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| MICS logo ALL | questionnaire for women  Name and year of survey |  |

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| 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 \_\_\_ |

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| *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 1  NO, 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 1  No / NOT ASKED 2 | 1*⇨Woman’s Background Module*  2*⇨*WM17 | | |

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| 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 1  NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2 | 1*⇨WB5* |
| **WB3**. In what month and year were you born? | Date of birth Month \_\_ \_\_  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 1  Other country 2  DK 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 1  no, Another country 2  No, No citizenship 3 | 2*⇨WB7B*  3*⇨End* |
| **WB7A.** Do you have the citizenship of another country? | Yes 1  No 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 |  |

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

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

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

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| ICT use | | IC |
| **IC1**. Do you own a mobile phone? | Yes 1  No 2 | 2*⇨IC3* |
| **IC2**. Do you own a smartphone? | Yes 1  No 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 0  Less than once a week 1  At least once a week 2  Almost every day 3 |  |
| **IC4**. Have you ever used a computer, such as a desktop, laptop, tablet, or similar? | Yes 1  No 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 0  Less than once a week 1  At least once a week 2  Almost every day 3 | 1*⇨IC7*  2*⇨IC7*  3*⇨IC7* |
| **IC6**. Check IC3: Is IC3=0? | Yes, IC3=0 1  No, 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 No  Use copy/paste 1 2  Send message with attachment 1 2  Use basic spreadsheet formula 1 2  Connect device 1 2  Install software 1 2  Create presentation 1 2  Transfer file 1 2  Set up security measures 1 2  Change privacy settings 1 2  Verify reliability of info 1 2  Programming 1 2 |  |
| **IC8**. Check IC7[F]: Is ‘Yes’ recorded? | Yes, IC7[F]=1 1  No, IC7[F]=2 2 | 1*⇨IC11* |
| **IC9**. Check IC7[K]: Is ‘Yes’ recorded? | Yes, IC7[K]=1 1  No, IC7[K]=2 2 | 1*⇨IC11* |
| **IC10**. Have you ever used the internet from any location and any device? | Yes 1  No 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 0  Less than once a week 1  At least once a week 2  Almost every day 3 |  |

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| 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 1  NO 2 | 2*⇨CM8* |
| **CM2**. Do you have any sons or daughters to whom you have given birth who are now living with you? | YES 1  NO 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 1  NO 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 1  NO 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 1  No 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 0  One or more live birth,  CM11=01 or more 1 | 0*⇨End* |

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| 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.  BH  Line  Number | **BH1**.  What name was given to your (***first/next***) baby? | **BH2**. Were any of these births twins?  1 SINGLE  2 MULTI. | | **BH3**.  Is (**name of birth**) a boy or a girl?  1 BOY  2 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 YES  2 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 YES  2 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 YES  2 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 1  Months 2  Years 3 | \_\_\_ \_\_\_ |  | |
|  | *BH9* |
| 02 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 03 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 04 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 05 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 06 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 07 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 08 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 09 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| BH0.  BH  Line  Number | **BH1**. What name was given to your (***first/next***) baby? | **BH2**. Were any of these births twins?  1 SINGLE  2 MULTI. | | **BH3**. Is (**name of birth**) a boy or a girl?  1 BOY  2 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 YES  2 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 YES  2 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 YES  2 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 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 11 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 12 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 13 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 3 | \_\_\_ \_\_\_ | 1*⬂*  *Add*  *Birth* | 2*⬂*  *Next*  *Birth* |
|  | *BH9* |
| 14 |  | 1 | 2 | 1 | 2 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 1 | 2*⬂* | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_  *⇨**BH10* | Days 1  Months 2  Years 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 1  NO 2 | | | | | | 1*⇨Record birth(s) in Birth History* | |

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| **CM15**. Compare number in CM11 with number of births listed in the birth history above and check: | Numbers are the same 1  Numbers 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 0  One 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 |  |

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

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| 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 1  No, CM17=0 OR BLANK 2 | 2*⇨End* |
| **MN2**. Did you see anyone for antenatal care during your pregnancy with (***name***)? | Yes 1  No 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 G  Other (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 No  Blood pressure 1 2  Urine sample 1 2  Blood sample 1 2  Heartbeat 1 2  Foods 1 2  Breastfeed 1 2  Bleeding 1 2 |  |

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| 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. | |

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| 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 1  No, 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 H  Other (specify) X  No 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) 46  DK Public, Private, or NGO 76  Other (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 1  No 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 1  After laboUr pains 2 | |  |

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| 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. | |

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| 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. | |

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| 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. | |

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| 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. | |

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| 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. | |

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| 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. | |

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| 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. | |

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| 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. | |

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| 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. | |

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

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

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

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

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

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

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

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| Marriage/UNION | | MA |
| **MA1**. Are you currently married or living together with someone as if married? | Yes, currently married 1  Yes, living with a partner 2  No, 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 1  No 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 1  Yes, formerly lived with a partner 2  No 3 | 3*⇨End* |
| **MA6**. What is your marital status now: are you widowed, divorced, or separated? | Widowed 1  Divorced 2  Separated 3 |  |
| **MA7**. Have you been married or lived with someone only once or more than once? | Only once 1  More than once 2 | 1*⇨MA8A*  2*⇨MA8B* |
| **MA8A**. In what month and year did you 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 1  No, MA8A/B≠9998 2 | 2*⇨End* |
| **MA10**. *Check MA7: In union only once?* | Yes, MA7=1 1  No, 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 \_\_ \_\_ |  |

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

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| 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. | |

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| 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. | |

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

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

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

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| 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. | |

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| **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 1  No, others were present during  the entire interview  (*specify*) 2  No, others were present during  part of the interview  (*specify*) 3 |  |
| **WM12.** *Language of the Questionnaire.* | ENGLISH 1  Language 2 2  Language 3 3 |  |
| **WM13.** *Language of the Interview.* | ENGLISH 1  Language 2 2  Language 3 3  Other language  (*specify*) 6 |  |
| **WM14**.*Native language of the Respondent.* | ENGLISH 1  Language 2 2  Language 3 3  Other language  (specify) 6 |  |
| **WM15***. Was a translator used for any parts of this questionnaire?* | Yes, the entire questionnaire 1  Yes, parts of the questionnaire 2  No, not used 3 |  |
| **WM15A.** *Check WB4: Respondent’s age?* | Age 15-17 1  Age 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 1  NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2 | 1*⇨WM16* |
| **WM15C**. *Has this respondent already been interviewed with any individual questionnaires?* | YES, ALREADY INTERVIEWED 1  NO, 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 1  NO, 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 1  No 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 1  No 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 1  No 2 | 1*⇨WM15I*  2*⇨WM16* |
| **WM15H**. Do you have a personal phone number or is there a phone number for the household? | Yes 1  no 2 | 2*⇨WM16* |

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| **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. | | | |
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|  | [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 1  NO 2*⬂*  *WM15J* | YES 1  NO 2*⬂*  *WM15J* | YES 1  NO 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:* **🞏** |

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| **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. |

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

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| **Interviewer’s Observations** |
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| **Supervisor’s Observations** |
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