

F1. Household Questionnaire



**HOUSEHOLD QUESTIONNAIRE
Multiple Indicator Cluster Survey**

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: _____ / _____ / 2015	HH7. Region:																
HH6. Area: Urban1 Rural.....2	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Akmola..... 01</td> <td style="border: none;">Kyzylorda.....09</td> </tr> <tr> <td style="border: none;">Aktobe..... 02</td> <td style="border: none;">Mangistau.....10</td> </tr> <tr> <td style="border: none;">Almaty oblast 03</td> <td style="border: none;">South Kazakhstan11</td> </tr> <tr> <td style="border: none;">Atyrau 04</td> <td style="border: none;">Pavlodar12</td> </tr> <tr> <td style="border: none;">West Kazakhstan..... 05</td> <td style="border: none;">North Kazakhstan.....13</td> </tr> <tr> <td style="border: none;">Zhambyl 06</td> <td style="border: none;">East Kazakhstan14</td> </tr> <tr> <td style="border: none;">Karaganda 07</td> <td style="border: none;">Astana City15</td> </tr> <tr> <td style="border: none;">Kostanai..... 08</td> <td style="border: none;">Almaty City16</td> </tr> </table>	Akmola..... 01	Kyzylorda.....09	Aktobe..... 02	Mangistau.....10	Almaty oblast 03	South Kazakhstan11	Atyrau 04	Pavlodar12	West Kazakhstan..... 05	North Kazakhstan.....13	Zhambyl 06	East Kazakhstan14	Karaganda 07	Astana City15	Kostanai..... 08	Almaty City16
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WE ARE FROM THE STATISTICS COMMITTEE OF THE MINISTRY OF NATIONAL ECONOMY OF THE REPUBLIC OF KAZAKHSTAN.

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 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.

No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.

HH9. Result of household interview:

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

HH14. Number of children under age 5: _____

HH16. Field editor's name and number:
Name _____

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

HH13. Number of women's questionnaires completed: _____

HH15. Number of under-5 questionnaires completed: _____

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.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

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)?	For women age 15-49	For children age 0-4	For children age 0-17 years				For Children age 0-14
			1 Male	2 Female	98 DK	9998 DK		HL7. Circle line no. if woman age 15-49.	HL7B. Circle line no. if age 0-4.	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank or '00' ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y N DK	Mother	Y N DK	Father	Mother
01		0 1	1	2	___	_____	___	01	01	1 2 8	___	1 2 8	___	___
02		___	1	2	___	_____	___	02	02	1 2 8	___	1 2 8	___	___
03		___	1	2	___	_____	___	03	03	1 2 8	___	1 2 8	___	___
04		___	1	2	___	_____	___	04	04	1 2 8	___	1 2 8	___	___
05		___	1	2	___	_____	___	05	05	1 2 8	___	1 2 8	___	___
06		___	1	2	___	_____	___	06	06	1 2 8	___	1 2 8	___	___
07		___	1	2	___	_____	___	07	07	1 2 8	___	1 2 8	___	___
08		___	1	2	___	_____	___	08	08	1 2 8	___	1 2 8	___	___
09		___	1	2	___	_____	___	09	09	1 2 8	___	1 2 8	___	___
10		___	1	2	___	_____	___	10	10	1 2 8	___	1 2 8	___	___
11		___	1	2	___	_____	___	11	11	1 2 8	___	1 2 8	___	___
12		___	1	2	___	_____	___	12	12	1 2 8	___	1 2 8	___	___
13		___	1	2	___	_____	___	13	13	1 2 8	___	1 2 8	___	___
14		___	1	2	___	_____	___	14	14	1 2 8	___	1 2 8	___	___

							For women age 15-49	For children age 0-4	For children age 0-17 years				For Children age 0-14	
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?		HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7. Circle line no. if woman age 15-49.	HL7B. Circle line no. if age 0-4.	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank or '00' ask: WHO IS THE PRIMARY CARETAKER OF (name)?
			1 Male 2 Female		98 DK 9998 DK	Record in completed years. If age is 95 or above, record '95'.				1 Yes 2 No ↘ 8 DK ↘	If "Yes", record line no. of mother. If "No", record 00.	1 Yes 2 No ↘ 8 DK ↘	If "Yes", record line no. of father. If "No", record 00.	
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y N DK	Mother	Y N DK	Father	Mother
15		__ __	1	2	__ __	__ __ __ __	__ __	15	15	1 2 8	__ __	1 2 8	__ __	__ __
Tick here if additional questionnaire used <input type="checkbox"/>														

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 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, and each child under five in the household.

- | | | | | | | |
|---|---------------------|---------------------------------|-----------------------------------|-------------------|--------------------------------|------------------------|
| * Codes for HL3: Relationship to head of household: | 01 Head | 04 Son-In-Law / Daughter-In-Law | 07 Parent-In-Law | 10 Uncle / Aunt | 13 Adopted / Foster/ Stepchild | 96 Other (Not related) |
| | 02 Spouse / Partner | 05 Grandchild | 08 Brother / Sister | 11 Niece / Nephew | 14 Servant (Live-in) | 98 DK |
| | 03 Son / Daughter | 06 Parent | 09 Brother-In-Law / Sister-In-Law | 12 Other relative | | |

EDUCATION **ED**

			For household members age 5 and above					For household members age 5-24 years																
ED1. Line number	ED2. Name and age Copy from HL2 and HL6.		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ↘ Next Line	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool 1 Primary (1-4) 2 Lower secondary (5-9) 3 Upper secondary (10-11) 4 Technical and Professional 5 Higher 8 DK If level=0, skip to ED5.					ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK If the first grade at this level is not completed, enter "00".	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2015-2016, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ ED7		ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Primary (1-4) 2 Lower secondary (5-9) 3 Upper secondary (10-11) 4 Technical and Professional 5 Higher 8 DK If level=0, skip to ED7.			Grade: 98 DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2014-2015, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ 8 DK ↘ Next Line Next Line			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Primary (1-4) 2 Lower secondary (5-9) 3 Upper secondary (10-11) 4 Technical and Professional 5 Higher 8 DK If level=0, go to next line.					Grade: 98 DK
				Yes	No	Level	Grade	Yes		No	Level	Grade	Yes	No		DK	Level	Grade						
01			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											
02			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											
03			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											
04			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											
05			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											
06			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											
07			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											
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10			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											
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14			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											
15			1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2	0 1 2 3 4 5 8		1 2 8	0 1 2 3 4 5 8											

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

SL

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-14 years.

Total number —

SL2. Check the number of children age 1-14 years in SL1:

- Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.
- One ⇒ Go to SL9 and record the rank number as '1', enter the line number from HL1, child's name from HL2 and age from HL6.
- Two or more ⇒ Continue with SL2A.

SL2A. List each of the children age 1-14 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-14 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 1-14 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 DISCIPLINE

CD

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

Yes No

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

Took away privileges..... 1 2

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

Explained wrong behaviour..... 1 2

[C] SHOOK HIM/HER.

Shook him/her 1 2

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

Shouted, yelled at or screamed at ... 1 2

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

Gave something else to do 1 2

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

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

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

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

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

Called dumb, lazy, or another name 1 2

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

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

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

Hit / slapped on hand, arm or leg 1 2

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

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

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

Yes1

No.....2

DK / No opinion8

HOUSEHOLD CHARACTERISTICS		HC
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Kazakh Language..... 1	
	Russian Language..... 2	
	Other language (<i>specify</i>) _____ 6	
HC1C. TO WHAT ETHNICITY DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Kazakhs..... 1	
	Russians..... 2	
	Other ethnic groups (<i>specify</i>)_____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Rudimentary floor	
	Wood planks 21	
	Finished floor	
	Parquet or polished wood..... 31	
	Vinyl / linoleum or asphalt strips 32	
	Ceramic tiles 33	
	Cement 34	
	Carpet 35	
	Laminated flooring board..... 36	
	Plywood / fibreboard 37	
Other (<i>specify</i>) _____ 96		
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Rudimentary roofing	
	Wood planks 23	
	Cardboard/wood chipboard 24	
	Finished roofing	
	Metal/profiled sheeting 31	
	Wood 32	
	Calamine / cement fiber mat / roofing slate 33	
	Ceramic tiles 34	
	Cement 35	
	Roofing shingles 36	
Other (<i>specify</i>) _____ 96		
HC5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Rudimentary walls	
	Stone with mud..... 22	
	Uncovered adobe 23	
	Plywood/wood chipboard..... 24	
	Reused wood..... 26	
	Finished walls	
	Cement 31	
	Stone with lime/cement 32	
	Bricks 33	
	Cement blocks 34	
	Covered adobe 35	
	Wood planks/shingles/lining boards 36	
	Plastic panels/siding 37	
Wood 38		
Slag stone/concrete block 39		
Other (<i>specify</i>) _____ 96		

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity01 Liquefied Gas (in balloon)02 Natural gas03 Biogas.....04 Kerosene/diesel oil05 Coal/Lignite.....06 Charcoal07 Wood08 Animal dung.....10 No food cooked in household.....95 Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8 05⇒HC8 95⇒HC8</p>																																													
<p>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></p>	<p>In the house In a separate room used as kitchen 1 Elsewhere in the house2 In a separate building3 Outdoors4 Other (<i>specify</i>) 6</p>																																														
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY? [B] A RADIO? [C] A TELEVISION? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR? [F] A MICROWAVE? [G] A TABLE? [H] A SOFA? [I] A BED? [J] A WARDROBE? [K] A DISHWASHER? [L] A WASHING MACHINE? [M] AN AIR CONDITIONER? [N] A VACUUM CLEANER?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile telephone1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Microwave1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Table.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sofa1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bed1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Wardrobe.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Dishwasher.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing machine1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air conditioner.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Vacuum cleaner.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity1	1	2	Radio1	1	2	Television1	1	2	Non-mobile telephone1	1	2	Refrigerator.....1	1	2	Microwave1	1	2	Table.....1	1	2	Sofa1	1	2	Bed1	1	2	Wardrobe.....1	1	2	Dishwasher.....1	1	2	Washing machine1	1	2	Air conditioner.....1	1	2	Vacuum cleaner.....1	1	2	
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Air conditioner.....1	1	2																																													
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[B] A MOBILE TELEPHONE OR SMARTPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[J] A TRACTOR?</p> <p>[G] A BOAT WITH A MOTOR?</p> <p>[H] A PERSONAL COMPUTER OR LAPTOP?</p> <p>[I] A TABLET?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Mobile telephone / smartphone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal-drawn cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Truck</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tractor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Personal computer / laptop</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tablet.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Mobile telephone / smartphone	1	2	Bicycle	1	2	Motorcycle / Scooter.....	1	2	Animal-drawn cart.....	1	2	Car / Truck	1	2	Tractor	1	2	Boat with motor.....	1	2	Personal computer / laptop	1	2	Tablet.....	1	2	
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i></p>	<p>Own 1</p> <p>Rent 2</p> <p>Other (<i>specify</i>) 6</p>																															
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒HC13																														
<p>HC12. HOW MANY HECTARES OR ARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If 1 hectare or more, circle ‘1’ and record hectares.</i></p> <p><i>If 95 or more hectares, circle ‘1’ and record ‘95’.</i></p> <p><i>If less than 1 hectare, circle ‘2’ and record in ares.</i></p> <p><i>If less than 1 are, circle ‘2’ and record ‘00’.</i></p> <p><i>If unknown, circle ‘998’.</i></p>	<p>Hectares 1 ____</p> <p>Ares 2 ____</p> <p>DK..... 998</p>																															
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒HC15																														

<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS / POULTRY DOES THIS HOUSEHOLD HAVE?</p> <p>[A] COWS OR BULLS?</p> <p>[B] HORSES OR DONKEYS OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP OR RAMS?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] CAMELS?</p> <p>[H] GEESE OR DUCKS?</p> <p>[I] RABBITS?</p> <p><i>If none, record "00". If 95 or more, record "95". If unknown, record "98".</i></p>	<p>Cows or bulls__ __</p> <p>Horses or donkeys or mules.....__ __</p> <p>Goats__ __</p> <p>Sheep or rams__ __</p> <p>Chickens.....__ __</p> <p>Pigs.....__ __</p> <p>Camels__ __</p> <p>Geese or ducks__ __</p> <p>Rabbits__ __</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1</p> <p>No 2</p>	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth/cotton C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>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 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 No facility, Bush, Field 95 Other (<i>specify</i>) 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>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?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 __ Ten or more households 10 DK 98</p>	

HANDWASHING	HW	
<p>HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p>	<p>Observed..... 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard 2</p> <p>No permission to see 3</p> <p>Other reason _____ 6</p> <p style="text-align: center;"><i>(specify)</i></p>	<p>2 ⇨ HW4</p> <p>3 ⇨ HW4</p> <p>6 ⇨ HW4</p>
<p>HW2. <i>Observe presence of water at the place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available 1</p> <p>Water is not available..... 2</p>	
<p>HW3A. <i>Is soap or detergent present at the place for handwashing?</i></p>	<p>Yes, present 1</p> <p>No, not present 2</p>	<p>2⇨HW4</p>
<p>HW3B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste)..... B</p> <p>Liquid soap C</p>	<p>A⇨HH19</p> <p>B⇨HH19</p> <p>C⇨HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇨HH19</p>
<p>HW5A. CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown..... 1</p> <p>No, not shown 2</p>	<p>2⇨HH19</p>
<p>HW5B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste)..... B</p> <p>Liquid soap C</p>	

HH19. Record the time.	Hour and minutes : ..	
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SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized – 0 PPM 1</p> <p>More than 0 PPM & less than 15 PPM..... 2</p> <p>15 PPM or more 3</p> <p>No salt in the house..... 4</p> <p>Salt not tested (specify reason) _____ 5</p>	

<p>HH20. Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</i> has been issued for each woman age 15-49 years in the List of Household Members (HL7).</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> has been issued for each child under age 5 years in the List of Household Members (HL7B).</p> <p><i>Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), and under-5s (HH14) are entered.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

F2. Questionnaire for Individual Women



**QUESTIONNAIRE FOR INDIVIDUAL WOMEN
Multiple Indicator Cluster Survey**

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: _____	WM2. 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: _____ / _____ / 2015	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM THE STATISTICS COMMITTEE OF THE MINISTRY OF NATIONAL ECONOMY OF THE REPUBLIC OF KAZAKHSTAN. 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 25 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 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle "03" in WM7. Discuss this result with your supervisor.</i></p>	

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) 96
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WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____
---	--

WM10. <i>Record the time.</i>	Hour and minutes : ..	
--------------------------------------	-----------------------------	--

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month.....98 Year DK year.....9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent.</i>	Age (in completed years)	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary (1-4) 1 Lower secondary (5-9) 2 Upper secondary (10-11) 3 Technical and Professional 4 Higher 5	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00".</i>	Grade	
WB6. <i>Check WB4:</i> <input type="checkbox"/> <i>Lower secondary, upper secondary, technical and professional or higher (WB4=2, 3, 4 or 5) ⇒ Go to Next Module.</i> <input type="checkbox"/> <i>Primary (WB4= 1) ⇒ Continue with WB7.</i>		
WB7. 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 or words of sentence 2 Able to read whole sentence 3 No sentence in required language _____ 4 <i>(specify language)</i> Blind / visually impaired 5	

MT1. Check WB7:

- Question left blank (Respondent has lower secondary, upper secondary, technical and professional or higher education) ⇒ Continue with MT2.
- Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2.
- 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	
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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	
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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	
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MT5. Check WB2: Age of respondent?

- Age 15-24 ⇒ Continue with MT6.
- Age 25-49 ⇒ Go to Next Module.

MT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2 ⇒ MT9
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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		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
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR THE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	YES 1 NO 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home __ __ Daughters at home __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	YES 1 NO 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere __ __ Daughters elsewhere __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	YES 1 NO 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead __ __ Girls dead __ __	
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	SUM __ __	

<p>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?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>No live births</i> ⇒ <i>Go to CM12B</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>One or more live births</i> ⇒ <i>Continue with CM12</i></p> <p><input type="checkbox"/> <i>No.</i> ⇒ <i>Check responses to CM1–CM10 and make corrections as necessary before proceeding to CM12</i></p>		
<p>CM12. OF THESE (<i>total number in CM10</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>Month and year must be recorded.</p>	<p>Date of last birth</p> <p>Month _ _</p> <p>Year _ _ _ _</p>	
<p>CM12B. SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A BIRTH.</p> <p>HAVE YOU EVER HAD ANY PREGNANCY THAT WAS ABORTED?</p> <p>BY ABORTION, I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒CM13
<p>CM12E. HOW MANY ABORTIONS HAVE YOU HAD DURING YOUR LIFETIME?</p>	<p>Number of abortions..... _ _</p>	
<p>CM12F. WHEN DID YOUR (LAST) ABORTION TAKE PLACE?</p> <p><i>Month and year must be recorded.</i></p>	<p>Date of (last) abortion</p> <p>Month..... _ _</p> <p>Year _ _ _ _</p>	
<p>CM12G. Check CM12F: Last abortion occurred within the last 2 years, that is, since (month of interview) in 2013 (if the month of interview and the month the abortion took place are the same, and the year the abortion took place is 2013, consider this as an abortion within the last 2 years)</p> <p><input type="checkbox"/> <i>No abortion in last 2 years.</i> ⇒ <i>Go to CM13</i></p> <p><input type="checkbox"/> <i>The last abortion took place during the last 2 years, that is, since (the month of interviewing) in 2013,</i> ⇒ <i>Continue with CM12H</i></p>		
<p>CM12H. HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED?</p> <p><i>If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months</i></p>	<p>Length of pregnancy at time of abortion</p> <p>Weeks.....1 _ _</p> <p>Month.....2 _ _</p>	
<p>CM12I. Check CM12E.</p> <p><input type="checkbox"/> <i>1 abortion (CM12E = 1)</i> ⇒ <i>Go to CM13</i></p> <p><input type="checkbox"/> <i>2 or more abortions (CM12E = 2 or more)</i> ⇒ <i>Continue with CM12J and ask questions CM12J to CM12L for each abortion at a time.</i></p>		

	PREVIOUS TO THE LAST ABORTION	SECOND LAST FROM THE LAST ABORTION	THIRD LAST FROM THE LAST ABORTION
CM12J. WHAT MONTH AND YEAR DID THE ABORTION PREVIOUS TO THIS LAST ONE YOU MENTIONED TAKE PLACE?	MONTH.....__ __ YEAR.... __ __ __ __	MONTH.....__ __ YEAR.... __ __ __ __	MONTH.....__ __ YEAR.... __ __ __ __
CM12K. Check CM12J. Abortion occurred within the last 2 years, that is, since (month of interview) in 2013.	Yes..... 1 No 2 <i>If “No”, go to CM13.</i>	Yes..... 1 No..... 2 <i>If “No”, go to CM13.</i>	Yes 1 No..... 2 <i>If “No”, go to CM13.</i>
CM12L. HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED? <i>the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months</i>	Weeks1 __ __ Months ...2 __ __	Weeks1 __ __ Months .. 2 __ __	Weeks 1 __ __ Months.... 2 __ __
CM12M.	<i>Go back to CM12J for next abortion. If no more abortion, continue with CM13.</i>	<i>Go back to CM12J for next abortion. If no more abortion, continue with CM13.</i>	<i>Go back to CM12J for next abortion. If no more abortion, continue with CM13.</i>
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in 2013 (if the month of interview and the month of birth are the same, and the year of birth is 2013, consider this as a birth within the last 2 years).</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the last-born child and continue with Next Module.</p> <p style="text-align: center;">Name of last-born child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p>			

DESIRE FOR LAST BIRTH

DB

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

<p>DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes 1 No 2</p>	<p>1⇒Next Module</p>
<p>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later 1 No more 2</p>	<p>2⇒Next Module</p>
<p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i></p>	<p>Months 1 _ _ Years 2 _ _ DK 998</p>	

MATERNAL AND NEWBORN HEALTH

MN

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

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1 No 2</p>	<p>2⇒MN17</p>												
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe: ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse/Midwife B Feldsher D Other person Traditional birth attendant F Other (specify) X</p>													
<p>MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Weeks 1 __ __ Months 2 0 __ DK 998</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p> <p><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></p>	<p>Number of times __ __ DK 98</p>													
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Blood pressure</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Blood sample</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample	1	2												
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe: ANYONE ELSE?</i></p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional: Doctor A Nurse / Midwife B Feldsher D Other person Traditional birth attendant F Relative / Friend H Other (specify) X No one Y</p>													

<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government clinic/health centre 22</p> <p>Government health post..... 23</p> <p>Rural health post /</p> <p>Rural outpatient clinic..... 24</p> <p>Government maternity home/perinatal centre 25</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic/health centre 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒MN20</p>
<p>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before..... 1</p> <p>After..... 2</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1</p> <p>Larger than average..... 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>DK 8</p>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN21A. HOW LONG AFTER DELIVERY WAS (name) WEIGHED?</p>	<p>Immediately after birth (less than 2 hours). 1</p> <p>2 hours or more after the birth 2</p> <p>DK/Don't remember 8</p>	
<p>MN22. HOW MUCH DID (name) WEIGH?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>From card.....1 (kg) __ . __ __ __</p> <p>From recall2 (kg) __ . __ __ __</p> <p>DK 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p><i>If less than 1 hour, record "00" hours.</i></p>	<p>Immediately..... 000</p> <p>Hours 1 __ __</p>	

<p><i>If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Days2 _ _</p> <p>DK/Don't remember 998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk).....A</p> <p>Plain water B</p> <p>Sugar or glucose water C</p> <p>Gripe water..... D</p> <p>Sugar-salt-water solution E</p> <p>Fruit juice..... F</p> <p>Infant formula G</p> <p>Tea / Infusions..... H</p> <p>Other (<i>specify</i>) _____ X</p>	

POST-NATAL HEALTH CHECKS

PN

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

PN1. Check MN18: Was the child delivered in a health facility?

- Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2.
- No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6.

<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. If less than one week, record days. 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 or 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>

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

- Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN7.
- No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN10.

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes 1 No..... 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON <u>YOUR</u> HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No..... 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes 1 No..... 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. 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>PN13. WHO CHECKED ON (<i>name</i>)’S HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>Doctor.....A</p> <p>Nurse / MidwifeB</p> <p>FeldsherD</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Relative / FriendH</p> <p>Other (<i>specify</i>).....X</p>	

<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government clinic/health centre 22</p> <p>Government health post..... 23</p> <p>Rural health post /</p> <p>Rural outpatient clinic 24</p> <p>Government maternity home/perinatal centre 25</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic/health centre 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>PN15. 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 PN16.</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17.</p>		
<p>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN17. 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 PN18</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 PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING <u>YOUR</u> HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1</p> <p>More than once 2</p>	<p>1⇒PN21A</p> <p>2⇒PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</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>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional Doctor.....A Nurse / MidwifeB FeldsherD Other person Traditional birth attendant F Relative / FriendH Other (<i>specify</i>) _____X</p>	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home Respondent's home 11 Other home 12 Public sector Government hospital 21 Government clinic/health centre 22 Government health post..... 23 Rural health post / Rural outpatient clinic 24 Government maternity home/perinatal centre 25 Other public (<i>specify</i>) _____ 26 Private Medical Sector Private hospital..... 31 Private clinic/health centre 32 Private maternity home 33 Other private medical (<i>specify</i>) _____ 36 Other (<i>specify</i>) _____ 96</p>	

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

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

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE 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?

Probe:
ANY OTHER SYMPTOMS?

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

*Circle all symptoms mentioned, but do **not** prompt with any suggestions*

- 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
- Child has a convulsion H
- Child has low body temperature..... I
- Child has change of skin integuments (cyanosis or jaundice, pallor, rash) J
- Child has blood from an umbilical wound... K

- Other (specify) _____ X
- Other (specify) _____ Y
- Other (specify) _____ Z

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

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

HAVE YOU HEARD OF :

<p>[A] FEMALE STERILIZATION? <i>Probe:</i> WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.</p>	<p>YES 1 NO 2</p>
<p>[B] MALE STERILIZATION? <i>Probe:</i> MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.</p>	<p>YES 1 NO 2</p>
<p>[C] IUD? <i>Probe:</i> WOMEN CAN HAVE A LOOP OR COIL PLACED INSIDE THEM BY A DOCTOR OR A NURSE.</p>	<p>YES 1 NO 2</p>
<p>[D] INJECTABLES? <i>Probe:</i> WOMEN CAN HAVE AN INJECTION BY A HEALTH PROVIDER THAT STOPS THEM FROM BECOMING PREGNANT FOR ONE OR MORE MONTHS.</p>	<p>YES 1 NO 2</p>
<p>[E] IMPLANTS? <i>Probe:</i> WOMEN CAN HAVE ONE OR MORE SMALL RODS PLACED IN THEIR UPPER ARM BY A DOCTOR OR NURSE WHICH CAN PREVENT PREGNANCY FOR ONE OR MORE YEARS.</p>	<p>YES 1 NO 2</p>
<p>[F] PILL? <i>Probe:</i> WOMEN CAN TAKE A PILL EVERY DAY TO AVOID BECOMING PREGNANT.</p>	<p>YES 1 NO 2</p>
<p>[G] CONDOM? <i>Probe:</i> MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.</p>	<p>YES 1 NO 2</p>
<p>[H] FEMALE CONDOM? <i>Probe:</i> WOMEN CAN PLACE A SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE.</p>	<p>YES 1 NO 2</p>
<p>[I] DIAPHRAGM? <i>Probe:</i> WOMEN CAN INSERT A SOFT RUBBER CUP IN THEIR VAGINA TO BLOCK THE SPERM FROM ENTERING THEIR UTERUS OR FALLOPIAN TUBES.</p>	<p>YES 1 NO 2</p>
<p>[J] FOAM / JELLY? <i>Probe:</i> WOMEN MAY USE SPERMICIDAL PRODUCTS (E.G. FOAM, JELLY, CREAM)</p>	<p>YES 1 NO 2</p>

<p>THAT CAN KILL OR PREVENT THE SPERM FROM MOVING AND REACHING THE EGG.</p> <p>[K] LACTATION AMENORRHOEA METHOD (LAM)?</p> <p>[L] PERIODIC ABSTINENCE / RHYTHM METHOD? <i>Probe: TO AVOID PREGNANCY, WOMEN DO NOT HAVE SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH THEY THINK THEY CAN GET PREGNANT.</i></p> <p>[M] WITHDRAWAL? <i>Probe: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</i></p> <p>[N] EMERGENCY / POSTCOITAL CONTRACEPTION? <i>Probe: AS AN EMERGENCY MEASURE, WITHIN THREE DAYS AFTER THEY HAVE UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY.</i></p> <p>[O] TRANSDERMAL PATCH? <i>Probe: WOMEN CAN STICK THIS PATCH THAT DISCHARGES HORMONES, WHICH AFTER ATTACHING THE PATCH PENETRATE THROUGH THE SKIN INTO THE BLOODSTREAM AND BLOCK OVULATION.</i></p> <p>[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?</p>	<p>YES 1 NO 2</p> <p>YES 1 _____ (specify) _____ (specify) NO 2</p>	
<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1 No 2 Unsure or DK 8</p>	<p>1⇒CP2A</p>
<p>CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1 No 2</p>	<p>1⇒CP3</p>
<p>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1 No 2</p>	<p>1⇒ Next Module 2⇒ Next Module</p>

<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A 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 Transdermal patch N</p> <p>Other (<i>specify</i>) _____ X</p>	
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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/how) 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

<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>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 mood I Other (<i>specify</i>) X DK Z</p>	
<p>UN12. Check UN11: “Never menstruated” mentioned?</p> <p><input type="checkbox"/> <i>Mentioned</i> ⇒ Go to Next Module.</p> <p><input type="checkbox"/> <i>Not mentioned</i> ⇒ Continue with UN13.</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p>	<p>Days ago 1 ___</p> <p>Weeks ago 2 ___</p> <p>Months ago 3 ___</p> <p>Years ago 4 ___</p> <p>In menopause / Has had hysterectomy .. 994 Before last birth 995 Never menstruated 996</p>	

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 HOUSEWORK?	Neglects housework	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married1 Yes, living with a man.....2 No, not in union3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years..... _ _ DK..... 98	⇒MA7 ⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married1 Yes, formerly lived with a man2 No3	3⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated.....3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once.....2	1⇒MA8A 2⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month..... _ _ DK month..... 98 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
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*Check for the presence of others.
Before continuing, ensure privacy.*

<p>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.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years..... _ _</p> <p>First time when started living with (first)husband/partner 95</p>	<p>00⇒Next Module</p>
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<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK / Don't remember8</p>	
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<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p>	<p>Days ago..... 1 _ _</p> <p>Weeks ago..... 2 _ _</p> <p>Months ago 3 _ _</p> <p>Years ago 4 _ _</p>	<p>4⇒SB15</p>
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<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No2</p>	
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<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If "boyfriend", then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If "yes", circle "2".If "no", circle "3".</i></p>	<p>Husband1</p> <p>Cohabiting partner2</p> <p>Boyfriend.....3</p> <p>Casual acquaintance4</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>
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SB6. Check MAI:

Currently married or living with a man (MAI = 1 or 2) ⇒ Go to SB8.

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

<p>SB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is "DK", probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner..... _ _</p> <p>DK..... 98</p>	
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<p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes.....1</p> <p>No2</p>	<p>2⇒SB15</p>
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SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes.....1 No2	
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If “boyfriend” then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If “yes”, circle “2”.If “no”, circle “3”.</i>	Husband1 Cohabiting partner2 Boyfriend.....3 Casual acquaintance4 Other (<i>specify</i>) 6	3⇒SB12 4⇒SB12 6⇒SB12
SB11. Check MA1 and MA7: <input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)</i> AND <i>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13.</i> <input type="checkbox"/> <i>Else ⇒ Continue with SB12.</i>		
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 No2	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 HIV/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 THE HIV/AIDS VIRUS?	Yes 1 No 2 DK 8																		
HA3B. CAN PEOPLE GET THE HIV/AIDS VIRUS THROUGH SALIVA BY KISSING SOMEONE WHO IS INFECTED WITH THE HIV/AIDS VIRUS?	Yes 1 No 2 DK 8																		
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																		
HA5. CAN PEOPLE GET THE HIV/AIDS VIRUS THROUGH 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">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																					
HA12A. DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?	Yes 1 No 2 DK/Not sure/Depends 8																					
HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13= "No" or blank) ⇒ Go to HA24. <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14.																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15. <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24.																						
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>), 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Things to do.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Offered a test.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test.....	1	2	8	
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AIDS from mother.....	1	2	8																			
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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 D)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or D) ⇒ 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. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30".</i>	Number of days 0 ____ 10 days or more but less than a month.... 10 Everyday / Almost every day..... 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos..... C Pipe D Other (<i>specify</i>) X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30".</i>	Number of days 0 ____ 10 days or more but less than a month.... 10 Everyday / Almost every day..... 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP OR NASWAR?	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/naswar C Other (<i>specify</i>) X	

<p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10".</i> <i>If "everyday" or "almost every day", circle "30".</i></p>	<p>Number of days 0 ____</p> <p>10 days or more but less than a month.... 10</p> <p>Everyday / Almost every day..... 30</p>	
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol 00</p> <p>Age ____ ____</p>	<p>00⇒Next Module</p>
<p>TA16. 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> <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10".</i> <i>If "everyday" or "almost every day", circle "30".</i></p>	<p>Did not have one drink in last one month. 00</p> <p>Number of days 0 ____</p> <p>10 days or more but less than a month.... 10</p> <p>Every day / Almost every day..... 30</p>	<p>00⇒Next Module</p>
<p>TA17. 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>	

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

- Age 25-49 ⇒ Go to WM11.
- 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.

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

- Very happy1
- Somewhat happy2
- Neither happy nor unhappy.....3
- Somewhat unhappy4
- Very unhappy5

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

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

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

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

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

- Very satisfied1
- Somewhat satisfied2
- Neither satisfied nor unsatisfied.....3
- Somewhat unsatisfied4
- Very unsatisfied5

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

- Very satisfied1
- Somewhat satisfied2
- Neither satisfied nor unsatisfied.....3
- Somewhat unsatisfied4
- Very unsatisfied5

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

- Yes1
- No.....2

2⇒LS7

LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?

- Very satisfied1
- Somewhat satisfied2
- Neither satisfied nor unsatisfied.....3
- Somewhat unsatisfied4
- Very unsatisfied5

<p>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><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></p>	<p>Does not have a job0</p> <p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH THE PLACE WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><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></p>	<p>Does not have any income0</p> <p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENE, OVERALL?</p>	<p>Improved1</p> <p>More or less the same2</p> <p>Worsened.....3</p>	
<p>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?</p>	<p>Better.....1</p> <p>More or less the same2</p> <p>Worse.....3</p>	

WM11. <i>Record the time.</i>	Hour and minutes : ..	
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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
				

F3. Questionnaire for Children Under Five



**QUESTIONNAIRE FOR CHILDREN UNDER FIVE
Multiple Indicator Cluster Survey**

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). A separate questionnaire should be used for each eligible child.</i></p>		
<p>UF1. Cluster number: _____</p>	<p>UF2. Household number: _____</p>	
<p>UF3. Child's name: Name _____</p>	<p>UF4. Child's line number: _____</p>	
<p>UF5. Mother's/Caretaker's name: Name _____</p>	<p>UF6. Mother's/Caretaker's line number: _____</p>	
<p>UF7. Interviewer's name and number: Name _____</p>	<p>UF8. Day/Month/Year of interview: _____ / _____ / 2015</p>	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE STATISTICS COMMITTEE OF THE MINISTRY OF NATIONAL ECONOMY OF THE REPUBLIC OF KAZAKHSTAN. 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 25 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 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</i></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>
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<p>UF10. Field editor's name and number: Name _____</p>	<p>UF11. Main data entry clerk's name and number: Name _____</p>
--	---

<p>UF12. Record the time.</p>	<p>Hour and minutes..... ____ : ____</p>
--------------------------------------	--

AGE	AG	
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day__ __</p> <p>DK day.....98</p> <p>Month.....__ __</p> <p>Year20__ __</p>	
<p>AG2. HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years)__</p>	

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen..... 2	
	No 3	
	DK..... 8	
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1	1⇒Next Module
	No 2	
	DK..... 8	
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes 1	
	No 2	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	None 00 Number of children's books 0 __ Ten or more books 10	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i></p>	<p style="text-align: right;">Y N DK</p> <p>Homemade toys..... 1 2 8</p> <p>Toys from a shop 1 2 8</p> <p>Household objects or outside objects..... 1 2 8</p>	
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'.</i></p>	<p>Number of days left alone for more than an hour</p> <p>Number of days left with other child for more than an hour</p>	
<p>EC4. Check AG2: Age of child.</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5.</p>		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	Yes..... 1 No 2 DK..... 8	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
	Mother	Father	Other	No one																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF <i>(name)</i>'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				

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

- Child age 0, 1 or 2 ⇒ Continue with BD2.
- Child age 3 or 4 ⇒ UF13.

BD2. HAS (name) EVER BEEN BREASTFED?	Yes.....1 No2 DK.....8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes.....1 No2 DK.....8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes.....1 No2 DK.....8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 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:		
[A] PLAIN WATER?	Plain water	Yes No DK 1 2 8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1 2 8
[C] CLEAR SOUP OR BROTH?	Clear soup or broth	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? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk	___
[E] INFANT FORMULA SUCH AS MALYUTKA, NAN, NESTLE, NUTRILON, SIMILAC, MALYSH, HUMANA?	Infant formula	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula.....	___
[F] ANY OTHER LIQUIDS? (Specify)_____	Other liquids	1 2 8

<p>BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT/DRINK (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>				
		Yes	No	DK
[A] YOGURT, KEFIR, AIRAN OR KATYK?	Yogurt, kefir, airan or katyk	1	2	8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT, KEFIR, AIRAN OR KATYK? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt, kefir, airan or katyk			—
[B] BABY FOOD, SUCH AS GERBER, FRUTONYANYA, HEINZ, AGUSHA, HIPPI, NESTLE OR OTHER <u>GRAIN CONTAINING</u> AND <u>FORTIFIED</u> BABY FOOD? <i>If yes, probe:</i> WAS THERE ANYTHING OTHER THAN GRAIN IN THAT FOOD? <i>If yes, probe:</i> WHAT OTHER ITEMS? and circle other appropriate items on the list.	Baby food, such as Gerber, Frutonyanya, Heinz, Agusha, Hipp, Nestle	1	2	8
[C] BREAD, RICE, BUCKWHEAT, BARLEY, NOODLES, PORRIDGE OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN OR CARROTS?	Pumpkin or carrots	1	2	8
[E] ANY FOODS MADE FROM POTATOES, OR ANY OTHER FOODS MADE FROM ROOTS?	Foods made from roots	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES, SUCH AS SORREL OR SPINACH?	Dark green, leafy vegetables	1	2	8
[G] FRESH OR DRIED APRICOTS OR RIPE PERSIMMON?	Fresh or dried apricots or ripe persimmon	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES SUCH AS FRESH OR DRIED APPLES, PEARS, BANANAS, PEACHES, FRESH OR PICKLED TOMATOES, CUCUMBERS, CABBAGE, BEETROOT OR ONION?	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] MEAT, FOR EXAMPLE BEEF, HORSE MEAT, PORK, LAMB, GOAT, POULTRY, OR PROCESSED MEAT SUCH AS SAUSAGE AND CANNED MEAT PRODUCTS?	Meat or meat products	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, MUNG BEANS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE, COTTAGE CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese, cottage cheese or other food made from milk	1	2	8
[P] ANY SUGARY FOODS SUCH AS CHOCOLATES, SWEETS, CANDIES, COOKIES, CAKES OR BISCUITS?	Sugary foods	1	2	8
[Q] ANY FRIED, SALTY SNACKS SUCH AS POTATO CHIPS?	Fried salty snacks	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").

- At least one "Yes" or all "DK" ⇒ Go to BD11.
- Else (in all other cases) ⇒ Continue with BD10.

BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night.

- The child did not eat or the respondent does not know ⇒ Go to Next Module.
- 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?

If 7 or more times, record '7'.

Number of times

DK.....8

IMMUNIZATION

IM

If an immunization passport or card is available at home, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16B will only be asked if a passport or card is not available.

IM1. DO YOU HAVE AT HOME A PASSPORT OR CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>	Yes, seen	1	1⇒IM3 2⇒IM6
	Yes, not seen	2	
	No passport/card.....	3	

IM2. DID YOU EVER HAVE A VACCINATION PASSPORT OR CARD FOR (name)?	Yes.....	1	1⇒IM6 2⇒IM6
	No	2	

IM3. (a) Copy dates for each vaccination from the passport / 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																		
POLIO1	OPV/IPV1																		
POLIO2	OPV/IPV2																		
POLIO3	OPV/IPV3																		
POLIO4	OPV																		
POLIO5	OPV/IPV5																		
DPT1	DPT / DTAP1																		
DPT 2	DPT / DTAP2																		
DPT 3	DPT / DTAP3																		
DPT 4	DPT / DTAP4																		
HepB1 at birth	HEP / HBV1																		
HepB2	HEP / HBV2																		
HepB3	HEP / HBV3																		
HIB1	HIB1																		
HIB2	HIB2																		
HIB3	HIB3																		
HIB4	HIB4																		
MEASLES (MEASLES, MUMPS AND RUBELLA)	MMR																		
PNEUMOCOCCAL1	PCV1																		
PNEUMOCOCCAL2	PCV2																		
PNEUMOCOCCAL3	PCV3																		

IM4. Check IM3. Are all vaccines (BCG to PCV) recorded?

Yes ⇒ Go to IM20.

No ⇒ Continue with IM5.

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?</p> <p><input type="checkbox"/> <i>Yes</i> ⇒ Go back to IM3 and probe for these vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. When finished, skip to IM20.</p> <p><input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM20.</p>		
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM20</p> <p>8⇒IM20</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM11</p> <p>8⇒IM11</p>
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times.....</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given combined with HIB, Hepatitis B and Polio (as Hexavalent vaccine) or combined with Polio and Hib (as Pentavalent vaccine).</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM13</p> <p>8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?</p>	<p>Number of times.....</p>	
<p>IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given combined with DPT, Polio and HIB (as Hexavalent vaccine).</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM15A</p> <p>8⇒IM15A</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?</p>	<p>Number of times.....</p>	
<p>IM15A. HAS (<i>name</i>) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZA TYPE B?</p> <p><i>Probe by indicating that the Hib vaccine is sometimes given combined with DPT, Polio and Hepatitis B (as Hexavalent vaccine) or combined with DPT and Polio (as Pentavalent vaccine).</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM15B. HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?</p>	<p>Number of times.....</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR)– THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	

IM16A. HAS (<i>name</i>) EVER RECEIVED A PNEUMOCOCCAL VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR SHOULDER TO PREVENT HIM/HER FROM GETTING PNEUMONIA?	Yes..... 1	
	No2	2⇒IM20
	DK.....8	8⇒IM20
IM16B. HOW MANY TIMES WAS THE PNEUMOCOCCAL VACCINE RECEIVED?	Number of times.....	
IM20. Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that <i>Questionnaire</i> and go to Next Module.		

UF13. Record the time.	Hour and minutes..... : ..	
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UF14. Check List of Household Members, columns HL7B and HL15.
 Is the respondent the mother or caretaker of another child age 0-4 living in this household?

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

No⇒ End the interview with this respondent by thanking 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.

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

ANTHROPOMETRY	AN
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After questionnaires for all children are complete, the measurer measures both the weight and height/length of each child.
 Record weight and length/height below, taking care 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.

AN1. Measurer's name and number:	Name _____	
AN2. Result of height/length and weight measurement:	Either or both measured 1	
	Child not present 2	2⇒AN6
	Child or mother/caretaker refused 3	3⇒AN6
	Other (specify) _____ 6	6⇒AN6
AN3. Child's weight:	Kilograms (kg) _ . _	
	Weight not measured 99.9	
AN3A. Was the child undressed to the minimum?		
<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

F4. Appendix for Data Collection at Health Facility about Immunization to the Questionnaire for Children Under Five



APPENDIX FOR DATA COLLECTION AT HEALTH FACILITY ABOUT IMMUNIZATION TO THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-THREE CHILD INFORMATION PANEL		HF
<p><i>This appendix is to be used at health facilities to record information on the immunization for children age 0-2 years. A separate appendix 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 appendix 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: Name _____	HF4. Child's line number: _____	
HF3A. Child's surname: Surname _____		
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: _____	
HF9. Day, month and year of birth <i>(From AG1 in Questionnaire for Children Under-5)</i> ____ / ____ / ____	HF10. Name of health facility: _____	
HF10A. Address of health facility: _____	HF10B. District number in health facility: _____	
HF7. Interviewer's name and number: Name _____	HF8. Day / Month / Year of facility visit: _____ / _____ / 2015	
HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen 02 Other (<i>specify</i>) _____ 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			____ / ____ / ____								
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	OPV/IPV1										
POLIO 2	OPV/IPV2										
POLIO 3	OPV/IPV3										
POLIO 4	OPV										
POLIO 5	OPV/IPV5										
DPT 1	DPT / DTAP1										
DPT 2	DPT / DTAP2										
DPT 3	DPT / DTAP3										
DPT 4	DPT / DTAP4										
HEPB 1 AT BIRTH	HEP / HBV 1										
HEPB 2	HEP / HBV 2										
HEPB 3	HEP / HBV 3										
HIB 1	HIB1										
HIB 2	HIB2										
HIB 3	HIB3										
HIB 4	HIB4										
MEASLES (MEASLES, MUMPS AND RUBELLA)	MMR										
PNEUMOCOCCAL1	PCV1										
PNEUMOCOCCAL2	PCV2										
PNEUMOCOCCAL3	PCV3										