|  |  |  |
| --- | --- | --- |
| MICS logo ALL | questionnaire for womenName and year of survey |  |

|  |
| --- |
| woman’s information panel WM |
| **WM1**. *Cluster number:* \_\_\_ \_\_\_ \_\_\_ | **WM2**. *Household number:* \_\_\_ \_\_\_ |
| **WM3**. *Woman’s name and line number:* Name \_\_\_ \_\_\_ | **WM4**. *Supervisor’s name and number:*Name \_\_\_ \_\_\_ \_\_\_ |
| **WM5**. *Interviewer’s name and number:*Name \_\_\_ \_\_\_ \_\_\_ | **WM6**. *Day / Month / Year of interview:* \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 2 \_\_\_ |

|  |  |
| --- | --- |
| *Check woman’s age in HL6 in List of Household Members, Household Questionnaire: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and ‘06’ should be recorded in WM17.* | **WM7**. *Record the time:* |
| Hours | : Minutes |
| \_\_ \_\_ | : \_\_ \_\_ |
| **WM8**. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire? | YES, interviewed already 1NO, First Interview 2 | 1*⇨WM9B*2*⇨WM9A* |
| **WM9A**. Hello, my name is (***your name***). We are from National Statistical Office. We are conducting a survey about the situation of children, families, and households. I would like to talk to you about your health and other topics. We are also interviewing mothers about their children.This interview usually takes about numberminutes.Participation in this survey is voluntary. No payment or incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of women.Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you will be made publicly available. We will only produce information about the general population. Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know. If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact organisation name.May I start the interview? | **WM9B**. Now I would like to talk to you about your health and other topics in more detail. This interview will take about number minutes. Again, participation in this survey is voluntary. No payment of incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of women.Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you will be made publicly available. We will only produce information about the general population. Again, should you wish not to answer a question or wish to stop the interview at any point, please let me know. If at any time you have any complaints or concerns about this survey, please use the information on the card I gave you earlier to contact organisation name.May I start the interview? |
| Yes 1No / NOT ASKED 2  | 1*⇨Woman’s Background Module*2*⇨*WM17 |

|  |
| --- |
| WOMAN’S BACKGROUND WB |
| **WB1**. Check the respondent’s line number (WM3) in WOMAN’S INFORMATION PANEL and the respondent to the Household Questionnaire (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE? | YES, RESPONDENT IS THE SAME,  WM3=HH47 1NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2 | 1*⇨WB5* |
| **WB3**. In what month and year were you born? | Date of birthMonth \_\_ \_\_ DK month 98 Year \_\_ \_\_ \_\_ \_\_ DK year 9998 |  |
| **WB4**. How old are you? *Probe:* How old were you at your last birthday? *If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.* | Age (in completed years) \_\_ \_\_ |  |
| **WB5**. Where were you born? In Country or another country? | THIS COUNTRY 1Other country 2DK 8 | 2*⇨WB6*8*⇨WB7* |
| **WB5A**. In which region were you born? *Probe to determine the region according to present borders.* | Region \_\_ \_\_DK 98 | *⇨WB7*98*⇨WB7* |
| **WB6**. In which country were you born?*Probe to determine country according to present borders and record the code of the country.*If unable to find or determine the name of the country, write the name of the place below and then temporarily record ‘976’ until you learn the appropriate code. *(Name of country)* | country \_\_ \_\_ \_\_unable to determine country 976 |  |
| **WB7.** Do you have the citizenship of Country?  | yes, citizen of this country 1no, Another country 2No, No citizenship 3 | 2*⇨WB7B*3*⇨End* |
| **WB7A.** Do you have the citizenship of another country? | Yes 1No 2 | 2*⇨End* |
| **WB7B**. Which (other) country or countries do you have the citizenship of?*Probe to determine country according to present borders and record the code of the country.*If unable to find or determine the name of the country, write the name of the place below and then temporarily record ‘976’ until you learn the appropriate code. *(Name of country)* | Country #1 \_\_ \_\_ \_\_Country #2 \_\_ \_\_ \_\_Country #3 \_\_ \_\_ \_\_unable to determine country 976 |  |

|  |  |
| --- | --- |
| Migration | **WB** |
| If selected, insert the Migration topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Health insurance | **IN** |
| If selected, insert the Health insurance topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Employment and Training | **NE** |
| If selected, insert the Employment and training topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| ICT use | IC |
| **IC1**. Do you own a mobile phone? | Yes 1No 2 | 2*⇨IC3* |
| **IC2**. Do you own a smartphone? | Yes 1No 2 |  |
| **IC3**. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? *Probe if necessary:* I mean have you communicated with someone using a mobile phone.*If ‘At least once a week’, probe:* Would you say this happens almost every day?  *If ‘Yes’ record 3, if ‘No’ record 2.* | Not at all 0Less than once a week 1At least once a week 2Almost every day 3 |  |
| **IC4**. Have you ever used a computer, such as a desktop, laptop, tablet, or similar? | Yes 1No 2 | 2*⇨IC6* |
| **IC5**. During the last 3 months, did you use a computer at least once a week, less than once a week or not at all? *If ‘At least once a week’, probe:* Would you say this happened almost every day? *If ‘Yes’ record 3, if ‘No’ record 2.* | Not at all 0Less than once a week 1At least once a week 2Almost every day 3 | 1*⇨IC7*2*⇨IC7*3*⇨IC7* |
| **IC6**. Check IC3: Is IC3=0? | Yes, IC3=0 1No, IC3=1, 2, or 3 2 | 1*⇨IC10* |
| **IC7**. I will now ask you about activities that you may have done on a computer or phone during the last 3 months. Did you: [B] Use a copy and paste tool to duplicate or move data, information, and content in digital environments, for example within a document, between devices, or on the cloud? [C] Send a message, for example by e-mail, messaging service, or SMS, with an attached file, for example a document, picture, or video? [D] Use a basic arithmetic formula in a spreadsheet? [E] Connect and install a new device, such as a modem, camera, or printer? [F] Find, download, install, and configure software? [G] Create an electronic presentation with presentation software, including text, images, sound, video, or charts? [H] Transfer a file or application between a computer and other device? [I] Set up effective security measures, for example strong passwords or log-in attempt notification, to protect devices and online accounts? [J] Change privacy settings on your device, account, or app to limit the sharing of personal data and information, such as name, contact information, or photos? [K] Verify the reliability of information found online? [L] Write a computer program using a specialised programming language, including programming or coding in digital environments, for example computer software or app development? |  Yes NoUse copy/paste 1 2Send message with attachment 1 2Use basic spreadsheet formula 1 2Connect device 1 2Install software 1 2Create presentation 1 2Transfer file 1 2Set up security measures 1 2Change privacy settings 1 2Verify reliability of info 1 2Programming 1 2 |  |
| **IC8**. Check IC7[F]: Is ‘Yes’ recorded? | Yes, IC7[F]=1 1No, IC7[F]=2 2 | 1*⇨IC11* |
| **IC9**. Check IC7[K]: Is ‘Yes’ recorded? | Yes, IC7[K]=1 1No, IC7[K]=2 2 | 1*⇨IC11* |
| **IC10**. Have you ever used the internet from any location and any device? | Yes 1No 2 | 2*⇨End* |
| **IC11**. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? *If ‘At least once a week’, probe:* Would you say this happens almost every day?  *If ‘Yes’ record 3, if ‘No’ record 2.* | Not at all 0Less than once a week 1At least once a week 2Almost every day 3 |  |

|  |
| --- |
| FERTILITY/birth history CM |
| **CM1**. Now I would like to ask about all the births you have had during your life. Have you ever given birth? *This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.* | YES 1NO 2 | 2*⇨CM8* |
| **CM2**. Do you have any sons or daughters to whom you have given birth who are now living with you? | YES 1NO 2 | 2*⇨CM5* |
| **CM3**. How many sons live with you? *If none, record ‘00’*. | Sons at home \_\_ \_\_ |  |
| **CM4**. How many daughters live with you? *If none, record ‘00’*. | Daughters at home \_\_ \_\_ |  |
| **CM5**. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES 1NO 2 | 2*⇨CM8* |
| **CM6**. How many sons are alive but do not live with you? *If none, record ‘00’*. | Sons elsewhere \_\_ \_\_ |  |
| **CM7**. How many daughters are alive but do not live with you? *If none, record ‘00’*. | Daughters elsewhere \_\_ \_\_ |  |
| **CM8**. Have you ever given birth to a boy or girl who was born alive but later died? If ‘No’ probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time? | YES 1NO 2 | 2*⇨CM11* |
| **CM9**. How many boys have died? *If none, record ‘00’*. | Boys dead \_\_ \_\_ |  |
| **CM10**. How many girls have died? *If none, record ‘00’*. | Girls dead \_\_ \_\_ |  |
| **CM11**. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10. | Sum \_\_ \_\_ |  |
| **CM12**. Just to make sure that I have this right, you have had in total (**total number in CM11**) births during your life. Is this correct? | Yes 1No 2 | 1*⇨CM14* |
| **CM13**. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is ‘Yes’. |  |  |
| **CM14**. Check CM11: How many live births? | No live births, CM11=00 0One or more live birth,  CM11=01 or more 1 | 0*⇨End* |

|  |
| --- |
| Fertility/birth history bh |
| **BH0**. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.*Record names of all of the births in BH1.Record twins and triplets on separate lines.* |
| BH0.BHLineNumber | **BH1**. What name was given to your (***first/next***) baby? | **BH2**. Were any of these births twins?1 SINGLE2 MULTI. | **BH3**. Is (**name of birth**) a boy or a girl?1 BOY2 GIRL | **BH4**. On what day, month and year was (**name of birth**) born?Probe: What is (***his/her***) birthday? | **BH5**. Is (**name of birth**) still alive?1 YES2 NO | **BH6**. How old was (**name of birth**) at (***his/her***) last birthday?Record age in completed years. | **BH7**. Is (**name of birth**) living with you?1 YES2 NO | **BH8**. Record household line number of child (from HL1)Record ‘00’ if child is not listed. | **BH9**. How old was (**name of birth**) when (***he/she***) died?If ‘1 year’, probe:How many months old was (**name of birth**)?Record days if less than 1 month; record months if less than 2 years; or years | **BH10**. Were there any other live births between (**name of previous birth**) and (**name of birth**), including any children who died after birth?1 YES2 NO |
|  |  | S | M | B | G | Day | Month | Year | Y | N | Age | Y | N | Line No | Unit | Number | Y | N |
| 01 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**Next Birth* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ |  |
|  | *BH9* |
| 02 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 03 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 04 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 05 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 06 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 07 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 08 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 09 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| BH0.BHLineNumber | **BH1**. What name was given to your (***first/next***) baby? | **BH2**. Were any of these births twins?1 SINGLE2 MULTI. | **BH3**. Is (**name of birth**) a boy or a girl?1 BOY2 GIRL | **BH4**. In what month and year was (**name of birth**) born?Probe: What is (***his/her***) birthday? | **BH5**. Is (**name of birth**) still alive?1 YES2 NO | **BH6**. How old was (**name of birth**) at (***his/her***) last birthday?Record age in completed years. | **BH7**. Is (**name of birth**) living with you?1 YES2 NO | **BH8**. Record household line number of child (from HL1)Record ‘00’ if child is not listed. | **BH9**. How old was (**name of birth**) when (***he/she***) died?If ‘1 year’, probe:How many months old was (**name of birth**)?Record days if less than 1 month; record months if less than 2 years; or years | **BH10**. Were there any other live births between (**name of previous birth**) and (**name of birth**), including any children who died after birth?1 YES2 NO |
|  |  | S | M | B | G | Day | Month | Year | Y | N | Age | Y | N | Line No | Unit | Number | Y | N |
| 10 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 11 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 12 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 13 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| 14 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_*⇨**BH10* | Days 1Months 2Years 3 | \_\_\_ \_\_\_ | 1*⬂**Add**Birth* | 2*⬂**Next**Birth* |
|  | *BH9* |
| **BH11**. Have you had any live births since the birth of (**name of last birth listed**)? | YES 1NO 2 | 1*⇨Record birth(s) in Birth History* |

|  |  |  |
| --- | --- | --- |
| **CM15**. Compare number in CM11 with number of births listed in the birth history above and check: | Numbers are the same 1Numbers are different 2 | 1*⇨CM17* |
| **CM16**. Probe and reconcile responses in the birth history until response in CM12 is ‘Yes’. |  |  |
| **CM17**. Check BH4: Last birth occurred within the last 2 years, that is, since (**month of interview**) in (**year of interview minus 2**)? If the month of interview and the month of birth are the same, and the year of birth is (**year of interview minus 2**), consider this as a birth within the last 2 years. | No live births in the last 2 years 0One or more live births in the last 2 years 1 | 0*⇨End* |
| **CM18**. *Copy name of the last child listed in BH1.* *If the child has died, take special care when referring to this child by name in the following modules.* | Name of last-born child  |  |

|  |  |
| --- | --- |
| Desire for last birth | **DB** |
| If selected, insert the Desire for last birth topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Antenatal care | MN |
| **MN1**. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name  | Yes, CM17=1 1No, CM17=0 OR BLANK 2 | 2*⇨End* |
| **MN2**. Did you see anyone for antenatal care during your pregnancy with (***name***)? | Yes 1No 2 | 2*⇨End* |
| **MN3**. Whom did you see?  *Probe:* Anyone else? Probe for the type of person seen and record all answers given. | **Health professional** Doctor A Nurse / Midwife B Insert other qualified C**Other person** Traditional birth attendant F Community health worker GOther (specify) X |  |
| **MN4**. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? *Record the answer as stated by respondent. If “9 months” or later, record 9.* | Weeks **1** \_\_ \_\_Months **2** 0 \_\_DK 998 |  |
| **MN5**. How many times did you receive antenatal care during this pregnancy? 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. | Number of times \_\_ \_\_DK 98 |  |
| **MN6**. As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following: [A] Measure your blood pressure? [B] Take a urine sample? [C] Take a blood sample? [D] Listen to your baby’s heartbeat? [E] Talk with you about which foods or how much food you should eat? [F] Talk with you about breastfeeding? [G] Ask if you had vaginal bleeding? |  Yes NoBlood pressure 1 2Urine sample 1 2Blood sample 1 2Heartbeat 1 2Foods 1 2Breastfeed 1 2Bleeding 1 2 |  |

|  |  |
| --- | --- |
| Malaria: IPTp | **MN** |
| If selected, insert the Malaria: IPTp topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| Delivery care | MN |
| **MN1**. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name  | Yes, CM17=1 1No, CM17=0 OR BLANK 2 | 2*⇨End* |
| **MN19**. Who assisted with the delivery of (***name***)? *Probe:* Anyone else? Probe for the type of person assisting and record all answers given. If respondent says no one assisted, probe to determine whether any adults were present at the delivery.  | **Health professional** Doctor A Nurse / Midwife B Insert other qualified C**Other person** Traditional birth attendant F Community health worker G Relative / Friend HOther (specify) XNo one Y |  |
| **MN20**. Where did you give birth to (***name***)? Probe to identify the type of place. If unable to determine whether public, private, or NGO, write the name of the place and then temporarily record ‘76’ until you learn the appropriate category for the response. (Name of place) | **Home** Respondent’s home 11 Other home 12**Public Medical sector** Government hospital 21 Government clinic / health centre 22 Government health post 23 Other public (specify) 26**Private Medical Sector** Private hospital 31 Private clinic 32 Private maternity home 33 Other private (specify) 36**NGO Medical Sector** NGO hospital 41 NGO clinic 42 Other NGO (specify) 46DK Public, Private, or NGO 76Other (specify) 96 | 11*⇨End*12*⇨End*96*⇨End* |
| **MN21**. Was (***name***) delivered by caesarean section, that is, did they cut your belly open to take the baby out? | Yes 1No 2 | 2*⇨End* |
| **MN22**. When was the decision made to have the caesarean section? *Probe if necessary:* Was it before or after your labour pains started?  | Before laboUr pains 1After laboUr pains 2 |  |

|  |  |
| --- | --- |
| PN&NC: Thermal care | **MN** |
| If selected, insert the PN&NC: Thermal care topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| PN&NC: cord care | **MN** |
| If selected, insert the PN&NC: Cord care topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| PN&NC: Birthweight | **MN** |
| If selected, insert the PN&NC: Birthweight topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| RC: Period return | **MN** |
| If selected, insert the RC: Period return topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| IYCF: initial breastfeeding | **MN** |
| If selected, insert the IYCF: Initial breastfeeding topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| PN&NC: PNC for newbornsand mothers | **PN** |
| If selected, insert the PN&NC: PNC for newborns and mothers topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| PN&NC: signal care functions | **PN** |
| If selected, insert the PN&NC: Signal care functions topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| RC: contraception | **CP** |
| If selected, insert the RC: Contraception topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| RC: unmet need | **UN** |
| If selected, insert the RC: Unmet need topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| Menstrual health and hygiene | **UN** |
| If selected, insert the Menstrual health and hygiene topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| FGM | **FG** |
| If selected, insert the FGM topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| HPV | **HP** |
| If selected, insert the HPV topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Time-Use | **TU** |
| If selected, insert the Time-use topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Attitudes toward domestic violence | **DV** |
| If selected, insert the Attitudes toward domestic violence topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| SDG16: safety | **VT** |
| If selected, insert the SDG16: Safety topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| SDG16: discrimination | **VT** |
| If selected, insert the SDG16: Discrimination topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Marriage/UNION | MA |
| **MA1**. Are you currently married or living together with someone as if married? | Yes, currently married 1Yes, living with a partner 2No, not in union 3 | 3*⇨MA5* |
| **MA2**. How old is your (***husband/partner***)? *Probe*: How old was your (***husband/partner***) on his last birthday? | Age in years \_\_ \_\_DK 98 | *⇨MA7*98*⇨MA7* |
| **MA2**. How old is your (***husband/partner***)? *Probe*: How old was your (***husband/partner***) on his last birthday? | Age in years \_\_ \_\_DK 98 |  |
| **MA3**. Besides yourself, does your (***husband/partner***) have any other wives or does he live with someone else as if married? | Yes 1No 2 | 2*⇨MA7* |
| **MA4**. How many other wives or live-in partners does he have? | Number \_\_ \_\_DK 98 | *⇨MA7*98*⇨MA7* |
| **MA5**. Have you ever been married or lived together with someone as if married? | Yes, formerly married 1Yes, formerly lived with a partner 2No 3 | 3*⇨End* |
| **MA6**. What is your marital status now: are you widowed, divorced, or separated? | Widowed 1Divorced 2Separated 3 |  |
| **MA7**. Have you been married or lived with someone only once or more than once? | Only once 1More than once 2 | 1*⇨MA8A*2*⇨MA8B* |
| **MA8A**. In what month and year did you start living with your (***husband/partner***)?*If respondent says that she is married but not yet living together with her husband, ask:* In what month and year did you get married to your husband?**MA8B**. In what month and year did you start living with your first husband or partner?*If respondent says that she was married before but never lived with her first husband, ask:* In what month and year did you get married to your first husband? | Date of (first) UNION Month \_\_ \_\_ DK month 98 Year \_\_ \_\_ \_\_ \_\_ DK year 9998 |  |
| **MA9**. *Check MA8A/B: Is ‘DK YEAR’ recorded?* | Yes, ma8A/b=9998 1No, MA8A/B≠9998 2 | 2*⇨End* |
| **MA10**. *Check MA7: In union only once?* | Yes, MA7=1 1No, MA7=2 2 | 1*⇨MA11A*2*⇨MA11B* |
| **MA11A**. How old were you when you started living with your (***husband/partner***)?*If respondent says that she is married but not yet living together with her husband, ask:* How old were you when you got married to your husband?**MA11B**. How old were you when you started living with your first husband or partner?*If respondent says that she was married before but never lived with her first husband, ask:* How old were you when you got married to your first husband? | Age in years \_\_ \_\_ |  |

|  |  |
| --- | --- |
| Adult functioning | **AF** |
| If selected, insert the Adult functioning topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| RC: sexual activity | **SB** |
| If selected, insert the RC: Sexual activity topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. |

|  |  |
| --- | --- |
| RC: decision-making on reproductive health | **DM** |
| If selected, insert the RC: Decision-making on reproductive health topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Maternal mortality | **MM** |
| If selected, insert the Maternal mortality topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Tobacco Use | **To** |
| If selected, insert the Tobacco use topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Mental Health | **MH** |
| If selected, insert the Mental health topic here as instructed in the associated Complementary Package. |

|  |  |
| --- | --- |
| Violence against women Form | **vW** |
| If selected, the Violence against women topic should be added as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires, including use of the Violence against women Form. |

|  |  |  |
| --- | --- | --- |
| **WM10.** *Record the time.* | Hours and minutes \_\_ \_\_ : \_\_ \_\_ |  |
| **WM11**. *Was the entire interview completed in private or was there anyone else during the entire interview or part of it?* | Yes, the entire interview was completed in private 1No, others were present during  the entire interview (*specify*) 2No, others were present during  part of the interview (*specify*) 3 |  |
| **WM12.** *Language of the Questionnaire.* | ENGLISH 1Language 2 2Language 3 3 |  |
| **WM13.** *Language of the Interview.* | ENGLISH 1Language 2 2Language 3 3Other language (*specify*) 6 |  |
| **WM14**.*Native language of the Respondent.* | ENGLISH 1Language 2 2Language 3 3Other language (specify) 6 |  |
| **WM15***. Was a translator used for any parts of this questionnaire?* | Yes, the entire questionnaire 1Yes, parts of the questionnaire 2No, not used 3 |  |
| **WM15A.** *Check WB4: Respondent’s age?* | Age 15-17 1Age 18 or above 2 | 1*⇨End* |
| **WB15B**. Check the respondent’s line number (WM3) in WOMAN’S INFORMATION PANEL and the respondent to the Household Questionnaire (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE? | YES, RESPONDENT IS THE SAME,  WM3=HH47 1NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2 | 1*⇨WM16* |
| **WM15C**. *Has this respondent already been interviewed with any individual questionnaires?* | YES, ALREADY INTERVIEWED 1NO, Not already INTERVIEWed 2 | 1*⇨WM16*  |
| **WM15D**. *Check IC1, and check HC7[A] and HC12 in HOUSEHOLD QUESTIONNAIRE: Does this respondent have a mobile phone, or does the household have a fixed telephone line or any member of the household have a mobile phone?* | YES, IC1 = 1 or HC7[A]=1 or HC12=1 1NO, IC1 = 2 and HC7[A]=2 and HC12=2 2 | 2*⇨WM15F* |
| **WM15E**. Thank you for your participation.The National Statistical Office will be conducting a phone survey about the situation of children, families, and households in the future. We may call a few times over a period of a few months, for about 15 minutes at a time.Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team.Would you like to participate? | Yes 1No 2 | 1*⇨WM15H*2*⇨WM16* |
| **WM15F**. Thank you for your participation.The National Statistical Office will be conducting a follow-up survey about the situation of children, families, and households in the future. We may contact you a few times over a period of a few months, for about 15 minutes at a time.Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. All the information you share during these interviews will not be shared with anyone outside our team.Would you like to participate? | Yes 1No 2 | 2*⇨WM16* |
| **WM15G**. I have previously recorded that there are no phones in your household. Just to confirm, do you have a personal telephone number or is there a phone number for the household? | Yes 1No 2 | 1*⇨WM15I*2*⇨WM16* |
| **WM15H**. Do you have a personal phone number or is there a phone number for the household?  | Yes 1no 2 | 2*⇨WM16* |

|  |
| --- |
| **WM15I**. You may share your household’s number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call. |
|  |
|  | [P1]BEST NUMBER | [P2]2ND NUMBER | [P3]3RD NUMBER |
| **WM15J**. *Ask for and record phone number.* | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **WM15K**. Just to confirm, the number is (***number recorded in WM15J***)?*If no, return to WM15J and correct entry.* | YES 1NO 2*⬂**WM15J* | YES 1NO 2*⬂**WM15J* | YES 1NO 2*⬂**WM15J* |
| **WM15L**. Remember, you may share your household’s number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Do you have another personal or shared phone number where you can be reached? | YES 1*⬂**[P2]*NO 2*⬂**WM16* | YES 1*⬂**[P3]*NO 2*⬂**WM16* | YES 1*⬂**[P4]*NO 2*⬂**WM16* |
|  |  |  | *Tick here if additional questionnaire**used:* **🞏** |

|  |
| --- |
| **WM16**. Check columns HL10 and HL20 in List of Household Members, Household Questionnaire: Is the respondent the mother or caregiver of any child age 0-4 living in this household? **🞏** Yes ⇨ Proceed to WM17 and record ‘01’. Then go to the Questionnaire for Children Under Five for that child and start the interview with this respondent. **🞏** No ⇨ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for Questionnaire for Children and AdolescentsAge 5-17? **🞏** Yes ⇨ Check column HL20 in List of Household Members, Household Questionnaire:Is the respondent the mother or caregiver of the child selected for Questionnaire for Children and Adolescents Age 5-17 in this household? **🞏** Yes ⇨Proceed to WM17 and record ‘01’. Then go to the Questionnaire for Children and Adolescents Age 5-17 for that child and start the interview with this respondent. **🞏** No ⇨ Proceed to WM17 and record ‘01’. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household. **🞏** No ⇨ Proceed to WM17 and record ‘01’. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household. |

|  |  |
| --- | --- |
| **WM17**. *Result of woman’s interview.**Discuss any result not completed with Supervisor.* | Completed 01Not at home 02Refused 03Partly completed 04Incapacitated (*specify*) 05No adult consent for respondent age 15-17 06Other (specify) 96 |

|  |
| --- |
| **Interviewer’s Observations** |
|  |

|  |
| --- |
| **Supervisor’s Observations** |
|  |