATURAL FATHER ALIVE? 1 YES 2 NO↘ HL15 8 DK↘ HL15	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD? If “Yes” Record line no. of father and go to next line. Record 00 for “No”	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 Another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is empty or has '00' ask: WHO IS THE PRIMARY CARETAKER OF (NAME)? Record line no. of CARETAKER					
LINE	NAME	RELATION*	M	F	MONTH	YEAR	AGE	15-49	15-49	0-4	Y	N	DK	MOTHER		Y	N	DK	FATHER		MOTHER
01		0 1	1	2	___	_____	___	01	01	01	1	2	8	___	___	1	2	3	8	___	___
02		___	1	2	___	_____	___	02	02	02	1	2	8	___	___	1	2	3	8	___	___
03		___	1	2	___	_____	___	03	03	03	1	2	8	___	___	1	2	3	8	___	___
04		___	1	2	___	_____	___	04	04	04	1	2	8	___	___	1	2	3	8	___	___
05		___	1	2	___	_____	___	05	05	05	1	2	8	___	___	1	2	3	8	___	___
06		___	1	2	___	_____	___	06	06	06	1	2	8	___	___	1	2	3	8	___	___
07		___	1	2	___	_____	___	07	07	07	1	2	8	___	___	1	2	3	8	___	___
08		___	1	2	___	_____	___	08	08	08	1	2	8	___	___	1	2	3	8	___	___
09		___	1	2	___	_____	___	09	09	09	1	2	8	___	___	1	2	3	8	___	___
10		___	1	2	___	_____	___	10	10	10	1	2	8	___	___	1	2	3	8	___	___
11		___	1	2	___	_____	___	11	11	11	1	2	8	___	___	1	2	3	8	___	___
12		___	1	2	___	_____	___	12	12	12	1	2	8	___	___	1	2	3	8	___	___
13		___	1	2	___	_____	___	13	13	13	1	2	8	___	___	1	2	3	8	___	___

SL

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

- List each of the children aged 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.
- If there are no children age 1–17 years in the household, leave the table blank and go to SL6.

SL1. Rank number	SL2. Line number from HL1	SL3. Name from HL2	SL4. Sex from HL4		SL5. Age from HL6
Rank	Line	Name	M	F	Age
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___

SL6. Total number of children age 1–17 years

Total number

SL7. Check the number of children age 1–17 years in SL6:

☐ None ⇒ Go to Household Characteristics module

☐ One or more ⇒ Continue with SL8

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 in SL6 above. This is the number of the column you should go to.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the selected child (in SL1)

	Total Number of Eligible Children in the Household (from SL6)							
Last digit of household number (from HH2)	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

SL9. Record the rank number (SL1), line number (SL2), name (SL3) and age (SL5) of the selected child

Rank number

Line number

Name Age

ED

EDUCATION

ED

ED

For household members age 5 and above

For household members age 5-24 years

ED1. Line number	ED2. Name and age Copy from List of Household members, HL2 (name) and HL6 (age)	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2012-2013) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2011- 2012), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?						
Line	Name	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
02		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
03		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
04		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
05		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
06		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
07		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
08		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
09		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
10		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
11		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
12		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
13		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
14		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	
15		1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8	

CHILD LABOUR		CL
CL1. Check selected child's age from SL9: <input type="checkbox"/> 1–4years ⇒ Go to Child Discipline Module <input type="checkbox"/> 5–17 years ⇒ Continue with CL2		
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?	Y N [A] DID [<i>name</i>] DO ANY WORK OR HELP ON HIS/HER OWN OR THE 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 (<i>name</i>) 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 (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? Produce/sell articles/handicrafts/clothes/food or agricultural products ... 1 2 [D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? Any other activity 1 2 <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	
CL3. Check CL2A-CL2D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8		
CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS/THESE ACTIVITIES, IN TOTAL?	Number of hours ____	
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES THAT (<i>name</i>) ENGAGE IN REQUIRE THAT HE/SHE CARRIES HEAVY LOADS AT WORK?	Yes 1 No 2	1⇒ CL8
CL6. DOES THE ACTIVITY THAT (<i>name</i>) ENGAGE IN REQUIRE THAT HE/SHE WORKS WITH DANGEROUS TOOLS (KNIVES, ETC.) OR OPERATES HEAVY MACHINERY?	Yes 1 No 2	1⇒ CL8

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

CHILD DISCIPLINE		CD
CD1. Check selected child's age from SL9: <div><input type="checkbox"/> 1–14 years ⇒ Continue with CD2</div> <div><input type="checkbox"/> 15–17 years ⇒ Go to Next Module</div>		
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 AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH. <div><div></div><div>Y</div><div>N</div></div> <div><div>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</div><div>Took away privileges1</div><div>2</div></div> <div><div>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</div><div>Explained wrong behaviour1</div><div>2</div></div> <div><div>[C] SHOOK HIM/HER.</div><div>Shook him/her1</div><div>2</div></div> <div><div>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</div><div>Shouted, yelled, screamed1</div><div>2</div></div> <div><div>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</div><div>Gave something else to do1</div><div>2</div></div> <div><div>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</div><div>Spanked, hit, slapped on bottom with bare hand1</div><div>2</div></div> <div><div>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</div><div>Hit with belt, hairbrush, stick, or other hard object1</div><div>2</div></div> <div><div>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</div><div>Called dumb, lazy, or another name1</div><div>2</div></div> <div><div>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</div><div>Hit/slapped on the face, head or ears1</div><div>2</div></div> <div><div>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</div><div>Hit/slapped on hand, arm or leg1</div><div>2</div></div> <div><div>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD</div><div>Beat up, hit over and over as hard as one could1</div><div>2</div></div>		
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 No2 Don't know / No opinion.....8	

HOUSEHOLD CHARACTERISTICS		HC
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 (specify) 6 No religion 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Montenegrin 01 Serbian 02 Albanian 03 Bosniak..... 04 Roma..... 05 Muslim 06 Croat..... 07 Other ethnic group (specify) 96 Does not want to declare..... 08	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms__ __	
HC3. Main material of the dwelling floor. Record observation.	Natural floor Earth / Sand 11 Rudimentary floor Wood planks..... 21 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles..... 33 Cement..... 34 Carpet..... 35 Other (specify)..... 96	
HC4. Main material of the roof. Record observation.	Natural roofing No Roof 11 Thatch 12 Rudimentary Roofing Wood planks..... 23 Cardboard 24 Finished roofing Metal/Sheet 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles..... 34 Cement..... 35 Roofing shingles..... 36 Other (specify)..... 96	

HC5. Main material of the exterior walls. <i>Record observation.</i>	Natural walls No walls 11 Cane/Trunks 12 Dirt 13 Rudimentary walls Cane, straw and mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26 Finished walls Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Covered adobe 35 Wood planks / shingles 36 Other (<i>specify</i>) 96																						
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity 01 Liquefied Petroleum Gas (LPG) 02 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw / Shrubs / Grass 09 Agricultural crop residue 11 No food cooked in household 95 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 04⇒HC8 05⇒HC8 95⇒HC8																					
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? <i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>	In the house In a separate room used only as kitchen 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4 Other (<i>specify</i>) 6																						
HC8. DOES YOUR HOUSEHOLD HAVE:	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] ELECTRICITY?</td> <td>Electricity 1</td> <td>2</td> </tr> <tr> <td>[B] A RADIO?</td> <td>Radio 1</td> <td>2</td> </tr> <tr> <td>[C] A TELEVISION?</td> <td>Television 1</td> <td>2</td> </tr> <tr> <td>[D] A NON-MOBILE TELEPHONE?</td> <td>Non-mobile telephone 1</td> <td>2</td> </tr> <tr> <td>[E] A REFRIGERATOR?</td> <td>Refrigerator 1</td> <td>2</td> </tr> <tr> <td>[F] AN ELECTRIC STOVE?</td> <td>Electric stove 1</td> <td>2</td> </tr> </tbody> </table>		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] AN ELECTRIC STOVE?	Electric stove 1	2	
	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] AN ELECTRIC STOVE?	Electric stove 1	2																					

[G] A BED? [H] A TABLE WITH CHAIRS? [I] A VACUUM CLEANER? [J] A PC/LAPTOP? [K] INTERNET [L] A CLOSET? [M] A WASHING MACHINE? [N] A DRYING MACHINE? [O] A DISHWASHING MACHINE? [P] AN AIR CONDITIONER? [Q] VIDEO MONITORING SYSTEM?	Bed 1 2 Table with chairs 1 2 Vacuum cleaner 1 2 PC/Laptop 1 2 Internet 1 2 Closet 1 2 Washing machine 1 2 Drying machine 1 2 A dishwashing machine 1 2 Air conditioner 1 2 Video monitoring system 1 2																												
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK? [G] A BOAT WITH MOTOR? [H] A TRACTOR?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch 1</td> <td>2</td> <td></td> </tr> <tr> <td>Mobile telephone 1</td> <td>2</td> <td></td> </tr> <tr> <td>Bicycle 1</td> <td>2</td> <td></td> </tr> <tr> <td>Motorcycle/Scooter 1</td> <td>2</td> <td></td> </tr> <tr> <td>Animal-drawn cart 1</td> <td>2</td> <td></td> </tr> <tr> <td>Car/Truck 1</td> <td>2</td> <td></td> </tr> <tr> <td>Boat with motor 1</td> <td>2</td> <td></td> </tr> <tr> <td>Tractor 1</td> <td>2</td> <td></td> </tr> </tbody> </table>		Yes	No	Watch 1	2		Mobile telephone 1	2		Bicycle 1	2		Motorcycle/Scooter 1	2		Animal-drawn cart 1	2		Car/Truck 1	2		Boat with motor 1	2		Tractor 1	2		
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Animal-drawn cart 1	2																												
Car/Truck 1	2																												
Boat with motor 1	2																												
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 (<i>specify</i>) 6																												
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes 1 No 2	2⇒HC13																											
HC12. HOW MANY AREAS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "000". If 995 or more, record '995'. If unknown, record '998'.</i>	Ares ____ ____ ____																												

HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes 1 No..... 2	2⇒HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?		
[A] CATTLE, MILK COWS, OR BULLS?	Cattle, milk cows, or bulls..... ____ ____	
[B] HORSES, DONKEYS, OR MULES?	Horses, donkeys, or mules ____ ____	
[C] GOATS?	Goats..... ____ ____	
[D] SHEEP?	Sheep..... ____ ____	
[E] HENS/CHICKENS?	Hens/chickens..... ____ ____	
[F] PIGS?	Pigs ____ ____	
[G] OTHER POULTRY?	Other poultry ____ ____	
<i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>		
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes 1 No..... 2	

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	City or local piped water Piped into dwelling11 Piped into compound, yard or plot12 Piped to neighbour13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well.....31 Unprotected well32 Water from spring Protected spring41 Unprotected spring42 Rainwater collection51 Tanker-truck61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Bottled water91 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 HANDWASHING?	City or local piped water Piped into dwelling11 Piped into compound, yard or plot12 Piped to neighbour13 Public tap / standpipe.....14 Tube Well, Borehole21 Dug well Protected well.....31 Unprotected well32 Water from spring Protected spring41 Unprotected spring42 Rainwater collection51 Tanker-truck61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>)96	 11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling1 In own yard / plot.....2 Elsewhere3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes..... ____ ____ DK998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years).....1 Adult man (age 15+ years)2 Female child (under 15)3 Male child (under 15)4 DK8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes1 No2 DK8	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 chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection..... E Let it stand and settle.....F Other (<i>specify</i>)..... X DKZ	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If “Toilet with flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If necessary, ask permission to observe the facility.</i>	Toilet with Flush / Pour flush Flush to piped sewer system11 Flush to septic tank12 Flush to pit (latrine)13 Flush to somewhere else14 Flush to unknown place / Not sure /DK where15 Pit latrine Ventilated Improved Pit latrine (VIP) ...21 Pit latrine with slab22 Pit latrine without slab / Open pit23 Composting toilet31 Bucket41 No facility, Bush, Field95 Other (<i>specify</i>)..... 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes1 No2	2⇒Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public)1 Public facility2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ____ Ten or more households 10 DK98	

HANDWASHING		HW
HW0. Check cluster number in HH1. Is the cluster number 301 or higher? <input type="checkbox"/> Yes ⇒ Continue with HW1. <input type="checkbox"/> No ⇒ Go to HH19.		
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed1 Not observed Not in dwelling / plot / yard2 No permission to see.....3 Other reason6	2⇒HW4 3⇒HW4 6⇒HW4
HW2. Observe presence of water at the specific place for handwashing. <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available1 Water is not available2	
HW3A. Is soap, detergent or ash/mud/sand present at the place for handwashing?	Yes, present 1 No, not present..... 2	2⇒HW4
HW3B. Record your observation. <i>Circle all that apply.</i>	Bar soapA Detergent (Powder / Liquid / Paste)B Liquid soap C Ash / Sand D	A⇒HH19 B⇒HH19 C⇒HH19 D⇒HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes1 No2	2⇒HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown 1 No, not shown2	2⇒HH19
HW5B. Record your observation. <i>Circle all that apply.</i>	Bar soapA Detergent (Powder / Liquid / Paste)B Liquid soap C Ash / Sand D	

HH19. Record the time.	Hour and minutes ____ : ____	
HH20. Thank the respondent for his/her cooperation and check the List of Household Members: <input type="checkbox"/> A separate Questionnaire for Individual Women has been issued for each woman age 15–49 years in the household list (HL7) Check HH8. If the household is selected for Questionnaire for Men: <input type="checkbox"/> A separate Questionnaire for Individual Men has been issued for each man age 15–49 years in the household list (HL7A) <input type="checkbox"/> A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL7B) Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), under-5s (HH14) and men (HH13A) Make arrangements for the administration of the remaining questionnaire(s) in this household.		

Interviewer’s Observations

Field Editor’s Observations

Supervisor’s Observations



QUESTIONNAIRE
FOR INDIVIDUAL WOMEN MONTENEGRO

WOMAN'S INFORMATION PANEL		WM
This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). Fill in one form for each eligible woman.		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name_____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: _____	WM6. Day / Month / Year of interview: ____ / ____ / 2 0 1 3	

Repeat greeting if not already read to this woman:

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

WE ARE FROM THE **STATISTICAL OFFICE OF MONTENEGRO – MONSTAT**. 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.

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

WM8. Field editor name and number: _____	WM9. Main data entry clerk name and number: _____
---	--

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

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month.....98 Year DK year.....9998	
WB2. HOW OLD ARE YOU? Probe: HOW OLD WERE YOU AT 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 ATTENDED?	Preschool 0 Primary 1 Secondary 2 Higher 3	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? If less than 1 grade, enter "00"	Grade..... _ _	
WB6. Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. 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	

FERTILITY		CM
All questions refer only to LIVE births.		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 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 RIGHT, YOU HAVE HAD IN TOTAL (total number in CM10) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. Check below: <input type="checkbox"/> No live births ⇒ Go to CM12A <input type="checkbox"/> One or more live births ⇒ Continue with CM12 <input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12		
CM12. OF THESE (total number in CM10) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? <i>Month and year must be recorded.</i>	Date of last birth Month..... __ __ Year __ __ __ __	
CM12A. SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A BIRTH OF A CHILD. HAVE YOU EVER HAD EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) DURING YOUR LIFETIME? BY EARLY TERMINATION OF PREGNANCY (ABORTION), I MEAN A PREGNANCY THAT WAS TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.	Yes 1 No 2	2⇒ CM13
CM12B. HOW MANY EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) HAVE YOU HAD DURING YOUR LIFETIME?	Number (of abortions) __ __	
CM12C. WHAT WAS THE REASON OF HAVING LAST EARLY TERMINATIONS OF PREGNANCY (ABORTIONS)? <i>Circle all reasons mentioned.</i>	Unwanted sex of a child A Genetic and other anomalies of a child B Health reasons (mother)..... C Unwanted pregnancy D Other reasons.....X	
CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in 2011(if the month of interview and the month of birth are the same, and the year of birth is 2011, consider this as a birth within the last 2 years) <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module. <input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the last-born child <i>Name of last-born child _____</i> <i>If child has died, take special care when referring to this child by name in the following modules.</i> <i>Continue with the next module.</i>		

DESIRE FOR LAST BIRTH		DB
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check fertility module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i>		
DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i>	Months 1 __ __ Years 2 __ __ DK..... 998	

MATERNAL AND NEWBORN HEALTH		MN															
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check module CM – FERTILITY, question CM13 and record name of last-born child here _____. Use this child's name in the following questions where indicated.</i>																	
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR LAST PREGNANCY WITH (<i>name</i>)?	Yes..... 1 No 2	2⇒ MN17															
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: DoctorA Nurse/midwifeB Auxiliary midwifeC Other (<i>specify</i>) _____ X																
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times <input type="text"/> <input type="text"/> <input type="text"/> DK 98																
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:	<table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>[A] WAS YOUR BLOOD PRESSURE MEASURED?</td><td>Blood pressure..... 1</td><td>2</td></tr><tr><td>[B] DID YOU GIVE A URINE SAMPLE?</td><td>Urine sample..... 1</td><td>2</td></tr><tr><td>[C] DID YOU GIVE A BLOOD SAMPLE?</td><td>Blood sample 1</td><td>2</td></tr><tr><td>[D] DID YOU HAVE A GENETIC ANALYSIS?</td><td>Genetic analysis 1</td><td>2</td></tr></tbody></table>		Yes	No	[A] WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure..... 1	2	[B] DID YOU GIVE A URINE SAMPLE?	Urine sample..... 1	2	[C] DID YOU GIVE A BLOOD SAMPLE?	Blood sample 1	2	[D] DID YOU HAVE A GENETIC ANALYSIS?	Genetic analysis 1	2	
	Yes	No															
[A] WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure..... 1	2															
[B] DID YOU GIVE A URINE SAMPLE?	Urine sample..... 1	2															
[C] DID YOU GIVE A BLOOD SAMPLE?	Blood sample 1	2															
[D] DID YOU HAVE A GENETIC ANALYSIS?	Genetic analysis 1	2															

MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers givens.</i> <i>If the respondent says that no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor..... A Nurse/midwife B Auxiliary midwife C Other person Relative / Friend..... H Other (specify)..... X No one Y	
MN18. WHERE DID YOU GIVE BIRTH TO (name)? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ <i>(Name of place)</i>	Home Respondent's home 11 Other home 12 Public sector Government hospital 21 Government clinic/health centre 22 Government health post 23 Other public facility (specify) 26 Private medical sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical facility (specify) 36 Other (specify) 96	11⇒MN20 12⇒MN20 96⇒MN20
MN19. WAS (name) DELIVERED BY CAESAREAN SECTION, I.E. DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes 1 No 2	
MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE OR VERY SMALL?	Very large..... 1 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 health card/release form, if available.</i>	From card/ release form 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⇒Next module

MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately..... 000 Hours 1 <input type="text"/> <input type="text"/> Days 2 <input type="text"/> <input type="text"/> Don't know/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⇒Next module
MN27. WHAT WAS (name) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) A Plain water B Sugar or glucose water C Sugar, salt and water solution E Fruit juice F Infant formula G Tea/infusion solution H Honey..... I Homemade anti-colic (cramps) solution J Other (specify) X	

POST-NATAL HEALTH CHECKS		PN
<i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check fertility module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i>		
PN1. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6		
PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name). YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Hours..... 1 ____ Days 2 ____ Weeks 3 ____ Don't know / remember 998	
PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK. BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?	Yes 1 No..... 2	
PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU. DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?	Yes 1 No..... 2	
PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18). DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?	Yes 1 No..... 2	1⇒PN11 2⇒PN16
PN6. Check MN17: Did a health professional assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional (MN17=A-C) ⇒ Continue with PN7 <input type="checkbox"/> No, delivery not assisted by a health professional (A-C not circled in MN17) ⇒ Go to PN10		

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

PN14. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ <i>(Name of place)</i>	Home Respondent's home 11 Other home 12 Public sector Govt. hospital 21 Govt. clinic / health centre..... 22 Govt. health post 23 Other public (<i>specify</i>) 26 Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	
PN15. <i>Check MN18: Was the child delivered in a health facility?</i> <input type="checkbox"/> <i>Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</i> <input type="checkbox"/> <i>No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</i>		
PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No..... 2	1⇒PN20 2⇒Next Module
PN17. <i>Check MN17: Did a health professional assist with the delivery?</i> <input type="checkbox"/> <i>Yes, delivery assisted by a health professional (MN17=A-C) ⇒ Continue with PN18</i> <input type="checkbox"/> <i>No, delivery not assisted by a health professional (A-C not circled in MN17) ⇒ Go to PN19</i>		
PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No..... 2	1⇒PN20 2⇒Next Module
PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes 1 No..... 2	2⇒Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once..... 1 More than once 2	1⇒PN21A 2⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Hours..... 1 __ __ Days 2 __ __ Weeks 3 __ __ Don't know / remember 998	

PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional Doctor.....A Nurse / MidwifeB Auxiliary midwifeC Other person Relative / FriendH Other (<i>specify</i>)X	
PN23. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ <i>(Name of place)</i>	Home Respondent's home 11 Other home 12 Public sector Govt. hospital 21 Govt. clinic / health centre..... 22 Govt. health post 23 Other public (<i>specify</i>) 26 Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	

ILLNESS SYMPTOMS		IS
IS1. Check List of Household Members, column HL7B and HL15 in the Household Questionnaire. Is the respondent the mother or caretaker of any child under age 5? <input type="checkbox"/> Yes ⇒ Continue with IS2. <input type="checkbox"/> No ⇒ Go to Next Module.		
IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? <i>Probe:</i> ANY OTHER SYMPTOMS? <i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i> <i>Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions.</i>	Child not able to drink or breastfeed A Child becomes sicker B Child has high temperature/develops a fever C Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G Other (<i>specify</i>) X Other (<i>specify</i>) Y Other (<i>specify</i>) Z	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK..... 8	1⇒CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	1⇒CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	1⇒Next Module 2⇒Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	Female sterilisationA Male sterilisationB IUDC InjectablesD ImplantsE PillF Male condomG Female condomH DiaphragmI Foam / JellyJ Lactational amenorrhoea method (LAM).....K Periodic abstinence / RhythmL Withdrawal.....M Other (<i>specify</i>)X	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <div><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</div> <div><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</div>		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None 2 Undecided / Don't know 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. If response is A “Female sterilisation”? <div><input type="checkbox"/> Yes ⇒ Go to UN13</div> <div><input type="checkbox"/> No ⇒ Continue with UN6</div>		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None 2 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i>	Months 1 ____ Years 2 ____ Does not want to wait (soon/now) 993 Says she cannot get pregnant 994 After marriage 995 Other 996 Don't know 998	994⇒UN11
UN8. Check CP1. Currently pregnant? <div><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</div> <div><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</div>		

UN9. Check CP2. Currently using a method (any method from CP3)? <div><input type="checkbox"/> Yes ⇒ Go to UN13</div> <div><input type="checkbox"/> No ⇒ Continue with UN10</div>		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1 ⇒UN13 8 ⇒UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrheic F Breastfeeding G Too old H Fatalistic I Other (<i>specify</i>) X Don't know Z	
UN12. Check UN11. “Never menstruated” mentioned? <div><input type="checkbox"/> Mentioned ⇒ Go to Next Module</div> <div><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</div>		
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	

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

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married1 Yes, living with a man.....2 No3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married1 Yes, formerly lived with a man2 No3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once2	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 <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month__ __ DK month98 Year__ __ __ __ DK year9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER?	Age in years__ __	

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

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

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1	2 ⇒Next Module
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	No 2	
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8	
HA6A. CAN PEOPLE GET THE AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH AIDS?	Yes 1 No 2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		
[A] DURING PREGNANCY?	Yes No DK During pregnancy..... 1 2 8	
[B] DURING DELIVERY?	During delivery 1 2 8	
[C] BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8	

HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8																					
HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13= "No" or blank) ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24																						
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table><tr><td></td><td>Y</td><td>N</td><td>DK</td></tr><tr><td>AIDS from mother</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Things to do</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Tested for AIDS.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Offered a test</td><td>1</td><td>2</td><td>8</td></tr></table>		Y	N	DK	AIDS from mother	1	2	8	Things to do	1	2	8	Tested for AIDS.....	1	2	8	Offered a test	1	2	8	
	Y	N	DK																			
AIDS from mother	1	2	8																			
Things to do	1	2	8																			
Tested for AIDS.....	1	2	8																			
Offered a test	1	2	8																			
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes 1 No 2 DK 8	2⇒HA19 8⇒HA19																				
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	2⇒HA22 8⇒HA22																				
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes 1 No 2 DK 8	1⇒HA22 2⇒HA22 8⇒HA22																				
HA19. Check MN17: Birth delivered by health professional (A, B or C)? <input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24																						
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes 1 No 2	2⇒HA24																				
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2																					
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes 1 No 2	1⇒HA25																				

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

PN14. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ <i>(Name of place)</i>	Home Respondent's home 11 Other home 12 Public sector Govt. hospital21 Govt. clinic / health centre22 Govt. health post23 Other public <i>(specify)</i>26 Private medical sector Private hospital.....31 Private clinic32 Private maternity home33 Other private medical <i>(specify)</i>36 Other <i>(specify)</i>96	
PN15. <i>Check MN18: Was the child delivered in a health facility?</i> <input type="checkbox"/> <i>Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</i> <input type="checkbox"/> <i>No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</i>		
PN16. AFTER YOU LEFT <i>(name or type of facility in MN18)</i> , DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No..... 2	1⇒PN20 2⇒Next Module
PN17. <i>Check MN17: Did a health professional assist with the delivery?</i> <input type="checkbox"/> <i>Yes, delivery assisted by a health professional (MN17=A-C) ⇒ Continue with PN18</i> <input type="checkbox"/> <i>No, delivery not assisted by a health professional (A-C not circled in MN17) ⇒ Go to PN19</i>		
PN18. AFTER THE DELIVERY WAS OVER AND <i>(person or persons in MN17)</i> LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No..... 2	1⇒PN20 2⇒Next Module
PN19. AFTER THE BIRTH OF <i>(name)</i> , DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes 1 No..... 2	2⇒Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once..... 1 More than once 2	1⇒PN21A 2⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Hours..... 1 ____ Days 2 ____ Weeks 3 ____ Don't know / remember 998	

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

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

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

LIFE SATISFACTION		LS
LS1. Check WB2: Age of respondent is between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to WM11 <input type="checkbox"/> Age 15-24 ⇒ Continue with LS2		
LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. <i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.</i>	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. <i>Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions LS3 to LS13.</i> 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 (2012-2013) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes 1 No 2	2⇒LS7
LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	

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 responds 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 WORSENEDED, 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 minutes__ : __	
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WM12. Check List of Household Members, columns HL7B and HL15. <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i> <input type="checkbox"/> Yes ⇒ Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> for that child and start the interview with this respondent. <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation. <i>Check for the presence of any other eligible woman, man or child under-5 in the household.</i>


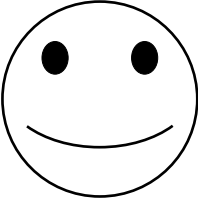
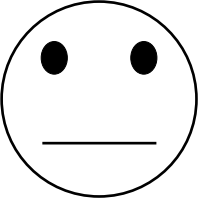


Interviewer’s Observations

Field Editor’s Observations


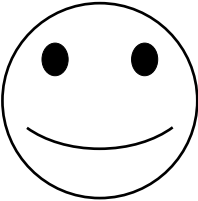
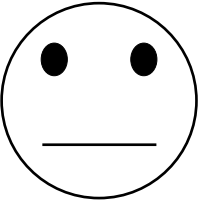
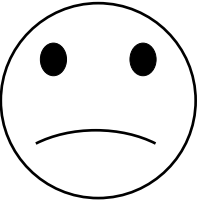

Supervisor’s Observations

RESPONSE CARD:

SIDE 1

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

SIDE 2

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

MICS

QUESTIONNAIRE
FOR CHILDREN UNDER FIVE MONTENEGRO

UNDER-FIVE CHILD INFORMATION PANEL		UF																				
<i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.</i>																						
UF1. Cluster number: _____	UF2. Household number: _____																					
UF3. Child's name: Name _____	UF4. Child's line number: _____																					
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____																					
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: <table><tr><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td colspan="2">(day)</td><td colspan="2">(month)</td><td colspan="6">(year)</td></tr></table>		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	(day)		(month)		(year)					
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>													
(day)		(month)		(year)																		

Repeat greeting if not already read to this respondent:

WE ARE FROM THE **STATISTICAL OFFICE OF MONTENEGRO - MONSTAT**. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT IT. 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 person, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **15** 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 UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (specify) _____	96

UF10. Field editor name and number: _____	UF11. Main data entry clerk name and number: _____
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UF12. Record the time.	Hour and minutes..... ____ : ____	
------------------------	-----------------------------------	--

AGE		AG
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (name). ON WHAT DAY, MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS / HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i> <i>Month and year must be recorded.</i>	Date of birth Day ____ DK day 98 Month ____ Year <u>20</u> ____	
	AG2. HOW OLD IS (name)? <i>Probe:</i> HOW OLD WAS (name) AT HIS / HER LAST BIRTHDAY? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>Compare and correct AG1 and/or AG2 if inconsistent.</i>	Age (in completed years)

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE FROM THE REGISTRY OF BIRTHS? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen.....1	1⇒Next Module 2⇒Next Module
	Yes, not seen.....2	
	No3	
	DK.....8	
BR2. HAS <i>(name)</i> ’S BIRTH BEEN REGISTERED IN THE REGISTRY OF BIRTHS?	Yes.....1	1⇒Next Module
	No2	
	DK.....8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD’S BIRTH IN THE REGISTRY OF BIRTH?	Yes.....1	
	No2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN’S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None00	
	Number of children’s books0 __	
	Ten or more books10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? <i>If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>	<div>Y N DK</div> <div>Homemade toys1 2 8</div> <div>Toys from a shop.....1 2 8</div> <div>Household objects or outside objects1 2 8</div>	
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i> : [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? <i>If ‘none’ enter ‘0’. If ‘don’t know’ enter ‘8’</i>	<div>Number of days left alone for more than an hour __</div> <div>Number of days left with other child for more than an hour __</div>	
EC4. <i>Check AG2: Age of child</i> <div><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</div> <div><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</div>		
EC5. DOES <i>(name)</i> ATTEND ANY ORGANISED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes1	
	No2	
	DK.....8	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</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 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</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr></tbody></table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	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 outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD’S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNISE 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 <i>(name)</i> 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>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				

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

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check AG2: Age of child		
<input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2		
<input type="checkbox"/> Child age 3 or 4 ⇒ Go to Care of Illness Module		
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 OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD6. DID (name) DRINK ORS (OROSAL, NELIT, ETC.) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER YOUR CHILD HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. DID (name) DRINK (Name of food) YESTERDAY DURING THE DAY OR THE NIGHT:		
[A] PLAIN WATER?	Plain water	Yes No DK 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 TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1 2 8
If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.	Number of times drank milk	—
[E] INFANT FORMULA?	Infant formula	1 2 8
If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.	Number of times drank infant formula	—
[F] ANY OTHER LIQUIDS?	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 YOUR CHILD HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. DID (name) EAT (name of food) YESTERDAY DURING THE DAY OR THE NIGHT:	Yes No DK	
[A] YOGURT?	Yogurt	1 2 8
If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.	Number of times drank/ate yogurt	—
[B] ANY CERELAC (HIPPI, NESTLE, FRUTEK, JUVITANA)?	Cerelac	1 2 8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains?	1 2 8
[D] PUMPKIN, CARROTS?	Pumpkin, carrots, etc.	1 2 8
[E] POTATOES, BEETROOT OR ANY OTHER FOODS MADE FROM ROOTS?	Potatoes, beetroot, etc.	1 2 8
[F] ANY DARK GREEN, LEAFY VEGETABLES (SPINACH, CHARD)?	Dark green, leafy veg.	1 2 8
[G] VITAMIN A-RICH FRUITS (PEACH, APRICOT, PLUM, WATERMELON, CANTALOUPE)?	Peach, apricot, plum, watermelon, cantaloupe	1 2 8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or veg.	1 2 8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1 2 8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1 2 8
[K] EGGS?	Eggs	1 2 8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1 2 8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods 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?	Other solid, semi-solid, or soft food	1 2 8
BD9. Check BD8 (Categories “A” through “O”)		
<input type="checkbox"/> All “No” ⇒ Continue with BD10 <input type="checkbox"/> At least one “Yes” or all “DK” ⇒ Go to BD11		
BD10. DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?		
<input type="checkbox"/> Yes ⇒ Go back to BD8 to record food eaten yesterday [A to O]. When finished, continue with BD11		
<input type="checkbox"/> No/DK ⇒ Go to Next Module		
BD11. HOW MANY TIMES DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? If 7 or more times, record '7'.	Number of times..... DK8	

IMMUNISATION				IM			
<i>If an immunisation card/health book/hospital release form is available, copy the dates in IM3 for each type of immunisation recorded on the card/health book/hospital release form. IM6-IM16 are for registering vaccinations that are not recorded on the card/health book/hospital release form. IM6-IM17 will only be asked when a card/health book/hospital release form is not available.</i>							
IM1. DO YOU HAVE A CARD/HEALTH BOOK/HOSPITAL RELEASE FORM WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN? <i>(If yes)</i> MAY I SEE IT PLEASE?		Yes, seen 1 Yes, not seen 2 No card 3		1⇒IM3 2⇒IM6			
IM2. DID YOU EVER HAVE A VACCINATION CARD HEALTH BOOK/HOSPITAL RELEASE FORM IN WHICH VACCINATIONS ARE WRITTEN DOWN FOR <i>(name)</i> ?		Yes 1 No 2		1⇒IM6 2⇒IM6			
IM3. <i>(a) Copy name and dates for each vaccination from the card/health book.</i> <i>(b) Write '44' in day column if card shows that vaccination was given but no date recorded.</i>							
	Day		Month			Year	
BCG							
DPT1 OR PENTAXIM 1 OR INFANRIX 1							
DPT2 OR PENTAXIM 2 OR INFANRIX 2							
DPT3 OR PENTAXIM 3 OR INFANRIX 3							
POLIO 1 OR PENTAXIM 1 OR INFNRIX 1							
POLIO 2 OR PENTAXIM 2 OR INFANRIX 2							
POLIO 3 OR PENTAXIM 3 OR INFANRIX 3							
HIB1 OR PENTAXIM 1 OR INFANRIX 1							
HIB2 OR PENTAXIM 2 OR INFANRIX 2							
HIB3 OR PENTAXIM 3 OR INFANRIX 3							
HEPB1							
HEPB2							
HEPB3							
MMR							
IM4. Check IM3. Are all vaccines (BCG, DPT, Polio, Hib, HepB and MMR) recorded? <input type="checkbox"/> Yes ⇒ Go to next module <input type="checkbox"/> No ⇒ Continue with IM5							

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID <i>(name)</i> RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNISATION DAYS OR CHILD HEALTH DAY? <input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, Go to Next Module <input type="checkbox"/> No/DK ⇒ Go to Next Module		
IM6. HAS <i>(name)</i> EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNISATION DAY?	Yes 1 No 2 DK 8	2⇒Next module 8⇒ Next module
IM7. HAS <i>(name)</i> EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes 1 No 2 DK 8	
IM8. HAS <i>(name)</i> EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” OR AN INJECTION IN THE THIGH THAT CONTAINS POLIO TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes 1 No 2 DK 8	2⇒IM11 8⇒IM11
IM10. HOW MANY TIMES WAS THE VACCINE THAT CONTAINS POLIO RECEIVED?	Number of times _	
IM11. HAS <i>(name)</i> EVER RECEIVED A VACCINATION THAT CONTAINS DPT – THAT IS, AN INJECTION IN THE THIGH OR SHOULDER – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that the vaccine that contains DPT is sometimes given at the same time as the vaccine that contains polio and the vaccine that contains Hib.</i>	Yes 1 No 2 DK 8	2⇒IM13 8⇒IM13
IM12. HOW MANY TIMES WAS A VACCINE THAT CONTAINS DPT RECEIVED?	Number of times _	
IM13. HAS <i>(name)</i> EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR SHOULDER – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as the vaccine that contains polio and the vaccine that contains DPT.</i>	Yes 1 No 2 DK 8	2⇒IM15A 8⇒IM15A
IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times _	
IM15A. HAS <i>(name)</i> EVER RECEIVED A VACCINE THAT CONTAINS HAEMOPHILUS INFLUENZA TYPE (Hib) – THAT IS, INJECTION IN THE ARM (SHOULDER) OR IN THE THIGH – TO PREVENT HIM/HER FROM GETTING BACTERIAL MENINGITIS OR SOME FORMS OF PNEUMONIA? <i>Probe by indicating that the vaccine that contains Hib is sometimes given at the same time as the vaccine that contains polio and the vaccine that contains DTP.</i>	Yes 1 No 2 DK 8	2⇒IM16 8⇒IM16

IM15B. HOW MANY TIMES WAS A VACCINE THAT CONTAINS Hib RECEIVED?	Number of times.....__	
IM16. HAS (<i>name</i>) EVER RECEIVED AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK..... 8	2⇒CA6A 8⇒CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If ‘less’, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK..... 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If ‘less’, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 01 Somewhat less 02 About the same 03 More 04 Stopped food 05 Never gave food 06 DK..... 98	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (<i>Name of place</i>)	Public sector Govt. hospital A Govt. health centre B Govt. health post C Other public (<i>specify</i>) _____ H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Other private medical (<i>specify</i>) _____ O Other source Relative / Friend P Traditional practitioner R Other (<i>specify</i>) _____ X	
CA3C. Check CA3B: <input type="checkbox"/> Two or more codes circled ⇒ Continue with CA3D <input type="checkbox"/> Only one code circled ⇒ Go to CA4		

CA3D. WHERE DID YOU FIRST SEEK ADVICE FOR DIARRHOEA?	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Other public (<i>specify</i>)..... 16 Private medical sector Private hospital / clinic.....21 Private physician22 Private pharmacy23 Other private medical (<i>specify</i>).....26 Other source Relative / Friend30 Traditional practitioner32 Other (<i>specify</i>) 96	
CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK <i>Read each item aloud and record response before proceeding to the next item.</i> [A] A FLUID MADE FROM A SPECIAL PACKET CALLED - OROSAL, NELIT, ETC.? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA – HUMANA AND SO ON.?	<div style="text-align: right;">Y N DK</div> Fluid from ORS packet.....1 2 8 Pre-packaged ORS fluid1 2 8	
CA4A. Check CA4: ORS <input type="checkbox"/> Child had any ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B <input type="checkbox"/> Child did not have any ORS ⇒ Go to CA4F		
CA4B. WHERE DID YOU GET THE ORS? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;"><i>(Name of place)</i></div>	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Other public (<i>specify</i>)..... 16 Private medical sector Private hospital / clinic.....21 Private physician22 Private pharmacy23 Other private medical (<i>specify</i>).....26 Other source Relative / Friend30 Traditional practitioner32 Other (<i>specify</i>) 96	

CA4F. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i> [A] LIQUID FROM BOILED RICE? [B] INSTANT SOUP?	<div style="text-align: right;">Y N DK</div> Liquid from boiled rice 1 2 8 Instant soup 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes1 No2 DK..... 8	2⇒CA6A 8⇒CA6A
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;"><i>(Name)</i></div>	Pill or Syrup Antibiotic A Antimotility B Zink..... C Other pill or syrup (Not antibiotic, not antimotility or Zink) G Unknown pill or syrup H Injection Antibiotic L Non-antibiotic M Unknown injection N Intravenous..... O Home remedy / Herbal medicine..... Q Other (<i>specify</i>) X	
CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes1 No2 DK..... 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?	Yes1 No2 DK..... 8	2⇒CA9A 8⇒CA9A
CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes1 No2 DK..... 8	2⇒CA9B 8⇒CA9B
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only1 Blocked or runny nose only2 Both3 Other (<i>specify</i>) 6 DK..... 8	1⇒CA9B 2⇒CA9B 3⇒CA9B 6⇒CA9B 8⇒CA9B

CA9A. Check CA6A: Had fever?

☐ Child had fever ⇒ Continue with CA9B

☐ Child did not have fever or mother/caretaker does not know ⇒ Go to CA14

CA9B. I WOULD LIKE TO KNOW HOW MUCH (name) WAS GIVEN TO DRINK (INCLUDING BREASTMILK) DURING THE ILLNESS WITH A (FEVER/COUGH).

DURING THE TIME (name) HAD (FEVER/COUGH), WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?

If 'less', probe:
WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?

Much less 1
Somewhat less 2
About the same 3
More 4
Nothing to drink 5

DK..... 8

CA9C. DURING THE TIME (name) HAD (FEVER/COUGH), WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?

If 'less', probe:
WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?

Much less 01
Somewhat less 02
About the same 03
More 04
Stopped food 05
Never gave food 06

DK..... 98

CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?

Yes 1
No 2

DK..... 8

2⇒CA12
8⇒CA12

CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?

Probe
ANYWHERE ELSE?

Circle all providers mentioned, but do NOT prompt with any suggestions.

Probe to identify each type of source.

If unable to determine if public or private sector, write the name of the place.

.....
(Name of place)

Public sector
Govt. hospital A
Govt. health centre B
Govt. health post C
Other public (specify)..... H

Private medical sector
Private hospital / clinic..... I
Private physician J
Private pharmacy K
Other private medical (specify)..... O

Other source
Relative / Friend P
Traditional practitioner R

Other (specify) X

CA11A. Check CA11:

☐ Two or more codes circled ⇒ Continue with CA11B

☐ Only one code circled ⇒ Go to CA12

CA11B. WHERE DID YOU FIRST SEEK ADVICE OR TREATMENT?

Probe to identify the type of source.

If unable to determine whether public or private, write the name of the place.

.....
(Name of place)

Public sector
Govt. hospital 11
Govt. health centre 12
Govt. health post 13
Other public (specify)..... 16

Private medical sector
Private hospital / clinic 21
Private physician 22
Private pharmacy 23
Other private medical (specify)..... 26

Other source
Relative / Friend 31
Traditional practitioner 33

Already had at home 40
Other (specify) 96

CA12. AT ANY TIME DURING THE ILLNESS, DID (name) TAKE ANY DRUGS FOR THE ILLNESS?

Yes 1
No 2

DK..... 8

2⇒CA14
8⇒CA14

CA13. WHAT MEDICINE WAS (name) GIVEN?

Probe:
ANY OTHER MEDICINE?

Circle all medicines given. Write brand name(s) of all medicines mentioned.

.....
(Names of medicines)

Antibiotic drugs
Pill / Syrup I
Injection J

Other medications:
Paracetamol/ Panadol /Acetaminophen . P
Aspirin..... Q
Ibuprofen R

Other (specify) X
DK..... Z

CA13A. Check CA13: Antibiotic mentioned (codes I -J)?

☐ Yes ⇒ Continue with CA13B

☐ No ⇒ Go to CA14

CA13B. WHERE DID YOU GET/BUY THE ANTIBIOTICS?

Probe to identify the type of source.

If unable to determine whether public or private, write the name of the place.

.....
(Name of place)

Public sector
Govt. hospital 11
Govt. health centre 12
Govt. health post 13
Other public (specify)..... 16

Private medical sector
Private hospital / clinic 21
Private physician 22
Private pharmacy 23
Other private medical (specify)..... 26

Other source
Relative / Friend 31
Traditional practitioner 33

Already had at home 40
Other (specify) 96

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2013 MULTIPLE INDICATOR CLUSTER SURVEY

MONTENEGRO

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CA14. Check AG2: Child aged under 3?

☐ Yes ⇒ Continue with CA15

☐ No ⇒ Go to Next Module

CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine	01	
	Put / Rinsed into toilet or latrine	02	
	Put / Rinsed into drain or ditch	03	
	Thrown into garbage (solid waste)	04	
	Buried	05	
	Left in the open.....	06	
	Other (specify) _____	96	
DK.....	98		

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

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

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

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

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

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

ANTHROPOMETRY		AN
After questionnaires for all children are complete, the measurer weights and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child’s name and line number on the list of household members before recording measurements.		
AN1. Measurer’s name and number:	Name_____	
AN2. Result of height / length and weight measurement	Either or both measured	1
	Child not present	2 2⇒AN6
	Child or mother/caretaker refused	3 3⇒AN6
	Other (specify) _____	6 6⇒AN6
AN3. Child’s weight	Kilograms (kg)	
	Weight not measured	99.9
AN3A. Was the child undressed to the minimum?	Yes.....	1
	No	2
AN3B. Check age of child in AG2:		
<div><input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).</div> <div><input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).</div>		
AN4. Child’s length or height	Length / Height (cm)	
	Length / Height not measured	9999.9 ⇒ AN5
AN4A. How was the child actually measured? lying down or standing up?	Lying down	1
	Standing up	2

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

☐ Yes ⇒ Record measurements for next child.

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

Collect all questionnaires for this household and check if all identification numbers are written in the information panels of every questionnaire. Write down the total number of filled in questionnaires for women, children under 5 and men in the Household Questionnaire, Module HH - HOUSEHOLD INFORMATION PANEL, questions HH13, HH15 and HH13BA

Interviewer’s Observations

Field Editor’s Observations

Supervisor’s Observations

Measurer’s Observations

MAN’S INFORMATION PANEL		MWM
<i>This questionnaire is to be administered to all men age 15 through 49 (see List of Household Members, column HL7A in selected households). A separate questionnaire should be used for each eligible man.</i>		
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man’s name: Name_____	MWM4. Man’s line number: _____	
MWM5. Interviewer name and number: Name_____	MWM6. Day/Month/Year of interview: ____/____/2013	

Repeat greeting if not already read to this man:

WE ARE FROM THE **STATISTICAL OFFICE OF MONTENEGRO – MONSTAT**. 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.

MAY I START NOW?

☐ *Yes, permission is given ⇒Go to MWM10 to record the time and then begin the interview.*

☐ *No, permission is not given ⇒Circle 03 in MWM7. Discuss this result with your supervisor.*

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **15** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MWM7. Result of man’s interview	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (<i>specify</i>) _____	96

MWM8. Field editor name and number: _____	MWM9. Main data entry clerk name and number: _____
--	---

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

MAN'S BACKGROUND		MWB
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month98 Year DK year9998	
MWB2. HOW OLD ARE YOU? <i>Probe:</i> HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? <i>Compare and correct MWB1 and/or MWB2 if inconsistent</i>	Age (in completed years).....	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes.....1 No2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool.....0 Primary1 Secondary.....2 Higher3	0⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter “00”</i>	Grade.....	
MWB6. Check MWB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with MWB7		
MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all1 Able to read only parts of sentence2 Able to read whole sentence3 No sentence in required language4 <i>(specify language)</i> Blind/visually impaired5	

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

MARRIAGE/UNION		MMA
MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married..... 1	1⇒MMA7
	Yes, living with a woman 2	2⇒MMA7
	No 3	
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1	3 ⇒Next Module
	Yes, formerly lived with a woman 2	
	No 3	
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1	
	Divorced..... 2	
	Separated 3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1	1 ⇒MMA8A
	More than once 2	2 ⇒MMA8B
MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of (first) marriage	⇒Next Module
	Month __ __	
	DK month 98	
MMA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Year __ __ __ __	
	DK year 9998	
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>)WIFE/PARTNER?	Age in years __ __	

SEXUAL BEHAVIOUR		MSB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse..... 00	00⇒Next Module
	Age in years __ __	
	First time when started living with (first) wife/partner..... 95	
MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1	
	No..... 2	
	DK / Don't remember 8	
MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record answers in days, weeks or months if less than 12 months (one year). If more than 12 months (one year), answer must be recorded in years.</i>	Days ago 1 __ __	4⇒MSB15
	Weeks ago 2 __ __	
	Months ago 3 __ __	
	Years ago 4 __ __	
MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1	
	No..... 2	
MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'girlfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i>	Wife 1	
	Cohabiting partner..... 2	
	Girlfriend..... 3	
	Casual acquaintance..... 4	
	Prostitute 5	
	Other (<i>specify</i>) 6	
MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1	2⇒MSB15
	No..... 2	
MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1	
	No..... 2	

MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'girlfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Wife 1 Cohabiting partner..... 2 Girlfriend..... 3 Casual acquaintance..... 4 Prostitute 5 Other (<i>specify</i>)..... 6	
MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No..... 2	2⇒MSB15
MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners _ _	
MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate.</i> <i>If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners..... _ _ DK 98	

HIV/AIDS		MHA																
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No..... 2	2⇒ Next Module																
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No..... 2 DK 8																	
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No..... 2 DK 8																	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No..... 2 DK 8																	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No..... 2 DK 8																	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No..... 2 DK 8																	
MHA6A. CAN PEOPLE GET THE AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH AIDS?	Yes 1 No..... 2 DK 8																	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No..... 2 DK 8																	
MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>During pregnancy.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>During delivery</td><td>1</td><td>2</td><td>8</td></tr><tr><td>By breastfeeding</td><td>1</td><td>2</td><td>8</td></tr></table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy.....	1	2	8															
During delivery	1	2	8															
By breastfeeding	1	2	8															
MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No..... 2 DK/Not sure/Depends 8																	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No..... 2 DK/Not sure/Depends 8																	
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No..... 2 DK/Not sure/Depends 8																	

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

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

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

LIFE SATISFACTION		MLS
MLS1. <i>Check MWB2: Age of respondent is between 15 and 24?</i> <input type="checkbox"/> Age 25-49 ⇒ Go to MWM11 <input type="checkbox"/> Age 15-24 ⇒ Continue with MLS2		
MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. <i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.</i>	Very happy 1 Somewhat happy..... 2 Neither happy nor unhappy 3 Somewhat unhappy..... 4 Very unhappy 5	
MLS3. 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. <i>Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions MLS3 to MLS13.</i> 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	
MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS5. DURING THE (2012–2013) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes 1 No 2	2⇒MLS7
MLS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	

MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he does not have a job, circle “0” and continue with the next question. Do not probe to find out how he feels about not having a job, unless he tells you himself.</i>	Does not have a job 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent responds that he does not have any income, circle “0” and continue with the next question. Do not probe to find out how he feels about not having any income, unless he tells you himself.</i>	Does not have any income 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENERD, OVERALL?	Improved 1 More or less the same 2 Worsened 3	
MLS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better 1 More or less the same 2 Worse 3	

MWM11. Record the time.	Hour and minutes__ __ : __ __	
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MWM12. Check List of Household Members, columns HL7B and HL15.
Is the respondent the caretaker of any child age 0–4 living in this household?

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


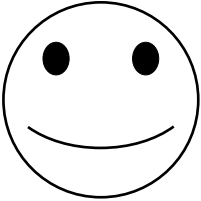



☐ No ⇒ End the interview with this respondent by thanking him for his cooperation.
Check for the presence of any other eligible man in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

SIDE 1

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

SIDE 2

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