

HOUSEHOLD QUESTIONNAIRE

MODULE HH — HOUSEHOLD INFORMATION PANEL

HH1. Cluster number:		HH2. Household line number:	
HH3. Interviewer name:		HH4. Supervisor name:	
Interviewer ID code:		Supervisor ID code:	
HH5. Day/month/year of interview:			
		(Day)	(Month) (Year)
HH6. Type of settlement:		HH7. Region:	
Urban	1	Central Serbia without City of Belgrade	1
Rural	2	City of Belgrade	2
		AP Vojvodina	3

We are from Statistical Office of the Republic Serbia. We are working on survey concerned with family health and education. I would like to talk to you about these subjects. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone than our project team.

May I start now?

<input type="checkbox"/>	Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.
<input type="checkbox"/>	No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

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

HH8. Name of head of household:			
HH9. Result of HH interview:		HH10. Respondent to household questionnaire	
Completed	01	Name:	
No household member or no competent respondent at home at time of visit	02	Line number from HL Module	
Entire household absent for extended period of time	03		
Refused	04		
Dwelling vacant / Address not a dwelling	05	HH11. Total number of household members:	
Dwelling destroyed	06		
Dwelling not found	07		
Other (specify)	96		
HH12. Number of women age 15–49 years:		HH13. Number of woman's questionnaires completed:	
HH14. Number of children under age 5:		HH15. Number of under-5 questionnaires completed:	
HH14a. Number of men age 15–29 years:		HH15a. Number of man's questionnaires completed:	
HH16. Field edited by:		HH17. Data entry clerk:	
Name		Name	
ID code		ID code	

[illegible]

Tick here if additional questionnaire used

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

For each man age 15–29 years, write his name and line number and other identifying information in the information panel of a separate Individual Men’s Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

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

For men age 15–29	For children age 5–14	For children under age 5	For all household members	For children age 0–17															
HL7a. Circle line number if man is 15–29	HL8. Who is the mother or primary caretaker of this child? Record Line no. of mother/caretaker	HL9. Who is the mother or primary caretaker of this child? Record line number of mother/caretaker	HL10. Did (name) sleep here last night? 1 Yes 2 No				HL11. Is (name)'s natural mother alive? 1 Yes 2 No <input type="checkbox"/> HL13 8 DK <input type="checkbox"/> HL13				HL12. Does (name's) natural mother live in this household? Record line number of mother or 00 for "No"				HL13. Is (name)'s natural father alive? 1 Yes 2 No <input type="checkbox"/> Next line 8 DK <input type="checkbox"/> Next line				HL14. Does (name)'s natural father live in this household? Record Line number of father or 00 for "No"
15–29	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father							
01			1	2	1	2	8		1	2	8								
02			1	2	1	2	8		1	2	8								
03			1	2	1	2	8		1	2	8								
04			1	2	1	2	8		1	2	8								
05			1	2	1	2	8		1	2	8								
06			1	2	1	2	8		1	2	8								
07			1	2	1	2	8		1	2	8								
08			1	2	1	2	8		1	2	8								
09			1	2	1	2	8		1	2	8								
10			1	2	1	2	8		1	2	8								
02			1	2	1	2	8		1	2	8								
03			1	2	1	2	8		1	2	8								
04			1	2	1	2	8		1	2	8								
05			1	2	1	2	8		1	2	8								
06			1	2	1	2	8		1	2	8								

* Codes for HL3: Relationship to head of household:

- | | | |
|---------------------------------|-----------------------------------|---------------------------------|
| 01 Head | 06 Parent | 11 Niece / Nephew |
| 02 Wife / Husband | 07 Parent-In-Law | 12 Other relative |
| 03 Son / Daughter | 08 Brother / Sister | 13 Adopted / Foster / Stepchild |
| 04 Son-In-Law / Daughter-In-Law | 09 Brother-In-Law / Sister-In-Law | 14 Not related |
| 05 Grandchild | 10 Uncle / Aunt | 98 Don't know |

MODULE ED — EDUCATION

For household members age 5 and above

ED1. Line No.	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. Does (name) attend school or preschool? If "No", then ask the following: Has (name) ever attended school or preschool? 1 Yes 2 No → Next line	ED4. What is the highest level of school (name) attended? Level: 0 Kindergarten 1 PPP 2 Primary 3 Secondary 4 Higher 8 DK If level = 0 or 1, skip to ED5	What is the highest grade (name) completed at this level? Grade/year: 98 DK If less than 1. grade enter 00.	ED5. During the (2010–2011), school year, did (name) attend school or preschool at any time? 1 Yes 2 No → ED7			
Line	Name	Age	Yes	No	Level	Grade/year	Yes	No
01			1	2	0 1 2 3 4 8		1	2
02			1	2	0 1 2 3 4 8		1	2
03			1	2	0 1 2 3 4 8		1	2
04			1	2	0 1 2 3 4 8		1	2
05			1	2	0 1 2 3 4 8		1	2
06			1	2	0 1 2 3 4 8		1	2
07			1	2	0 1 2 3 4 8		1	2
08			1	2	0 1 2 3 4 8		1	2
09			1	2	0 1 2 3 4 8		1	2
10			1	2	0 1 2 3 4 8		1	2
11			1	2	0 1 2 3 4 8		1	2
12			1	2	0 1 2 3 4 8		1	2
13			1	2	0 1 2 3 4 8		1	2
14			1	2	0 1 2 3 4 8		1	2
15			1	2	0 1 2 3 4 8		1	2

ATTENDANCE TO COMPULSORY PRESCHOOL PREPARATION PROGRAMME — For each child age 5–7 who lives in the household

Copy from ED1 line number to ED9, and from ED2 name and age to ED10, for each child age 5–7.

ED9. Line Copy from ED1.	ED10. Name and age Copy name and age from ED2.	ED11. Does the child attend/ed to the PPP? 1 Yes 2 No If "No", and the child is 6 or 7 years ⇒ ED15. If "No" and the child is 5 years ⇒ Next Line	ED12. What type of facility the child attends or attended during the previous school year? 01 Public facility 02 Private facility 03 School 04 Facility sponsored by Roma NGO 05 Facility sponsored by other NGO 06 Denominational facility 96 Other	ED13. How does the child usually goes/went to PPP? 1 Walks 2 Bicycle 3 City transport 4 Private car or motorcycle 5 Organized transport to the facility 6 Other	
Line	Name	Age	PPP Attendance	Educational Institution	Transportation
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6
			1 2	01 02 03 04 05 06 96	1 2 3 4 5 6

For household members age 5–24 years

ED6.

During this school year, which level and grade is *(name)* attending?

Level:
0 Kindergarten
1 PPP
2 Primary
3 Secondary
4 Higher
8 DK
If level = 0 or 1, skip to ED7

Grade/year:
98 DK

ED7.

During the previous school year (2009–2010), did *(name)* attend school or preschool at any time?

1 Yes
2 No ☐
Next line
8 DK ☐
Next line

ED8.

During that previous school year, which level and grade did *(name)* attend?

Level:
0 Kindergarten
1 PPP
2 Primary
3 Secondary
4 Higher
8 DK
If level = 0 or 1, go to next person

Grade/year:
98 DK

Level						Grade/year		Y	N	DK	Level						Grade/year	
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		
0	1	2	3	4	8			1	2	8	0	1	2	3	4	8		

ED14.

What is the distance (in km) and how much time (in minutes) does it take from your household to the facility with PPP, when using the usual way/mean of transportation to get there?
DK: enter 98. ☐ Next line

ED15.

What are the main reasons of non-attendance of preschool preparation programme? *Probe:* Anything else?

- | | | |
|---|---------------------------------------|----------------------------------|
| A Not much to learn in PPP | F Overcrowded facility | K Textbooks/school supplies/pens |
| B Disabled | G Too far | L Clothes |
| C Groups overcrowded, lack of attention | H Child not registered (no documents) | M Food |
| D Inadequate treatment | I No one can take child to PPP | N Hygiene expenses |
| E Didn't know it is compulsory | J Costs of transport | X Other |

Km		Minutes		Parents' attitudes					Access problems					Financial problems				
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	X

MODULE WS — WATER AND SANITATION

WS1. What is the <u>main</u> source of drinking water for members of your household?	Piped water		
	Piped into dwelling	11	11 ⇒ WS6
	Piped into compound, yard or plot	12	12 ⇒ WS6
	Piped to neighbour	13	13 ⇒ WS6
	Public tap / standpipe	14	14 ⇒ WS3
	Tube Well, Borehole	21	21 ⇒ WS3
	Dug well		
	Protected well	31	31 ⇒ WS3
	Unprotected well	32	32 ⇒ WS3
	Water from spring		
	Protected spring	41	41 ⇒ WS3
	Unprotected spring	42	42 ⇒ WS3
	Rainwater collection	51	51 ⇒ WS3
	Tanker-truck	61	61 ⇒ WS3
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	81	81 ⇒ WS3
	Bottled water	91	
	Other (<i>specify</i>)	96	96 ⇒ WS3
WS2. What is the <u>main</u> source of water used by your household for other purposes such as cooking and handwashing?	Piped water		
	Piped into dwelling	11	11 ⇒ WS6
	Piped into compound, yard or plot	12	12 ⇒ WS6
	Piped to neighbour	13	13 ⇒ WS6
	Public tap / standpipe	14	
	Tube Well, Borehole	21	
	Dug well		
	Protected well	31	
	Unprotected well	32	
	Water from spring		
	Protected spring	41	
	Unprotected spring	42	
	Rainwater collection	51	
	Tanker-truck	61	
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	81	
	Other (<i>specify</i>)	96	
WS3. Where is that water source located?	In own dwelling	1	1 ⇒ WS6
	In own yard/plot	2	2 ⇒ WS6
	Elsewhere	3	
WS4. How long does it take to go there, get water, and come back?	Number of minutes		
	DK	998	
WS5. Who usually goes to this source to collect the water for your household? <i>Probe:</i> Is this person under age 15? What sex?	Adult woman (age 15+ years)	1	
	Adult man (age 15+ years)	2	
	Female child (under 15)	3	
	Male child (under 15)	4	
	DK	8	
WS6. Do you do anything to the water to make it safer to drink?	Yes	1	
	No	2	2 ⇒ WS8
	DK	8	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, etc.)	D	
	Solar disinfection	E	
	Let it stand and settle	F	
	Other (<i>specify</i>)	X	
	DK	Z	

WS8. What kind of toilet facility do members of your household usually use? <i>If “flush” or “pour flush”, probe: Where does it flush to? If necessary ask permission to observe the facility.</i>	Flush / Pour flush		
	Flush to piped sewer system	11	
	Flush to septic tank	12	
	Flush to pit (latrine)	13	
	Flush to somewhere else	14	
	Flush to unknown place / Not sure / DK where	15	
	Pit latrine		
	Ventilated Improved Pit latrine (VIP)	21	
	Pit latrine with slab	22	
	Pit latrine without slab / Open pit	23	
	Composting toilet	31	
	Bucket	41	
	No facility, Bush, Field	95	95 ⇒ Next module
	Other (<i>specify</i>)	96	
WS9. Do you share this facility with others who are not members of your household?	Yes	1	
	No	2	2 ⇒ Next module
WS10. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?	Other households only (not public)	1	
	Public facility	2	2 ⇒ Next module
WS11. How many households in total use this toilet facility, including your own household?	Number of households, if less than 10	0	
	Ten or more households	10	
	DK	98	

MODULE HC — HOUSEHOLD CHARACTERISTICS

HC1a. What is the religion of the head of this household?	Orthodox	1	
	Catholic	2	
	Islamic	3	
	Does not want to declare	4	
	Other religion (<i>specify</i>)	6	
	No religion	7	
HC1c. To what ethnic group does the head of this household belong?	Serbian	1	
	Hungarian	2	
	Bosnian	3	
	Roma	4	
	Other ethnic group (<i>specify</i>)	6	
	Does not want to declare	7	
HC2. How many rooms in this household are used for sleeping?	Number of rooms		
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor		
	Earth/Sand	11	
	Rudimentary floor		
	Wood planks	21	
	Finished floor		
	Parquet, polished wood or laminate	31	
	Vinyl/Linoleum	32	
	Ceramic tiles	33	
	Cement	34	
	Other (<i>specify</i>)	96	

HCA. Main material of the roof. Record observation.	Natural roofing		
	No Roof	11	
	Thatch	12	
	Rudimentary Roofing		
	Cane	22	
	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	
HCS. Main material of the exterior walls. Record observation.	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 (specify)	96	
HC6. What type of fuel does your household <u>mainly</u> use for cooking?	Electricity	01	01 ⇒ HC8
	Liquid Petroleum Gas (LPG)	02	02 ⇒ HC8
	Natural gas (piped)	03	03 ⇒ HC8
	Biogas	04	04 ⇒ HC8
	Kerosene	05	05 ⇒ HC8
	Coal / Lignite	06	
	Charcoal	07	
	Wood	08	
	Straws / Shrubs / Grass	09	
	Agricultural crop residue	11	
	No food cooked in household	95	95 ⇒ HC8
	Other (specify)	96	
HC7. Is the cooking usually done in the house, in a separate building or outdoors? If "In the house", probe: Is it done in a separate room used as a kitchen?	In the flat/house		
	In a separate room used as kitchen	1	
	Elsewhere in the house	2	
	In a separate building	3	
	Outdoors	4	
	Other (specify)	6	

HC8. Does your household have:		Yes	No	
[A] Electricity?	Electricity	1	2	
[B] A radio?	Radio	1	2	
[C] A television?	Television	1	2	
[D] A 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?	Bed	1	2	
[H] A table with chairs?	Table with chairs	1	2	
[I] A vacuum cleaner?	Vacuum cleaner	1	2	
[J] A PC/Laptop?	PC/Laptop	1	2	
[K] A closet?	Closet	1	2	
[L] A washing machine?	Washing machine	1	2	
[M] A drying machine?	Drying machine	1	2	
[N] An air conditioner?	Air conditioner	1	2	
[O] Jacuzzi tub?	Jacuzzi tub	1	2	
[P] Video monitoring system?	Video monitoring system	1	2	
HC9. Does any member of your household own:		Yes	No	
[A] A watch?	Watch	1	2	
[B] A mobile telephone?	Mobile telephone	1	2	
[C] A bicycle?	Bicycle	1	2	
[D] A motorcycle or scooter?	Motorcycle/Scooter	1	2	
[E] An animal-drawn cart?	Animal-drawn cart	1	2	
[F] A car or truck?	Car/Truck	1	2	
[G] A boat with motor?	Boat with motor	1	2	
[H] A tractor?	Tractor	1	2	
HC10. Do you or someone living in this household own this dwelling?	Own		1	
	Rent		2	
<i>If "No", then ask: Do you rent this dwelling from someone not living in this household?</i>	Other (Not owned or rented)		6	
<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>				
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 hectares of agricultural land do members of this household own?	Hectares			
<i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>				
HC13. Does this household own any livestock, other farm animals or poultry?	Yes		1	
	No		2	2 ⇒ HC15
HC14. How many of the following animals does this household have?	Milk cows or bulls			
[A] Milk cows or bulls?	Horses, donkeys, mules			
[B] Horses, donkeys or mules?	Goats			
[C] Goats?	Sheep			
[D] Sheep?	Chickens			
[E] Chickens?	Pigs			
[F] Pigs?	Other poultry			
[G] Other poultry?				
<i>If none, record "00".</i>				
<i>If 95 or more, record "95".</i>				
<i>If DK, record "98".</i>				
HC15. Does any member of this household have a bank account?	Yes		1	
	No		2	

MODULE CD — CHILD DISCIPLINE
Table 1: Children Aged 2–14 Years Eligible for Child Discipline Questions

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

CD1. Rank number	CD2. Line num. from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1			1	2	
2			1	2	
3			1	2	
4			1	2	
5			1	2	
6			1	2	
7			1	2	
8			1	2	
CD6. Total number of children age 2–14 years					

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

Table 2: Selection of Random Child for Child Discipline Questions

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2–14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of the Household line number (HH2)	Total number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of selected child from Table 1 (CD1)

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.

Name

Line number

CD10. Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with (name) in the past month.

CD11. Took away privileges, forbade something (name) liked or did not allow him/her to leave house.

Yes

1

No

2

CD12. Explained why (name) behavior was wrong

Yes

1

No

2

CD13. Shook him/her.

Yes

1

No

2

CD14. shouted, yelled at or screamed at him/her.	Yes	1	
	No	2	
CD15. Gave him/her something else to do.	Yes	1	
	No	2	
CD16. Spanked, hit or slapped him/her on the bottom with bare hand.	Yes	1	
	No	2	
CD17. Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	Yes	1	
	No	2	
CD18. Called him/her dumb, lazy or another name like that.	Yes	1	
	No	2	
CD19. Hit or slapped him/her on the face, head or ears.	Yes	1	
	No	2	
CD20. Hit or slapped him/her on the hand, arm or leg.	Yes	1	
	No	2	
CD21. Beat him/her up, that is hit him/her over and over as hard as one could.	Yes	1	
	No	2	
CD22. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	Yes	1	
	No	2	
	Don't know / No opinion	8	

MODULE HW — HANDWASHING

HW1. Please show me where members of your household most often wash their hands.	Observed	1	
	Not observed		
	Not in dwelling / plot / yard	2	2 ⇒ HW4
	No permission to see	3	3 ⇒ HW4
	Other reason	6	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 available	1	
	Water is not available	2	
HW3. Record if soap or detergent is present at the specific place for handwashing. <i>Circle all that apply.</i> <i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled.</i> <i>If "None" (Y) is circled, continue with HW4.</i>	Bar soap	A	A ⇒ HH19
	Detergent (Powder / Liquid / Paste)	B	B ⇒ HH19
	Liquid soap	C	C ⇒ HH19
	Ash / Mud / Sand	D	D ⇒ HH19
	None	Y	
HW4. Do you have any soap or detergent or similar means in your household for washing hands?	Yes	1	
	No	2	2 ⇒ HH19
HW5. Can you please show it to me? <i>Record observation. Circle all that apply.</i>	Bar soap	A	
	Detergent (Powder / Liquid / Paste)	B	
	Liquid soap	C	
	Ash / Mud / Sand	D	
	Not able / Does not want to show	Y	
HH19. Record the time. Hour and minutes			:
HH20. Does any eligible woman age 15–49 reside in the household? <i>Check Household Listing Form, column HL7 for any eligible woman.</i> <i>You should have a questionnaire with the Information Panel filled in for each eligible woman.</i>			
Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.			
No ⇒ Continue.			

HH21. Does any child under the age of 5 reside in the household?

Check Household Listing Form, column HL9 for any eligible child under age 5.

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

Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.

No ⇒ Continue.

HH22. Does any eligible man age 15–29 reside in the household?

Check Household Listing Form, column HL7a for any eligible man.

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

Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL MEN to administer the questionnaire to the first eligible man.

No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15a on the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MODULE WM — WOMAN'S INFORMATION PANEL

This questionnaire is to be administered to all women age 15 through 49 year (see Household Questionnaire, Module HL — LIST OF HOUSEHOLD MEMBERS, column HL7). Fill in one form for each eligible woman

WM1. Cluster number:		WM2. Household number:	
WM3. Woman's name:		WM4. Woman's line number:	
Name			
WM5. Interviewer's name and number:		WM6. Day/month/year of interview:	
Interviewer's ID code:		(Day) (Month) (Year)	

Repeat greeting if not already read to this woman:

We are from Statistical Office of the Republic of Serbia. We are working on survey concerned with health and education of family members. I would like to talk to you about it. The interview will take about 30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

May I start now?

<input type="checkbox"/>	Yes, permission is given ⇒ Go to WM10 and record the time and then begin with the interview.
<input type="checkbox"/>	No, permission is not given ⇒ Complete WM7. Discuss the result with your supervisor.

If the greetings were read to this woman when starting with Household Questionnaire, the following text should be read:

Now I would like to talk to you about your health and other issues. This interview will take about 30 minutes, and I repeat that all the information obtained remains strictly confidential and your answers will never be identified.

WM7. Result of the woman's interview:	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (specify)	96

WM8. Field edited by:	WM9. Data entry clerk:
Name	Name
ID code	ID code

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

MODULE WB — WOMAN'S BACKGROUND

WB1. In what month and year were you born?	Date of birth	
	Month	
	DK month	98
	Year	
	DK year	9998
WB2. How old are you?		
Probe: How old were you at your last birthday?	Age (in completed years)	
Compare and correct WB1 and/or WB2 if inconsistent.		
WB3. Have you ever attended school or preschool?	Yes	1
	No	2 2 ⇒ WB7
WB4. What is the highest level of school you attended or now attend?	Preschool	0 0 ⇒ WB7
	Primary	1
	Secondary	2
	Higher	3
WB5. What is the highest grade/year you completed at that level?		
If less than 1 grade/year, enter "00"	Grade/Year	
WB6. Check WB4:		
	Secondary school or higher school/university ⇒ Go to Next Module	
	Primary school ⇒ Continue with WB7	

WB7. Now I would like you to read this sentence to me.	Cannot read at all	1	
Show the sentence on the card to the respondent.	Able to read only parts of sentence	2	
If respondent cannot read whole sentence, probe:	Able to read whole sentence	3	
Can you read part of the sentence to me?	No sentence in required language	4	
	(specify language)		
	Blind/mute, visually/speech impaired	5	

MODULE MT — ACCESS TO MASS MEDIA AND USE OF INFORMATION AND COMMUNICATION TECHNOLOGIES

MT1. Check WB7:

<input type="checkbox"/>	Question left blank — respondent has secondary or more education ⇒ Continue with MT2
<input type="checkbox"/>	Able to read or no sentence in required language — codes 2, 3 or 4 ⇒ Continue with MT2
<input type="checkbox"/>	Cannot read at all, or blind — codes 1 or 5 ⇒ Go to MT3

MT2. How often do you read newspapers or magazines: Almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	
MT3. Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	
MT4. How often do you watch television: would you say that you watch almost every day, at least once a week, less than once a week or not at all?:	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	
MT5. Check WB2: Age of respondent 15–24 years?			
<input type="checkbox"/>	Yes, age 15–24 ⇒ Continue with MT6		
<input type="checkbox"/>	No, age 25–49 ⇒ Go to Next Module		
MT6. Have you ever used a computer?	Yes	1	
	No	2	2 ⇒ MT9
MT7. Have you used a computer from any location in the last 12 months?	Yes	1	
	No	2	2 ⇒ MT9
MT8. During the last one month, how often did you use a computer: almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	
MT9. Have you ever used the Internet?	Yes	1	
	No	2	2 ⇒ Next module
MT10. In the last 12 months, have you used the Internet? If necessary, probe if the woman used Internet on any location, on any device.	Yes	1	
	No	2	2 ⇒ Next module
MT11. During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	

MODULE CM — CHILD MORTALITY

All questions refer only to LIVE births.

CM1. Now I would like to ask you about 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. Skip to CM4 only if year of first birth is given. Otherwise continue with CM3.	Date of first birth		
	Day	<input type="text"/>	<input type="text"/>
	DK day		98
	Month	<input type="text"/>	<input type="text"/>
	DK month		98
	Year	<input type="text"/>	<input type="text"/>
	DK year		9998
			⇒ CM4

CM3. How many years ago did you have your first birth?	Completed years since first birth			
CM4. Do you have sons or daughters who are now living with you?	Yes	1		
	No	2	2 ⇒ CM6	
CM5. How many sons live with you?	Sons at home			
How many daughters live with you?	Daughters at home			
<i>If none, record '00'.</i>				
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?	Sons elsewhere			
How many daughters are alive but do not live with you?	Daughters elsewhere			
<i>If none, record '00'.</i>				
CM8. Have you ever given birth to boy or girl who was born alive but later died?	Yes	1		
	No	2	2 ⇒ CM10	
<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/she lived only a few minutes or hours?</i>				
CM9. How many boys died?	Boys died			
How many girls died?	Girls died			
<i>If none, record '00'.</i>				
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 of children in CM10) live births during your life. Is that correct?				
<input type="checkbox"/>	Yes. Check below:			
<input type="checkbox"/>	No live births ⇒ Go to MODULE IS — SYMPTOMS OF ILLNES			
<input type="checkbox"/>	One or more live births ⇒ Continue with CM12			
<input type="checkbox"/>	No ⇒ Check responses to CM1–CM10 and make necessary corrections before proceeding to CM12.			
CM12. Of these (total number in CM10) births you have had, when did you deliver the last one (even if the baby died)?	Date of last birth			
<i>Month and year must be recorded.</i>	Day			
	DK day		98	
	Month			
	Year			
CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview in) 2008.				
<input type="checkbox"/>	No live births in last 2 years. ⇒ Go to SYMPTOMS OF ILLNESS module.			
<input type="checkbox"/>	One or more live births in last 2 years. ⇒ Ask for the child's name.			
Name of child _____				
<i>If child has died, take special care when referring to this child by name in the following modules. Continue with the next module.</i>				

MODULE DB — DESIRE FOR LAST BIRTH

*This module is to be administered to all women who had live birth in the past 2 years.
Check module CM — CHILD MORTALITY, question CM13 and record the name of the last-born child here _____
Use this child's name in the following questions, where indicated.*

DB1. At the time you became pregnant with (name), did you want to become pregnant then?	Yes	1	1 ⇒ Next module
	No	2	
DB2. Did you want to have a baby later on, or did you not want any (more) children?	Later	1	
	No more	2	2 ⇒ Next module
DB3. How much longer did you want to wait?	Months	1	
	Years	2	
	DK		998

MODULE MN — MATERNAL AND NEWBORN HEALTH

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

MN1. Did you see anyone for antenatal care during your last pregnancy with (name)?	Yes	1	
	No	2	2 ⇒ MN4A

MN2. Whom did you see? <i>Probe:</i> Anyone else? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor Nurse/midwife Auxiliary midwife Other person Traditional birth attendant Other (specify)	A B C F X	
MN3. How many times did you receive antenatal care during this pregnancy?	Number of times DK	 98	
MN4. As part of your antenatal care during this pregnancy, were any of the following done at least once: [A] Was your blood pressure measured? [B] Did you give a urine sample? [C] Did you give a blood sample?	 Blood pressure Urine sample Blood sample	Yes No 1 2 1 2 1 2	
MN4A. during this pregnancy, did auxiliary nurse (patronage nurse) visit you at your home?	Yes No	1 2	
MN4B. During this pregnancy, did you attend any child birth preparation programme (parenting and pregnancy education with health care institution)?	Yes No	1 2	2 ⇒ MN4D
MN4C. while you attend preparation programme did you receive information about the following topics: [A] Health during pregnancy? [B] Breastfeeding? [C] newborn care? [D] parenting skills?	Health during pregnancy Breastfeeding Newborn care Parenting skills	Yes No 1 2 1 2 1 2 1 2	⇒ MN17 ⇒ MN17 ⇒ MN17 ⇒ MN17
MN4D. What was the main reason that you didn't attend childbirth preparation programme (parenting and pregnancy education with health care institution)?	Did not know it exists No need No time Not organized in my neighborhood Do not know/do not remember Other (specify)	1 2 3 4 5 6	
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 Nurse/midwife Auxiliary midwife Other person Traditional birth attendant Relatives/friends Husband Other (specify) No one	A B C F H I X 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> (Name of place)	Home Your home Other home Public sector Government hospital Government clinic/health center Government health post Other public facility (specify) Private medical sector Private hospital Private clinic Private maternity home Other private medical facility (specify) Other (specify)	 11 12 21 22 23 26 31 32 33 36 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 No	1 2	

MN20. When (name) was born, was he/she very large, larger than average, average, smaller than average or very small?	Very large Larger than average Average Smaller than average Very small DK	1 2 3 4 5 8	
MN21. Was (name) weighed at birth?	Yes No DK	1 2 8	2 ⇒ MN23 8 ⇒ MN23
MN22. How much did (name) weigh? <i>Record weight from health card, if available.</i>	From card 1 (kg) From recall 2 (kg) DK	<input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> 99998	
MN23. Has your menstrual period returned since the birth of (name)?	Yes No	1 2	
MN24. Did you ever breastfed (name)?	Yes No	1 2	2 ⇒ MN27A
MN25. How long after birth did you first put (name) to the breast? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately Hours Days Don't know/remember	000 1 <input type="text"/> 2 <input type="text"/> 998	
MN26. In the first three days after delivery, was (name) given anything to drink other than breast milk?	Yes No	1 2	2 ⇒ MN27A
MN27. What was (name) given to drink? <i>Probe: Anything else?</i>	Milk (other than breast milk) Plain water Sugar or glucose water Anti-colic (cramps) medicine Sugar, salt and water solution Fruit juice Infant formula Tea/infusion solution Other (specify)	A B C D E F G H X	
MN27A. Did auxiliary nurse visit you after coming home, within one week of giving birth?	Yes No	1 2	

MODULE IS — ILLNESS SYMPTOMS

IS1. Check Household Questionnaire, Module HL — LIST OF HOUSEHOLD MEMBERS, column HL9.

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

☐ Yes ⇒ Continue with IS2.
☐ No ⇒ Go to Next Module

IS2. Sometimes children have severe illness and should be taken immediately to a doctor. In case of what symptoms of illness would you take the child to the doctor right away? <i>Probe: Any other symptoms? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned but do NOT prompt with any suggestions.</i>	Cannot drink or breastfeed Condition getting worse Fever Faster breathing Difficult breathing Blood in the stool Difficult drinking Other (specify) Other (specify) Other (specify)	A B C D E F G X Y Z	
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MODULE CP — CONTRACEPTION

CP1. I would like to talk with you about another subject — family planning. Are you pregnant now?	Yes, currently pregnant No Unsure or DK	1 2 8	1 ⇒ Next module
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<p>CP3. Couples use various ways or methods to delay or avoid pregnancy.</p> <p>What are you or your partner doing to delay or avoid pregnancy? Do you use one or more of the following ways/methods:</p> <p>Prompt the following methods and provide an explanation for a specific method if necessary.</p> <p>If more than one method is mentioned, circle each one.</p>		
[A] and [B] Female/Male Sterilization: Women and/or man can have an operation to avoid having any more children.	Female sterilization	A
	Male sterilization	B
[C] IUD: Women can have a loop or coil placed inside them by a doctor or a nurse.	IUD	C
[D] Injectables: Women can have an injection by a health provider, that stops her from becoming pregnant for one or more months.	Injectables	D
[E] Implants: Women can have one or more small implants placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	Implants	E
[F] Pill: Women have to take a pill every day to avoid becoming pregnant.	Pill	F
[G] Male Condom: Men can put a rubber condom on their penis before or during the sexual intercourse.	Male condom	G
[H] Female Condom: Women can place a sheath in their vagina before sexual intercourse.	Female condom	H
[I] Diaphragm: Women can place a soft rubber cup in their vagina to block sperm from entering uterus or tubes	Diaphragm	I
[J] Foam, Jelly: Women may be using spermicides such as foam, jelly, cream that are used to kill sperm or make sperm unable to move to the egg.	Foam/jelly	J
[K] Lactational Amenorrhoea Method (LAM):	Lactational amenorrhoea method (LAM)	K
[L] Rhythm Method: Woman can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	Periodic abstinence	L
[M] Withdrawal: Men can be careful and pull out before climax.	Withdrawal	M
[N] Emergency Contraception: within three days after they had unprotected sexual intercourse, women can take special pills to prevent pregnancy.	Emergency ontraception	N
	Other (<i>specify</i>)	X
	None	Y

MODULE UN — UNMET NEED

UN1. Check CP1: Currently pregnant?			
<input type="checkbox"/>	Yes, currently pregnant ⇒ Continue with UN2		
<input type="checkbox"/>	No, unsure or DK ⇒ Go to UN5		
UN2. Now, I would like to talk to you about your current pregnancy. When you got pregnant, did yu want to get pregnant at that time?	Yes	1	1 ⇒ UN4
	No	2	
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later	1	
	No more	2	
UN4. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child	1	1 ⇒ UN7
	No more/None	2	2 ⇒ UN13
	Undecided/Don't know	8	8 ⇒ UN13
UN5. Check CP3: Currently using "Female sterilization":			
<input type="checkbox"/>	Yes ⇒ Go to UN13		
<input type="checkbox"/>	No ⇒ Continue with UN6		
UN6. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child	1	
	No more/None	2	2 ⇒ UN9
	Says she cannot get pregnant	3	3 ⇒ UN11
	Undecided/Don't know	8	8 ⇒ UN9

UN7. How long would you like to wait before the birth of (a/another) child?	Months	1			
	Years	2			
	Soon/Now				993
	Says she cannot get pregnant				994
	After marriage				995
	Other				996
	Don't know				998
UN8. Check CP1: Currently pregnant?					
	Yes, currently pregnant ⇒ Go to UN13				
	No, unsure or DK ⇒ Continue with UN9				
UN9. Check CP3. Currently using any method of contraception?					
	Yes ⇒ Go to UN13				
	No ⇒ Continue with UN10				
UN10. Do you think you are physically able to get pregnant at this time?	Yes	1			1 ⇒ UN13
	No	2			
	DK	8			8 ⇒ UN13
UN11. Why do you think you are not physically able to get pregnant?	Infrequent sex/No sex				A
	Menopause				B
	Never menstruated				C
	Hysterectomy (surgical removal of uterus)				D
	Has been trying to get pregnant for 2 years or more without result				E
	Postpartum amenorrheic				F
	Breastfeeding				G
	Too old				H
	Fatalistic				I
	Other (specify)				X
	Don't know				Z
UN12. Check UN11: "Never menstruated" mentioned?					
	Mentioned ⇒ Go to Next Module				
	Not mentioned ⇒ Continue with UN13				
UN13. When did your last menstrual period start?	Days ago	1			
	Weeks ago	2			
	Months ago	3			
	Years ago	4			
	In menopause/Has had hysterectomy				994
	Before last birth				995
	Never menstruated				996

MODULE DV — ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		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

MODULE MA — MARRIAGE/UNION

MA1. Are you currently married or living together with a man as if married?	Yes, currently married	1		
	Yes, living with a man	2		
	No, not in union	3		3 ⇒ MA5
MA2. How old is your husband/partner?	Age in years			⇒ MA7
	Probe: How old was your husband/partner on his last birthday?	DK	98	⇒ MA7

MA5. Have you ever been married or lived together with a man as if married?	Yes, formerly married	1	3 ⇒ Next module
	Yes, formerly lived with a man	2	
	No	3	
MA6. What is your marital status now: are you widowed, divorced or separated?	Widowed	1	
	Divorced	2	
	Separated	3	
MA7. Have you been married or lived with a man only once or more than once?	Only once	1	
	More than once	2	
MA8. In what month and year did you first marry or start living with a man as if married?	Date of first marriage		⇒ Next module
	Month		
	DK month	98	
	Year		
	DK year	9998	
MA9. How old were you when you started living with your first husband/partner?	Age in year		

MODULE SB — SEXUAL BEHAVIOUR

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	00 ⇒ Next module		
	Age in years	<input type="text"/> <input type="text"/>			
	First time when started living with (first) husband/partner	95			
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 'year ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago	1	0	<input type="text"/>	4 ⇒ SB15
	Weeks ago	2	0	<input type="text"/>	
	Months ago	3	<input type="text"/>	<input type="text"/>	
	Years ago	4	<input type="text"/>	<input type="text"/>	
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:</i> Were you living together as if married? <i>If "yes", circle "2". If "no", circle "3".</i>	Husband	1	3 ⇒ SB7 4 ⇒ SB7 6 ⇒ SB7		
	Cohabiting partner	2			
	Boyfriend	3			
	Casual acquaintance	4			
	Other (specify)	6			
SB6. Check MA1: <input type="text"/> Currently married or living with a man (MA1=1 or MA1=2) ⇒ Go to SB8 <input type="text"/> Not married/Not in union (MA1=3) ⇒ Continue with SB7					
SB7. How old is this person? <i>If response is "Don't know", probe:</i> About how old is this person?	Age of sexual partner	<input type="text"/> <input type="text"/>			
	DK	98			
SB8. Have you had sexual intercourse with any other person in the last 12 months?	Yes	1	2 ⇒ SB15		
	No	2			
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? Probe to ensure that the response refers to the relationship at the time of sexual intercourse. <i>If "boyfriend", then ask:</i> Were you living together as if married? <i>If "yes", circle "2". If "no", circle "3".</i>	Husband Cohabiting partner Boyfriend Casual acquaintance Other (<i>specify</i>)	1 2 3 4 6	1 3 ⇒ SB12 4 ⇒ SB12 6 ⇒ SB12
SB11. Check MA1 and MA7: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or MA1 = 2) AND <input type="checkbox"/> Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13 Else ⇒ Continue with SB12			
SB12. How old is this person? <i>If response is DK, probe:</i> About how old is this person?	Age of sexual partner DK	<input type="text"/> 98	
SB13. Other than these two persons, have you had sexual intercourse with any other person in the last 12 months?	Yes No	1 2	2 ⇒ SB15
SB14. In total, with how many different people have you had sexual intercourse in the last 12 months?	Number of partners	<input type="text"/>	
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	<input type="text"/> 98	

MODULE HA — HIV/AIDS

HA1. Now I would like to talk with you about something else. Have you ever heard of an illness called aids?	Yes No	1 2	2 ⇒ Next module
HA2. Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	Yes No DK	1 2 8	
HA3. Can people get the AIDS virus because of witchcraft or other supernatural means?	Yes No DK	1 2 8	
HA4. Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	Yes No DK	1 2 8	
HA5. Can people get the AIDS virus from mosquito bites?	Yes No DK	1 2 8	
HA6. Can people get the AIDS virus by sharing food with a person who has AIDS virus?	Yes No DK	1 2 8	
HA7. Is it possible for a healthy-looking person to have the AIDS virus?	Yes No DK	1 2 8	
HA8. Can the virus that causes AIDS be transmitted from a mother to her baby:		Yes No DK	
[A] During pregnancy?	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 No DK/Not sure/Depends	1 2 8	
HA10. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	Yes No DK/Not sure/Depends	1 2 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 him or her in your household?	Yes	1	
	No	2	
	DK/Not sure/Depends	8	
HA13. Check CM13. Any live birth in last 2 years?			
<input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24			
<input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14			
HA14. Check MN1. Received antenatal care?			
<input type="checkbox"/> Received antenatal care ⇒ Continue with HA15			
<input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24			
HA15. During any of the antenatal visits for your pregnancy with (name), were you given any information about:		Yes No DK	
[A] Babies getting the AIDS virus from their mother?	AIDS from mother	1 2 8	
[B] Things that you can do to prevent getting the AIDS virus?	Things to do	1 2 8	
[C] Getting tested for the AIDS virus?	AIDS tests	1 2 8	
Were you::	Offered a test	1 2 8	
[D] Offered a test for the AIDS virus?			
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	2 ⇒ HA19
	DK	8	8 ⇒ HA19
HA17. I don't want to know the results, but did you get the results of the test?	Yes	1	
	No	2	2 ⇒ HA22
	DK	8	8 ⇒ HA22
HA18. Regardless of the result, all women who are tested are supposed to receive counselling after getting test result. After you were tested, did you receive counselling?	Yes	1	1 ⇒ HA22
	No	2	2 ⇒ HA22
	DK	8	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 after this pregnancy?	Yes	1	1 ⇒ HA25
	No	2	
HA23. When was the most recent time you were tested for the AIDS virus?	Less than 12 months ago	1	1 ⇒ Next module
	12–23 months ago	2	2 ⇒ Next module
	2 or more years ago	3	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	1 ⇒ Next module
	No	2	2 ⇒ Next module
	DK	8	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	

MODULE LS — LIFE SATISFACTION

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

Age 15–24 ⇒ Continue with LS2

Age 25–49 ⇒ Go to WM11

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.

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

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

LS3. Now I will ask you questions about your level of satisfaction in different areas.

In each case, we have five possible responses. Please tell me, for each question, whether you are very satisfied, somewhat satisfied, neither satisfied nor unsatisfied, somewhat unsatisfied or very unsatisfied.

Again, you can look at these pictures to help you with your response.

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

How satisfied are you with your family life?

No family	0
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?

No friends	0
Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor unsatisfied	3
Somewhat unsatisfied	4
Very unsatisfied	5

LS5. During the current school year, did you attend school at any time?

Yes	1
No	2

2 ⇒ LS7

LS6. How satisfied are/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?

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.

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?

If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.

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? 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.	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 worsened, 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

: :

WM12. Check Household Listing Form, column HL9.

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

☐ Yes ⇒ Go to Questionnaire for children under 5 for that child and start interview with this respondent.

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

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MODULE UF — CHILD INFORMATION PANEL

This questionnaire is administered to mothers or caretakers (see Household Questionnaire, Module HL — HOUSEHOLD LISTING, column HL9) who care for a child under five that lives with them (See Household Questionnaire, Module HL — HOUSEHOLD LISTING, column HL6). A separate questionnaire should be used for each eligible child.

UF1. Cluster Number:		UF2. Household Number:	
UF3. Child's Name:		UF4. Child's Line Number:	
Name			
UF5. Mother's/Caretaker's Name:		UF6. Mother's/Caretaker's Line Number:	
Name			
UF7. Interviewer Name:		UF8. Day/month/year of interview:	
Name			
Interviewer's ID Code:		(Day)	(Month) (Year)

Repeat greetings if not already read to mother/caretaker:

We are from Statistical Office of the Republic of Serbia. We are working on survey concerned with health and education of family members. I would like to talk to you about (name from UF3) health and welfare. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

If the greetings were read to the respondent when starting with Household Questionnaire, the following text should be read:

Now I would like to talk to you about (child's name from UF3) health and other issues. This interview will take about 20 minutes, and I repeat that all the information obtained remains strictly confidential and your answers will never be identified.

May I start now?

<input type="checkbox"/>	Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview
<input type="checkbox"/>	No, permission is not given ⇒ Complete UF9. Discuss the result with your supervisor.

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

UF10. Field edited by:	UF11. Data entry clerk:
Name	Name
ID code	ID code

UF12. Record the time.	Hour and minutes	:
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MODULE AG — CHILD'S AGE

AG1. Now I would like to ask you some questions about (name) health.	Date of birth	
In what day, month and year was (name) born?	Day	
<i>Probe:</i>	DK day	98
What is his/her birthday?	Month	
<i>If mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i>	Year	20
<i>Month and year must be recorded.</i>		
AG2. How old is (name)?	Child's age (in completed years)	
<i>Probe:</i>		
How old was (name) at his/her last birthday?		
<i>Record age in completed years.</i>		
<i>Record "0" if the child is less than 1 year.</i>		
<i>Compare and correct AG1 and AG2 if inconsistent.</i>		

MODULE BR — BIRTH REGISTRATION			
BR1. Does <i>(name)</i> have a birth certificate? If “yes”, ask: May I see it?	Yes, seen	1	1 ⇒ BR3A
	Yes, not seen	2	2 ⇒ BR3A
	No	3	
	DK	8	
BR2. Has <i>(name)</i> been registered with the civil authorities?	Yes	1	1 ⇒ BR3A
	No	2	
	DK	8	
BR3. Do you know how to register your child’s birth?	Yes	1	
	No	2	
BR3A. Does <i>(name)</i> have a health insurance card? If “yes”, ask: May I see it?	Yes, seen	1	
	Yes, not seen	2	
	No	3	
	DK	8	

MODULE EC — EARLY CHILDHOOD DEVELOPMENT			
EC1. How many children’s books or picture books <i>(name)</i> has?	None	00	
	Number of children’s books	0	
	Ten or more books	10	
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 some 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, leaves etc.)? If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response.		Yes No DK	
	Homemade toys	1 2 8	
	Toys from a shop	1 2 8	
	Household objects or outside objects	1 2 8	
EC3. Adults who care for a child sometimes have to go out shopping, to visit doctor or have to leave young children for any other reason. Last week, how many days was <i>(name)</i> : [A] left alone longer than an hour? [B] left in care of another child, i.e. someone under 10, longer than an hour? If the answer is “none”, enter “0”. If the answer is “don’t know”, enter “8”.			
	Number of days the child was left alone longer than an hour		
	Number of days the child was left alone with another child longer than an hour		
EC4. Check AG2: Age of child Child is 3 or 4 years old ⇒ Continue with EC5 Child is 0, 1 or 2 years old ⇒ Go to next module			
EC5. Does <i>(name)</i> attend kindergarten or any organized learning or early childhood education programme? These can be private, government or NGO programmes.	Yes	1	
	No	2	2 ⇒ EC6B
	DK	8	8 ⇒ EC7
EC6. Within the last seven days, about how many hours did <i>(name)</i> attend that programme?	Number of hours		
EC6A. What type of facility does the child attend?	Government facility	1	1 ⇒ EC7
	Private facility	2	2 ⇒ EC7
	Facility sponsored by Roma NGO	3	3 ⇒ EC7
	Facility sponsored by another NGO	4	4 ⇒ EC7
	Denominational facility	5	5 ⇒ EC7
	Other (specify)	6	6 ⇒ EC7

EC6B. What are the main reasons that <i>(name)</i> does not go to a kindergarten or any other early learning facility? <i>Probe:</i> Anything else?	Parents' attitudes The child will not learn much in the kindergarten The child is disabled Low level of services (poor conditions, inadequate personnel) Poor treatment (ethnicity reasons, does not speak the language) The child is taken care at home Access problems Not admitted in the facility as both parents are unemployed Overcrowded facility Costly services Other expenses (transport, clothes, food) too high The facility is too far/no organized transport for children Other (<i>specify</i>)	A B C D E F G H I J X																												
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> : <i>Read each item aloud. If "yes", ask:</i> Who engaged in this activity with <i>(name)</i> ? <i>Circle all that apply.</i> [A] Read books to <i>(name)</i> or looked at picture books with <i>(name)</i> ? [B] Told stories to <i>(name)</i> ? [C] Sang songs to or with <i>(name)</i> , including lullabies? [D] Took <i>(name)</i> outside the home, to park, yard or enclosure? [E] Played with <i>(name)</i> ? [F] Named, counted, or drew things to or with <i>(name)</i> ?	Read books Told stories Sang songs Took outside Played with Named/counted/drew	<table><tr><td>Mother</td><td>Father</td><td>Other</td><td>No one</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr></table>	Mother	Father	Other	No one	A	B	X	Y	A	B	X	Y	A	B	X	Y	A	B	X	Y	A	B	X	Y	A	B	X	Y
Mother	Father	Other	No one																											
A	B	X	Y																											
A	B	X	Y																											
A	B	X	Y																											
A	B	X	Y																											
A	B	X	Y																											
A	B	X	Y																											
EC7A. In the past 3 days, did anyone <u>who is not a member of your household</u> and is over 15 years of age engage in any of the following activities with <i>(name)</i> : <i>Read each item aloud. If "yes", ask:</i> Who engaged in this activity with <i>(name)</i> ? <i>Circle all that apply.</i> [A] Read books to <i>(name)</i> or looked at picture books with <i>(name)</i> ? [B] Told stories to <i>(name)</i> ? [C] Sang songs to or with <i>(name)</i> , including lullabies? [D] Took <i>(name)</i> outside the home, to park, yard or enclosure? [E] Played with <i>(name)</i> ? [F] Named, counted or drew things to or with <i>(name)</i> ?	Read books Told stories Sang songs Took outside Played with Named/counted/drew	<table><tr><td>Grand-mother</td><td>Grand-father</td><td>Other</td><td>No one</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>A</td><td>B</td><td>X</td><td>Y</td></tr></table>	Grand-mother	Grand-father	Other	No one	A	B	X	Y	A	B	X	Y	A	B	X	Y	A	B	X	Y	A	B	X	Y	A	B	X	Y
Grand-mother	Grand-father	Other	No one																											
A	B	X	Y																											
A	B	X	Y																											
A	B	X	Y																											
A	B	X	Y																											
A	B	X	Y																											
A	B	X	Y																											
EC8. I would like to ask you some questions about the health and development of your child. Children do not all develop and learn at the same rate. For example, some of them take first steps before others. These questions are related to several aspects of your child's development. Can <i>(name)</i> recognize or name at least ten letters of the alphabet?	Yes No DK	1 2 8																												
EC9. Can <i>(name)</i> read at least four simple, popular words?	Yes No DK	1 2 8																												
EC10. Does <i>(name)</i> know and can recognize all numbers from 1 to 10?	Yes No DK	1 2 8																												
EC11. Can <i>(name)</i> pick up a small object with two fingers, like a stick or a rock from the ground?	Yes No DK	1 2 8																												
EC12. Is <i>(name)</i> sometimes too sick to play?	Yes No DK	1 2 8																												

EC13. Does <i>(name)</i> follow simple directions on how to do something correctly?	Yes	1	
	No	2	
	DK	8	
EC14. When told to do something, can <i>(name)</i> do it on his/her own?	Yes	1	
	No	2	
	DK	8	
EC15. Does <i>(name)</i> get on well with other children?	Yes	1	
	No	2	
	DK	8	
EC16. Does <i>(name)</i> kick, bite or hit other children or adults?	Yes	1	
	No	2	
	DK	8	
EC17. Does <i>(name)</i> lose attention easily?	Yes	1	
	No	2	
	DK	8	

MODULE BF — BREASTFEEDING

BF1. Has <i>(name)</i> ever been breastfed?	Yes	1	
	No	2	2 ⇒ BF3
	DK	8	8 ⇒ BF3
BF2. Is he/she still being breastfed?	Yes	1	
	No	2	
	DK	8	
BF3. I would like to ask you about liquids that <i>(name)</i> may have had yesterday during the day or night. I am interested in whether <i>(name)</i> had that liquid even if it was combined with other foods. Did <i>(name)</i> drink plain water yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF4. Did <i>(name)</i> drink adapted baby milk (Bebelac, Aptamil, Impamil etc.) yesterday, during the day or night?	Yes	1	
	No	2	2 ⇒ BF6
	DK	8	8 ⇒ BF6
BF5. How many times did <i>(name)</i> drink adapted baby milk?	Number of times		
BF6. Did <i>(name)</i> drink fresh or powdered animal milk yesterday, during the day or night?	Yes	1	
	No	2	2 ⇒ BF8
	DK	8	8 ⇒ BF8
BF7. How many times did <i>(name)</i> drink fresh or powdered animal milk?	Number of times		
BF8. Did <i>(name)</i> drink juice or juice drinks yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF9. Did <i>(name)</i> eat clear soup yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF10. Did <i>(name)</i> drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF11. Did <i>(name)</i> drink oral rehydration solution — Orosal, Nelit etc., yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF12. Did <i>(name)</i> drink any other liquids yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF13. Did <i>(name)</i> drink or eat yogurt yesterday, during the day or night?	Yes	1	
	No	2	2 ⇒ BF15
	DK	8	8 ⇒ BF15

BF14. How many times did (name) drink or eat yogurt yesterday, during the day or night?	Number of times		
BF15. Did (name) eat soft cereal meal yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF16. Did (name) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Yes	1	
	No	2	2 ⇒ BF18
	DK	8	8 ⇒ BF18
BF17. How many times did (name) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Number of times		
BF18. Yesterday, during the day or night, did (name) drink anything from a bottle (with nipple)?	Yes	1	
	No	2	
	DK	8	

MODULE CA — CARE OF ILLNESS

CA1. In the last two weeks, has (name) had diarrhoea?	Yes	1	
	No	2	2 ⇒ CA7
	DK	8	8 ⇒ CA7
CA2. I would like to know how much (name) was given to drink during the diarrhoea (including breastmilk). During the time (name) had diarrhoea, was he/she given less than usual to drink, about the same amount, or more than usual?	Much less	1	
	Somewhat less	2	
	About the same	3	
	More	4	
<i>If "less", probe:</i> Was he/she given much less than usual to drink, or somewhat less?	Nothing to drink	5	
	DK	8	
CA3. During the time (name) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?	Much less	1	
	Somewhat less	2	
	About the same	3	
<i>If "less", probe:</i> Was he/she given much less than usual to eat or somewhat less?	More	4	
	Stopped food	5	
	Never gave food	6	
	DK	8	
CA4. During the last episode of diarrhoea, did (name) drink any of the following: <i>Read each item aloud and record response before proceeding to the next item.</i>		Yes	No DK
[A] A fluid made from a special oral rehydration solution called — orosal, nelit etc.?	Fluid from ORS packet	1	2 8
[B] A pre-packed ORS?	Pre-packed ORS	1	2 8
[C] Boiled rice water?	Boiled rice water	1	2 8
[D] Instant or stock cube soup	Instant or stock cube soup	1	2 8
CA5. Was anything (else) given to treat diarrhoea?	Yes	1	
	No	2	2 ⇒ CA7
	DK	8	8 ⇒ CA7
CA6. What (else) was given to treat diarrhoea? <i>Probe:</i> Anything else? <i>Record all medicines given.</i> <i>Write brand name(s) of all medicines mentioned.</i>	Pill or Syrup		
	Antibiotic	A	
	Diarrhoea medicine	B	
	Zinc	C	
	Other (not antibiotic, diarrhoea medicine or zinc)	G	
	Unknown pill or syrup	H	
(Name)	Injection		
	Antibiotic	L	
	Non-antibiotic	M	
	Unknown injection	N	
	Infusion (intravenous)	O	
	Home remedy/Herbal medicine	Q	
	Other (specify)	X	

CA7. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	Yes	1	
	No	2	2 ⇒ CA14
	DK	8	8 ⇒ CA14
CA8. When the child had an illness with a cough, did he/she breathe faster than usual, with short, quick breaths or have difficulty breathing?	Yes	1	
	No	2	2 ⇒ CA14
	DK	8	8 ⇒ CA14
CA9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	Problem in chest only	1	
	Blocked or running nose only	2	2 ⇒ CA14
	Both	3	
	Other (<i>specify</i>)	6	6 ⇒ CA14
	DK	8	
CA10. Did you seek any advice or treatment for the illness outside the home?	Yes	1	
	No	2	2 ⇒ CA12
	DK	8	8 ⇒ CA12
CA11. From where did you seek advice or help? <i>Probe:</i> Anywhere else? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> (Name of place)	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	
	Roma health mediator	S	
	Other (<i>specify</i>)	X	
CA12. Was (<i>name</i>) given any medicine to treat this illness?	Yes	1	
	No	2	2 ⇒ CA14
	DK	8	8 ⇒ CA14
CA13. What medicine was (<i>name</i>) given? <i>Probe:</i> Any other medicine? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> (Names of medicines)	Antibiotic		
	Pill/Syrup	A	
	Injection	B	
	Paracetamol/Panadol/Acetaminofen	P	
	Aspirin	Q	
	Brufen	R	
	Other (<i>specify</i>)	X	
	DK	Z	
CA14. Check AG2: Child less than 3 years? <input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to the Next Module			
CA15. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?	Child used toilet/latrine	01	
	Put/Rinsed into toilet or latrine	02	
	Put/Rinsed into drain or ditch	03	
	Thrown into garbage (solid waste)	04	
	Buried	05	
	Left in the open	06	
	Other (<i>specify</i>)	96	
	DK	98	
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 him/her that you will need to measure the weight and height of the child.

Check to see if there are other eligible woman (age 15–49 years) or child under 5 questionnaires to be administered in this household.

Move to the questionnaire for another woman or child under 5 or start preparations for anthropometric measurements of all children under 5 residing in that household.

MODULE AN — ANTHROPOMETRY

After questionnaires for all children are complete, the measurer weighs and measures each child.

Record weight and length/height of the child below, taking care to record the measurements on the correct questionnaire for each child.

Check the child's name and line number on the household listing before recording measurements.

AN1. Measurer's name and identification code:	Name			
	ID code			
AN2. Result of length/height and weight measurement	Either or both measured	1		
	Child not present	2	2 ⇒ AN6	
	Child or caretaker refused	3	3 ⇒ AN6	
	Other (specify)	6	6 ⇒ AN6	
AN3. Child's weight	Kilograms (kg)			
	Weight not measured	99.9		
AN4. Child's length or height				
Check age of child in AG2:	Length (cm)			
<input type="checkbox"/> Child under 2 years old ⇒ Measure length (lying down)	Lying down	1		
<input type="checkbox"/> Child age 2 or more years ⇒ Measure height (standing up).	Height (cm)			
	Standing up	2		
	Length/height not measured	9999.9		

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

☐ Yes ⇒ Record measurements for next child.

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

Gather together all questionnaires for this household and check that all identification numbers are inserted on information panel of each questionnaire. Record total number of completed questionnaires for woman, child and man into the Household Questionnaire, Module HH — **HOUSEHOLD INFORMATION PANNEL**, questions HH13, HH15 and HH15A.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MODULE ME — MAN'S INFORMATION PANEL

This questionnaire is to be administered to all men age 15 through 29 (see Household Listing Form, column HL7A). A separate questionnaire should be used for each eligible man.

ME1. Cluster number:		ME2. Household number:	
ME3. Man's name:		ME4. Man's line number:	
ME5. Interviewer name and number:			
	ME6. Day/month/year of interview:		
Number:		(Day)	(Month) (Year)

Repeat greeting if not already read to this man:

We are from Statistical Office of the Republic of Serbia. We are working on a project concerned with family health and education. I would like to talk to you about these subjects. The interview will take about 15 minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.

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 your answers will never be shared with anyone other than our project team.

May I start now?

<input type="checkbox"/>	Yes, permission is given ⇒ Go to ME10 to record the time and then begin the interview.
<input type="checkbox"/>	No, permission is not given ⇒ Complete ME7. Discuss this result with your supervisor.

ME7. Result of man's interview	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (specify)	96

ME8. Field edited by:	ME9. Data entry clerk:
Name	Name
ID code	ID code

ME10. Record the time.	Hour and minutes	:
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MODULE MB — MAN'S BACKGROUND

MB1. In what month and year were you born?	Date of birth	
	Month	
	DK month	98
	Year	
	DK year	9998
MB2. How old are you?		
Probe: How old were you at your last birthday?	Age (in completed years)	
Compare and correct MB1 and/or MB2 if inconsistent.		
MB3. Have you ever attended school or preschool?	Yes	1
	No	2 2 ⇒ MB7
MB4. What is the highest level of school you attended or now attend?	Preschool	0 0 ⇒ MB7
	Primary	1
	Secondary	2
	Higher	3

MB5. What is the highest grade you completed at that level? If less than 1 grade, enter "00"	Grade		
MB6. Check MB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with MB7			
MB7. Now I would like you to read this sentence to me. 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 (specify language)	4	
	Blind / mute, visually / speech impaired	5	

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

MT1. Check MB7: <input type="checkbox"/> Question left blank — Respondent has secondary or more education ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence in required language — codes 2, 3 or 4 ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind — codes 1 or 5 ⇒ Go to MT3			
MT2. How often do you read a newspaper or magazine: Almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	
MT3. Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	
MT4. How often do you watch television: Would you say that you watch almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	
MT5. Check MB2: Age of respondent 15–24 years? <input type="checkbox"/> Yes, age 15–24 ⇒ Continue with MT6 <input type="checkbox"/> No, age 25–29 ⇒ Go to Next Module			
MT6. Have you ever used a computer?	Yes	1	
	No	2	2 ⇒ MT9
MT7. Have you used a computer from any location in the last 12 months?	Yes	1	
	No	2	2 ⇒ MT9
MT8. During the last one month, how often did you use a computer: almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	
MT9. Have you ever used the internet?	Yes	1	
	No	2	2 ⇒ Next Module
MT10. In the last 12 months, have you used the internet? If necessary, probe for use from any location, with any device.	Yes	1	
	No	2	2 ⇒ Next Module
MT11. During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
	At least once a week	2	
	Less than once a week	3	
	Not at all	4	

MODULE MA — MARRIAGE/UNION

MA1. Are you currently married or living together with a woman as if married?	Yes, currently married	1	
	Yes, living with a woman	2	
	No, not in union	3	3 ⇒ MA5

MA2. How old is your wife/partner?	Age in years		⇒ MA7
<i>Probe:</i> How old was your wife/partner on her last birthday?	DK	98	⇒ MA7
MA5. 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	
MA6. What is your marital status now: are you widowed, divorced or separated?	Widowed	1	
	Divorced	2	
	Separated	3	
MA7. Have you been married or lived with a woman only once or more than once?	Only once	1	
	More than once	2	
MA8. In what month and year did you first marry or start living with a woman as if married?	Date of first marriage		⇒ Next Module
	Month		
	DK month	98	
	Year		
	DK year	9998	
MA9. How old were you when you started living with your first wife/partner?	Age in years		

MODULE CP — CONTRACEPTION

CP3. Couples use various ways or methods to delay or avoid pregnancy. What are you or your partner doing to delay or avoid pregnancy? Do you use one or more of the following ways/methods: Prompt the following methods and provide an explanation for a specific method if necessary. If more than one method is mentioned, circle each one. [A] and [B] Female/Male Sterilization: Women and/or man can have an operation to avoid having any more children.	Female sterilization	A
	Male sterilization	B
[C] IUD: Women can have a loop or coil placed inside them by a doctor or a nurse.	IUD	C
[D] Injectables: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	Injectables	D
[E] Implants: Women can have one or more small implants placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	Implant	E
[F] Pill: Women can take a pill every day to avoid becoming pregnant.	Pill	F
[G] Male Condom: Men can put a rubber sheath on their penis before or during sexual intercourse.	Male condom	G
[H] Female Condom: Women can place a sheath in their vagina before sexual intercourse.	Female condom	H
[I] Diaphragm: Women can place a soft rubber cup in their vagina to block sperm from entering uterus or tubes	Diaphragm	I
[J] Foam, Jelly: Women may be using spermicides such as foam, jelly, cream that are used to kill sperm or make sperm unable to move to the egg.	Foam/jelly	J
[K] Lactational Amenorrhea Method (LAM)?	Lactational amenorrhoea method (LAM)	K
[L] Rhythm Method: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	Periodic abstinence	L
[M] Withdrawal: Men can be careful and pull out before climax.	Withdrawal	M
[N] Emergency Contraception: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	Emergency contraception	N
	Other (specify)	X
	None	Y

MODULE DV — ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

		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

MODULE SB — SEXUAL BEHAVIOUR

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	00 ⇒ Next Module
Age in years	<input type="text"/>	<input type="text"/>
First time when started living with (first) wife/partner	95	

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?

Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.

Days ago	1	0		
Weeks ago	2	0		
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?

Probe to ensure that the response refers to the relationship at the time of sexual intercourse

If 'girlfriend', then ask:

Were you living together as if married?

If 'yes', circle '2'. If 'no', circle '3'.

Wife	1	
Cohabiting partner	2	
Girlfriend	3	3 ⇒ SB7
Casual acquaintance	4	4 ⇒ SB7
Prostitute	5	5 ⇒ SB7
Other (specify)	6	6 ⇒ SB7

SB6. Check MA1:

Currently married or living with a woman (MA1 = 1 or MA1 = 2) ⇒ Go to SB8

Not married / Not in union (MA1 = 3) ⇒ Continue with SB7

SB7. How old is this person?

If response is DK, probe:

About how old is this person?

Age of sexual partner	<input type="text"/>	<input type="text"/>
DK	98	

SB8. Have you had sexual intercourse with any other person in the last 12 months?

Yes	1
No	2

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?

Probe to ensure that the response refers to the relationship at the time of sexual intercourse

If 'girlfriend' then ask:

Were you living together as if married?

If 'yes', circle '2'. If 'no', circle '3'.

Wife	1	
Cohabiting partner	2	
Girlfriend	3	3 ⇒ SB12
Casual acquaintance	4	4 ⇒ SB12
Prostitute	5	5 ⇒ SB12
Other (specify)	6	6 ⇒ SB12

SB11. Check MA1 and MA7:

Currently married or living with a woman (MA1 = 1 or MA1 = 2)
AND

Married only once or lived with a woman only once (MA7 = 1) ⇒ Go to SB13

Else ⇒ Continue with SB12

SB12. How old is this person?

If response is DK, probe:

About how old is this person?

Age of sexual partner	<input type="text"/>	<input type="text"/>
DK	98	

SB13. Other than these two persons, have you had sexual intercourse with any other person in the last 12 months?	Yes No	1 2	2 ⇒ SB15
SB14. In total, with how many different people have you had sexual intercourse in the last 12 months?	Number of partners		
SB15. In total, with how many different people have you had sexual intercourse in your lifetime? <i>If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners DK	 98	

MODULE HA — HIV/AIDS

HA1. Now I would like to talk with you about something else. Have you ever heard of an illness called AIDS?	Yes No	1 2	2 ⇒ Next Module
HA2. Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	Yes No DK	1 2 8	
HA3. Can people get the AIDS virus because of witchcraft or other supernatural means?	Yes No DK	1 2 8	
HA4. Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	Yes No DK	1 2 8	
HA5. Can people get the AIDS virus from mosquito bites?	Yes No DK	1 2 8	
HA6. Can people get the AIDS virus by sharing food with a person who has the AIDS virus?	Yes No DK	1 2 8	
HA7. Is it possible for a healthy-looking person to have the AIDS virus?	Yes No DK	1 2 8	
HA8. Can the virus that causes AIDS be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	 During pregnancy During delivery By breastfeeding	 Yes No DK 1 2 8 1 2 8 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 No DK / Not sure / Depends	1 2 8	
HA10. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	Yes No DK / Not sure / Depends	1 2 8	
HA11. If a member of your family got infected with the AIDS virus, would you want it to remain a secret?	Yes No DK / Not sure / Depends	1 2 8	
HA12. If a member of your family became sick with AIDS, would you be willing to care for him or her in your own household?	Yes No DK / Not sure / Depends	1 2 8	
HA24. I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	Yes No	1 2	2 ⇒ HA27
HA25. When was the most recent time you were tested?	Less than 12 months ago 12–23 months ago 2 or more years ago	1 2 3	
HA26. I don't want to know the results, but did you get the results of the test?	Yes No DK	1 2 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 No	1 2	

MODULE LS — LIFE SATISFACTION

LS1. Check MB2: Age of respondent is between 15 and 24?

Age 15–24 ⇒ Continue with LS2

Age 25–29 ⇒ Go to ME11

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.

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

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

LS3. Now I will ask you questions about your level of satisfaction in different areas.

In each case, we have five possible responses. Please tell me, for each question: whether you are very satisfied, somewhat satisfied, neither satisfied nor unsatisfied, somewhat unsatisfied or very unsatisfied.

Again, you can look at these pictures to help you with your response.

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

How satisfied are you with your family life?

No family	0
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?

No friends	0
Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor unsatisfied	3
Somewhat unsatisfied	4
Very unsatisfied	5

LS5. During the current school year did you attend school at any time?

Yes	1
No	2

2 ⇒ LS7

LS6. How satisfied (are/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?

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.

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?

If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.

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 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	
LS14. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	Improved	1	
	More or less the same	2	
	Worsened	3	
	Better	1	
	More or less the same	2	
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?	Worse	3	

ME11. Record the time.

Hour and minutes

:

ME12. Check Household Listing Form, column HL9.

Is the respondent the caretaker of any child age 0–4 living in this household?

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

☐ No ⇒ End the interview with this respondent by thanking him for his cooperation.

Check for the presence of any other eligible man in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations