

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 5	

<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>		WM7. Record the time: <div style="text-align: center;">HOURS : MINUTES</div> <div style="text-align: center;">_____ : _____</div>				
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">YES, INTERVIEWED ALREADY</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;">1 ⇨WM9B</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NO, FIRST INTERVIEW</td> <td style="border-bottom: 1px solid black; text-align: right;">2 ⇨WM9A</td> </tr> </table>		YES, INTERVIEWED ALREADY	1 ⇨WM9B	NO, FIRST INTERVIEW	2 ⇨WM9A
YES, INTERVIEWED ALREADY	1 ⇨WM9B					
NO, FIRST INTERVIEW	2 ⇨WM9A					
<div style="display: flex;"> <div style="flex: 1; padding-right: 10px;"> <p>WM9A. Hello, my name is (<i>your name</i>). We are from the Central 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.</p> <p>This interview usually takes about 40 minutes.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact the Central Statistical Office.</p> <p>May I start the interview?</p> <p>YES1 NO / NOT ASKED2</p> </div> <div style="flex: 2; padding-left: 10px;"> <p>WM9B. Now I would like to talk to you about your health and other topics in more detail.</p> <p>This interview will take about 40 minutes.</p> <p>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.</p> <p>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.</p> <p>Again, should you wish not to answer a question or wish to stop the interview at any point, please let me know.</p> <p>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 the Central Statistical Office.</p> <p>May I start the interview?</p> <p>1 ⇨WOMAN'S BACKGROUND Module 2 ⇨WM17</p> </div> </div>						

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? <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. Where were you born? In Saint Lucia or another country?	THIS COUNTRY 1 OTHER COUNTRY 2 DK..... 8	2 ⇨ WB6 8 ⇨ WB7
WB5A. In which district were you born? <i>Probe to determine the region according to present borders.</i>	DISTRICT..... __ __ DK..... 98	⇨ WB7 98 ⇨ WB7
WB6. In which country were you born? <i>Probe to determine country according to present borders and record the code of the country.</i> <i>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.</i> _____ (Name of country)	UNITED STATES OF AMERICA 840 UNITED KINGDOM 826 TRINIDAD & TOBAGO..... 780 GUYANA 328 OTHER (specify) _____ UNABLE TO DETERMINE COUNTRY 976	

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? <i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone. <i>If 'At least once a week', probe:</i> Would you say this happens almost every day? <i>If 'Yes' record 3, if 'No' record 2.</i>	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? <i>If 'At least once a week', probe:</i> Would you say this happened almost every day? <i>If 'Yes' record 3, if 'No' record 2.</i>	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

<p>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:</p> <p>[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?</p> <p>[C] Send a message, for example by e-mail, messaging service, or SMS, with an attached file, for example a document, picture, or video?</p> <p>[D] Use a basic /mathematical formula in a spreadsheet?</p> <p>[E] Connect and install a new device, such as a modem, camera, or printer?</p> <p>[F] Find, download, install, and configure software?</p> <p>[G] Create an electronic presentation with presentation software, including text, images, sound, video, or charts?</p> <p>[H] Transfer a file or application between a computer and other device?</p> <p>[I] Set up effective security measures, for example strong passwords or log-in attempt notification, to protect devices and online accounts?</p> <p>[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?</p> <p>[K] Verify the reliability of information found online?</p> <p>[L] Write a computer program using a specialised programming language, including programming or coding in digital environments, for example computer software or app development?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>USE COPY/PASTE</td><td>1</td><td>2</td></tr> <tr> <td>SEND MESSAGE WITH ATTACHMENT</td><td>1</td><td>2</td></tr> <tr> <td>USE BASIC SPREADSHEET FORMULA.....</td><td>1</td><td>2</td></tr> <tr> <td>CONNECT DEVICE</td><td>1</td><td>2</td></tr> <tr> <td>INSTALL SOFTWARE.....</td><td>1</td><td>2</td></tr> <tr> <td>CREATE PRESENTATION.....</td><td>1</td><td>2</td></tr> <tr> <td>TRANSFER FILE</td><td>1</td><td>2</td></tr> <tr> <td>SET UP SECURITY MEASURES</td><td>1</td><td>2</td></tr> <tr> <td>CHANGE PRIVACY SETTINGS</td><td>1</td><td>2</td></tr> <tr> <td>VERIFY RELIABILITY OF INFO</td><td>1</td><td>2</td></tr> <tr> <td>PROGRAMMING.....</td><td>1</td><td>2</td></tr> </tbody> </table>		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	
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PROGRAMMING.....	1	2																																				
<p>IC8. Check IC7[F]: Is 'Yes' recorded?</p>	<p>YES, IC7[F]=1 1</p> <p>NO, IC7[F]=2 2</p>	<p>1 ⇒ IC11</p>																																				
<p>IC9. Check IC7[K]: Is 'Yes' recorded?</p>	<p>YES, IC7[K]=1..... 1</p> <p>NO, IC7[K]=2 2</p>	<p>1 ⇒ IC11</p>																																				
<p>IC10. Have you ever used the internet from any location and any device?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ End</p>																																				

<p>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?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>ALMOST EVERY DAY..... 3</p>	
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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? <i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i>	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? <i>If none, record '00'.</i>	SONS AT HOME _ _	
CM4. How many daughters live with you? <i>If none, record '00'.</i>	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? <i>If none, record '00'.</i>	SONS ELSEWHERE _ _	
CM7. How many daughters are alive but do not live with you? <i>If none, record '00'.</i>	DAUGHTERS ELSEWHERE _ _	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? <i>If 'No' probe by asking: I mean, to 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>	YES 1 NO 2	2 ⇒ CM11
CM9. How many boys have died? <i>If none, record '00'.</i>	BOYS DEAD _ _	
CM10. How many girls have died? <i>If none, record '00'.</i>	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

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. <i>Record names of all of the births in BH1. Record twins and triplets on separate lines.</i>														
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 BH9	___	1 2	___ ⇒ Next Birth	DAYS1 MONTHS ..2 YEARS3	___		
02		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 Add Birth	2 Next Birth
03		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 Add Birth	2 Next Birth
04		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 Add Birth	2 Next Birth
05		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 Add Birth	2 Next Birth
06		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 Add Birth	2 Next Birth
07		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 Add Birth	2 Next Birth
08		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 Add Birth	2 Next Birth
09		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 Add Birth	2 Next Birth

BH0. <i>BH</i> Line Number	BH1. What name was given to your (<i>first/next</i>) baby?	BH2. Were any of these births twins? 1 SINGLE 2 MULTI.	BH3. Is (<i>name of birth</i>) a boy or a girl? 1 BOY 2 GIRL	BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe</i> : What is (<i>his/her</i>) birthday?			BH5. Is (<i>name of birth</i>) still alive? 1 YES 2 NO	BH6. How old was (<i>name of birth</i>) at (<i>his/her</i>) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you? 1 YES 2 NO	BH8. <i>Record household line number of child (from HL1)</i> <i>Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (<i>he/she</i>) died? <i>If '1 year', probe: How many months old was (name of birth)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), 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 <i>BH9</i>	___	1 2	___ <i>⇒BH10</i>	DAYS1 MONTHS ..2 YEARS3	___	1 2 <i>Add Next Birth Birth</i>	
11		1 2	1 2	___	___	___	1 2 <i>BH9</i>	___	1 2	___ <i>⇒BH10</i>	DAYS1 MONTHS ..2 YEARS3	___	1 2 <i>Add Next Birth Birth</i>	
12		1 2	1 2	___	___	___	1 2 <i>BH9</i>	___	1 2	___ <i>⇒BH10</i>	DAYS1 MONTHS ..2 YEARS3	___	1 2 <i>Add Next Birth Birth</i>	
13		1 2	1 2	___	___	___	1 2 <i>BH9</i>	___	1 2	___ <i>⇒BH10</i>	DAYS1 MONTHS ..2 YEARS3	___	1 2 <i>Add Next Birth Birth</i>	
14		1 2	1 2	___	___	___	1 2 <i>BH9</i>	___	1 2	___ <i>⇒BH10</i>	DAYS1 MONTHS ..2 YEARS3	___	1 2 <i>Add Next Birth Birth</i>	
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?								YES..... 1 NO..... 2				1 ⇒Record birth(s) in Birth History		

CM15. Compare number in CM11 with number of births listed in the birth history above and check:	NUMBERS ARE THE SAME..... 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 _____	

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 birth history (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 / NONE 2	
DB4B. Did you want to have a baby later on, or did you not want any more children?		

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=11 NO, CM17=0 OR BLANK2	⇒2End																								
MN2. Did you see anyone for antenatal care during your pregnancy with (name)?	YES1 NO2	2⇒End																								
MN3. Whom did you see? Probe: Anyone else? Probe for the type of person seen and record all answers given.	HEALTH PROFESSIONAL DOCTORA NURSE / MIDWIFEB OTHER PERSON TRADITIONAL BIRTH ATTENDANT/ CHAS-FANM AKOUCHEZ F COMMUNITY HEALTH WORKER.....G HEALTH AIDEH OTHER (<i>specify</i>)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.	WEEKS1 ____ MONTHS2 <u>0</u> ____ DK998																									
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 ____ DK98																									
MN6. As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>[A] Measure your blood pressure?</td> <td>BLOOD PRESSURE 1</td> <td>2</td> </tr> <tr> <td>[B] Take a urine sample?</td> <td>URINE SAMPLE 1</td> <td>2</td> </tr> <tr> <td>[C] Take a blood sample?</td> <td>BLOOD SAMPLE 1</td> <td>2</td> </tr> <tr> <td>[D] Listen to your baby’s heartbeat?</td> <td>HEARTBEAT 1</td> <td>2</td> </tr> <tr> <td>[E] Talk with you about which foods or how much food you should eat?</td> <td>FOODS..... 1</td> <td>2</td> </tr> <tr> <td>[F] Talk with you about breastfeeding?</td> <td>BREASTFEEDING 1</td> <td>2</td> </tr> <tr> <td>[G] Ask if you had vaginal bleeding?</td> <td>BLEEDING..... 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	[A] Measure your blood pressure?	BLOOD PRESSURE 1	2	[B] Take a urine sample?	URINE SAMPLE 1	2	[C] Take a blood sample?	BLOOD SAMPLE 1	2	[D] Listen to your baby’s heartbeat?	HEARTBEAT 1	2	[E] Talk with you about which foods or how much food you should eat?	FOODS..... 1	2	[F] Talk with you about breastfeeding?	BREASTFEEDING 1	2	[G] Ask if you had vaginal bleeding?	BLEEDING..... 1	2	
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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=11 NO, CM17=0 OR BLANK2	2 ⇨ End
MN19. Who assisted with the delivery of (<i>name</i>)? 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 DOCTORA NURSE / MIDWIFEB OTHER PERSON TRADITIONAL BIRTH ATTENDANT/MIDWIFE CHAS-FANM AKOUCHEZ..... F COMMUNITY HEALTH WORKER.....G RELATIVE / FRIENDH OTHER (<i>specify</i>)X NO ONE.....Y	
MN20. Where did you give birth to (<i>name</i>)? Probe to identify the type of place. <u>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.</u> _____ (<i>Name of place</i>)	HOME RESPONDENT’S HOME 11 OTHER HOME 12 PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT POLYCLINIC / WELLNESS CENTRE..... 22 OTHER PUBLIC (<i>specify</i>) 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PRIVATE MATERNITY HOME 33 OTHER PRIVATE (<i>specify</i>) 36 DK PUBLIC, PRIVATE, OR NGO 76 OTHER (<i>specify</i>) 96	11 ⇨ End 12 ⇨ End 96 ⇨ End
MN21. Was (<i>name</i>) delivered by caesarean section, that is, did they cut your belly open to take the baby out?	YES1 NO2	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 PAINS2	

PN&NC: THERMAL 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=11
NO, CM17=0 OR BLANK2

2⇒End

MN23. Immediately after the birth, was (**name**) put directly on the bare skin of your chest?

If necessary, show the picture of skin-to-skin position.



YES1
NO2

2⇒MN25

DK/ DON'T REMEMBER8

8⇒MN25

MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?

YES1
NO2

DK/ DON'T REMEMBER8

MN25. Was (**name**) dried or wiped soon after birth?

YES1
NO2

DK/ DON'T REMEMBER8

MN26. How long after the birth was (**name**) bathed for the first time?

If "immediately" or less than 1 hour, record '000'.
If less than 24 hours, record hours.

If "1 day" or "next day", probe: About how many hours after the delivery?

If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.

If 24 hours or more, record days.

IMMEDIATELY/LESS THAN 1 HOUR000

HOURS1 ____

DAYS2 ____

NEVER BATHED997

DK / DON'T REMEMBER998

PN&NC: BIRTHWEIGHT		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=11 NO, CM17=0 OR BLANK2	2 ⇒ End
MN32. When (name) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE4 VERY SMALL5 DK8	
MN33. Was (name) weighed at birth?	YES1 NO2 DK8	2 ⇒ End 8 ⇒ End
MN34. How much did (name) weigh? If a card is available, record weight from card.	FROM CARD1 (KG) ____ . ____ ____ FROM RECALL2 (KG) ____ . ____ ____ DK99998	

RC: PERIOD RETURN		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=11 NO, CM17=0 OR BLANK2	2⇒End
MN35. Has your menstrual period returned since the birth of (<i>name</i>)?	YES1 NO2	

IYCF: INITIAL BREASTFEEDING		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=11 NO, CM17=0 OR BLANK2	2⇒End
MN36. Was (<i>name</i>) ever breastfed?	YES1 NO2	2⇒End
MN37. How long after birth was (<i>name</i>) first put to the breast? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	IMMEDIATELY000 HOURS1 __ __ DAYS.....2 __ __ DK / DON'T REMEMBER998	
MN38. In the first two days after delivery, was (<i>name</i>) given anything at all other than breast milk to eat or drink, such as water, infant formula, or leaf tea?	YES, SOMETHING OTHER THAN BREAST MILK.....1 NO, ONLY BREAST MILK.....2	

PN&NC: PNC FOR NEWBORNS AND MOTHERS		PN
PN1. 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 BLANK2	2 ⇒ End
PN2. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-46 OR 76.....1 NO, MN20=11-12 OR 962	2 ⇒ PN7
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (name) . You have said that you gave birth in (name or type of facility in MN20) . How long did you stay there after the delivery? If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.	HOURS 1 ____ DAYS..... 2 ____ WEEKS 3 ____ DK / DON'T REMEMBER998	
PN4. I would like to talk to you about checks on (name) 's health after delivery – for example, someone examining (name) , checking the cord, or seeing if (name) is ok. Before you left the (name or type of facility in MN20) , did anyone check on (name) 's health?	YES1 NO.....2	
PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on <u>your</u> health before you left (name or type or facility in MN20) ?	YES1 NO.....2	
PN6. Now I would like to talk to you about what happened after you left (name or type of facility in MN20) . Did anyone check on (name) 's health after you left (name or type of facility in MN20) ?	YES1 NO.....2	1 ⇒ PN12 2 ⇒ PN17
PN7. Check MN19: Did a health professional, traditional birth attendant/midwife, or community health worker assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED1 NO, NONE OF THE CATEGORIES A TO G RECORDED.....2	2 ⇒ PN11

<p>PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)’s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES 1</p> <p>NO.....2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO.....2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES 1</p> <p>NO.....2</p>	<p>1 ⇒PN12</p> <p>2 ⇒PN19</p>
<p>PN11. I would like to talk to you about checks on (<i>name</i>)’s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok.</p> <p>After (<i>name</i>) was delivered, did anyone check on (his/her) health?</p>	<p>YES 1</p> <p>NO.....2</p>	<p>2 ⇒PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE..... 1</p> <p>MORE THAN ONCE2</p>	<p>1 ⇒PN13A</p> <p>2 ⇒PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>HOURS 1 _ _</p> <p>DAYS..... 2 _ _</p> <p>WEEKS 3 _ _</p> <p>DK / DON’T REMEMBER998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT/ MIDWIFE/ CHAS-FANM AKOUCHEZF</p> <p>COMMUNITY HEALTH WORKER.....G</p> <p>RELATIVE / FRIEND.....H</p> <p>OTHER (<i>specify</i>) X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>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.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL.....21</p> <p>GOVERNMENT POLYCLINIC / WELLNESS CENTRE22</p> <p>OTHER PUBLIC (specify) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL.....31</p> <p>PRIVATE CLINIC.....32</p> <p>PRIVATE MATERNITY HOME.....33</p> <p>OTHER PRIVATE (specify) _____ 36</p> <p>DK PUBLIC, PRIVATE, OR NGO 76</p> <p>OTHER (specify) _____ 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-46 OR 76..... 1</p> <p>NO, MN20=11-12 OR 962</p>	<p>2 ⇒ PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO.....2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ End</p>
<p>PN18. Check MN19: Did a health professional, traditional birth attendant/midwife or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED2</p>	<p>2 ⇒ PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO.....2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ End</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO.....2</p>	<p>2 ⇒ End</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE..... 1</p> <p>MORE THAN ONCE2</p>	<p>1 ⇒ PN22A</p> <p>2 ⇒ PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS 1 _ _</p> <p>DAYS..... 2 _ _</p> <p>WEEKS..... 3 _ _</p> <p>DK / DON'T REMEMBER998</p>	

<p>PN23. Who checked on <u>your</u> health at that time?</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT/MIDWIFE/ CHAS-FANM AKOUCHEZ F COMMUNITY HEALTH WORKER..... G RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p>	
<p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>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.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME RESPONDENT'S HOME..... 11 OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL.....21 GOVERNMENT POLYCLINIC / WELLNESS CENTRE22 OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC.....32 PRIVATE MATERNITY HOME.....33 OTHER PRIVATE (<i>specify</i>) 36</p> <p>DK PUBLIC, PRIVATE, OR NGO 76</p> <p>OTHER (<i>specify</i>) 96</p>	

PN&NC: SIGNAL CARE FUNCTIONS		PN
PN1. 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=11 NO, CM17=0 OR BLANK2	2⇒End
PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility: [A] Examine (name)’s cord? [B] Take the temperature of (name)? [C] Counsel you on breastfeeding?	<p style="text-align: right;">YES NO DK</p> EXAMINE THE CORD.....1 2 8 TAKE TEMPERATURE1 2 8 COUNSEL ON BREASTFEEDING.....1 2 8	
PN26. Check MN36: Was child ever breastfed?	YES, MN36=1.....1 NO, MN36=22	2⇒PN28
PN27. Observe (name)’s breastfeeding?	<p style="text-align: right;">YES NO DK</p> OBSERVE BREASTFEEDING1 2 8	
PN28. Check MN33: Was child weighed at birth?	YES, MN33=1.....1 NO, MN33=22 DK, MN33=83	1⇒PN29A 2⇒PN29B 3⇒PN29C
PN29A. You mentioned that (name) was weighed at birth. After that, was (name) weighed again by a health care provider within two days? PN29B. You mentioned that (name) was not weighed at birth. Was (name) weighed at all by a health care provider within two days after birth? PN29C. You mentioned that you do not know if (name) was weighed at birth. Was (name) weighed at all by a health care provider within two days after birth?	YES1 NO.....2	
PN30. During the first two days after (name)’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?	YES1 NO.....2	

CONTRACEPTION		CP
CP1. I would like to talk with you about another subject: family planning. Are you pregnant now?	YES, CURRENTLY PREGNANT 1 NO 2 DK OR NOT SURE 8	1 ⇒ CP3
CP2. Couples use various ways or methods to delay or avoid getting pregnant. 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 ⇒ End 2 ⇒ End
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 STERILIZATION A MALE STERILIZATION B IUD..... C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM..... I FOAM / JELLY..... J PERIODIC ABSTINENCE / RHYTHM L WITHDRAWAL M OTHER (<i>specify</i>) X	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1..... 1 NO, DK OR NOT SURE, CP1=2 OR 8..... 2	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?	YES..... 1 NO 2	1⇒UN5
UN3. Check CM11: Any births?	NO BIRTHS 0 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 MORE..... 2	
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 / NONE..... 2 UNDECIDED / DK 8	1⇒UN8 2⇒UN14 8⇒UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A..... 1 NO, CP4≠A 2	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) CHILD 1 NO MORE / NONE..... 2 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>	MONTHS 1 __ __ YEARS 2 __ __ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER..... 996 DK 998	994⇒UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1..... 1 NO, DK OR NOT SURE, CP1=2 OR 8..... 2	1⇒UN14
UN10. Check CP2: Currently using a method?	YES, CP2=1..... 1 NO, CP2=2 2	1⇒UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES..... 1 NO 2 DK 8	1⇒UN14 8⇒UN14
UN12. Why do you think you are not physically able to get pregnant?	INFREQUENT SEX / NO SEX A MENOPAUSAL/MENOPAUSE.....B NEVER MENSTRUATEDC HYSTERECTOMY (SURGICAL	

	REMOVAL OF UTERUS)..... D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT..... E POSTPARTUM AMENORRHEIC..... F BREASTFEEDING..... G TOO OLD..... H FATALISTIC I OTHER (<i>specify</i>) X DK Z	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C..... 2	1 ⇒ End
UN14. When did your last menstrual period start? <i>Record the answer using the same unit stated by the respondent.</i> <i>If '1 year', probe:</i> How many months ago?	DAYS AGO..... 1 __ __ WEEKS AGO..... 2 __ __ MONTHS AGO..... 3 __ __ YEARS AGO 4 __ __ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH..... 994 NEVER MENSTRUATED 995	

MENSTRUAL HEALTH AND HYGIENE				UN																				
UN15A. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2			1 ⇨ End																				
UN15B. Check UN14: Was the last menstrual period within last year?	YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2			2 ⇨ End																				
UN16. During your last menstrual period, did you have trouble participating in the following activities due to your period. [A] Work? [B] Education and training? [C] Social activities outside school or work? <i>If the respondent would not normally attend such activity, record '7'</i>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>NO SUCH ACTIVITY</th><th>DK/ NOT SURE</th></tr> </thead> <tbody> <tr> <td>WORK</td><td>1</td><td>2</td><td>7</td><td>8</td></tr> <tr> <td>EDUCATION/ TRAINING</td><td>1</td><td>2</td><td>7</td><td>8</td></tr> <tr> <td>SOCIAL ACTIVITIES</td><td>1</td><td>2</td><td>7</td><td>8</td></tr> </tbody> </table>				YES	NO	NO SUCH ACTIVITY	DK/ NOT SURE	WORK	1	2	7	8	EDUCATION/ TRAINING	1	2	7	8	SOCIAL ACTIVITIES	1	2	7	8	
	YES	NO	NO SUCH ACTIVITY	DK/ NOT SURE																				
WORK	1	2	7	8																				
EDUCATION/ TRAINING	1	2	7	8																				
SOCIAL ACTIVITIES	1	2	7	8																				
UN17. During your last menstrual period, did you worry that someone would see you while you were changing menstrual materials <u>at home</u> ?	YES, WORRIED 1 NO, DID NOT WORRY 2 DID NOT CHANGE ANY MENSTRUAL MATERIALS AT HOME 7 DK / DON'T REMEMBER 8																							
UN18. During your last menstrual period, did you have enough menstrual materials to change them as often as you wanted to throughout your menstrual period? <i>Regular (non-absorbent) underwear is not considered menstrual materials. If the woman did not use any menstrual materials, probe to learn if wanted to use them. If she did not want to use any, record "Yes, enough".</i>	YES, ENOUGH 1 NO, NOT ENOUGH 2 DK / DON'T REMEMBER 8																							
UN19. During your last menstrual period, were you able to reduce your menstruation-related pain when you needed to?	YES 1 NO 2 DIDN'T NEED TO 3 DK / DON'T REMEMBER 8																							
UN20. If you were to have a concern about your menstrual period, would you feel comfortable seeking help from a health care provider such as a school nurse, community health worker/health aide, or doctor?	YES 1 NO 2 DK / NOT SURE 8																							
UN21. Before you had your first menstrual period, did you know about menstruation?	YES 1 NO 2 DK / DON'T REMEMBER 8																							

HPV		HP
HP1. Check WB4: Age of respondent?	AGE 15-17 YEARS 1 AGE 18-49 YEARS 2	2 ⇒ End
HP2. Now I would like to ask some questions about human papillomavirus or HPV vaccinations. Have you ever received a vaccination against HPV, that is, an injection in the right upper arm to protect against cervical cancer?	YES 1 NO 2 DK 8	1 ⇒ HP4
HP3. The HPV vaccine is also referred to as Gardasil and is commonly given at school/a medical facility to girls between the ages of 9 and 14. If you have received an HPV vaccination, you may have been given a vaccination card or have another document where the information is recorded. Just to confirm, have you ever received a vaccination against HPV?	YES 1 NO 2 DK 8	2 ⇒ End 8 ⇒ End
HP4. Did you ever receive an HPV vaccination card? <i>It is not necessary to see evidence of the vaccination(s), but if the respondent, for instance, cannot remember the number of doses it may be helpful to see the card or document.</i>	YES 1 NO 2 DK 8	
HP5. Did you receive one dose of the HPV vaccine? <i>If more than 2 doses, record '2'.</i>	ONE DOSE 1 TWO DOSES 2 DK 8	
HP6. Where did you receive your most recent HPV vaccination? <u><i>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.</i></u> _____ (Name of place)	HEALTH FACILITY PUBLIC HEALTH FACILITY 11 PRIVATE HEALTH FACILITY 12 DK IF PUBLIC, PRIVATE, OR NGO 76 SCHOOL 21 OTHER (specify) _____ 96 DK 98	

TIME USE		TU
TU1. Check WB4: Respondent's age?	AGE 15-171 AGE 18-49.....2	2 ⇒ End
TU2. Begin by asking the respondent what time she woke up the day before the interview and what time she went to sleep. Then ask her to list the activities she did during the day in chronological order. For each activity, record the appropriate code in TU7, ask TU8-TU10 and, if applicable, proceed to ask any follow-up questions. After recording all information relative to an activity, you will be led back to TU7 to ask what she did next. Once she mentions she went to sleep for the night, do not record anything else. Finally, to ensure everything she did yesterday has been captured, TU18 will prompt you to read all activities recorded and ask if anything is missing. If yes, enter the code, time and/or duration for each activity that was not previously mentioned or captured.		
TU3. I will now ask you about what you did yesterday, between waking up in the morning and going to bed at night for sleeping. You can include anything you did. These can include active tasks such as studying and eating or passive activities such as relaxing or thinking.		
TU4. What time did you wake up yesterday?	HOURS AND MINUTES __: __	
TU5. What time did you go to sleep for the night yesterday?	HOURS AND MINUTES __: __	

TU6. Activity order	TU7. What did you do (first/next)?	TU8. What time did this activity start?	TU9. How long did you do this activity?		TU10. What time did this activity end?	TU11. Check TU7: Is activity code 080, 090, 110, 120, 130, 150 or 042?	TU12. Did you play online?	TU13. With whom did you play?	TU14. Did you watch this online?	TU15. Did you get the news online?
	Choose activity code from list.					1 YES, TU7=080 2 YES, TU7=090 ⇒ TU14 3 YES, TU7=110 ⇒ TU15 4 YES, TU7=120, 130 OR 150 ⇒ TU16 5 YES, TU7=042 ⇒ TU17 6 NO, OTHER CODES ⇄ Next activity	1 YES 2 NO	A ALONE (ONLINE / OFFLINE) B WITH FRIENDS IN PERSON (ONLINE / OFFLINE) C WITH FRIENDS ONLINE D WITH OTHERS ONLINE Probe: Anyone else? Record all mentioned. Do not record C, D if TU12=2 Skip to next activity	1 YES 2 NO Skip to next activity	1 YES 2 NO Skip to next activity
ORDER	ACTIVITY	START TIME	HOURS	MINUTES	END TIME		YES NO		YES NO	YES NO
001	_____				____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
002	_____	____: ____			____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
003	_____	____: ____			____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
004	_____	____: ____			____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
005	_____	____: ____			____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
006	_____	____: ____			____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
007	_____	____: ____			____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
008	_____	____: ____			____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
009	_____	____: ____			____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
010	_____	____: ____			____: ____	1 2 3 4 5 6	1 2	A B C D	1 2	1 2

TIME USE										TU
TU6. Activity order	TU16. Did you engage in this activity or do this activity online?			TU17. How were your lessons delivered?						
	1 YES 2 NO <i>Skip to next activity</i>			A SELF-STUDY WITH MATERIALS PROVIDED BY SCHOOL / TEACHERS B RADIO-BASED LESSON C TV-BASED LESSON D INTERNET-BASED LESSON E FACE-TO-FACE LESSON (AT CHILD'S HOME OR OUTSIDE SCHOOL) X OTHER (<i>Specify</i>) <i>Record all mentioned. Probe: Anything else?</i> <i>Skip to next activity</i>						
ORDER	YES	NO								
001	1	2	A B C D E X							
002	1	2	A B C D E X							
003	1	2	A B C D E X							
004	1	2	A B C D E X							
005	1	2	A B C D E X							
006	1	2	A B C D E X							
007	1	2	A B C D E X							
008	1	2	A B C D E X							
009	1	2	A B C D E X							
010	1	2	A B C D E X							
Activity codes for TU7										
<div> <div> 010 Sleeping 020 Eating and drinking 030 Taking care of personal hygiene and health care 040 Formal education 041 School attendance (in person) 042 School attendance (remote) 043 Homework and studying after school hours 044 Travel to / from school </div> <div> 050 Social relationships (spending time/communicating with others) 051 In person, face-to-face 052 Using social media and chat-based platforms 060 Work activities and chores 070 Playing (excluding gaming) 080 Gaming 090 Watching TV shows or movies as entertainment </div> <div> 100 Social media as entertainment 110 Following the news 120 Civic engagement activities 130 Arts, crafts, and other creative activities 140 Playing sports, exercising and physical activity 150 Reading for leisure 996 Other activities not captured elsewhere (Specify) </div> </div>										
TU18. Just to make sure I have this right I will now repeat all the activities you have listed in chronological order. I would like you to think if there is any activity you did yesterday, between waking up in the morning and going to bed at night for sleeping, that you forgot to mention. <i>Read aloud the list of activities reported and ask:</i> Did you do anything else that we have not recorded yet?			YES.....1 NO2		1 ⇒ TU7					

DV1. Sometimes a husband/partner is annoyed or angered by things that his wife does. In your opinion, is a husband /partner is justified in hitting or beating his wife in the following situations:

YES NO DK

[A] If she goes out without telling him?

GOES OUT WITHOUT
TELLING..... 1 2 8

[B] If she neglects the children?

NEGLECTS CHILDREN 1 2 8

[C] If she argues with him?

ARGUES WITH HIM..... 1 2 8

[D] If she refuses to have sex with him?

REFUSES SEX 1 2 8

[E] If she burns the food?

BURNS FOOD 1 2 8

SDG16: SAFETY**VT**

VT20. Now I would like to ask you about how safe you feel in certain situations.
How safe do you feel walking alone in your neighbourhood after dark?

VERY SAFE 1
SAFE 2
UNSAFE 3
VERY UNSAFE..... 4

NEVER WALK ALONE AFTER DARK..... 7

VT21. How safe do you feel when you are at home alone after dark?

VERY SAFE 1
SAFE 2
UNSAFE 3
VERY UNSAFE..... 4

NEVER ALONE AFTER DARK 7

DISCRIMINATION
VT

VT23. I will now ask you about discrimination. Discrimination happens when you are treated less favourably compared to others or harassed because of the way you look, where you come from, what you believe, or for other reasons.

In Saint Lucia, do you feel that you personally experienced any form of discrimination or harassment during the last 3 years, that is, since *(year of interview minus 3)*, based on any of the following grounds?

Questions refer to the last 3 years. If yes, an additional question referring to the last 1 year will be asked and the CAPI application will add a sentence to the beginning of the next item to remind the respondent of the return to the 3-year reference period.

		YES	NO	DK
[A] Your sex, such as you are a man or a woman?	SEX	1	2 \simeq VT23[B]	8 \simeq VT23[B]
[A1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	SEX	1	2	8
[B] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your age, such as you are perceived to be too young or too old?	AGE.....	1	2 \simeq VT23[C]	8 \simeq VT23[C]
[B1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	AGE	1	2	8
[C] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your disability or health status, such as having difficulty in seeing, hearing, walking or moving, concentrating, or communicating, or having a disease or other health conditions and no reasonable accommodation provided for it?	DISABILITY OR HEALTH STATUS	1	2 \simeq VT23[D]	8 \simeq VT23[D]
[C1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	DISABILITY OR HEALTH STATUS	1	2	8
[D] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your ethnicity, colour, or language, such as skin colour or physical appearance, ethnic origin or way of dressing, culture, traditions, native language or accent, hair type, indigenous status, or being of African descent?	ETHNICITY, COLOUR, OR LANGUAGE	1	2 \simeq VT23[E]	8 \simeq VT23[E]
[D1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	ETHNICITY, COLOUR, OR LANGUAGE	1	2	8
[E] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your migration status, such as nationality or national origin, country of birth, migrant status, being an undocumented migrant, or stateless person?	MIGRATION STATUS	1	2 \simeq VT23[F]	8 \simeq VT23[F]
[E1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	MIGRATION STATUS	1	2	8

[F] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your socio-economic status, such as wealth or education level, being perceived to be from a lower or different social or economic group or class, or owning land or home or not?	SOCIO-ECONOMIC STATUS	1	2 ⇄ VT23[G]	8 ⇄ VT23[G]
[F1] How about since (<i>month of interview</i>) the (<i>year of interview minus 1</i>)?	SOCIO-ECONOMIC STATUS	1	2	8
[G] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your geographic location or place of residence, such as living in urban or rural areas, and formal or informal settlements?	LOCATION OR RESIDENCE	1	2 ⇄ VT23[H]	8 ⇄ VT23[H]
[G1] How about since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	LOCATION OR RESIDENCE	1	2	8
[H] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your religion, such as having or not having a religion or religious beliefs?	RELIGION	1	2 ⇄ VT23[I]	8 ⇄ VT23[I]
[H1] How about since (<i>month of interview</i>) the (<i>year of interview minus 1</i>)?	RELIGION	1	2	8
[I] (<i>Coming back to your experience since the (year of interview minus 3), how about on grounds of</i>) Your marital and family status, such as being single, married, divorced, widowed, pregnant, with or without children, orphan or born from unmarried parents, or having children outside a wedlock?	MARITAL AND FAMILY STATUS	1	2 ⇄ VT23[J]	8 ⇄ VT23[J]
[I1] How about since (<i>month of interview</i>) the (<i>year of interview minus 1</i>)?	MARITAL AND FAMILY STATUS	1	2	8
[J] (<i>Coming back to your experience since the (year of interview minus 3), how about on grounds of</i>) Your sexual orientation or gender identity, such as being attracted to a person of the same sex, self-identifying differently from sex assigned at birth or as being sexually, bodily, or gender diverse?	SEXUAL ORIENTATION OR GENDER IDENTITY	1	2 ⇄ VT23[K]	8 ⇄ VT23[K]
[J1] How about since (<i>month of interview</i>) the (<i>year of interview minus 1</i>)?	SEXUAL ORIENTATION OR GENDER IDENTITY	1	2	8
[K] (<i>Coming back to your experience since the (year of interview minus 3), how about on grounds of</i>) Your political opinion, such as expressing political views, defending the rights of others, being a member or not of a political party or trade union?	POLITICAL OPINION	1	2 ⇄ VT23[X]	8 ⇄ VT23[X]
[K1] How about since (<i>month of interview</i>) the (<i>year of interview minus 1</i>)?	POLITICAL OPINION	1	2	8
[X] Since (<i>year of interview minus 3</i>) do you feel that you personally experienced any other form of discrimination or harassment in Saint Lucia?	OTHER REASON	1	2 ⇄ End	8 ⇄ End

[X1] On what grounds? <i>Recode if possible.</i>	<i>(Specify)</i> _____				
[X2] Based on the ground(s) that you just specified, have you experienced this since the <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	OTHER REASON	1	2	8	

MARRIAGE/UNION		
MA1. Are you currently married, living together with someone as if married, or in a visiting relationship?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 YES, IN A VISITING RELATIONSHIP 0 NO, NOT IN UNION 3	3 ⇒ MA5
MA2. How old is your (<i>husband/partner</i>)? <i>Probe:</i> How old was your (<i>husband/partner</i>) on his last birthday?	AGE IN YEARS __ __ DK 98	⇒MA7 98 ⇒MA7
MA5. Have you ever been married, lived together with someone as if married, or been in a visiting relationship?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER 2 YES, FORMERLY HAD A VISITING PARTNER 0 NO 3	3 ⇒End
MA6. What is your marital status now: are you widowed, divorced, separated, or no longer in a visiting relationship?	WIDOWED 1 DIVORCED 2 SEPARATED 3 NO LONGER IN A VISITING RELATIONSHIP 4	
MA7. Have you been married, lived with someone or been in a visiting relationship 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 (<i>husband/partner</i>) or start the visiting relationship? <i>If respondent says that she is married but not yet living together with her husband, ask:</i> In what month and year did you get married to your husband? MA8B. In what month and year did you start living with your <u>first</u> husband or partner or start your <u>first</u> visiting relationship? <i>If respondent says that she was married before but never lived with her first husband, ask:</i> In what month and year did you get married to your <u>first</u> 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

<p>MA11A. How old were you when you started living with your (<i>husband/partner</i>) or when you started your visiting relationship?</p> <p><i>If respondent says that she is married but not yet living together with her <u>husband</u>, ask: How old were you when you got married to your <u>husband</u>?</i></p> <p>MA11B. How old were you when you started living with your <u>first</u> husband or partner or when you started your <u>first</u> visiting relationship?</p> <p><i>If respondent says that she was married before but never lived with her <u>first</u> husband, ask: How old were you when you got married to your <u>first</u> husband?</i></p>	<p>AGE IN YEARS__ __</p>	
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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. You may say that 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:</i> 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.		
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	

<p>AF13. Do you have difficulty raising a 2-litre bottle of water or soda from waist to eye level?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT RAISE AT ALL 4</p>	
<p>AF14. Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT USE AT ALL 4</p>	
<p>AF15. The next questions have different options for answers. I am going to read these to you after each question.</p> <p>How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?</p> <p><i>If respondent asks whether to answer about emotional states <u>after</u> taking mood-regulating medications, say: Please answer according to whatever medication you were taking.</i></p>	<p>DAILY..... 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER..... 5</p>	<p>5⇒AF17</p>
<p>AF16. Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between a little and a lot?</p> <p><i>If respondent asks whether to answer about emotional states <u>after</u> taking mood-regulating medications, say: Please answer according to whatever medication you were taking.</i></p>	<p>A LITTLE..... 1 A LOT 2 SOMEWHERE IN BETWEEN A LITTLE AND A LOT 3</p>	
<p>AF17. How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?</p> <p><i>If respondent asks whether to answer about emotional states <u>after</u> taking mood-regulating medications, say: Please answer according to whatever medication you were taking.</i></p>	<p>DAILY..... 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER..... 5</p>	<p>5⇒End</p>
<p>AF18. Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot?</p> <p><i>If respondent asks whether to answer about emotional states <u>after</u> taking mood-regulating medications, say: Please answer according to whatever medication you were taking.</i></p>	<p>A LITTLE..... 1 A LOT 2 SOMEWHERE IN BETWEEN A LITTLE AND A LOT 3</p>	

RC: SEXUAL ACTIVITY		SB
SB0. 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	1 ⇒End
SB1. Check for the presence of others. Before continuing, make every effort to ensure privacy. Now I would like to ask you one or two questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD INTERCOURSE 00 AGE IN YEARS __ __ FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND / PARTNER 95	00 ⇒End
SB2. I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? <i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i>	DAYS AGO 1 __ __ WEEKS AGO 2 __ __ MONTHS AGO 3 __ __ YEARS AGO 4 __ __	

RC: DECISION-MAKING ON REPRODUCTIVE HEALTH		DM
DM1. 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
DM3. Now, I would like to ask you some questions about health care. Who usually makes decisions about health care for yourself: you, your (<i>husband/partner</i>), you and your (<i>husband/partner</i>) 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	
DM4. Can you also please tell me, 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	
DM4A. Can you say no to your (<i>husband/partner</i>) if you do not want to have sexual intercourse?	YES 1 NO 2 NOT SURE / DEPENDS 8	
DM5A. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, NOT SURE, CP1=2 OR 8 2	1 ⇒ End
DM5B. 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 ⇒ DM6A
DM5C. 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 ⇒ DM6B
DM6A. You mentioned that you currently use contraception. Would you say that using contraception is mainly your decision, mainly your (<i>husband/partner</i>)'s decision, did you both decide together, or it is the decision of a health care worker? DM6B. You have mentioned that you currently do not use contraception. Would you say that not using contraception is mainly your decision, mainly your (<i>husband/partner</i>)'s decision, or did you both decide together, or it is the decision of a health care worker?	MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 HEALTH CARE WORKER 4 OTHER (<i>specify</i>) 6	

TOBACCO, ALCOHOL AND MARIJUANA USE		TO
TO1. Have you ever tried cigarette smoking even one or two puffs?	YES1 NO2	2 ⇒ TO9
TO2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE.....00 AGE..... ____	00 ⇒ TO9
TO3. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS2 NOT AT ALL.....3	2 ⇒ TO5 3 ⇒ TO9
TO4. On average, how many cigarettes do you smoke each day?	NUMBER OF CIGARETTES..... ____	⇒ TO14
TO5. Have you smoked at least one cigarette in the last month, that is, since <i>(date of survey minus one month)</i> ?	YES 1 NO2	
TO9. Now I would like to ask about use of tobacco-smoking other than cigarettes and electronic cigarettes. By other smoked tobacco I mean cigars, pipes, water pipe with tobacco, or any other form of tobacco that is burned as you smoke it. Do you currently smoke other smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS2 NOT AT ALL.....3	1 ⇒ TO14 3 ⇒ TO11
TO10. Have you smoked other tobacco at least once in the last month, that is, since <i>(date of survey minus one month)</i> ?	YES 1 NO2	1 ⇒ TO14
TO11. Now I would like to ask about use of smokeless tobacco. By smokeless tobacco I mean snuff, chewing tobacco, dip, or any other tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed. Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS2 NOT AT ALL.....3	1 ⇒ TO14 3 ⇒ TO14
TO12. Have you used smokeless tobacco at least once in the last month, that is, since <i>(date of survey minus one month)</i> ?	YES 1 NO2	
TO14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES 1 NO 2	2 ⇒ TO16

<p>TO15. We count one drink of alcohol as one can or bottle of beer, one bottle of shandy, one bottle of cyder such as Strongbow, one glass of wine, or one shot of cognac, gin, vodka, whiskey or rum.</p> <p>How old were you when you had your first drink of alcohol, other than a few sips?</p>	<p>NEVER HAD ONE DRINK OF ALCOHOL ..00</p> <p>AGE.....__ __</p>	00⇒T018
<p>TO16. During the last one month, on how many days did you have at least one drink of alcohol?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL..... 3</p>	3⇒TO18
<p>TO17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS__ __</p>	
<p>TO18. Now I would like to ask you some questions about the use of marijuana.</p> <p>Have you ever smoked marijuana?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒ End
<p>TO19. How old were you when you smoked marijuana for the first time?</p>	<p>AGE.....__ __</p>	
<p>TO20. Do you currently smoke marijuana?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒ End
<p>TO21. During the last one month, on how many days did you smoke marijuana?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT AL..... 3</p>	3⇒End
<p>TO22. In the last 24 hours, how many times did you smoke marijuana?</p>	<p>DID NOT SMOKE IN THE LAST 24 HOURS0</p> <p>1 TO 2 TIMES 1</p> <p>3 TO 4 TIMES 2</p> <p>5 OR MORE TIMES 3</p>	

MENTAL HEALTH		MH
MH0. Check WB4: Age of respondent?	AGE 15-24 YEARS 1 AGE 25-49 YEARS 2	2 ⇒ End
MH1. Check for presence of others. No one should be within hearing distance. Do not continue until privacy is ensured. <i>If privacy cannot be obtained at the time of the interview, ask respondent for another time when you can interview her in private and reschedule the interview.</i>	PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2	2 ⇒ End
<p>MH2. Now I would like to ask you some questions to better understand the feelings of people your age. There are no right or wrong answers. Many people your age experience some of the things that I will ask you about.</p> <p>Let me assure you again that your answers are confidential. This means that I will not share anything you tell me with other people and I will not mention you by name. The only exception to this is if there is a need to assist you in getting help in an emergency for your safety and wellbeing.</p> <p>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> <p>When answering these questions, I need you to think about the last 2 weeks. I will ask you how often you have been bothered by different problems during the past two weeks.</p> <p>For each of the situations I will describe, there are four possible answers. You may say that you have experienced that problem: never, sometimes, often, or always.</p> <p><i>Repeat the categories whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: never, sometimes, often, and always.</p>		
MH3. During the past two weeks, how often have you been feeling very sad or depressed?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH4. During the past two weeks, how often have you felt easily annoyed or irritable at small things?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH5. During the past two weeks, how often have you not enjoyed doing things you used to normally enjoy, such as playing sports, singing and dancing, spending time with friends, or watching videos?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH6. During the past two weeks, how often have you been feeling hopeless about the future?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH7. During the past two weeks, how often have you felt nervous, anxious, or on edge?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH8. During the past two weeks, how often have you worried that you can't do anything right or are doing things poorly?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	

MH9. During the past two weeks, how often have you worried about what others think of you?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH10. During the past two weeks, how often have you been worried that something bad will happen to you or your family?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH11. During the past two weeks, how often have you worried too much about different things?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH12. During the past two weeks, how often have you felt unable to stop or control your worries?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH13. Check MH3-MH6: Is any MH3-MH6=2 or 3?	YES, AT LEAST ONE MH3-MH6=2 OR 3 1 NO, NO MH3-MH6=2 OR 3..... 2	1 \Rightarrow MH15
MH14. Check MH7-MH12: Is any MH7-MH12=2 or 3?	YES, AT LEAST ONE MH7-MH12=2 OR 3 1 NO, NO MH7-MH12=2 OR 3..... 2	1 \Rightarrow MH23 2 \Rightarrow MH36
MH15. During the past two weeks, how often have you not wanted to eat even when food was available, or have you eaten too much?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH16. During the past two weeks, how often have you had problems falling asleep, problems sleeping well, or problems with sleeping too much?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH17. During the past two weeks, how often have you felt that you got tired easily or did not have the energy to do daily activities?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH18. During the past two weeks, how often have you had trouble concentrating on things, such as doing homework, household chores, or other activities, such as watching videos or using social media, for example, WhatsApp or Instagram?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH19. During the past two weeks, how often have you felt lonely?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH20. During the past two weeks, how often have you felt like a failure or like you have let yourself or your family down?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH21. During the past two weeks, how often have you had thoughts that you would rather be dead or thoughts of hurting yourself?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	

MH22. During the past two weeks, how often have others said that you have been moving more slowly than usual?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH23. During the past two weeks, how often have others said that you are restless or that you can't sit still?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH24. During the past two weeks, how often have you felt that it was difficult to breathe?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH25. During the past two weeks, how often have you felt dizzy or like fainting?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH26. Check MH7-MH12: Is any MH7-MH12=2 or 3?	YES, AT LEAST ONE MH7-MH12=2 OR 3 1 NO, NO MH7-MH12=2 OR 3..... 2	2 ⇒ MH31
MH27. During the past two weeks, how often have you suddenly gotten scared for no reason or without knowing what made you scared?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH28. During the past two weeks, how often have you had difficulty relaxing or difficulty feeling calm?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH29. During the past two weeks, how often have you felt like your heart was pounding or beating too fast?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH30. During the past two weeks, how often have you had headaches or muscle tension?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH31. Check MH3-MH12: Is any MH3-MH12=2 or 3?	YES, AT LEAST ONE MH3-MH12=2 OR 3 1 NO, NO MH3-MH12=2 OR 3..... 2	2 ⇒ MH36
MH32. I would like to ask you a few more questions about the feelings and experiences that you mentioned in earlier questions. <i>Repeat the categories whenever the respondent does not use an answer category.</i>		
MH33. During the past two weeks, how often did any of these feelings and experiences negatively affect your ability to perform your daily activities or your relationships at home?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH34. During the past two weeks, how often did any of these feelings and experiences negatively affect your ability to perform your activities at school or work? <i>If respondent does not attend school and does not work, record '5'.</i>	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 NOT APPLICABLE..... 5	

MH35. During the past two weeks, how often did any of these feelings and experiences negatively affect your relationships with your peers?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH36. From the start of this interview, we have been talking about different feelings, experiences and problems that people your age may go through. I would like to know how often you talk to someone else about these sorts of feelings and experiences. Would you say: never, sometimes, often, or always?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	1 ⇒ MH37 2 ⇒ MH37 3 ⇒ MH37
MH36A. Do you ever speak about these feelings to anyone, for example, someone in your family, a friend or perhaps a teacher, a counsellor, or a health care professional? <i>If 'Yes', probe: Would you say: Sometimes, often, or always?</i>	NO, NEVER..... 0 YES, SOMETIMES 1 YES, OFTEN..... 2 YES ALWAYS..... 3	0 ⇒ MH40
MH37. In the past month, have you talked to anybody about these kinds of problems or worries?	YES 1 NO 2	1 ⇒ MH38
MH37A. I just want to confirm: During the past month, have you met or contacted anyone about these sorts of problems or worries, for example, someone in your family, a friend, a teacher, a counsellor, or a health care professional?	YES 1 NO..... 2	2 ⇒ MH40
MH38. Who have you talked to? <i>Probe: Anyone else? Do not read options. Record all mentioned.</i>	PROFESSIONALS COUNSELLOR..... A DOCTOR / NURSE / HEALTH AID.....B PSYCHOLOGISTC PSYCHIATRIST..... D FAMILY PARENT..... F OTHER RELATIVE (ADULT) G OTHER RELATIVE (<18)..... H OTHER PERSON TEACHER..... I FRIENDJ PRIEST/PASTOR K OTHER (<i>specify</i>) X	

<p>MH40. <i>The following question is extremely sensitive. Carefully check again for presence of others. No one should be within hearing distance.</i></p> <p><i>Do not continue until privacy is ensured.</i></p>	PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2	2 ⇨ MH49D
<p>MH41. Now, I would like to ask you one more question. If you do not want to answer or if you wish to stop the interview at any moment, please let me know.</p>		
<p>MH43. In the past 2 weeks, have you thought about doing something to end your life? For example, by cutting yourself on purpose, taking poison or too much medicine, or trying to hang yourself?</p>	YES 1 NO 2	2 ⇨ MH46
<p>MH46. <i>Add the response category values (0, 1, 2, or 3) of MH3-MH6 and MH15-MH25: Is the sum >17?</i></p>	YES, THE SUM OF MH3-MH6 AND MH15-MH25 IS >17 1 NO, THE SUM OF MH3-MH6 AND MH15-MH25 IS NOT >17..... 2	1 ⇨ MH48
<p>MH47. <i>Add the response category values (0, 1, 2, or 3) of MH7-MH12, MH24-MH25 and MH27-MH30: Is the sum >19?</i></p>	YES, THE SUM OF MH7-MH12, MH23-MH25 AND MH27-MH30 IS >19 1 NO, THE SUM OF MH7-MH12, MH23-MH25 AND MH27-MH30 IS NOT >19 2	2 ⇨ MH49D
<p>MH48. <i>Initiate Low/Moderate Risk Referral Protocol.</i></p> <p>It sounds like you are struggling at the moment, and I would like to help you find someone who can support you. We can call a professional counsellor from the Ministry of Health, Wellness and Elderly Affairs with whom you can talk about anything that worries you. Counsellors help young people with their feelings and emotions and the conversation with them is always confidential. This counselling service is free of charge.</p> <p>Would you like us to contact a counsellor?</p>		
<p><i>Permission for referral?</i></p>	YES, PERMISSION FOR REFERRAL 1 NO PERMISSION FOR REFERRAL 2	1 ⇨ MH49B 2 ⇨ MH49C

MH49B. Okay, I need you to tell me how you prefer the counsellor to contact you. If you wish, you can give me a phone number where the counsellor can reach you. You can also tell me a place where the counsellor can safely meet you, and the best time and day of the week to contact you. We will provide the counsellor with your contact details so that she or he can contact you directly. Please be assured that we will not share any other information you have shared with me during the interview with the counsellor. Expect to hear from the counsellor within a few days.

The respondent can provide a phone number if she feels comfortable, or indicate a place where she can be safely reached (e.g. her home, a relative's or neighbour's home, a local school, church, health care or community center). If she prefers to be met in person, ask her to provide the address and other details that will allow the counsellor to find the location. Record all this information and reassure her that his information will be kept confidential and only used for the purpose of the referral.

REFERRAL INFORMATION TO SHARE WITH SUPPORT SERVICE PROVIDER

CASE ID _ _ _ _ _

REFERRAL TYPE
LOW/MODERATE RISK2

NAME

SEX
MALE 1
FEMALE.....2

AGE _ _

BEST AND SAFEST WAY FOR COUNSELOR TO FIND RESPONDENT (E.G. BY PHONE, IN PERSON AT HOME/ANOTHER LOCATION):
BY PHONE A
IN PERSON B
OTHER..... X

PHONE NUMBER (IF APPLICABLE):

MEET UP LOCATION (IF APPLICABLE)

REGION NAME AND NUMBER

DISTRICT NAME AND NUMBER

NAME OF VILLAGE/TOWN

DESCRIPTION OF LOCATION

NEARBY LANDMARK (E.G. CHURCH, SCHOOL, CLINIC)

TIME TO CONTACT (IF APPLICABLE)

BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTACT RESPONDENT

⇒MH49D

<p>MH49C. I understand. Let me give you some information about counselling services available in your area that can be used free of charge in case you want to reach out to a counsellor.</p> <p><i>Although the respondent has not given permission to contact a counsellor, you must leave the information card and contact details for the nearest mental health services available in the area as provided to you by your supervisor.</i></p> <p>In any case, it would be important for you to talk about your worries with an adult you trust, like a parent, a relative, or teacher, so that they can support you. I encourage you to do that.</p>	⇒MH50
<p>MH49D. Thank you for your time and cooperation. Here is some information about counselling services in your area that can be used free of charge in case you ever need to contact them. I wish you the best.</p> <p><i>Leave the information card and contact details for the nearest support services available in the area as provided to you by your supervisor.</i></p>	
<p>MH50. After thanking the respondent for her cooperation, reassure her about the confidentiality of her answers. Fill out question MH51 with reference to the Mental Health module only.</p>	
<p>MH51. Interviewer's observations about the administration of the Mental Health module (e.g., any emotional reactions by respondent that made it difficult or impossible to answer any questions, etc.).</p>	<div></div> <div></div> <div></div>

VIOLENCE AGAINST WOMEN		VW
VW0. Check HH30A and WM3: Is this woman selected for VIOLENCE AGAINST WOMEN module?	YES, WOMEN SELECTED FOR VW MODULE 1 NO, WOMEN NOT SELECTED 2	2 ⇒ End
VW1. Check for presence of others: Do no continue until privacy is ensured.	PRIVACY OBTAINED..... 1 PRIVACY NOT POSSIBLE..... 2	2 ⇒ VW37
VW2. Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Saint Lucia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
VW3. Check MA1 and MA5: What is her marital status?	NEVER MARRIED / LIVED WITH A MAN 1 CURRENTLY MARRIED / LIVING WITH A MAN 2 FORMERLY MARRIED / LIVED WITH A MAN 3	2 ⇒ VW6 3 ⇒ VW6
VW4. You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even if you are not living with him?	YES 1 NO 2	1 ⇒ VW6
VW5. Have you ever been in an intimate relationship with a man even if you did not ever live with him?	YES 1 NO 2	2 ⇒ VW19
VW6. Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner). <i>If formerly married / lived with a man / been in an intimate relationship with a man, read in past tense.</i>		
VW6A1. He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2	2 ⇒ VW6B1
VW6A2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW6B1. He wrongly (accuses/accused) you of being unfaithful?	YES 1 NO 2	2 ⇒ VW6C1
VW6B2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW6C1. He (does/did) not permit you to meet your female friends?	YES 1 NO 2	2 ⇒ VW6D1
VW6C2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW6D1. He (tries/tried) to limit your contact with your family?	YES 1 NO 2	2 ⇒ VW6E1
VW6D2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	

VW6E1. He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2	2 ⇒ VW7
VW6E2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW7. Now I need to ask some more questions about your relationship with your (last) (husband/male partner). Did your (last) (husband/male partner) ever:		
VW7A1. Say or do something to humiliate you in front of others?	YES 1 NO 2	2 ⇒ VW7B1
VW7A2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW7B1. Threaten to hurt or harm you or someone you care about?	YES 1 NO 2	2 ⇒ VW7C1
VW7B2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW7C1. Insult you or make you feel bad about yourself?	YES 1 NO 2	2 ⇒ VW8
VW7C2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8. (Does/Did) your (last) (husband/male partner) ever do any of the following things to you:		
VW8A1. Push you, shake you, or throw something at you?	YES 1 NO 2	2 ⇒ VW8B1
VW8A2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8B1. Slap you?	YES 1 NO 2	2 ⇒ VW8C1
VW8B2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8C1. Twist your arm or pull your hair?	YES 1 NO 2	2 ⇒ VW8D1
VW8C2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8D1. Punch you with his fist or with something that could hurt you?	YES 1 NO 2	2 ⇒ VW8E1
VW8D2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8E1. Kick you, drag you, or beat you up?	YES 1 NO 2	2 ⇒ VW8F1
VW8E2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8F1. Try to choke you or burn you on purpose?	YES 1	

	NO..... 2	2⇒VW8G1
VW8F2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8G1. Attack you with a knife, gun, or other weapon?	YES 1 NO..... 2	2⇒VW8H1
VW8G2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8H1. Physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO..... 2	2⇒VW8I1
VW8H2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8I1. Physically force you to perform any other sexual acts you did not want to?	YES 1 NO..... 2	2⇒VW8J1
VW8I2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW8J1. Force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO..... 2	2⇒VW9
VW8J2. How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN LAST 12 MONTHS 3	
VW9. Check VW8 (A-J): Is there at least one Yes response?	AT LEAST ONE YES 1 NOT A SINGLE YES..... 2	2⇒VW11
VW10. Did the following ever happen as a result of what your (last) (husband/male partner) did to you?		
VW10A. You had cuts, bruises, or aches?	YES 1 NO..... 2	
VW10B. You had eye injuries, sprains, dislocations, or burns?	YES 1 NO..... 2	
VW10C. You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO..... 2	
VW11. Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES 1 NO..... 2	2⇒VW13
VW12. In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT AT ALL 3	
VW13. Does (did) your (last) (husband/male partner) drink alcohol?	YES 1 NO..... 2	2⇒VW15
VW14. How often does (did) he get drunk: often, only sometimes, or never?	OFTEN..... 1 SOMETIMES 2 NEVER 3	
VW15. Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID..... 2 NEVER AFRAID 3	

VW16. So far, we have been talking about the behaviour of your (current/last) (husband/male partner). Now I want to ask you about the behaviour of any previous husband or any other current or previous male partner that you may have ever had.		
VW16A1. Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 HAS NEVER HAD ANOTHER HUSBAND / MALE PARTNER..... 3	2 ⇨ VW16B1 3 ⇨ VW17
VW16A2. How long ago did this last happen?	0-11 MONTHS AGO 1 12+ MONTHS AGO 2 DON'T REMEMBER 3	
VW16B1. Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?	YES 1 NO 2	2 ⇨ VW16C1
VW16B2. How long ago did this last happen?	0-11 MONTHS AGO, 1 12+ MONTHS AGO 2 DON'T REMEMBER 3	
VW16C1. Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES 1 NO 2	2 ⇨ VW17
VW16C2. How long ago did this last happen?	0-11 MONTHS AGO 1 12+ MONTHS AGO 2 DON'T REMEMBER 3	
VW17. Check VW8 (H-J) and VW16 (B): Is there at least one Yes response?	AT LEAST ONE YES 1 NOT A SINGLE YES 2	2 ⇨ VW19
VW18. How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS __ __ DON'T KNOW 98	
VW19. Check CP1 and CM11: Currently pregnant or ever had a live birth?	CURRENTLY PREGNANT (CP1=1) OR HAD ONE LIVE BIRTH (CM11>0) 1 NOT PREGNANT (CP1=2) AND NO PAST PREGNANCIES (CM11=0) 2	2 ⇨ VW22
VW20. Has anyone ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	2 ⇨ VW22
VW21. Who has done any of these things to physically hurt you while you were pregnant? Anyone else? <i>Record all mentioned</i>	CURRENT HUSBAND / PARTNER A MOTHER / STEP-MOTHER B FATHER / STEP-FATHER C SISTER / BROTHER D DAUGHTER / SON E OTHER RELATIVE F FORMER HUSBAND / PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M SCHOOLMATE / CLASSMATE N EMPLOYER / SOMEONE AT WORK O	

	POLICE P PRIEST/RELIGIOUS LEADER..... Q STRANGER.....R OTHER (<i>specify</i>)..... X	
VW22. Check MA1, MA5, VW4 and VW5: Is she ever married/ever lived with a man/ever had a male partner/visiting relationship?	EVER MARRIED / EVER LIVED WITH A MAN / EVER HAD A MALE PARTNER, MA1=1,2 OR MA5=1,2 OR VW4=1 OR VW5=1 1 NEVER MARRIED / NEVER LIVED WITH A MAN / NEVER HAD A MALE PARTNER, MA5=3 AND VW4=2 AND VW5=2 2	1 ⇨ VW22A 2 ⇨ VW22B
VW22A. From the time you were 15 years old has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner. VW22B. From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO..... 2 REFUSED TO ANSWER/NO ANSWER 3	 2 ⇨ VW25 3 ⇨ VW25
VW23. Who has hurt you in this way? Anyone else? <i>Record all mentioned</i>	MOTHER / STEP-MOTHER.....A FATHER / STEP-FATHERB SISTER / BROTHER.....C DAUGHTER / SON.....D OTHER RELATIVE.....E CURRENT BOYFRIENDF FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAWI OTHER IN-LAW..... J TEACHER K SCHOOLMATE / CLASSMATE L EMPLOYER / SOMEONE AT WORK M POLICEN OTHER (<i>specify</i>)..... X	
VW24. In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT AT ALL 3	
VW25. Check, MA1, MA5, VW4 and VW5: Is she ever married/ever lived with a man/ever had a male partner?	EVER MARRIED / EVER LIVED WITH A MAN / EVER HAD A MALE PARTNER, MA1=1,2 OR MA5=1,2 OR VW4=1 OR VW5=1 1 NEVER MARRIED / NEVER LIVED WITH A MAN / NEVER HAD A MALE PARTNER, MA5=3 AND VW4=2 AND VW5=2 2	 2 ⇨ VW27
VW26. At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO..... 2 REFUSED TO ANSWER/NO ANSWER 3	1 ⇨ VW28 2 ⇨ VW31 3 ⇨ VW31

VW27. At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER 3	2 ⇨ VW31 3 ⇨ VW31
VW28. Check MA1, MA5, VW4 and VW5: Is she ever married/ever lived with a man/ever had a male partner?	EVER MARRIED / EVER LIVED WITH A MAN / EVER HAD A MALE PARTNER, MA1=1,2 OR MA5=1,2 OR VW4=1 OR VW5=1 1 NEVER MARRIED / NEVER LIVED WITH A MAN / NEVER HAD A MALE PARTNER, MA5=3 AND VW4=2 AND VW5=2 .. 2	1 ⇨ VW28A 2 ⇨ VW28B
VW28A. How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner? VW28B. How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?	AGE IN COMPLETED YEARS — — DON'T KNOW 98	
VW29. Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? <i>Probe: Anyone else?</i> <i>Record all mentioned.</i>	FATHER / STEP-FATHER A BROTHER / STEP-BROTHER B OTHER RELATIVE C CURRENT BOYFRIEND D FORMER BOYFRIEND E IN-LAW F OWN FRIEND / ACQUAINTANCE G FAMILY FRIEND H TEACHER I SCHOOLMATE / CLASSMATE J EMPLOYER / SOMEONE AT WORK K POLICE L PRIEST / RELIGIOUS LEADER M STRANGER N OTHER (specify) X	
VW30. Check MA1, MA5, VW4 and VW5: Is she ever married/ever lived with a man/ever had a male partner?	EVER MARRIED / EVER LIVED WITH A MAN / EVER HAD A MALE PARTNER, MA1=1,2 OR MA5=1,2 OR VW4=1 OR VW5=1 1 NEVER MARRIED / NEVER LIVED WITH A MAN / NEVER HAD A MALE PARTNER, MA5=3 AND VW4=2 AND VW5=2 2	1 ⇨ VW30A 2 ⇨ VW30B
VW30A. In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to? VW30B. In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?	YES 1 NO 2	
VW31. Check VW8 (A-J), VW16 (A1, B1), VW20, VW22, VW26, and VW27: Is there at least one Yes response?	AT LEAST ONE YES 1 NOT A SINGLE YES 2	2 ⇨ VW35

VW32. Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	2 ⇒ VW34																
VW33. From whom have you sought help? <i>Probe: Anyone else?</i> <i>Record all mentioned.</i>	OWN FAMILY A HUSBAND'S / PARTNER'S FAMILY B CURRENT / FORMER HUSBAND / PARTNER C CURRENT / FORMER BOYFRIEND D FRIEND E NEIGHBOR F PRIEST/ RELIGIOUS LEADER G DOCTOR / MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER (specify) X																	
VW33A. Continue with VW35																		
VW34. Have you ever told anyone about this?	YES 1 NO 2																	
VW35. As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																	
VW35A. Check if VW7(A-C)2=1 or VW8(A-J)2=1 or VW15=1 or VW16A2=1 or VW16B2=1 or VW24=1 or VW24=2 or VW30(A-B)=1?	YES, VW7(A-C)2=1 OR VW8(A-J)2=1 OR VW15=1 OR VW16A2=1 OR VW16B2=1 OR VW24=1 OR VW24=2 OR VW30(A-B)=1 1 NO 2	2 ⇒ VW35E																
VW35B. Initiate Referral Protocol triggered by screening algorithm. <p>If you would like to talk about what you have told me, there are confidential support services that are available to help you. My supervisor can call a professional counsellor from the National Mental Wellness Centre or the Women Support Centre with whom you can talk about anything that worries you and who will be able to contact or visit you as soon as possible. Counsellors help people in situations like yours and the conversation with them is always confidential. This counselling service is free of charge.</p> <p>Would you like us to contact a counsellor?</p>																		
YES, PERMISSION FOR REFERRAL 1 1 ⇒ VW35C NO PERMISSION FOR REFERRAL 2 2 ⇒ VW35D																		
VW35C. Okay, I need you to tell me how you prefer the counsellor to contact you. If you wish, you can give me a phone number where the counsellor can reach you. You can also tell me a place where the counsellor can safely meet you. Please be assured that we will not share any of the information you have shared with me during the interview with the counsellor. The only information that will be shared with the counsellor are your contact details. We will provide your contact information to the counsellor and she or he will contact you directly. Expect to hear from the counsellor within a few days.	<table border="1"> <tr> <th colspan="2">INFORMATION FOR REFERRAL TO SUPPORT SERVICE PROVIDER</th></tr> <tr> <td>CASE ID.....</td><td>_____</td></tr> <tr> <td>REFERRAL TYPE</td><td></td></tr> <tr> <td> RESPONDENT SCREENED POSITIVE</td><td>1</td></tr> <tr> <td> RESPONDENT REQUESTED</td><td>2</td></tr> <tr> <td>NAME</td><td>_____</td></tr> <tr> <td>AGE</td><td>__ __</td></tr> <tr> <td>BEST AND SAFEST WAY FOR COUNSELOR TO FIND RESPONDENT (E.G. BY PHONE, IN PERSON AT HOME/ANOTHER LOCATION):</td><td></td></tr> </table>	INFORMATION FOR REFERRAL TO SUPPORT SERVICE PROVIDER		CASE ID.....	_____	REFERRAL TYPE		RESPONDENT SCREENED POSITIVE	1	RESPONDENT REQUESTED	2	NAME	_____	AGE	__ __	BEST AND SAFEST WAY FOR COUNSELOR TO FIND RESPONDENT (E.G. BY PHONE, IN PERSON AT HOME/ANOTHER LOCATION):		⇒ VW35I
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<p><i>The respondent can provide a phone number if she feels comfortable, or indicate a place where she can be safely reached (e.g. her home, a relative's or neighbour's home, a local church, Wellness Centre or community center). If she prefers to be met in person, ask her to provide the address and other details that will allow the counsellor to find the location. Record all this information and reassure her that this information will be kept confidential and only used for the purpose of the referral.</i></p>	BY PHONEA IN PERSONB OTHERX	
	PHONE NUMBER (IF APPLICABLE): _____	
	MEET UP LOCATION (IF APPLICABLE)	
	REGION NAME AND NUMBER _____	
	DISTRICT NAME AND NUMBER _____	
	NAME OF VILLAGE/TOWN _____	
	DESCRIPTION OF LOCATION _____	
	NEARBY LANDMARK (E.G. CHURCH, SCHOOL, CLINIC) _____	
TIME TO CONTACT (IF APPLICABLE)		
BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTACT RESPONDENT _____		
VW35D. I understand. Let me give you some information about counselling support services available in your area that can be used free of charge in case you want to reach out to a counsellor. <i>Although the respondent has not given permission to contact a counsellor, you must leave the information card and contact details for the nearest support services available in the area as provided to you by your supervisor.</i>		⇒ VW35I
VW35E. Did respondent ask for help or to be referred at any time during the survey?	YES 1 NO 2	2 ⇒ VW35H
VW35F. Initiate Referral Protocol requested by respondent. You have mentioned that you would like help. If you want to talk about what you have told me, there are confidential support services that are available to help you. My supervisor can call a professional counsellor from the National Mental Wellness Centre or the Women's Support Centre with whom you can talk about anything that worries you, and who will be able to contact or visit you as soon as possible. Counsellors help people in situations like yours and the conversation with them is always confidential. This counselling service is free of charge. Would you like us to contact a counsellor?		
YES, PERMISSION FOR REFERRAL 1 NO PERMISSION FOR REFERRAL 2		1 ⇒ VW35G 2 ⇒ VW35H
VW35G. Okay, I need you to tell me how you prefer the counsellor to contact you. If you wish, you can	INFORMATION FOR REFERRAL TO SUPPORT SERVICE PROVIDER	⇒ VW35I

<p>give me a phone number where the counsellor can reach you. You can also tell me a place where the counsellor can safely meet you. Please be assured that we will not share any of the information you have shared with me during the interview with the counsellor. The only information that will be shared with the counsellor are your contact details. We will provide your contact information to the counsellor and she or he will contact you directly. Expect to hear from the counsellor within a few days.</p> <p><i>The respondent can provide a phone number if she feels comfortable, or indicate a place where she can be safely reached (e.g. her home, a relative's or neighbour's home, a local church, Wellness Centre or community center). If she prefers to be met in person, ask her to provide the address and other details that will allow the counsellor to find the location. Record all this information and reassure her that this information will be kept confidential and only used for the purpose of the referral.</i></p>	CASE ID..... _ _ _ _ _	
	REFERRAL TYPE RESPONDENT SCREENED POSITIVE 1 RESPONDENT REQUESTED 2	
	NAME _____	
	AGE _ _	
	BEST AND SAFEST WAY FOR COUNSELOR TO FIND RESPONDENT (E.G. BY PHONE, IN PERSON AT HOME/ANOTHER LOCATION): BY PHONEA IN PERSONB OTHERX	
	PHONE NUMBER (IF APPLICABLE): _____	
	MEET UP LOCATION (IF APPLICABLE)	
	REGION NAME AND NUMBER _____	
	DISTRICT NAME AND NUMBER _____	
	NAME OF VILLAGE/TOWN _____	
DESCRIPTION OF LOCATION _____		
NEARBY LANDMARK (E.G. CHURCH, SCHOOL, CLINIC) _____		
TIME TO CONTACT (IF APPLICABLE)		
BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTACT RESPONDENT _____		
VW35H. Thank you for your time and cooperation. Here is some information about counselling services in your area that can be used free of charge in case you ever need to contact them. <i>Leave the information card and contact details for the nearest support services available in the area as provided to you by your supervisor.</i>		
VW35I. After thanking the respondent for her cooperation, reassure her about the confidentiality of her answers. Fill out question VW36 below with reference to the Violence Against Women module only.		
VW36. Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way?	YES, ONCE YES, MORE THAN ONCE NO	

A. <i>Husband</i>	HUSBAND 1 2 3	
B. <i>Other male adult</i>	OTHER MALE ADULT..... 1 2 3	
C. <i>Female adult</i>	FEMALE..... 1 2 3	
VW36A. <i>Interviewer's observations about the administration of the Violence Against Women module (e.g. any emotional reactions by respondent that made it difficult or impossible to answer any questions, etc).</i>	<hr/> <hr/> <hr/>	
VW37. <i>Interviewer's comments / explanation for not completing the Violence Against Women module</i>	<hr/> <hr/> <hr/>	

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 <i>(specify)</i> 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW <i>(specify)</i> 3	
WM11A. <i>Was this interview observed?</i>	YES 1 NO 2	
WM12. <i>Language of the Questionnaire.</i>	ENGLISH 1	
WM13. <i>Language of the Interview.</i>	ENGLISH 1 CREOLE 2 OTHER LANGUAGE <i>(specify)</i> 6	
WM14. <i>Native language of the Respondent.</i>	ENGLISH 1 CREOLE 2 OTHER LANGUAGE <i>(specify)</i> 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	
WM15A. <i>Check WB4: Respondent's age?</i>	AGE 15-17 1 AGE 18 OR ABOVE 2	1 ⇒ WM16
WB15B. <i>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?</i>	YES, RESPONDENT IS THE SAME, WM3=HH47 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	1 ⇒ WM16
WM15C. <i>Has this respondent already been interviewed with any individual questionnaires?</i>	YES, ALREADY INTERVIEWED 1 NO, NOT ALREADY INTERVIEWED 2	1 ⇒ WM16
WM15D. <i>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?</i>	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 Central 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 Central 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

WM15I. You may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
WM15J. Ask for and record phone number.	_____	_____	_____
WM15K. Just to confirm, the number is <i>(number recorded in WM15J)?</i> 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: <input type="checkbox"/>			

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 ADOLESCENTS AGE 5-17?
 - ☐ Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
Is the respondent the mother or caregiver of the child selected for QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 in this household?
 - ☐ Yes ⇒ Proceed to WM17 and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 for that child and start the interview with this respondent.
 - ☐ No ⇒ Proceed to WM17 and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.
 - ☐ No ⇒ Proceed to WM17 and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

WM17. Result of woman's interview.

Discuss any result not completed with Supervisor.

COMPLETED..... 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

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS	