

APPENDIX F1. Household Questionnaire

In the Kosovo* MICS four different questionnaires were administered, the: Household questionnaire; Questionnaire for Individual Women (age 15-49); Questionnaire for Individual Men (age 15-49); Questionnaire for Children Under Five. In addition a Questionnaire Form for Vaccination Records at Health Facility was administered for all children age 0-2 years with a completed Questionnaire for Children Under Five.

HOUSEHOLD QUESTIONNAIRE		Kosovo*
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: _____ / _____ / 2 0 1 _____	HH7. REGION:	
HH6. AREA:	Gjakova1 Gjilan2 Mitrovica.....3 Peja.....4 Prizren5 Pristina6 Ferizaj.....7	
HH8. Is the household selected for Questionnaire for Men? Yes 1 No 2		
<p>WE ARE FROM THE Kosovo* AGENCY OF STATISTICS. 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?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
HH9. Result of household interview: Completed01 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 dwelling05 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 _____

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 _____

HH18. Record the time. Hour Minutes	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> Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? <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>		

						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 RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7. Circle line no. if woman age 15-49	HL7A. Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	HL7B. Circle line no. if age 0-4	HL11. IS (name)'S BIOLOGICAL MOTHER ALIVE?	HL12. DOES (name)'S BIOLOGICAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S BIOLOGICAL MOTHER LIVE?	HL13. IS (name)'S BIOLOGICAL FATHER ALIVE?	HL14. DOES (name)'S BIOLOGICAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S BIOLOGICAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated.
			1 Male 2 Female	98 DK 9998 DK		Record in completed years. If age is 95 or above, record '95'				1 Yes 2 No <input type="checkbox"/> <input type="checkbox"/> HL13 8 DK <input type="checkbox"/> <input type="checkbox"/> HL13	If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	1 Yes 2 No <input type="checkbox"/> <input type="checkbox"/> HL15 8 DK <input type="checkbox"/> <input type="checkbox"/> HL15	If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M F	Month Year	Age		15-49	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
01		01	1 2	____ ____	____	____	01	01	01	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
02		____	1 2	____ ____	____	____	02	02	02	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
03		____	1 2	____ ____	____	____	03	03	03	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
04		____	1 2	____ ____	____	____	04	04	04	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
05		____	1 2	____ ____	____	____	05	05	05	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
06		____	1 2	____ ____	____	____	06	06	06	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
07		____	1 2	____ ____	____	____	07	07	07	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
08		____	1 2	____ ____	____	____	08	08	08	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
09		____	1 2	____ ____	____	____	09	09	09	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
10		____	1 2	____ ____	____	____	10	10	10	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____
11		____	1 2	____ ____	____	____	11	11	11	1 2 8	____	1 2 3 8	1 2 8	____	1 2 3 8	____

						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 RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line no. if woman age 15-49	HL7A. Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	HL7B. Circle line no. if age 0-4	HL11. IS (name)'S BIOLOGICAL MOTHER ALIVE? 1 Yes 2 No <input type="checkbox"/> <input type="checkbox"/> HL13 8 DK <input type="checkbox"/> <input type="checkbox"/> HL13	HL12. DOES (name)'S BIOLOGICAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	HL12A. WHERE DOES (name)'S BIOLOGICAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S BIOLOGICAL FATHER ALIVE? 1 Yes 2 No <input type="checkbox"/> <input type="checkbox"/> HL15 8 DK <input type="checkbox"/> <input type="checkbox"/> HL15	HL14. DOES (name)'S BIOLOGICAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	HL14A. WHERE DOES (name)'S BIOLOGICAL FATHER LIVE? 1 In 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 blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M F	Month	Year	Age	15-49	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
12		0 1	1 2	___	___	___	12	12	12	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
13		___	1 2	___	___	___	13	13	13	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
14		___	1 2	___	___	___	14	14	14	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
15		___	1 2	___	___	___	15	15	15	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___

Tick here if additional questionnaire used ☐

Probe for additional household members.

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

Insert names of additional members in the household list and complete form accordingly.

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

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

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

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

* Codes for HL3:	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster / Stepchild
Relationship to head of household:	02 Spouse/Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	96 Other (Not related)
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative	98 DK

EDUCATION															ED
			For household members age 5 and above					For household members age 5-24 years							
ED1. Line no.	ED2. Name and age Copy from HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PREPRIMARY SCHOOL?	EDA4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE / YEAR (name) COMPLETED AT THIS LEVEL?	ED4C. Check ED4A ■ If level is 4 or 8 ⇒ Go to ED5 ■ If level is 1, 2 or 3 ⇒ Continue with ED4D	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND SCHOOL OR PRE-PRIMARY SCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE / YEAR IS (name) ATTENDING?		ED6C. Check ED6 ■ If level is 4 or 8 ⇒ Go to ED7 ■ If level is 1, 2 or 3 ⇒ Continue with ED6D	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013, DID (name) ATTEND SCHOOL OR PRE-PRIMARY SCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE / YEAR DID (name) ATTEND?		ED8C. Check ED8 ■ If level is 4 or 8 ⇒ Go to next line ■ If level is 1, 2 or 3 ⇒ Continue with ED8D	
			1 Yes 2 No ☹ Next line	Level: 0 Pre-primary 1 Primary 2 Lower secondary 3 Upper secondary 4 Higher 8 DK If level=0, skip to ED5	Grade / Year: 98 DK If the first grade / year at this level is not completed, enter "00".	1 Old 2 New 8 DK	Yes No	Level: 0 Pre-primary 1 Primary 2 Lower secondary 3 Upper secondary 4 Higher 8 DK If level=0, skip to ED7	Grade / Year: 98 DK	1 Old 2 New 8 DK	1 Yes 2 No ☹ Next line 8 DK ☹ Next line	Level: 0 Pre-primary 1 Primary 2 Lower secondary 3 Upper secondary 4 Higher 8 DK If level=0, go to next line	Grade / Year: 98 DK	1 Old 2 New 8 DK	
Line	Name	Age	Yes No	Level	Grade / Year	O N DK	Yes No	Level	Grade / Year	O N DK	Yes No DK	Level	Grade / Year	O N DK	
01		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8	
02		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8	
03		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8	
04		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8	
05		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8	
06		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8	
07		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8	
08		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8	

			For household members age 5 and above					For household members age 5-24 years									
ED1. Line no.	ED2. Name and age Copy from HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PREPRIMARY SCHOOL?	EDA4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE / YEAR (name) COMPLETED AT THIS LEVEL?	ED4C. Check ED4A ■ If level is 4 or 8 ⇒ Go to ED5 ■ If level is 1, 2 or 3 ⇒ Continue with ED4D	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND SCHOOL OR PRE-PRIMARY SCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE / YEAR IS (name) ATTENDING?		ED6C. Check ED6 ■ If level is 4 or 8 ⇒ Go to ED7 ■ If level is 1, 2 or 3 ⇒ Continue with ED6D	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013, DID (name) ATTEND SCHOOL OR PRE-PRIMARY SCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE / YEAR DID (name) ATTEND?		ED8C. Check ED8 ■ If level is 4 or 8 ⇒ Go to next line ■ If level is 1, 2 or 3 ⇒ Continue with ED8D			
			1 Yes 2 No ☒ Next line	Level: 0 Pre-primary 1 Primary 2 Lower secondary 3 Upper secondary 4 Higher 8 DK If level=0, skip to ED5	Grade / Year: 98 DK If the first grade / year at this level is not completed, enter "00".	1 Old 2 New 8 DK	Yes No 1 Yes 2 No ☒ ED7	Level: 0 Pre-primary 1 Primary 2 Lower secondary 3 Upper secondary 4 Higher 8 DK If level=0, skip to ED7	Grade / Year: 98 DK	0 N DK	1 Yes 2 No ☒ Next line 8 DK ☒ Next line	Level: 0 Pre-primary 1 Primary 2 Lower secondary 3 Upper secondary 4 Higher 8 DK If level=0, go to next line	Grade / Year: 98 DK	1 Old 2 New 8 DK			
Line	Name	Age	Yes No	Level	Grade / Year	0 N DK	Yes No	Level	Grade / Year	0 N DK	Yes No DK	Level	Grade / Year	0 N DK			
09		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8			
10		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8			
11		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8			
12		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8			
13		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8			
14		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8			
15		___	1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	1 2 8	0 1 2 3 4 8	___	1 2 8			

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL

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

Total number ____

SL2. Check the number of children age 1-17 years in SL1:☐ Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.☐ One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.☐ Two or more ⇒ Continue with SL2A.**SL2A.** List each of the children 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.

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6
Rank	Line	Name	M	F	Age
1	_____		1	2	_____
2	_____		1	2	_____
3	_____		1	2	_____
4	_____		1	2	_____
5	_____		1	2	_____
6	_____		1	2	_____
7	_____		1	2	_____
8	_____		1	2	_____

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

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

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

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

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

Rank number ____

Line number ____

Name ____

Age ____

CHILD LABOUR		CL														
CL1. Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next 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? [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? [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [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? If "No", Probe: 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.	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Worked on plot / farm / food garden / looked after animals</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped in family / relative's business/ran own business</td> <td>1</td> <td>2</td> </tr> <tr> <td>Produce / sell articles / handicrafts / clothes / food or agricultural products</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any other activity</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Worked on plot / farm / food garden / looked after animals	1	2	Helped in family / relative's business/ran own business	1	2	Produce / sell articles / handicrafts / clothes / food or agricultural products	1	2	Any other activity	1	2
	Yes	No														
Worked on plot / farm / food garden / looked after animals	1	2														
Helped in family / relative's business/ran own business	1	2														
Produce / sell articles / handicrafts / clothes / food or agricultural products	1	2														
Any other activity	1	2														
CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ Go to CL4 <input type="checkbox"/> All answers are 'No' ⇒ Continue with CL3A																
CL3A. EVEN THOUGH (<i>name</i>) DID NOT DO ANY OF THESE ACTIVITIES SINCE LAST (<i>day of the week</i>), DOES HE/SHE HAVE A JOB, BUSINESS, OR OTHER ECONOMIC OR FARMING ACTIVITY THAT HE/SHE WILL DEFINITELY RETURN TO? (For agricultural activities, the off season in agriculture is not a temporary absence)	Yes 1 No 2	2⇒ CL8														
CL3B. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes 1 No 2	1⇒ CL7A														
CL3C. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes 1 No 2	1⇒ CL7A 2⇒ CL7														
CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? If less than one hour, record "00"	Number of hours.....															
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes 1 No 2	1⇒ CL7A														
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes 1 No 2	1⇒ CL7A														

CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)? [A] IS (name) EXPOSED TO DUST, FUMES OR GAS? [B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY? [C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION? [D] IS (name) REQUIRED TO WORK AT HEIGHTS? [E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES? [F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?	Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2	1⇒ CL7A 1⇒ CL7A 1⇒ CL7A 1⇒ CL7A 1⇒ CL7A																								
CL7A. DESCRIBE THE MAIN JOB/TASK (name) WAS PERFORMING SINCE LAST (day of the week). Probe: BY JOBS/TASKS I MEAN, FOR EXAMPLE, CUTTING TREES, SELLING ITEMS, HARVESTING FOOD, ETC. (Main refers to the work on which (name) spent most of the time during the week.)	Response Occupation code <i>Do not fill in code - for Central Office only</i>																									
CL7B. DESCRIBE BRIEFLY THE MAIN ACTIVITY I.E. GOODS PRODUCED AND SERVICES RENDERED WHERE (name) IS WORKING SINCE LAST (day of the week). (Main refers to the work on which (name) spent most of the time during the week.)	Response Industrial code <i>Do not fill in code - for Central Office only</i>																									
CL7C. WHEN DID (name) USUALLY CARRY OUT HIS/HER MAIN WORK SINCE LAST (day of the week)? (Main refers to the work on which (name) spent most of the time during the week.)	During the day (between 6 a.m. and 6 p.m.) 1 In the evening or at night (after 6 p.m.) 2 During both the day and the evening (for the entire day) 3 On the week-end 4 Sometimes during the day, sometimes in the evening 5																									
CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes 1 No 2	2⇒ CL10																								
CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)? If less than one hour, record "00"	Number of hours.....																									
CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD? [A] SHOPPING FOR HOUSEHOLD? [B] REPAIR ANY HOUSEHOLD EQUIPMENT? [C] COOKING OR CLEANING UTENSILS OR THE HOUSE? [D] WASHING CLOTHES? [E] CARING FOR CHILDREN? [F] CARING FOR THE OLD OR SICK? [G] OTHER HOUSEHOLD TASKS?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking / cleaning utensils / house.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old / sick.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment.....	1	2	Cooking / cleaning utensils / house.....	1	2	Washing clothes	1	2	Caring for children.....	1	2	Caring for old / sick.....	1	2	Other household tasks.....	1	2	
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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 (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES IN TOTAL? If less than one hour, record "00"	Number of hours.....																									

CHILD DISCIPLINE		CD																																				
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
CD2. Write the line number and name of the child from SL9.	Line number Name																																					
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u> . [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE. [B] EXPLAINED WHY <i>(name)</i> 'S BEHAVIOUR WAS WRONG. [C] SHOOK HIM/HER. [D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER. [E] GAVE HIM/HER SOMETHING ELSE TO DO. [F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND. [G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT. [H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT. [I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS. [J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG. [K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Took away privileges</td> <td>1</td> <td>2</td> </tr> <tr> <td>Explained wrong behaviour</td> <td>1</td> <td>2</td> </tr> <tr> <td>Shook him/her</td> <td>1</td> <td>2</td> </tr> <tr> <td>Shouted, yelled, screamed</td> <td>1</td> <td>2</td> </tr> <tr> <td>Gave something else to do</td> <td>1</td> <td>2</td> </tr> <tr> <td>Spanked, hit, slapped on bottom with bare hand</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hit with belt, hairbrush, stick, or other hard object</td> <td>1</td> <td>2</td> </tr> <tr> <td>Called dumb, lazy, or another name</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hit / slapped on the face, head or ears</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hit / slapped on hand, arm or leg</td> <td>1</td> <td>2</td> </tr> <tr> <td>Beat up, hit over and over as hard as one could</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Took away privileges	1	2	Explained wrong behaviour	1	2	Shook him/her	1	2	Shouted, yelled, screamed	1	2	Gave something else to do	1	2	Spanked, hit, slapped on bottom with bare hand	1	2	Hit with belt, hairbrush, stick, or other hard object	1	2	Called dumb, lazy, or another name	1	2	Hit / slapped on the face, head or ears	1	2	Hit / slapped on hand, arm or leg	1	2	Beat up, hit over and over as hard as one could	1	2	
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CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No 2 DK / No opinion..... 8																																					

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Islamic 1 Orthodox 2 Catholic..... 3 Prefer not to answer..... 4 Other religion (<i>specify</i>) 6 No religion..... 0	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Albanian 1 Serbian 2 Turkish 3 Bosnian..... 4 Romani 5 Other language (<i>specify</i>) 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Albanian 01 Serb 02 Turk..... 03 Bosniak..... 04 Roma 05 Ashkali..... 06 Egyptian 08 Goran..... 09 Other ethnic group (<i>specify</i>) 96	
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 Linoleum 32 Ceramic tiles..... 33 Cement..... 34 Carpet..... 35 Parquet..... 36 Polished wood (laminated) 37 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof..... 11 Rudimentary roofing Rustic mat 21 Wood planks 23 Cardboard..... 24 Nylon..... 25 Tent material 26 Finished roofing Metal / Tin..... 31 Wood 32 Calamine / Cement fibre..... 33 Cement..... 35 Roofing shingles..... 36 Clay tiles 37 Other (<i>specify</i>) 96	

HC5. Main material of the exterior walls. <i>Record observation.</i>	Natural walls No walls.....11 Dirt13 Rudimentary walls Stone with mud.....22 Uncovered adobe23 Plywood24 Cardboard.....25 Reused wood.....26 Tent material27 Wood with mud28 Finished walls Cement.....31 Stone with lime / cement.....32 Bricks.....33 Cement blocks.....34 Covered adobe.....35 Wood planks / shingles36 Plaster37 Other (<i>specify</i>)96																																														
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity01 Liquefied Petroleum Gas (LPG).....02 Coal / Lignite06 Charcoal.....07 Wood08 Straw / Shrubs / Grass09 Agricultural crop residue / Corn stalk11 No food cooked in household95 Other (<i>specify</i>)96	01⇒ HC8 02⇒ 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 as kitchen1 Elsewhere in the house2 In a separate building.....3 Outdoors.....4 Other (<i>specify</i>)6																																														
HC8. DOES YOUR HOUSEHOLD HAVE: [E] A REFRIGERATOR? [F] A BED? [G] A TABLE AND CHAIRS? [H] INTERNET? [I] A CLOTHES DRYER? [J] A VACUUM CLEANER? [K] AN AIR CONDITIONER? [L] A JACUZZI TUB? [M] A WATER HEATER? [N] A LAPTOP COMPUTER? [O] A PC COMPUTER? [P] A DISH WASHER? [Q] A CLOTHES WASHING MACHINE? [R] A FLAT SCREEN / LCD TV?	<table> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr><td>Refrigerator</td><td>1</td><td>2</td></tr> <tr><td>Bed</td><td>1</td><td>2</td></tr> <tr><td>Table and chairs.....</td><td>1</td><td>2</td></tr> <tr><td>Internet</td><td>1</td><td>2</td></tr> <tr><td>Clothes dryer</td><td>1</td><td>2</td></tr> <tr><td>Vacuum cleaner</td><td>1</td><td>2</td></tr> <tr><td>Air conditioner.....</td><td>1</td><td>2</td></tr> <tr><td>Jacuzzi tub.....</td><td>1</td><td>2</td></tr> <tr><td>Water heater.....</td><td>1</td><td>2</td></tr> <tr><td>Laptop computer.....</td><td>1</td><td>2</td></tr> <tr><td>PC computer</td><td>1</td><td>2</td></tr> <tr><td>Dish washer</td><td>1</td><td>2</td></tr> <tr><td>Clothes washing machine.....</td><td>1</td><td>2</td></tr> <tr><td>Flat screen / LCD television.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Refrigerator	1	2	Bed	1	2	Table and chairs.....	1	2	Internet	1	2	Clothes dryer	1	2	Vacuum cleaner	1	2	Air conditioner.....	1	2	Jacuzzi tub.....	1	2	Water heater.....	1	2	Laptop computer.....	1	2	PC computer	1	2	Dish washer	1	2	Clothes washing machine.....	1	2	Flat screen / LCD television.....	1	2	
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HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [H] A CAR? [I] A TRUCK? [J] A TRACTOR? [K] A CELL PHONE? [L] A PHONE WITH A TOUCH SCREEN OR KEYBOARD?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Motorcycle / Scooter</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal-drawn cart</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car</td> <td>1</td> <td>2</td> </tr> <tr> <td>Truck</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tractor</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cell phone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Smart phone.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Motorcycle / Scooter	1	2	Animal-drawn cart	1	2	Car	1	2	Truck	1	2	Tractor	1	2	Cell phone.....	1	2	Smart phone.....	1	2	
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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". If "Temporary housing", circle 3. For other responses, circle "6".</i>	Own 1 Rent 2 Temporary Housing (No rent paid) 3 Other (specify) 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 HECTARES OR ARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? (1 HECTARE =100 ARES) <i>If 1 hectare or more, circle "1" and record hectares.</i> <i>If 95 or more hectares, circle "1" and record "95".</i> <i>If less than 1 hectare, circle "2" and record in ares.</i> <i>If 1 are or more, circle "2" and record ares.</i> <i>If 9950 or more ares, circle "2" record "9950"</i> <i>If less than 1 are, circle "2" and record "0000".</i> <i>If unknown, circle "99998".</i>	Hectares 1 ____ Ares.....2 ____ DK 99998																									
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? [B] HORSES? [C] GOATS? [D] SHEEP? [E] CHICKEN? [F] PIGS? [G] TURKEY? [H] DONKEYS OR MULES? <i>If none, record "00". If 95 or more, record "95".</i> <i>If unknown, record "98".</i>	Cattle, milk cows, or bulls..... ____ Horses..... ____ Goats ____ Sheep..... ____ Chicken ____ Pigs..... ____ Turkey ____ Donkeys or mules ____																									
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?	Piped water Piped into dwelling.....11 Piped into compound, yard or plot.....12 Piped to neighbour13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck61 Cart with small tank / drum71 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 71⇒ 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?	Piped water Piped into dwelling.....11 Piped into compound, yard or plot.....12 Piped to neighbour13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck61 Cart with small tank / drum71 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 dwelling.....1 In own yard / plot2 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 bleach / 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 (specify) X DK Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If not possible to determine, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine)..... 13 Flush to somewhere else..... 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit..... 23 Bucket..... 41 No facility, Bush, Field 95 Other (specify) 96	95⇒ Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No 2	2⇒ Next Module
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	

HANDWASHING		HW
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?	Observed 1 Not observed Not in dwelling / plot / yard 2 No permission to see 3 Other reason (<i>specify</i>) 6	2⇒ HW4 3⇒ HW4 6⇒ HW4
HW2. <i>Observe presence of water at the place for handwashing.</i> <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	
HW3A. <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i>	Yes, present 1 No, not present 2	2⇒ HW4
HW3B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	A⇒ HH19 B⇒ HH19 C⇒ HH19 D⇒ HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes 1 No 2	2⇒ HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown 1 No, not shown 2	2⇒ HH19
HW5B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	

HH19. Record the time.

Hour and minutes..... ____: ____

HH20. Thank the respondent for his/her cooperation and check the List of Household Members:
☐ A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)

Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MEN:

☐ A separate QUESTIONNAIRE FOR INDIVIDUAL MEN has been issued for each man age 15-49 years in the List of Household Members (HL7A)

☐ A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.

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

Interviewer's Observations**Field Editor's Observations****Supervisor's Observations**

APPENDIX F2. Questionnaire for Individual Women

QUESTIONNAIRE FOR INDIVIDUAL WOMEN		Kosovo*
WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7).</i></p> <p><i>A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number: _____	HH2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____	
<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM THE Kosovo* AGENCY OF STATISTICS. 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.</p>		<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>		
WM7. Result of woman's interview	<p>Completed 01</p> <p>Not at home 02</p> <p>Refused 03</p> <p>Partly completed 04</p> <p>Incapacitated 05</p> <p>Other (specify) 96</p>	
WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____	

WOMAN'S BACKGROUND

WB

MICS Kosovo*

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check WB7: <input type="checkbox"/> Question left blank (Respondent has upper secondary or higher education) ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind/visually impaired (WB7 = 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 WB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> 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? <i>If necessary, probe for use from any location, with any device.</i>	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	

FERTILITY/BIRTH HISTORY		CM
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒ CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 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> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes 1 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 (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. Check below: <input type="checkbox"/> No live births ⇒ Go to CM12B <input type="checkbox"/> One or more live births ⇒ Continue with the BIRTH HISTORY module <input type="checkbox"/> No. ⇒ Check responses to CM1–CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or CM12B		

BIRTH HISTORY

BH

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

Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

BH. Line no.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?	BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No		
Line	Name	S M	B G	Month Year	Y N	Age	Y N	Line No.	Unit	Number	Y	N
01		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ Next Line	Days 1 Months 2 Years 3	___	
02		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth
03		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth
04		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth
05		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth
06		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth
07		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	1 Add Birth	2 Next Birth

BH. Line no.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?	BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No		
Line	Name	S M	B G	Month Year	Y N	Age	Y N	Line No.	Unit	Number	Y	N
08		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
09		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
10		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
11		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
12		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
13		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
14		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
15		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?	Yes 1 No 2	1⇒ Record birth(s) in Birth History
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CM12A. Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check: <input type="checkbox"/> Numbers are same ⇒ Continue with CM12B <input type="checkbox"/> Numbers are different ⇒ Probe and reconcile		
CM12B. SOMETIMES PREGNANCIES DO NOT END WITH A LIVE BIRTH. HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN A STILLBIRTH, OR THAT WAS ABORTED?	Yes 1 No 2	2⇒ CM13
CM12C. HOW MANY MISCARRIAGES DID YOU HAVE DURING YOUR LIFETIME? BY MISCARRIAGE, I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5 MONTHS OF PREGNANCY.	None 00 Number of miscarriages	
CM12D. IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH? BY STILLBIRTH, I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5TH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.	None 00 Number of stillbirths	
CM12E. AND HOW MANY ABORTIONS DID YOU HAVE DURING YOUR LIFETIME? BY ABORTION, I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.	None 00 Number of abortions	
CM13. Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in 2012 (if the month of interview and the month of birth are the same, and the year of birth is 2012 , consider this as a birth within the last 2 years) <input type="checkbox"/> Question left blank or no live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module. <input type="checkbox"/> One or more live births in last 2 years. ⇒ Record name of last born child and continue with next module Name of last-born child If child has died, take special care when referring to this child by name in the following modules.		

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
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																								
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p>Record name of last-born child from CM13 here _____.</p> <p>Use this child's name in the following questions, where indicated.</p>																										
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	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: Doctor..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant F Other (specify) X																									
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? <i>Record the answer as stated by respondent.</i>	Weeks..... 1 ____ Months 2 0 ____ DK 998																									
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	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? [D] DID YOU HAVE AN ULTRASOUND? [E] WAS YOUR WEIGHT MEASURED? [F] WAS YOUR UTERINE HEIGHT MEASURED? [G] WAS YOUR PREGNANCY BOOK UPDATED?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Ultrasound.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Weight</td> <td>1</td> <td>2</td> </tr> <tr> <td>Uterine height</td> <td>1</td> <td>2</td> </tr> <tr> <td>Pregnancy book.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure.....	1	2	Urine sample	1	2	Blood sample.....	1	2	Ultrasound.....	1	2	Weight	1	2	Uterine height	1	2	Pregnancy book.....	1	2	
	Yes	No																								
Blood pressure.....	1	2																								
Urine sample	1	2																								
Blood sample.....	1	2																								
Ultrasound.....	1	2																								
Weight	1	2																								
Uterine height	1	2																								
Pregnancy book.....	1	2																								
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant F Relative / Friend H Other (specify) X No one Y																									

MN18. WHERE DID YOU GIVE BIRTH TO (name)? Probe to identify the type of source. If unable to determine whether public or private, write the name of the place. _____	Home Respondent's home.....11 Other home12 Public sector Public hospital.....21 Family Health Centre/Maternity22 Gynaecology/Obstetric Clinic24 Other public (<i>specify</i>)26 Private Medical Sector Private hospital31 Private clinic.....32 Other private medical (<i>specify</i>)36 Other (<i>specify</i>)96	11⇒ MN20 12⇒ MN20 96⇒ MN20
MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes 1 No 2	2⇒ MN20
MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before 1 After 2	
MN19B. WHO WAS THE MAIN INFLUENCE TO HAVE THE CAESAREAN SECTION?	Respondent01 Respondent and partner 02 Doctor..... 03 Other health personnel 04 Family members..... 05 Friends..... 06	
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? If a card/discharge letter is available, record weight from card/discharge letter.	From card 1 (kg) ____ . ____ From recall..... 2 (kg) ____ . ____ 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? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.	Immediately 000 Hours 1 ____ Days 2 ____ DK / don't remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒ Next Module
MN27. WHAT WAS (name) GIVEN TO DRINK? Probe: ANYTHING ELSE?	Milk (other than breast milk)..... A Plain water B Sugar or glucose water C Sugar-salt-water solutionE Fruit juice.....F Infant formulaG TeaH Other (<i>specify</i>)X	

POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p>Record name of last-born child from CM13 here _____.</p> <p>Use this child's name in the following questions, where indicated.</p>		
<p>PN1. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>Hours 1 ____</p> <p>Days 2 ____</p> <p>Weeks 3 ____</p> <p>DK / don't remember 998</p>	
<p>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.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒ PN11</p> <p>2⇒ PN16</p>
<p>PN6. Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN10</p>		
<p>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.</p> <p>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?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN8. AND DID (person or persons in MN17) CHECK ON YOUR HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN9. AFTER THE (person or persons in MN17) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (name)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒ PN11</p> <p>2⇒ PN18</p>
<p>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.</p> <p>AFTER (name) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ PN19</p>

PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once..... 1 More than once..... 2	1⇒PN12A 2⇒PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?	Hours..... 1 ____	
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>	Days..... 2 ____ Weeks..... 3 ____ DK / don't remember..... 998	
PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional Doctor..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant..... F Relative / Friend..... H 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> _____ (Name of place)	Home Respondent's home..... 11 Other home..... 12 Public sector Public hospital..... 21 Family Health Centre/Maternity..... 22 Gynaecology/Obstetric Clinic..... 24 Other public (specify)..... 26 Private medical sector Private hospital..... 31 Private clinic..... 32 Other private medical (specify)..... 36 Other (specify)..... 96	
PN15. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17		
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON YOUR HEALTH?	Yes..... 1 No..... 2	1⇒PN20 2⇒Next Module
PN17. Check MN17: Did a health professional or traditional birth attendant assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN18 <input type="checkbox"/> No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN19		
PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes..... 1 No..... 2	1⇒PN20 2⇒Next Module
PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON YOUR 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?	Hours..... 1 ____	
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>	Days..... 2 ____ Weeks..... 3 ____ DK / don't remember..... 998	

PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional Doctor..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant F Relative / Friend H Other (specify) 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> _____ (Name of place)	Home Respondent's home..... 11 Other home 12 Public sector Public hospital..... 21 Family Health Centre/Maternity 22 Gynaecology/Obstetric Clinic 24 Other public (specify) 26 Private medical sector Private hospital 31 Private clinic..... 32 Other private medical (specify) 36 Other (specify) 96	

ILLNESS SYMPTOMS		IS
IS1. Check List of Household Members, columns HL7B and HL15 <i>Is the respondent the mother or caretaker of any child under age 5?</i>		
<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 A CHILD UNDER THE AGE OF 5 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 develops a fever..... C Child has fast breathing..... D Child has difficulty breathing E Child has blood in stool F Child is drinking poorly..... G Other (specify) X Other (specify) Y Other (specify) Z	

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 sterilization..... A Male sterilization..... B IUD..... C Injectables..... D Implants E Pill..... F Male condom G Female condom H Diaphragm..... I Foam / Jelly J Lactational amenorrhoea method (LAM)..... K Periodic abstinence / Rhythm L Withdrawal M Other (specify) X	
CP3A. Check CP3 for contraception method used to delay or avoid a pregnancy <input type="checkbox"/> CP3 = C – J ⇒ Continue with CP4. <input type="checkbox"/> Else ⇒ Go to CP5.		
CP4. WHERE DID YOU OBTAIN (name of current method in CP3)? <i>If more than one method code circled for CP3 categories C-J, ask this question for highest method in list.</i> <i>Probe to identify the 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 Public hospital.....11 Family Health Centre/Maternity12 Gynaecology/Obstetric Clinic14 Other public (specify)16 Public pharmacy.....17 Private medical sector Private hospital / clinic.....21 Private physician22 Private pharmacy.....23 Other private medical (specify)26 Other source Relative / Friend31 Shop32 Other (specify)96	
CP5. WOULD YOU SAY THAT USING CONTRACEPTION IS MAINLY YOUR DECISION, MAINLY YOUR HUSBAND'S/PARTNER'S DECISION, OR DID YOU BOTH DECIDE TOGETHER?	Mainly respondent 1 Mainly husband/partner 2 Joint decision..... 3 Other (specify) 6	

UNMET NEED		UN
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 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 / DK..... 8	1⇒ UN7 2⇒ UN13 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 Says she cannot get pregnant 3 Undecided / DK..... 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 DK 998	994⇒ UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		
UN9. Check CP2. Currently using a method? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1⇒ UN13 8⇒ UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex..... A Menopausal..... B Never menstruated..... C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result..... E Postpartum amenorrheic F Breastfeeding..... G Too old H Fatalistic I Other (specify) X DK Z	

UN12. Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? <i>Record the answer using the same unit stated by the respondent</i>	Days ago 1 ____ Weeks ago 2 ____ Months ago 3 ____ Years ago 4 ____ In menopause / Has had hysterectomy 994 Before last birth 995 Never menstruated 996	

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
[F] IF SHE NEGLECTS THE HOUSEHOLD AND HYGIENE WORK?	Neglects household and hygiene work	1	2	8
[G] IF SHE NEGLECTS HIS PARENTS?	Neglects his parents	1	2	8
[H] IF SHE MAKES HIM JEALOUS BY HER BEHAVIOUR TO OTHER MEN?	Makes him jealous	1	2	8
[I] IF SHE MAKES DECISIONS FOR THE FAMILY WITHOUT CONSULTING HIM?	Makes decisions without consulting him	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3⇒ MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years ____ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes 1 No 2	2⇒ MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number..... ____ DK 98	⇒ MA7 98⇒ MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married..... 1 Yes, formerly lived with a man 2 No 3	3⇒ Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced..... 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once..... 2	1⇒ MA8A 2⇒ MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month..... ____ DK month 98	
MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Year ____ DK year 9998	⇒ 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).</i> <i>If 12 months (one year) or more, 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/fiancé', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend/Fiancé 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:</i> ABOUT HOW OLD IS THIS PERSON?	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/fiancé' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend/ Fiancé 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:</i> ABOUT HOW OLD IS THIS PERSON?	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. HAVE YOU EVER HEARD OF AN ILLNESS CALLED HIV/AIDS?	Yes 1 No 2 2⇒ Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8																
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																
HA3A. CAN PEOPLE GET THE HIV/AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH HIV/AIDS?	Yes 1 No 2 DK 8																
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																
HA5. CAN PEOPLE GET THE HIV/AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																
HA6. CAN PEOPLE GET THE HIV/AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE HIV/AIDS VIRUS?	Yes 1 No 2 DK 8																
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV/AIDS VIRUS?	Yes 1 No 2 DK 8																
HA8. CAN THE VIRUS THAT CAUSES HIV/AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <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> </tbody> </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														
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV/AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 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 HIV/AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends..... 8																
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends..... 8																
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 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") ⇒ 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 HIV/AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE HIV/AIDS VIRUS? [C] GETTING TESTED FOR THE HIV/AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE HIV/AIDS VIRUS?	<table border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>HIV/AIDS from mother</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Things to do</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Tested for HIV/AIDS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Offered a test</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		Y	N	DK	HIV/AIDS from mother	1	2	8	Things to do	1	2	8	Tested for HIV/AIDS.....	1	2	8	Offered a test	1	2	8	
	Y	N	DK																			
HIV/AIDS from mother	1	2	8																			
Things to do	1	2	8																			
Tested for HIV/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 HIV/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 (MN17 = A, B or C) ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24																						
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes 1 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 HIV/AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes 1 No 2	1⇒ HA25																				
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE HIV/AIDS VIRUS?	Less than 12 months ago 1 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 HIV/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 HIV/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.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>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 (specify) 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.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>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.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>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	
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 COGNAC, RAKI, 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".</i> <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>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 PER DAY?	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 selected 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 selected 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 CURRENT SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes 1 No 2	2 ⇒ LS7
LS6. HOW SATISFIED ARE YOU WITH YOUR SCHOOL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	

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

WM11. Record the time.

Hour and minutes..... ____: ____

WM12. Check List of Household Members, columns HL7B and HL15.*Is the respondent the mother or caretaker of any child age 0-4 living in this household?*

- ☐ Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.
- ☐ No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page

Interviewer's Observations**Field Editor's Observations****Supervisor's Observations****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



APPENDIX F3. Questionnaire for Individual Men

QUESTIONNAIRE FOR INDIVIDUAL MEN		Kosovo*
MAN'S INFORMATION PANEL	MWM	
<p><i>This questionnaire is to be administered to all men age 15 through 49 (see List of Household Members, column HL7A). A separate questionnaire should be used for each eligible man.</i></p>		
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name: Name _____	MWM4. Man's line number: _____	
MWM5. Interviewer's name and number: Name _____	MWM6. Day / Month / Year of interview: ____ / ____ / 2 0 1 ____	
<p><i>Repeat greeting if not already read to this man:</i> WE ARE FROM THE Kosovo* AGENCY OF STATISTICS. 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.</p>		
<p><i>If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:</i> 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.</p>		
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in MWM7. Discuss this result with your supervisor.</p>		
MWM7. Result of man's interview	<p>Completed 01</p> <p>Not at home 02</p> <p>Refused 03</p> <p>Partly completed 04</p> <p>Incapacitated 05</p> <p>Other (specify) 96</p>	
MWM8. Field editor's name and number: Name _____	MWM9. Main data entry clerk's name and number: Name _____	

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 month 98 Year DK year 9998	
MWB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MWB1 and/or MWB2 if inconsistent</i>	Age (in completed years).....	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRE-PRIMARY SCHOOL?	Yes 1 No 2	2⇒ MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-primary 0 Primary 1 Lower secondary 2 Upper secondary 3 Higher 4	0⇒ MWB7
MWB5. WHAT IS THE HIGHEST GRADE/YEAR YOU COMPLETED AT THAT LEVEL? <i>If the first grade/year at this level is not completed, enter "00"</i>	Grade/Year	
MWB5A. Check MWB4: <input type="checkbox"/> Higher (MWB4 = 4) ⇒ Go to Next Module <input type="checkbox"/> Primary, lower secondary or upper secondary (MWB4 = 1, 2 or 3) ⇒ Continue with MWB5B		
MWB5B. IS THE HIGHEST LEVEL OF SCHOOL YOU HAVE ATTENDED PART OF THE OLD OR THE NEW SCHOOL SYSTEM?	Old school system 1 New school system 2	
MWB6. Check MWB4: <input type="checkbox"/> Upper secondary (MWB4 = 3) ⇒ Go to Next Module <input type="checkbox"/> Primary or lower secondary (MWB4 = 1 or 2) ⇒ Continue with MWB7		
MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language (<i>specify language</i>) 4 Blind / visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MMT
MMT1. Check MWB7: <input type="checkbox"/> Question left blank (Respondent has upper secondary or higher education) ⇒ Continue with MMT2 <input type="checkbox"/> Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2 <input type="checkbox"/> Cannot read at all or blind/visually impaired (MWB7 = 1 or 5) ⇒ Go to MMT3		
MMT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MMT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MMT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MMT5. Check MWB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MMT6 <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module		
MMT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒ MMT9
MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒ MMT9
MMT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MMT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒ Next Module
MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒ Next Module
MMT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

FERTILITY		MCM
MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFE. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME. HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?	Yes 1 No 2 DK 8	2⇒ MCM8 8⇒ MCM8
MCM3. HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?	Age in years _ _	
MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒ MCM6
MCM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home _ _ Daughters at home _ _	
MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒ MCM8
MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere _ _ Daughters elsewhere _ _	
MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking:</i> I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes 1 No 2	2⇒ MCM10
MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead _ _ Girls dead _ _	
MCM10. Sum answers to MCM5, MCM7, and MCM9.	Sum _ _	
MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (<i>total number in MCM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. Check below: <input type="checkbox"/> No live births ⇒ Go to Next Module <input type="checkbox"/> One or more live births ⇒ Continue with MCM11A <input type="checkbox"/> No ⇒ Check responses to MCM1–MCM10 and make corrections as necessary		
MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes 1 No 2	1⇒ MCM12
MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women _ _	
MCM12. OF THESE (<i>total number in MCM10</i>) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Date of last birth Month _ _ Year _ _ _ _	

ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV		
MDV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8
[F] IF SHE NEGLECTS THE HOUSEHOLD AND HYGIENE WORK?	Neglects household and hygiene work	1	2	8
[G] IF SHE NEGLECTS HIS PARENTS?	Neglects his parents	1	2	8
[H] IF SHE MAKES HIM JEALOUS BY HER BEHAVIOUR TO OTHER MEN?	Makes him jealous	1	2	8
[I] IF SHE MAKES DECISIONS FOR THE FAMILY WITHOUT CONSULTING HIM?	Makes decisions without consulting him	1	2	8

MARRIAGE/UNION		MMA
MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a woman..... 2 No, not in union 3	3⇒ MMA5
MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes (More than one)..... 1 No (Only one)..... 2	2⇒ MMA7
MMA4. HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE?	Number..... _ _	⇒ MMA8B
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a woman 2 No 3	3⇒ Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced..... 2 Separated 3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	1⇒ MMA8A 2⇒ MMA8B
MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of (first) marriage Month..... _ _ DK month 98	
MMA8B. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Year _ _ _ _ DK year 9998	⇒ Next Module
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years _ _	

SEXUAL BEHAVIOUR		MSB
Check for the presence of others. Before continuing, ensure privacy.		
MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. 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) wife/partner 95	00⇒ Next Module
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).</i> <i>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⇒ MSB15
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/Fiancé', 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/Fiancé 3 Casual acquaintance 4 Prostitute 5 Other (specify) 6	
MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒ MSB15
MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	
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/Fiancé' 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/Fiancé 3 Casual acquaintance 4 Prostitute 5 Other (specify) 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 HIV/AIDS?	Yes	1		2⇒ Next Module
	No	2		
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes	1		
	No	2		
	DK	8		
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes	1		
	No	2		
	DK	8		
MHA3A. CAN PEOPLE GET THE HIV/AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH HIV/AIDS?	Yes	1		
	No	2		
	DK	8		
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes	1		
	No	2		
	DK	8		
MHA5. CAN PEOPLE GET THE HIV/AIDS VIRUS FROM MOSQUITO BITES?	Yes	1		
	No	2		
	DK	8		
MHA6. CAN PEOPLE GET THE HIV/AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE HIV/AIDS VIRUS?	Yes	1		
	No	2		
	DK	8		
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV/AIDS VIRUS?	Yes	1		
	No	2		
	DK	8		
MHA8. CAN THE VIRUS THAT CAUSES HIV/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
MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV/AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes	1		
	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 HIV/AIDS VIRUS?	Yes	1		
	No	2		
	DK / Not sure / Depends	8		
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes	1		
	No	2		
	DK / Not sure / Depends	8		
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes	1		
	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 HIV/AIDS VIRUS?	Yes	1		2⇒ MHA27
	No	2		
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		1⇒ Next Module 2⇒ Next Module 8⇒ Next Module
	No	2		
	DK	8		
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE HIV/AIDS VIRUS?	Yes	1		
	No	2		

CIRCUMCISION		MMC
MMC1. SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED?	Yes 1 No 2	2⇒ Next Module
MMC2. HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED?	Age in completed years ____ DK 98	
MMC3. WHO DID THE CIRCUMCISION?	Traditional practitioner 1 Health worker/Professional..... 2 Other (<i>specify</i>) 6 DK 8	
MMC4. WHERE WAS IT DONE?	Public Health facility 1 Circumcision done at home 3 Private Health facility..... 5 Other place (<i>specify</i>) 6 DK 8	

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 (specify) 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 (specify) 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 COGNAC, RAKI, 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

<p>MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "every day" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month..... 00</p> <p>Number of days0 ____</p> <p>10 days or more but less than a month10</p> <p>Every day / Almost every day..... 30</p>	<p>00⇒ Next Module</p>
<p>MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks..... ____</p>	

LIFE SATISFACTION		MLS
MLS1. Check MWB2: Age of respondent is between 15 and 24? <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 selected 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 selected 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 CURRENT SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes 1 No 2	2 ⇒ MLS7
MLS6. HOW SATISFIED ARE 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 says 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 WORSE, OVERALL?	Improved 1 More or less the same 2 Worsened 3	
MLS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better 1 More or less the same 2 Worse 3	

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

MWM12. Check List of Household Members, columns HL7B and HL15

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

- ☐ Yes ⇒ Proceed to complete the result of man's interview (MWM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.
- ☐ No ⇒ End the interview with this respondent by thanking him for his cooperation and proceed to complete the result of man's interview (MWM7) on the cover page

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



APPENDIX F4. Questionnaire for Children Under Five

QUESTIONNAIRE FOR CHILDREN UNDER FIVE		Kosovo*
UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><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).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
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's name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____	
<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM Kosovo* AGENCY OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>		
<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>		
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</p>		
<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed 01</p> <p>Not at home 02</p> <p>Refused 03</p> <p>Partly completed 04</p> <p>Incapacitated 05</p> <p>Other (<i>specify</i>) 96</p>	
UF10. Field editor's name and number: Name _____	UF11. Main data entry clerk's name and number: Name _____	

UF12. Record the time.		Hour and minutes..... : ..
AGE		
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i> . ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> 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..... 2 0 ..	AG
AG2. HOW OLD IS <i>(name)</i> ? <i>Probe:</i> HOW OLD WAS <i>(name)</i> 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 (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No 3 DK 8	1⇒ Next Module 2⇒ Next Module
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL REGISTRATION AGENCY?	Yes 1 No 2 DK 8	1⇒ Next Module
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes 1 No 2	

EARLY CHILDHOOD DEVELOPMENT		EC																																			
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None 00 Number of children's books 0 ____ Ten or more books 10																																				
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) 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 style="text-align: right;">Y N DK</div> Homemade toys 1 2 8 Toys from a shop 1 2 8 Household objects or outside objects 1 2 8																																				
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (name): [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>	Number of days left alone for more than an hour ____ Number of days left with other child for more than an hour ____																																				
EC4. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5																																					
EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes 1 No 2 DK 8																																				
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name): <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)? Circle all that apply.</i>	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No One</th> </tr> </thead> <tbody> <tr> <td>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[B] TOLD STORIES TO (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[E] PLAYED WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No One	[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	A	B	X	Y	[B] TOLD STORIES TO (name)?	A	B	X	Y	[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	A	B	X	Y	[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A	B	X	Y	[E] PLAYED WITH (name)?	A	B	X	Y	[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A	B	X	Y	
	Mother	Father	Other	No One																																	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	A	B	X	Y																																	
[B] TOLD STORIES TO (name)?	A	B	X	Y																																	
[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	A	B	X	Y																																	
[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A	B	X	Y																																	
[E] PLAYED WITH (name)?	A	B	X	Y																																	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A	B	X	Y																																	
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (name)'S DEVELOPMENT. CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes 1 No 2 DK 8																																				
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes 1 No 2 DK 8																																				

EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes 1 No 2 DK 8	
EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes 1 No 2 DK 8	
EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?	Yes 1 No 2 DK 8	
EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes 1 No 2 DK 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes 1 No 2 DK 8	
EC15. DOES <i>(name)</i> GET ALONG 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> GET DISTRACTED EASILY?	Yes 1 No 2 DK 8	

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		2⇒ BD4
	DK	8		8⇒ BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes	1		
	No	2		
	DK	8		
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes	1		
	No	2		
	DK	8		
BD5. DID (name) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes	1		
	No	2		
	DK	8		
BD6. DID (name) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes	1		
	No	2		
	DK	8		
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:				
		Yes	No	DK
[A] PLAIN WATER?	Plain water	1	2	8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1	2	8
[C] THIN SOUP?	Thin soup	1	2	8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK?</i> <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	Number of times drank milk			
E] INFANT FORMULA FOR EXAMPLE BEBLAK; HIPP; APTAMIL; NAN; HUMANA. ETC.?	Infant formula	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA?</i> <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	Number of times drank infant formula			
[F] ANY OTHER LIQUIDS? <i>(Specify)</i>	Other liquids	1	2	8

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. DID (name) EAT (Name of food) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT?</i> <i>If 7 or more times, record '7'. If unknown, record '8'.</i>		Number of times drank/ate yogurt ____		
[B] ANY COMMERCIAL FOOD FOR THE INFANT FOR EXAMPLE: HIPPI, NESTLE, LINO, FRUTEK, ETC.?	Hipp, Nestle, Lino, Frutek, etc.	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, OR SQUASH?	Pumpkin, carrots, or squash	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?	Dark green, leafy vegetables	1	2	8
[G] SOUR CHERRIES, APRICOTS, OR PRUNES?	Sour cherries, apricots, or prunes	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	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 THAT I HAVE NOT MENTIONED? (Specify) _____	Other solid, semi-solid, or soft food	1	2	8
BD9. Check BD8 (Categories "A" through "O") <input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11 <input type="checkbox"/> Else⇒ Continue with BD10				
BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night <input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module <input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11				
BD11. HOW MANY TIMES DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? <i>If 7 or more times, record '7'.</i>		Number of times..... ____ DK 8		

IMMUNIZATION										IM
If an immunization card or child health book with vaccinations is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 will only be asked if a card is not available.										
IM1. DO YOU HAVE A CARD OR CHILD'S HEALTH BOOK WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?				Yes, seen 1				1⇒ IM3		
				Yes, not seen 2				2⇒ IM6		
If yes: MAY I SEE IT PLEASE?				No card 3						
IM2. DID YOU EVER HAVE A VACCINATION CARD OR CHILD'S HEALTH BOOK WITH VACCINATIONS FOR (name)?				Yes 1				1⇒ IM6		
				No 2				2⇒ IM6		
IM3.				Date of Immunization						
(a) Copy dates for each vaccination from the card.										
(b) Write '44' in day column if card shows that vaccination was given but no date recorded.										
				Day	Month		Year			
BCG	BCG									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
DPT 1	DPT1									
DPT 2	DPT2									
DPT 3	DPT3									
HEPB AT BIRTH	HEP0									
HEPB 1	HEP1									
HEPB 2	HEP2									
HEPB 3	HEP3									
HIB 1	HIB1									
HIB 2	HIB2									
HIB 3	HIB3									
DPT1 + HEPB2 + HIB1	DPT1 + HEPB2 + HIB1									
DPT2 + HEPB3 + HIB2	DPT2 + HEPB3 + HIB2									
DPT3 + HEPB4 + HIB3	DPT3 + HEPB4 + HIB3									
DPT1 + IPV1 + HIB1	DPT1 + IPV1 + HIB1									
DPT2 + IPV2 + HIB2	DPT2 + IPV2 + HIB2									
DPT3 + IPV3 + HIB3	DPT3 + IPV3 + HIB3									
MMR	MMR									
IM4. Check IM3. Are all vaccines (BCG to MMR) recorded?										
<input type="checkbox"/> Yes⇒ Go to IM20										
<input type="checkbox"/> No ⇒ Continue with IM5										
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?										
<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 IM20										
<input type="checkbox"/> No/DK ⇒ Go to IM20										
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES?				Yes 1				1⇒ IM3		
				No 2				2⇒ IM6		
				DK 8				8⇒ IM20		
IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE UPPER ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?				Yes 1						
				No 2						
				DK 8						

IM8. HAS (name) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH OR AN INJECTION TO PROTECT HIM/HER FROM POLIO?	Yes 1 No 2 DK 8	2⇒ IM11 8⇒ IM11
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times.....	
IM11. HAS (name) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE UPPER ARM OR SHOULDER TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	Yes 1 No 2 DK 8	2⇒ IM13 8⇒ IM13
IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?	Number of times.....	
IM13. HAS (name) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes 1 No 2 DK 8	2⇒ IM15A 8⇒ IM15A
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?	Yes 1 No 2 DK 8	
IM15. HOW MANY TIMES WAS THE HEPATITIS B VACCINE RECEIVED?	Number of times.....	
IM15A. HAS (name) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE SHOULDER TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B? <i>Probe by indicating that the Hib vaccine is sometimes given at the same time as Polio, DPT and HepB vaccines</i>	Yes 1 No 2 DK 8	2⇒ IM16 8⇒ IM16
IM15B. HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?	Number of times.....	
IM16. HAS (name) 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	
IM20. Issue a "Questionnaire Form for Vaccination Records at Health Facility" for this child. Complete the Information Panel on that Questionnaire and continue with Next Module.		

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 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK 8	
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> _____ (Name of place)	Public sector Public hospital A Family Health Centre B Public pharmacy F Other public institution (<i>specify</i>) H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Other private institution (<i>specify</i>) O Other source Relative / Friend P Traditional practitioner R Internet S Other (<i>specify</i>) X	
CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK: [A] A FLUID MADE FROM A SPECIAL PACKET FOR EXAMPLE NELIT, REHIDROMIKS, QUIDRAL, HIDRATON, HUMANA ELEKTROLYT, RISOL, PICO, ETC.? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA FOR EXAMPLE HIPP ORS 200?	Y N DK Fluid from ORS packet 1 2 8 Pre-packaged ORS fluid 1 2 8	
CA4A. Check CA4: ORS <input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B <input type="checkbox"/> Child was not given any ORS ⇒ Go to CA5		

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%; text-align: center;">(Name of place)</div>	Public sector Public hospital11 Family Health Centre12 Other public (<i>specify</i>)16 Public pharmacy17 Private medical sector Private hospital / clinic21 Private physician22 Private pharmacy23 Other private medical (<i>specify</i>)26 Other source Relative / Friend31 Shop32 Traditional practitioner33 Other (<i>specify</i>)96	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No 2 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%; text-align: center;">(Name)</div>	Pill or Syrup Antibiotic A Antimotility B Other pill or syrup (Not antibiotic, antimotility) 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 (name) BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?	Yes 1 No 2 DK 8	2⇒ CA9A 8⇒ CA9A
CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 DK 8	2⇒ CA10 8⇒ CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only 1 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) 6 DK 8	1⇒ CA10 2⇒ CA10 3⇒ CA10 6⇒ CA10 8⇒ CA10
CA9A. Check CA6A: Had fever? <input type="checkbox"/> Child had fever ⇒ Continue with CA10 <input type="checkbox"/> Child did not have fever ⇒ Go to CA14		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒ CA12 8⇒ CA12

<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p>Probe: ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Public hospital..... A</p> <p>Family Health Centre..... B</p> <p>Public pharmacy..... F</p> <p>Other public (specify) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Traditional practitioner R</p> <p>Internet..... S</p> <p>Other (specify) _____ X</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ CA14</p> <p>8⇒ CA14</p>
<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p>Probe: ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotics</p> <p>Pill / Syrup I</p> <p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen P</p> <p>Aspirin Q</p> <p>Ibuprofen..... R</p> <p>Other (specify) _____ X</p> <p>DK Z</p>	
<p>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13B</p> <p><input type="checkbox"/> No ⇒ Go to CA14</p>		
<p>CA13B. WHERE DID YOU GET THE (name of medicine from CA13)?</p> <p>Probe to identify the type of source.</p> <p>If unable to determine whether public or private, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Public hospital 11</p> <p>Family Health Centre 12</p> <p>Other public (specify) 16</p> <p>Public pharmacy 17</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Other private medical (specify) 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (specify) 96</p>	
<p>CA14. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13</p>		
<p>CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine..... 01</p> <p>Put / Rinsed into toilet or latrine 02</p> <p>Put / Rinsed into drain or ditch..... 03</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried 05</p> <p>Left in the open 06</p> <p>Other (specify) _____ 96</p> <p>DK 98</p>	

UF13. Record the time.	Hour and minutes :
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<p>UF14. Check List of Household Members, columns HL7B and HL15.</p> <p>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household</p> <p>Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.</p>
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ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs 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 in the List of Household Members before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present 2 Child or mother/caretaker refused 3 Other (specify) 6	2 ⇒ AN6 3 ⇒ AN6 6 ⇒ AN6
AN3. Child's weight	Kilograms (kg) Weight not measured 99.9	
AN3A. Was the child undressed to the minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum		
AN3B. Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).		
AN4. Child's length or height	Length / Height (cm) Length / Height not measured 999.9	⇒ AN6
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? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.		
Interviewer's Observations		
Field Editor's Observations		
Supervisor's Observations		
Measurer's Observations		

APPENDIX F5. Questionnaire Form for Vaccination Records at Health Facility

QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY		Kosovo*
UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The Questionnaire for Children Under Five must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the Questionnaire for Children Under Five for each child.</i></p>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name and surname: Name _____	HF4. Child's line number: _____	
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: _____	
HF7. Interviewer's name and number: Name _____	HF8. Day / Month / Year of facility visit: _____ / _____ / 2 0 1 _____	
HF9. Day, month and year of birth (From AG1 in Questionnaire for Children Under-5) _____ / _____ / 2 0 1 _____	HF10. Name of health facility: _____	
HF11. Result of health facility visit	Vaccination record seen.....01 Vaccination record not seen02 Other (specify) _____ 96	
HF11A. Field editor's name and number: Name _____	HF11B. Main data entry clerk's name and number: Name _____	

IMMUNIZATION										HF
HF12. Record day, month and year of birth as written on vaccination record					____ / ____ / 2 0 1 ____					
HF13. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.					Date of Immunization					
					Day	Month	Year			
BCG	BCG									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
DPT 1	DPT1									
DPT 2	DPT2									
DPT 3	DPT3									
HEPB AT BIRTH	HEP0									
HEPB 1	HEP1									
HEPB 2	HEP2									
HEPB 3	HEP3									
HIB 1	HIB1									
HIB 2	HIB2									
HIB 3	HIB3									
DPT1 + HEPB2 + HIB1	DPT1 + HEPB2 + HIB1									
DPT2 + HEPB3 + HIB2	DPT2 + HEPB3 + HIB2									
DPT3 + HEPB4 + HIB3	DPT3 + HEPB4 + HIB3									
DPT1 + IPV1 + HIB1	DPT1 + IPV1 + HIB1									
DPT2 + IPV2 + HIB2	DPT2 + IPV2 + HIB2									
DPT3 + IPV3 + HIB3	DPT3 + IPV3 + HIB3									
MMR	MMR									