

| 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: _____ / _____ / <u>2</u> <u>0</u> <u>1</u> |

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|--|--|----------------------------------|----------|-----------------------------|----------|
| <p><i>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.</i></p> | <p>WM7. Record the time:</p> <p align="center">HOURS : MINUTES _____ : _____</p> | | | | |
| <p>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES, INTERVIEWED ALREADY 1</td> <td style="width: 50%;">1 ⇨ WM9B</td> </tr> <tr> <td>NO, FIRST INTERVIEW 2</td> <td>2 ⇨ WM9A</td> </tr> </table> | YES, INTERVIEWED ALREADY 1 | 1 ⇨ WM9B | NO, FIRST INTERVIEW 2 | 2 ⇨ WM9A |
| YES, INTERVIEWED ALREADY 1 | 1 ⇨ WM9B | | | | |
| NO, FIRST INTERVIEW 2 | 2 ⇨ WM9A | | | | |
| <p>WM9A. Hello, my name is (your name). We are from National Statistics Office of Georgia. 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. This interview usually takes about 20minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p> | <p>WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p> | | | | |
| <p>YES..... 1 NO / NOT ASKED 2</p> | <p>1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17</p> | | | | |

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|--|--|-----------------|----|-------------------|----|---------------|----|-----------------------|----|-------------------------------|----|---------------------------------|--|----------------|----|-----------------------|----|
| <p>WM17. Result of woman's interview.</p> <p><i>Discuss any result not completed with Supervisor.</i></p> | <table style="width:100%; border-collapse: collapse;"> <tr><td>COMPLETED</td><td align="right">01</td></tr> <tr><td>NOT AT HOME</td><td align="right">02</td></tr> <tr><td>REFUSED</td><td align="right">03</td></tr> <tr><td>PARTLY COMPLETED.....</td><td align="right">04</td></tr> <tr><td>INCAPACITATED (specify) _____</td><td align="right">05</td></tr> <tr><td>NO ADULT CONSENT FOR RESPONDENT</td><td></td></tr> <tr><td> AGE 15-17.....</td><td align="right">06</td></tr> <tr><td>OTHER (specify) _____</td><td align="right">96</td></tr> </table> | 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 |
| 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 | | | | | | | | | | | | | | | | |


| 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): | WM3=HH47 1 WM3≠HH47 2 | 2 ⇨ WB3 |
| WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended: | ED5=2, 3, 4, 5 OR 6 1 ED5=0, 1, 8 OR BLANK..... 2 | 1 ⇨ WB18 2 ⇨ WB14 |
| 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? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i> | AGE (IN COMPLETED YEARS) __ __ | |
| WB5. Have you ever attended school or kindergarten? | YES..... 1 NO 2 | 2 ⇨ WB14 |
| WB6. What is the highest level and grade or year of school you have attended? | KINDERGARTEN 000 PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY..... 3 __ __ VOCATIONAL EDUCATION ON THE BASE OF LOWER SECONDARY EDUCATION 4 __ __ VOCATIONAL EDUCATION ON THE BASE OF UPPER SECONDARY EDUCATION..... 5 __ __ HIGHER 6 __ __ | 000 ⇨ WB14 |
| WB7. Did you complete that (grade/year)? | YES..... 1 NO 2 | |
| WB8. Check WB4: Age of respondent: | AGE 15-24..... 1 AGE 25-49..... 2 | 2 ⇨ WB13 |
| WB9. At any time during the current 2018-2019 school year did you attend school? | YES..... 1 NO 2 | 2 ⇨ WB11 |
| WB10. During the current 2018-2019 school year, which level and grade or year are you <u>attending</u> ? | PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY..... 3 __ __ VOCATIONAL EDUCATION ON THE BASE OF LOWER SECONDARY EDUCATION 4 __ __ VOCATIONAL EDUCATION ON THE BASE OF UPPER SECONDARY EDUCATION 5 __ __ HIGHER 6 __ __ | |
| WB11. At any time during the previous 2017-2018 school year did you attend school? | YES..... 1 NO 2 | 2 ⇨ WB13 |

| | | |
|--|--|----------------|
| <p>WB12. During the previous 2017-2018 school year, which level and grade or year did you <u>attend</u>?</p> | <p>PRIMARY 1 ___ LOWER SECONDARY 2 ___ UPPER SECONDARY 3 ___ VOCATIONAL EDUCATION ON THE BASE OF LOWER SECONDARY EDUCATION 4 00 VOCATIONAL EDUCATION ON THE BASE OF UPPER SECONDARY EDUCATION 5 00 HIGHER 6 ___</p> | |
| <p>WB13. Check WB6: Highest level of school attended:</p> | <p>WB6=2, 3, 4, 5 OR 6 1 WB6=1 2</p> | <p>1 ⇒WB18</p> |
| <p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p> | <p>CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) _____ 4</p> | |
| <p>WB18. Are you covered by any health insurance?</p> | <p>YES 1 NO 2</p> | <p>2 ⇒End</p> |
| <p>WB19. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p> | <p>HEALTH INSURANCE THROUGH EMPLOYER B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D UNIVERSAL HEALTH CARE PROGRAM E OTHER (specify) _____ X</p> | |

| FERTILITY | | CM |
|---|------------------------------|----------|
| <p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>This module should only include children born alive. Any stillbirths should not be included in response to any question.</i></p> | YES.....1 NO2 | 2 ⇒ CM8 |
| <p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p> | YES.....1 NO2 | 2 ⇒ CM5 |
| <p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p> | SONS AT HOME ___ | |
| <p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS AT HOME ___ | |
| <p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p> | YES.....1 NO2 | 2 ⇒ CM8 |
| <p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | SONS ELSEWHERE ___ | |
| <p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS ELSEWHERE..... ___ | |
| <p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>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?</i></p> | YES.....1 NO2 | 2 ⇒ CM11 |
| <p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p> | BOYS DEAD..... ___ | |
| <p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p> | GIRLS DEAD..... ___ | |
| <p>CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</p> | SUM..... ___ | |
| <p>CM12. Just to make sure that I have this right, you have had in total (<i>total number in CM11</i>) births during your life. Is this correct?</p> | YES.....1 NO2 | 1 ⇒ CM14 |
| <p>CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.</p> | | |

| | | |
|---|--|--|
| <p>CM14. Check CM11: How many live births?</p> | <p>NO LIVE BIRTHS, CM11=00 0 ONE LIVE BIRTH ONLY, CM11=01 1 TWO OR MORE LIVE BIRTH, CM11=02 OR MORE 2</p> | <p>0 ⇒ End 1 ⇒ CM15A 2 ⇒ CM15B</p> |
| <p>CM15A. In what month and year was your child born?</p> <p>CM15B. In what month and year was the last of your (<i>total number in CM11</i>) births?</p> <p><i>Month and year must be recorded.</i></p> | <p>DATE OF LAST BIRTH</p> <p>MONTH..... ____</p> <p>YEAR..... _____</p> | |
| <p>CM16A. Check CM11. How many live births?</p> | <p>ONE LIVE BIRTH ONLY, CM11=01 1 TWO OR MORE LIVE BIRTHS, CM11=02 OR MORE 2</p> | <p>1 ⇒ CM17</p> |
| <p>CM16B. In what month and year was the first of your (<i>total number in CM11</i>) births?</p> | <p>DATE OF FIRST BIRTH</p> <p>MONTH..... ____</p> <p>DK MONTH98</p> <p>YEAR _____</p> <p>DK YEAR.....9998</p> | |
| <p>CM16C. Check CM16B. Is year of birth recorded?</p> | <p>YES..... 1 NO 2</p> | <p>1 ⇒ CM17</p> |
| <p>CM16D. How many years ago did you first give birth?</p> <p><i>Probe:</i> How old is or would your child have been today? How old were you when your child was born?</p> <p><i>If using the second probe, remember to use respondent's age to calculate completed years since first birth.</i></p> | <p>COMPLETED YEARS SINCE FIRST BIRTH ____</p> | |
| <p>CM17. Check CM15A/B: Last birth occurred within the last 2 years, that is, since (<i>month of interview</i>) in (<i>year of interview minus 2</i>)?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is (<i>year of interview minus 2</i>), consider this as a birth within the last 2 years.</i></p> | <p>NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1</p> | <p>0 ⇒ End</p> |
| <p>CM18. Ask for the name of the last-born child.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p> | <p>NAME OF LAST-BORN CHILD</p> <p>_____</p> | |

| DESIRE FOR LAST BIRTH | | DB |
|--|--|----------------------|
| DB1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the fertility (CM18) to here and use where indicated: Name _____ | YES, CM17=1 1 NO, CM17=0 OR BLANK 2 | 2 ⇨ End |
| DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time? | YES 1 NO 2 | 1 ⇨ End |
| DB3. Check CM11: Number of births: | ONLY 1 BIRTH 1 2 OR MORE BIRTHS 2 | 1 ⇨ DB4A 2 ⇨ DB4B |
| DB4A. Did you want to have a baby later on, or did you not want any children? | LATER 1 NO MORE 2 | |
| DB4B. Did you want to have a baby later on, or did you not want any more children? | | |

| MATERNAL AND NEWBORN HEALTH | | MN |
|---|--|--|
| <p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the fertility (CM18) to here and use where indicated:</p> <p>Name _____</p> | <p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p> | 2 ⇒ End |
| <p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>MN20. Where did you give birth to (<i>name</i>)?</p> <p><i>If unable to determine the appropriate category for the response, write the name of the place and then temporarily record '96' until you learn the correct answer.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>HEALTH FACILITY</p> <p>MATERNITY HOME 41</p> <p>HOSPITAL / CLINIC / HEALTH CENTRE 42</p> <p>HEALTH POST 43</p> <p>OTHER HEALTH FACILITY (specify) _____ 46</p> <p>OTHER (specify) _____ 96</p> | <p>11 ⇒ MN23</p> <p>12 ⇒ MN23</p> <p>96 ⇒ MN23</p> |
| <p>MN21. Was (<i>name</i>) 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> | 2 ⇒ MN23 |
| <p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary:</i> Was it before or after your labour pains started?</p> | <p>BEFORE LABOUR PAINS 1</p> <p>AFTER LABOUR PAINS 2</p> | |
| <p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>  <p><small>Photo Credit: Joyce Godwin</small></p> | <p>YES 1</p> <p>NO 2</p> <p>DK/ DON'T REMEMBER 8</p> | <p>2 ⇒ MN36</p> <p>8 ⇒ MN36</p> |
| <p>MN23A. How long (<i>name</i>) stayed directly on the bare skin on your chest?</p> | <p>LESS THAN 30 MINUTES 1</p> <p>30 - 59 MINUTES 2</p> <p>FROM 1 HOUR TO LESS THAN 2 3</p> <p>2 HOURS AND MORE 4</p> <p>DK/ DON'T REMEMBER 8</p> | |

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| MN24. Before being placed on the bare skin of your chest, was the baby wrapped up? | YES..... 1 NO..... 2 DK/ DON'T REMEMBER..... 8 | |
| MN36. Did you ever breastfeed (<i>name</i>)? | YES..... 1 NO..... 2 | 2 ⇒MN39B |
| MN37. How long after birth did you first put (<i>name</i>) to the breast? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i> | IMMEDIATELY 000 HOURS..... 1 ___ DAYS 2 ___ DK / DON'T REMEMBER..... 998 | |
| MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk? | YES..... 1 NO..... 2 | 1 ⇒MN39A 2 ⇒End |
| MN39A. What was (<i>name</i>) given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i> MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i> | MILK (OTHER THAN BREAST MILK)..... A PLAIN WATER..... B SUGAR OR GLUCOSE WATER..... C FRUIT JUICEF INFANT FORMULA G TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONS (DILL WATER)H PRESCRIBED MEDICINE..... J OTHER (<i>specify</i>) X NOT GIVEN ANYTHING TO DRINK Y | |

| POST-NATAL HEALTH CHECKS | | PN |
|---|--|------------------------|
| <p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the fertility (CM18) to here and use where indicated:</p> <p>Name _____</p> | YES, CM17=1 1 NO, CM17=0 OR BLANK 2 | 2 ⇨ End |
| <p>PN2. Check MN20: Was the child delivered in a health facility?</p> | YES, MN20=41-46 1 NO, MN20=11-12 OR 96 2 | 1 ⇨ PN6A 2 ⇨ PN6B |
| <p>PN6A. Now I would like to talk to you about what happened after you left health facility.</p> <p>Did anyone check on (<i>name</i>)'s health after you left health facility?</p> <p>PN6B. Now I would like to talk to you about what happened after you delivered at home.</p> <p>Did anyone check on (<i>name</i>)'s health after you delivered at home?</p> | YES 1 NO 2 | 2 ⇨ PN16 |
| <p>PN6C. When did (<i>name</i>) get his/her health checked after you delivered?</p> | DURING THE FIRST WEEK 1 DURING 2-4 WEEKS 2 AFTER 4 WEEKS 3 DK/ DON'T REMEMBER 8 | |
| <p>PN16. Check MN20: Was the child delivered in a health facility?</p> | YES, MN20=41-46 1 NO, MN20=11-12 OR 96 2 | 1 ⇨ PN17A 2 ⇨ PN17B |
| <p>PN17A. After you left health facility did anyone check on <u>your</u> health?</p> <p>PN17B. After you delivered at home did anyone check on <u>your</u> health?</p> | YES 1 NO 2 | 2 ⇨ PN30 |
| <p>PN17C. When did you get <u>your</u> health checked after you delivered?</p> | DURING THE FIRST WEEK 1 DURING 2-4 WEEKS 2 AFTER 4 WEEKS 3 DK/ DON'T REMEMBER 8 | |
| <p>PN30. During the first two days after (<i>name</i>)'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p> | YES 1 NO 2 | |

CONTRACEPTION

CP

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:

| | YES | NO |
|---|---|----|
| [A] Female sterilization? <i>Probe:</i> Women can have an operation to avoid having any more children („tubal ligation“). | FEMALE STERILIZATION 1 | 2 |
| [B] Male sterilization <i>Probe:</i> Men can have an operation to avoid having any more children. | MALE STERILIZATION..... 1 | 2 |
| [C] IUD <i>Probe:</i> Women can have a loop or coil placed inside them by a doctor. | IUD 1 | 2 |
| [D] Injectables <i>Probe:</i> Women can have an injection by a doctor that stops them from getting pregnant for one or more months. | INJECTABLES..... 1 | 2 |
| [E] Implants <i>Probe:</i> Women can have one or more small implants (rods) placed in their upper arm by a doctor which can prevent pregnancy for one or more years. | IMPLANTS..... 1 | 2 |
| [F] Pill <i>Probe:</i> Women can take a pill every day to avoid getting pregnant. | PILL 1 | 2 |
| [G] Male condom <i>Probe:</i> Men can put a rubber sheath on their penis before sexual intercourse. | MALE CONDOM..... 1 | 2 |
| [H] Female condom <i>Probe:</i> Women can place a rubber sheath in their vagina before sexual intercourse. | FEMALE CONDOM..... 1 | 2 |
| [I] Diaphragm <i>Probe:</i> Women can place a reusable soft rubber cup in their vagina to block sperm from entering uterus or tubes. | DIAPHRAGM 1 | 2 |
| [J] Foam / Jelly <i>Probe:</i> Women may use spermicidal products (e.g. foam, jelly, cream) that can kill or prevent the sperm from moving and reaching the egg. | FOAM / JELLY 1 | 2 |
| [L] Periodic abstinence / Rhythm <i>Probe:</i> To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant. | PERIODIC ABSTINENCE / RHYTHM 1 | 2 |
| [M] Withdrawal <i>Probe:</i> Men can be careful and pull out before climax (“the husband keeps me” or “we keep ourselves”). | WITHDRAWAL..... 1 | 2 |
| [N] Candle <i>Probe:</i> Women can place a spermicidal candle in their vagina before sexual intercourse to avoid getting pregnant. | CANDLE 1 | 2 |
| [X] Have you heard of any other ways or method did women or men can apply to avoid pregnancy? | OTHER (<i>specify</i>) _____ 1 | 2 |

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| CP1. Are you pregnant now? | YES, CURRENTLY PREGNANT 1 NO 2 DK OR NOT SURE 8 | 1 ⇒ CP3 |
| CP2. Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | 1 ⇒ CP4 |
| CP3. Have you ever done something or used any method to delay or avoid getting pregnant? | YES 1 NO 2 | 1 ⇒ CP5 2 ⇒ CP5 |
| CP4. What are you doing to delay or avoid a pregnancy? <i>Do not prompt.</i> <i>If more than one method is mentioned, record each one.</i> | FEMALE STERILIZATIONA MALE STERILIZATION.....B IUDC INJECTABLES.....D IMPLANTS.....E PILLF MALE CONDOM.....G FEMALE CONDOM.....H DIAPHRAGMI FOAM / JELLYJ PERIODIC ABSTINENCE / RHYTHML WITHDRAWAL.....M CANDLE.....N OTHER (<i>specify</i>) _____ X | |
| CP5. What do you think which of the above mentioned contraceptive method is the most effective? <i>Do not prompt.</i> | FEMALE STERILIZATION 01 MALE STERILIZATION..... 02 IUD 03 INJECTABLES..... 04 IMPLANTS..... 05 PILL 06 MALE CONDOM..... 07 FEMALE CONDOM..... 08 DIAPHRAGM 09 FOAM / JELLY 10 PERIODIC ABSTINENCE / RHYTHM 11 WITHDRAWAL..... 12 CANDLE..... 13 OTHER (SPECIFY) _____ 96 DK..... 98 | |

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|---|--|----------------------|
| CP6. Check CM1: Any births? | YES (CM1=1).....1 NO (CM1=2).....2 | 1 ⇒ CP7A 2 ⇒ CP7B |
| <p>CP7A. If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>CP7B. If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>Probe for a numeric response.</i></p> | <p>NONE00</p> <p>NUMBER__ __</p> <p>OTHER (SPECIFY) _____ 96</p> | |

| UNMET NEED | | UN |
|---|--|----------------------------------|
| UN1. Check CP1: Currently pregnant? | YES, CP1=11 NO, DK OR NOT SURE, CP1=2 OR 82 | 2 ⇨ UN6 |
| 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? | YES1 NO2 | 1 ⇨ UN5 |
| UN3. Check CM11: Any births? | NO BIRTHS0 ONE OR MORE BIRTHS.....1 | 0 ⇨ UN4A 1 ⇨ UN4B |
| UN4A. Did you want to have a baby later on or did you not want any children? | LATER.....1 NONE / NO MORE2 | |
| UN4B. Did you want to have a baby later on or did you not want any more children? | | |
| UN5. 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 / NONE2 UNDECIDED / DK.....8 | 1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14 |
| UN6. Check CP4: Currently using 'Female sterilization'? | YES, CP4=A1 NO, CP4≠A2 | 1 ⇨ UN14 |
| UN7. 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) CHILD1 NO MORE / NONE2 SAYS SHE CANNOT GET PREGNANT.....3 UNDECIDED / DK.....8 | 2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10 |
| UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i> | MONTHS1 ___ YEARS.....2 ___ DOES NOT WANT TO WAIT (SOON/NOW).....993 SAYS SHE CANNOT GET PREGNANT.....994 AFTER MARRIAGE995 OTHER (<i>specify</i>)996 DK.....998 | 994 ⇨ UN12 |
| UN9. Check CP1: Currently pregnant? | YES, CP1=11 NO, DK OR NOT SURE, CP1=2 OR 82 | 1 ⇨ UN14 |
| UN10. Check CP2: Currently using a method? | YES, CP2=11 NO, CP2=22 | 1 ⇨ UN14 |
| UN11. Do you think you are physically able to get pregnant at this time? | YES1 NO2 DK.....8 | 1 ⇨ UN14 8 ⇨ UN14 |

| | | |
|--|---|----------------|
| <p>UN12. 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 I</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK Z</p> | |
| <p>UN13. Check UN12: 'Never menstruated' mentioned?</p> | <p>MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2</p> | <p>1 ⇒ End</p> |
| <p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</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 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED 995</p> | |

| INTERRUPTED PREGNANCIES | | IP |
|--|---|----------------------|
| <p>IP1. Check for the presence of others. Before continuing, make every effort to ensure privacy.</p> <p>Sometimes women have pregnancies that do not end with a live birth. This may happen at different moments during the pregnancy and because of various reasons. For example, sometimes a woman may lose the child, sometimes the child is not born alive, and on other occasions there is a decision to end the pregnancy.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> | PRIVACY SECURED, TEXT READ1 PRIVACY NOT POSSIBLE, TEXT READ2 | |
| <p>IP2. Check CM11: Number of live births?</p> | NONE (CM11=00).....0 ONE OR MORE (CM11>00).....1 | 0 ⇒ IP3A 1 ⇒ IP3B |
| <p>IP3A. You have told me that you have not given birth. Now I would like to ask you about pregnancies that did not end with a live birth. Have you ever had any pregnancy that was miscarried, ended in stillbirth or that was aborted?</p> <p>IP3B. You have told me that you have given birth to (<i>number of children in CM11</i>) children. Now I would like to ask you about pregnancies that did not end with a live birth. Have you ever had any pregnancy that was miscarried, ended in stillbirth or that was aborted?</p> | YES1 NO2 | 2 ⇒ End |
| <p>IP4. Have you ever had a pregnancy end with a stillbirth?</p> <p><i>Probe:</i> By stillbirth, I mean a pregnancy of more than 5 months that you did not choose to end and where the child did not show any signs of life.</p> | YES1 NO2 | 2 ⇒ IP6 |
| <p>IP5. How many pregnancies ended with a stillbirth?</p> | NUMBER OF STILLBIRTHS__ __ | |
| <p>IP6. Have you ever had a pregnancy end with a miscarriage?</p> <p><i>Probe:</i> By miscarriage, I mean a pregnancy of less than 5 months that you did not choose to end.</p> | YES1 NO2 | 2 ⇒ IP8 |
| <p>IP7. How many pregnancies ended with a miscarriage?</p> | NUMBER OF MISCARRIAGES__ __ | |

| | | |
|--|---|--|
| <p>IP8. Have you ever had a pregnancy end with an abortion?</p> <p><i>Probe:</i> By abortion, I mean a pregnancy that you decided to or had to end, for whatever reason.</p> | <p>YES1 NO2</p> | <p>2 ⇒ End</p> |
| <p>IP9. How many pregnancies ended with an abortion?</p> | <p>NUMBER OF ABORTIONS __ __</p> | |
| <p>IP10. Check IP9: Number of abortions?</p> | <p>ONE ABORTION (IP9=01).....1 TWO OR MORE ABORTIONS (IP9>01).....2</p> | <p>1 ⇒ IP11A 2 ⇒ IP11B</p> |
| <p>IP11A. In what month and year did the abortion take place?</p> <p>IP11B. In what month and year did the most recent abortion take place?</p> | <p>MONTH __ __ DK MONTH98</p> <p>YEAR..... __ __ __ __ DK YEAR9998</p> | |
| <p>IP11C. Check IP11A/B: Is <u>month and/or year</u> of the last abortion recorded?</p> | <p>YES, MONTH AND YEAR IS RECORDED1 ONLY YEAR IS RECORDED; YEAR > 20112 ONLY YEAR IS RECORDED; YEAR < 20113 ONLY YEAR IS RECORDED; YEAR = 20114 ONLY MONTH IS RECORDED5 NO, NEITHER MONTH NOR YEAR IS RECORDED6</p> | <p>1 ⇒ IP12 2 ⇒ IP13 3 ⇒ END 4 ⇒ END 5 ⇒ IP11D 6 ⇒ IP11D</p> |
| <p>IP11D. Did the abortion/ the most recent abortion take place after 2011?</p> | <p>YES, AFTER 20111 NO2 DK/DON'T REMEMBER8</p> | <p>1 ⇒ IP13 2 ⇒ END 8 ⇒ END</p> |
| <p>IP12. Check IP11A/B: Last abortion occurred within the last 7 years, that is, since (<i>month of interview</i>) (<i>year of interview minus 7</i>)?</p> <p><i>If the month of interview and the month of abortion are the same, and the year of abortion is (year of interview minus 7), consider this as an abortion within the last 7 years.</i></p> | <p>NO ABORTION IN THE LAST 7 YEARS0 ONE OR MORE ABORTION IN THE LAST 7 YEARS1</p> | <p>0 ⇒ End</p> |
| <p>IP13. Check IP9: Number of abortions?</p> | <p>ONE ABORTION (IP9=01).....1 TWO OR MORE ABORTIONS (IP9>01).....2</p> | <p>1 ⇒ IP20B 2 ⇒ IP14</p> |

| IP14. You have told me that you have had (<i>sum in IP9</i>) pregnancies that ended in abortion. | | | | | | | | | | | | | | | |
|--|-------|---|---------------------|---|----------------------|----------------------|------------|------------------------|--|---------------|-------------------|---|---------------|----------------------------------|---------------|
| | | IP15. Before this (most recent one), in what month and year did the previous abortion take place? 98 DK 9998 DK | | IP15 A. Check IP15: Is month and/or year of the last abortion recorded? | | | | | IP15 B. Did this abortion take place after 2011? | | | IP16. Was the abortion within the last 7 years? | | IP17. Is there another abortion? | |
| | Month | Year | BOTH MONTH AND YEAR | ONLY YEAR, YYYY>2011 | ONLY YEAR, YYYY<2011 | ONLY YEAR, YYYY=2011 | ONLY MONTH | NEITHER MONTH NOR YEAR | YES | NO | DK/DON'T REMEMBER | YES | NO | YES | NO |
| [A2] 2nd most recent abortion | _____ | _____ | 1 ☺ [IP16] | 2 ☺ [IP17] | 3 ☺ [IP18] | 4 ☺ [IP18] | 5 | 6 | 1 ☺ [IP17] | 2 ☺ [IP18] | 8 ☺ [IP18] | 1 | 2 ☺ [IP18] | 1 ☺ [A3] | 2 ☺ [IP18] |
| [A3] 3rd most recent abortion | _____ | _____ | 1 ☺ [IP16] | 2 ☺ [IP17] | 3 ☺ [IP18] | 4 ☺ [IP18] | 5 | 6 | 1 ☺ [IP17] | 2 ☺ [IP18] | 8 ☺ [IP18] | 1 | 2 ☺ [IP18] | 1 ☺ [A4] | 2 ☺ [IP18] |
| [A4] 4th most recent abortion | _____ | _____ | 1 ☺ [IP16] | 2 ☺ [IP17] | 3 ☺ [IP18] | 4 ☺ [IP18] | 5 | 6 | 1 ☺ [IP17] | 2 ☺ [IP18] | 8 ☺ [IP18] | 1 | 2 ☺ [IP18] | 1 ☺ [A5] | 2 ☺ [IP18] |
| [A5] 5th most recent abortion | _____ | _____ | 1 ☺ [IP16] | 2 ☺ [IP17] | 3 ☺ [IP18] | 4 ☺ [IP18] | 5 | 6 | 1 ☺ [IP17] | 2 ☺ [IP18] | 8 ☺ [IP18] | 1 | 2 ☺ [IP18] | 1 ☺ [A6] | 2 ☺ [IP18] |
| Tick here if additional questionnaire used: <input type="checkbox"/> | | | | | | | | | | | | | | | |

| <p>IP18. Just to make sure that I have this right, you had (Total number of “ONLY YEAR, YYYY>2011” in IP15A + Total number of “Yes” in IP15B + Total number of “Yes” in IP16 + 1) pregnancies that ended in abortion in the last 7 years, that is, since (month of interview) (year of interview minus 7). Is this correct?</p> <p><i>If necessary, probe using already obtained information, including total number of abortions in IP9.</i></p> | <p>YES 1 NO 2</p> | <p>1 ⇒IP20A</p> | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|-----|----|---------------------|---|---|-----------------|---|---|-----------------------|---|---|------------|---|---|--------------------------------|---|---|--|
| <p>IP19. Check responses and make corrections as necessary until response in IP18 is ‘Yes’.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>IP20A. Where was the most recent abortion performed?</p> <p>IP20B. Where was that abortion performed?</p> | <p>HOSPITAL/MATERNITY 1 WOMEN'S CONSULTATION 2 AT HOME..... 3 AT HOME AND HOSPITAL..... 4 OTHER (<i>specify</i>) 6</p> | | | | | | | | | | | | | | | | | | | |
| <p>IP21. What method was used?</p> | <p>D&C 1 VACUUM ASPIRATION 2 ABORTION PILL..... 3 OTHER (<i>specify</i>) 6 DK/DON'T REMEMBER..... 8</p> | | | | | | | | | | | | | | | | | | | |
| <p>IP22. Within 30 days of the abortion, did you have one of the following health problems as a result of the abortion?</p> <p>[A] Uterus perforation?</p> <p>[B] Severe bleeding?</p> <p>[C] Fever over 38 degrees?</p> <p>[D] Belly pain?</p> <p>[X] Other problems?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>UTERUS PERFORATION.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEVERE BLEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEVER OVER 38 DEGREES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BELLY PAIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER (<i>specify</i>) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | UTERUS PERFORATION. | 1 | 2 | SEVERE BLEEDING | 1 | 2 | FEVER OVER 38 DEGREES | 1 | 2 | BELLY PAIN | 1 | 2 | OTHER (<i>specify</i>) _____ | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | |
| UTERUS PERFORATION. | 1 | 2 | | | | | | | | | | | | | | | | | | |
| SEVERE BLEEDING | 1 | 2 | | | | | | | | | | | | | | | | | | |
| FEVER OVER 38 DEGREES | 1 | 2 | | | | | | | | | | | | | | | | | | |
| BELLY PAIN | 1 | 2 | | | | | | | | | | | | | | | | | | |
| OTHER (<i>specify</i>) _____ | 1 | 2 | | | | | | | | | | | | | | | | | | |
| <p>IP23. Either before or after the most recent abortion, did a doctor talk to you about contraception?</p> | <p>YES 1 NO 2 DK/DON'T REMEMBER 8</p> | <p>2 ⇒IP25 8 ⇒IP25</p> | | | | | | | | | | | | | | | | | | |
| <p>IP24. Was this talk before or after the abortion?</p> | <p>BEFORE 1 AFTER..... 2 BOTH..... 3 DK/DON'T REMEMBER 8</p> | | | | | | | | | | | | | | | | | | | |
| <p>IP25. After the abortion, did you receive a method of contraception or prescription for a method from the doctor?</p> | <p>RECEIVED A METHOD 1 RECEIVED PRESCRIPTION 2 NO METHOD OR PRESCRIPTION..... 3 BOTH METHOD AND PRESCRIPTION 4 DO NOT REMEMBER 8</p> | | | | | | | | | | | | | | | | | | | |

| VICTIMISATION | VT | |
|--|--|---|
| <p>VT1. <i>Check for the presence of others. Before continuing, ensure privacy.</i> Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p> | <p>YES 1</p> <p>NO 2</p> <p>DK 8</p> | <p>2 ⇨VT9B</p> <p>8 ⇨VT9B</p> |
| <p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p> | <p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK / DON'T REMEMBER..... 8</p> | <p>2 ⇨VT5B</p> <p>8 ⇨VT5B</p> |
| <p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p> | <p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK / DON'T REMEMBER..... 8</p> | |
| <p>VT4. <i>Check VT3: One or more times?</i></p> | <p>ONE TIME, VT3=1 1</p> <p>MORE THAN ONCE OR DK, VT3=2, 3 OR 8 2</p> | <p>1 ⇨VT5A</p> <p>2 ⇨VT5B</p> |
| <p>VT5A. When this happened, was anything stolen from you?</p> <p>VT5B. The last time this happened, was anything stolen from you?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE..... 8</p> | |
| <p>VT6. Did the person(s) have a weapon?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE..... 8</p> | <p>2 ⇨VT8</p> <p>8 ⇨VT8</p> |
| <p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p> | <p>YES, A KNIFE A</p> <p>YES, A GUN B</p> <p>YES, SOMETHING ELSE..... X</p> | |
| <p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p> | <p>YES, RESPONDENT REPORTED 1</p> <p>YES, SOMEONE ELSE REPORTED 2</p> <p>NO, NOT REPORTED..... 3</p> <p>DK / NOT SURE..... 8</p> | <p>1 ⇨VT9A</p> <p>2 ⇨VT9A</p> <p>3 ⇨VT9A</p> <p>8 ⇨VT9A</p> |

| | | |
|---|---|---|
| <p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), have you been physically attacked?</p> <p><i>If 'No', probe: An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</i></p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p> | <p>YES 1</p> <p>NO 2</p> <p>DK 8</p> | <p>2 ⇨VT20</p> <p>8 ⇨VT20</p> |
| <p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p> | <p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK / DON'T REMEMBER..... 8</p> | <p>2 ⇨VT12B</p> <p>8 ⇨VT12B</p> |
| <p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p> | <p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK / DON'T REMEMBER..... 8</p> | <p>1 ⇨VT12A</p> <p>2 ⇨VT12B</p> <p>3 ⇨VT12B</p> <p>8 ⇨VT12B</p> |
| <p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p> | <p>AT HOME 11</p> <p>IN ANOTHER HOME 12</p> <p>IN THE STREET..... 21</p> <p>ON PUBLIC TRANSPORT 22</p> <p>PUBLIC RESTAURANT / CAFÉ / BAR 23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>AT SCHOOL 31</p> <p>AT WORKPLACE 32</p> <p>OTHER PLACE (<i>specify</i>) 96</p> | |
| <p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe: Was it one, two, or at least three people?</i></p> | <p>ONE PERSON..... 1</p> <p>TWO PEOPLE 2</p> <p>THREE OR MORE PEOPLE..... 3</p> <p>DK / DON'T REMEMBER..... 8</p> | <p>1 ⇨VT14A</p> <p>2 ⇨VT14B</p> <p>3 ⇨VT14B</p> <p>8 ⇨VT14B</p> |
| <p>VT14A. At the time of the incident, did you recognize the person?</p> <p>VT14B. At the time of the incident, did you recognize at least one of the persons?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK / DON'T REMEMBER..... 8</p> | |
| <p>VT17. Did the person(s) have a weapon?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE..... 8</p> | <p>2 ⇨VT19</p> <p>8 ⇨VT19</p> |

| <p>VT18. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p> | <p>YES, A KNIFE A YES, A GUN B YES, SOMETHING ELSE..... X</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----|-----|----|----|---------------------------|---|---|---|-----------|---|---|---|--------------------------|---|---|---|----------|---|---|---|-------------------------|---|---|---|-----------------|---|---|---|---------------------------------|---|---|---|--|
| <p>VT19. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p> | <p>YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED..... 3 DK / NOT SURE..... 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>VT20. How safe do you feel walking alone in your neighbourhood after dark?</p> | <p>VERY SAFE 1 SAFE 2 UNSAFE..... 3 VERY UNSAFE..... 4 NEVER WALK ALONE AFTER DARK..... 7</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>VT21. How safe do you feel when you are at home alone after dark?</p> | <p>VERY SAFE 1 SAFE 2 UNSAFE..... 3 VERY UNSAFE..... 4 NEVER ALONE AFTER DARK 7</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?</p> <p>[A] Ethnic or immigration origin?</p> <p>[B] Sex?</p> <p>[C] Sexual orientation?</p> <p>[D] Age?</p> <p>[E] Religion or belief?</p> <p>[F] Disability?</p> <p>[X] For any other reason?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ETHNIC / IMMIGRATION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEXUAL ORIENTATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AGE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RELIGION / BELIEF</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISABILITY.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER REASON (specify) _____</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | ETHNIC / IMMIGRATION..... | 1 | 2 | 8 | SEX | 1 | 2 | 8 | SEXUAL ORIENTATION | 1 | 2 | 8 | AGE..... | 1 | 2 | 8 | RELIGION / BELIEF | 1 | 2 | 8 | DISABILITY..... | 1 | 2 | 8 | OTHER REASON (specify) _____ | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ETHNIC / IMMIGRATION..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEXUAL ORIENTATION | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELIGION / BELIEF | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISABILITY..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER REASON (specify) _____ | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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)? <i>Probe:</i> How old was your (husband/partner) on his last birthday? | AGE IN YEARS __ __ 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)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)? | DATE OF (FIRST) UNION MONTH __ __ DK MONTH 98 YEAR __ __ __ __ DK YEAR 9998 | |
| MA9. <i>Check MA8A/B: Is 'DK YEAR' recorded?</i> | YES, MA8A/B=9998 1 NO, MA8A/B≠9998 2 | 2 ⇨End |
| MA10. <i>Check MA7: In union only once?</i> | 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)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)? | AGE IN YEARS __ __ | |

| INFORMED DECISION ON REPRODUCTIVE HEALTH CARE | | ID |
|---|--|-------------------|
| ID1. Check MA1: Is woman currently married or living together with someone as if married? | YES, MA1=1 OR 2 1 NO, MA1=3 OR BLANK 2 | 2 ⇒End |
| ID2. Can you say no to your husband/partner if you do not want to have sexual intercourse? | YES 1 NO 2 NOT SURE / DEPENDS 8 | |
| ID3. Now, I would like to ask you some questions about health care. Who usually makes decisions about health care for yourself: you, your (husband / partner), you and your (husband / partner) jointly, or someone else? <i>If someone else or together, probe:</i> Could you tell me (with) who(m)? | RESPONDENT 1 HUSBAND / PARTNER 2 JOINT DECISION 3 OTHER (<i>specify</i>) 6 | |
| ID4. Who takes the decision on when you can go to seek reproductive health care; for example, if you experience a painful or burning sensation when urinating? <i>If someone else or together, probe:</i> Could you tell me (with) who(m)? | MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 OTHER (<i>specify</i>) 6 | |
| ID5A. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, NOT SURE, CP1=2 OR 8 2 | 1 ⇒End |
| ID5B. Check CP2: Is woman currently doing something or using any method to delay or avoid getting pregnant? | YES, CP2=1 1 NO, CP2=2 2 | 1 ⇒ID6A |
| ID5C. Check UN12: Is there at least one answer category (A to Z) recorded? | YES, AT LEAST ONE 1 NO, NONE RECORDED 2 | 1 ⇒End 2 ⇒ID6B |
| ID6A. You mentioned that you currently use contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? | MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 | |
| ID6B. You have mentioned that you currently do not use contraception. Would you say that not using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? | OTHER (<i>specify</i>) 6 | |

| ADULT FUNCTIONING | | AF |
|---|---|--------------------|
| AF1. Check WB4: Age of respondent? | AGE 15-17 YEARS..... 1 AGE 18-49 YEARS..... 2 | 1 ⇒End |
| AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i> | YES 1 NO 2 | |
| AF3. Do you use a hearing aid? | YES 1 NO 2 | |
| AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category: Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.</i> | | |
| AF5. Check AF2: Respondent uses glasses or contact lenses? | YES, AF2=1 1 NO, AF2=2 2 | 1 ⇒AF6A 2 ⇒AF6B |
| AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4 | |
| AF7. Check AF3: Respondent uses a hearing aid? | YES, AF3=1 1 NO, AF3=2 2 | 1 ⇒AF8A 2 ⇒AF8B |
| AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL..... 4 | |
| AF9. Do you have difficulty walking or climbing steps? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/ CLIMB STEPS AT ALL 4 | |
| AF10. Do you have difficulty remembering or concentrating? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4 | |
| AF11. Do you have difficulty with self-care, such as washing all over or dressing? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4 | |
| AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 | |

| HIV/AIDS | | HA | | | | | | | | | | | | | | | | |
|---|---|----------|-----|----|----|------------------------|---|---|---|-----------------------|---|---|---|------------------------|---|---|---|--|
| HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS? | YES 1 NO 2 DK 8 | 2 ⇒ End | | | | | | | | | | | | | | | | |
| HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA3. Can people get HIV from mosquito bites? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA5. Can people get HIV by sharing food with a person who has HIV? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA6. Can people get HIV because of witchcraft or other supernatural means? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA7. Is it possible for a healthy-looking person to have HIV? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA8. Can HIV 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. Check HA8[A], [B] and [C]: At least one 'Yes' recorded? | YES 1 NO 2 | 2 ⇒ HA11 | | | | | | | | | | | | | | | | |
| HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA11. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the fertility (CM18) to here and use where indicated: Name _____ | YES, CM17=1 1 NO, CM17=0 OR BLANK 2 | 2 ⇒ HA24 | | | | | | | | | | | | | | | | |
| HA12. Check MN2: Was antenatal care received? | YES, MN2=1 1 NO, MN2=2 2 | 2 ⇒ HA24 | | | | | | | | | | | | | | | | |

| | YES | NO | DK | |
|--|-------------------------------|----|----|----------|
| HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about: | | | | |
| [A] Babies getting HIV from their mother? | HIV FROM MOTHER..... | 1 | 2 | 8 |
| [B] Things that you can do to prevent getting HIV? | THINGS TO DO | 1 | 2 | 8 |
| [C] Getting tested for HIV? | TESTED FOR HIV | 1 | 2 | 8 |
| Were you: | | | | |
| [D] Offered a test for HIV? | OFFERED A TEST FOR HIV | 1 | 2 | 8 |
| HA24. I don't want to know the results, but have you ever been tested for HIV? | YES | 1 | | |
| | NO | 2 | | 2 ⇒ HA27 |
| HA25. How many months ago was your most recent HIV test? | LESS THAN 12 MONTHS AGO | 1 | | |
| | 12-23 MONTHS AGO | 2 | | |
| | 2 OR MORE YEARS AGO | 3 | | |
| HA26. I don't want to know the results, but did you get the results of the test? | YES | 1 | | 1 ⇒ HA30 |
| | NO | 2 | | 2 ⇒ HA30 |
| | DK | 8 | | 8 ⇒ HA30 |
| HA27. Do you know of a place where people can go to get an HIV test? | YES | 1 | | |
| | NO | 2 | | |
| HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YES | 1 | | |
| | NO | 2 | | |
| | DK / NOT SURE / DEPENDS..... | 8 | | |
| HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YES | 1 | | |
| | NO | 2 | | |
| | DK / NOT SURE / DEPENDS..... | 8 | | |
| HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV? | YES | 1 | | |
| | NO | 2 | | |
| | DK / NOT SURE / DEPENDS..... | 8 | | |
| HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV? | YES | 1 | | |
| | NO | 2 | | |
| | DK / NOT SURE / DEPENDS..... | 8 | | |
| HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | YES | 1 | | |
| | NO | 2 | | |
| | DK / NOT SURE / DEPENDS..... | 8 | | |
| HA35. Do you agree or disagree with the following statement? | AGREE..... | 1 | | |
| | DISAGREE | 2 | | |
| I would be ashamed if someone in my family had HIV. | DK / NOT SURE / DEPENDS..... | 8 | | |
| HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV? | YES | 1 | | |
| | NO | 2 | | |
| | SAYS SHE HAS HIV | 7 | | |
| | DK / NOT SURE / DEPENDS..... | 8 | | |

| LIFE SATISFACTION | | LS |
|---|---|----|
| <p>LS1. I would like to ask you some simple questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>I am now going to show you pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i></p> | <p>VERY HAPPY 1</p> <p>SOMEWHAT HAPPY 2</p> <p>NEITHER HAPPY NOR UNHAPPY 3</p> <p>SOMEWHAT UNHAPPY 4</p> <p>VERY UNHAPPY..... 5</p> | |
| <p>LS2. <i>Show the picture of the ladder.</i></p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary:</i> Which step comes closest to the way you feel?</p> | <p>LADDER STEP ____</p> | |
| <p>LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p> | <p>IMPROVED 1</p> <p>MORE OR LESS THE SAME 2</p> <p>WORSENERD 3</p> | |
| <p>LS4. 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 SAME 2</p> <p>WORSE 3</p> | |

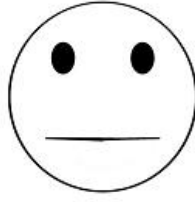
**Very
happy**



Somewhat happy



**Neither happy,
nor unhappy**



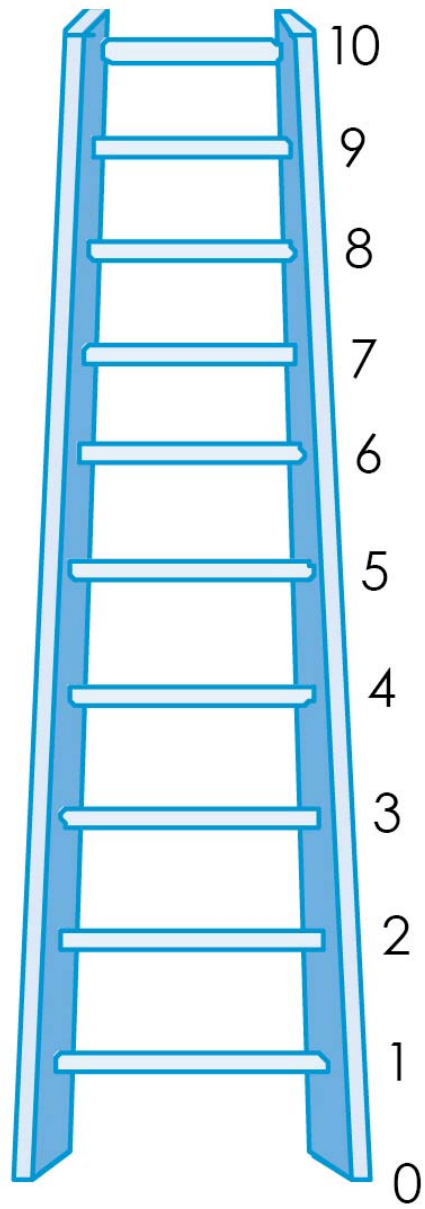
**Somewhat
unhappy**



**Very
unhappy**



Best Possible Life



Worst Possible Life

| | | |
|---|--|--|
| WM10. <i>Record the time.</i> | HOURS AND MINUTES..... __ : __ | |
| WM11. <i>Was the entire interview completed in private or was there anyone else during the entire interview or part of it?</i> | 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. <i>Language of the Questionnaire.</i> | GEORGIAN..... 1 AZERBAIJANI..... 2 ARMENIAN 3 | |
| WM13. <i>Language of the Interview.</i> | GEORGIAN..... 1 AZERBAIJANI..... 2 ARMENIAN 3 OTHER LANGUAGE (specify) _____ 6 | |
| WM14. <i>Native language of the Respondent.</i> | GEORGIAN..... 1 AZERBAIJANI..... 2 ARMENIAN 3 RUSSIAN 4 OTHER LANGUAGE (specify) _____ 6 | |
| WM15. <i>Was a translator used for any parts of this questionnaire?</i> | YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3 | |

WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL 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 AGE 5-17?

Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?

Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.

No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL 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 ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL 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.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS