

WOMAN'S INFORMATION PANEL		WM
WM1. Cluster number _____	WM2. Household number: _____	
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name, number: NAME _____	
WM5. Interviewer's name and number: NAME _____	WM6. Year / Month/ Day of interview: 2 0 2 / /	

<i>Checkk 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: HOURS : MINUTES :
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWD ALREADY 1 NO, FIRST INTERVIEW 2 1 ⇨ WM9B 2 ⇨ WM9A
WM9A. Hello, my name is (<i>your name</i>). We are from the National Statistics 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. The interview usually takes about 20 minutes. Participation in this survey is voluntary. This survey will help the government and general public better understand the situation the situation and needs of women. Please know that all the information you share during interview will remain strictly confidential and anonymous. No information about you will be made publicly available. We will only produce information about the general population. Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know. If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact the National Statistics Office. May I start the interview?	WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 20 minutes. Again, participation in this survey is voluntary. This survey will help the government and the general public better understand the situation and needs of women. Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you will be made publicly available. We will only produce information about the general population. Again, should you wish not to answer a question or wish to stop the interview at any point, please let me know. If at any time you have complaints or concerns about this survey, please use the information on this card I gave you earlier to contact the National Statistics Office. May I start the interview?
YES 1 NO /NOT ASKED 2	1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17

WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line (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 YEAR.....__ __ __ __ DK YEAR..... 9998 MONTH.....__ __ DK MONTH 98	
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? <i>Probe to determine province/country according to present borders.</i>	MONGOLIA AIMAG (PROVINCE) ARKHANGAI 65 BAYAN-ULGII 83 BAYANKHONGOR.....64 BULGAN 63 GOVI-ALTAI 82 DORNOGОВI 44 DORNOD.....21 DUNDGOVI 48 ZAVKHAN 81 UVURKHANGAI.....62 UMNUGОВI 46 SUKHBAATAR 22 SELENGE 43 TUV 41 UVS.....85 KHOVD 84 KHUVSGUL.....67 KHENTII 23 DANKHAN-UUL 45 ORKHON.....61 GOVISUMBER 42 ULAANBAATAR 11 OTHER COUNTRY 90 DK.....98	65 ⇨ WB7 83 ⇨ WB7 64 ⇨ WB7 63 ⇨ WB7 82 ⇨ WB7 41 ⇨ WB7 21 ⇨ WB7 48 ⇨ WB7 81 ⇨ WB7 62 ⇨ WB7 46 ⇨ WB7 22 ⇨ WB7 43 ⇨ WB7 41 ⇨ WB7 85 ⇨ WB7 84 ⇨ WB7 67 ⇨ WB7 23 ⇨ WB7 45 ⇨ WB7 61 ⇨ WB7 42 ⇨ WB7 11 ⇨ WB7 98 ⇨ WB7
WB6. In which country were you born? <i>Probe to determine country according to present borders.</i>	COUNTRY __ __ __ UNABLE TO DETERMINE COUNTRY 976	

WB7. What is your country or countries of citizenship? <i>If unable to find or determine the name of the <u>country</u>, write the name of the place below and then temporarily record '776' until you learn the appropriate code.</i> _____ (Name of place)	MONGOLIA..... 111 CHINA..... _ _ _ RUSSIA _ _ _ USA _ _ _ KOREA..... _ _ _ UNABLE TO DETERMINE COUNTRY 776 NO CITIZENSHIP 990	
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MIGRATION		WB
WB8. How long have you been continuously living in <i>(name of current city, town or village of residence)?</i> <i>If less than one year, record '00' years.</i>	YEARS __ __ ALWAYS/ SINCE BIRTH.....95	95 ⇒ End
WB9. Just before you moved here, did you live in the Capital city, aimag center, soum center, or in a rural area? <i>Probe to identify the type of place</i> <u><i>In unable to determine whether the place is the Capital city, aimag center, soum center or rural area, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</i></u> _____ <i>(Name of place)</i>	CAPITAL CITY 1 AIMAG CENTER 2 SOU M CENTER 3 RURAL AREA 4 UNABLE TO DETERMINE WHETHER CAPITAL CITY / AIMAG CENTER / SOU M CENTER/ RURAL AREA 5 DK /DON'T REMEMBER.....8	
WB10. Before you moved here, in which aimag did you live in?	AIMAG ARKHANGAI 65 BAYAN-ULGII 83 BAYANKHONGOR 64 BULGAN 63 GOVI-ALTAI 82 DORNOGOVI 44 DORNOD 21 DUNDGOVI 48 ZALKHAN 81 UVURKHANGAI.....62 UMNUGOVI 46 SUKHBAATAR 22 SELENGE.....43 TUV 41 UVS 85 KHOVD 84 KHUVSGUL.....67 KHENTII 23 DANKHAN-UUL.....45 ORKHON 61 GOVISUMBER 42 ULAANBAATAR 11 OUTSIDE OF MONGOLIA <i>(specify)</i> 96	

HEALTH INSURANCE		IN
IN0. Check WB4/HL6 : whether age is 15-17?	YES (WB4/HL6=15-17)..... 1 NO (WB4/HL6=18-49)..... 2	1 ⇒ End
IN1. Are you covered by any health insurance?	YES..... 1 NO 2	2 ⇒ End

IN2. What type of health insurance are you covered by? <i>Record all mentioned.</i>	MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY COMPULSORY C VOLUNTARY E GOVERNMENT RESPONSIBLE F OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D OTHER (<i>specify</i>) X	
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EMPLOYMENT AND TRAINING		NE
NE1. Check WB4/HL6 : Age 15-24?	YES (WB4/HL6=15-24) 1 NO (WB4/HL6=25-49) 2	2 ⇒ End
NE2. Check ED9: Currently attending school?	YES (ED9=1) 1 NO (ED9=2) 2	2 ⇒ NE4
NE3. In the past 4 weeks, that is, since (<i>date of interview minus 4 weeks</i>), did you attend school at any time? <i>If no, and schools have currently been on break for more than 4 weeks, record 3, 'No, full-time student on school break'.</i>	YES 1 NO 2 NO, FULL-TIME STUDENT ON SCHOOL BREAK 3	1 ⇒ End 3 ⇒ End
NE4. In the past 4 weeks, that is, since (<i>date of interview minus 4 weeks</i>), did you participate in any unpaid apprenticeship, internship, or similar training in a workplace?	YES 1 NO 2	1 ⇒ End
NE5. How about within the last one year, that is, since (<i>date of interview minus 4 weeks</i>)?	YES 1 NO 2	
NE6. In the past 4 weeks, that is, since (<i>date of interview minus 4 weeks</i>), did you attend any courses, seminars, or other training to develop specific skills, for example languages, computer skills, or similar?	YES 1 NO 2	1 ⇒ End
NE7. How about within the last one year, that is, since (<i>date of interview minus 1 year</i>)?	YES 1 NO 2	
NE8. The next questions are about any work that you may have done during the last week. By last week, I mean days from Monday to Sunday. Last week, did you do any work for someone else for pay, even if only for one hour?	YES 1 NO 2	1 ⇒ End

NE9. Still thinking about last week, Monday to Sunday, did you run or do any kind of business, farming or other activity to generate income, even if only for one hour? <i>Probe:</i> Examples of activities include making things for sale, growing produce for sale, buying and reselling things, providing services for pay, raising animals, and catching for sale.	YES 1 NO 2	1 ⇒ NE18															
NE10. Last week, Monday to Sunday, did you help with family business or farm?	YES 1 NO 2	1 ⇒ NE18															
NE11. Even though you did not work last week, did you have a paid job or a business? <i>Probe:</i> Absence could be due to leave, illness, seasonality of agricultural activities, strike, or similar.	YES 1 NO 2	2 ⇒ NE20															
NE12. Was the reason for your absence last week any of the following? [A] That you have shift work, flexi time, or similar nature of work? [B] That you were on vacation or holidays? [C] That you were sick, ill, or suffered an accident? [D] That you were on maternity leave?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>SHIFT WORK</td> <td>1</td> <td>2</td> </tr> <tr> <td>VACATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>SICK</td> <td>1</td> <td>2</td> </tr> <tr> <td>MATERNITY</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	SHIFT WORK	1	2	VACATION	1	2	SICK	1	2	MATERNITY	1	2	1 ⇒ NE18 1 ⇒ NE18 1 ⇒ NE18 1 ⇒ NE18
	YES	NO															
SHIFT WORK	1	2															
VACATION	1	2															
SICK	1	2															
MATERNITY	1	2															
NE13. Was the reason for your absence last week that you are waiting to start new job or business?	YES 1 NO 2	1 ⇒ NE20															
NE14. Was the reason for your absence last week that your paid job or business was in low or off-season?	YES 1 NO 2	2 ⇒ NE16															
NE15. During the low or off-season, do you continue to do some work for that job or business?	YES 1 NO 2	1 ⇒ NE18 2 ⇒ NE20															
NE16. Including the time that you have been absent, will you return to that same job or business in 3 months or less.	YES 1 NO 2 DK 8	1 ⇒ NE18															
NE17. Do you continue to receive an income from your job or business during this absence?	YES 1 NO 2 DK 8	2 ⇒ NE20 8 ⇒ NE20															
NE18. Was this work that you mentioned in: [A1] Farming or rearing farm animals? [A2] Potato, vegetable, and grain cropping? [B] Fishing and fish farming [X] Another type of job or business? <i>At least one 'yes' must be recorded in question [A], [B] or [X].</i>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FARMING</td> <td>1</td> <td>2</td> </tr> <tr> <td>CROPPING</td> <td>1</td> <td>2</td> </tr> <tr> <td>FISHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FARMING	1	2	CROPPING	1	2	FISHING	1	2	OTHER	1	2	
	YES	NO															
FARMING	1	2															
CROPPING	1	2															
FISHING	1	2															
OTHER	1	2															

NE19. Check NE18: Is [X]=1?	YES (NE18[X]=1) 1 NO (NE18[X]=2) 2	1 ⇒ End 2 ⇒ NE21
NE20. Last week did you do any work in farming, rearing animals, potato, vegetable, and grain cropping, fishing or fish farming?	YES 1 NO 2	2 ⇒ End
NE21. Thinking about the products from (<i>farming and/or cropping</i>) you worked on, are they intended only for sale, mainly for sale, mainly for family use or only for family use?	ONLY FOR SALE 1 MAINLY FOR SALE 2 MAINLY FOR FAMILY USE 3 ONLY FOR FAMILY USE 4 DK 8	1 ⇒ End 2 ⇒ End 3 ⇒ NE23 4 ⇒ NE23
NE22. In general, in the past have these products been only sold, mainly sold, mainly kept or only kept for family use?	ONLY SOLD 1 MAINLY SOLD 2 MAINLY KEPT FOR FAMILY USE 3 ONLY KEPT FOR FAMILY USE 4	1 ⇒ End 2 ⇒ End
NE23. Where you hired by someone else to do this work?	YES 1 NO 2	

INFORMATION TECHNOLOGY USE		IC
IC1. Do you own a mobile phone?	YES 1 NO 2	2 ⇒ IC3
IC2. Do you own a smart phone?	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 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 EVERYDAY 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 or not at all? <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	1 ⇒ IC7 2 ⇒ IC7 3 ⇒ IC7
IC6. Check IC3: IC3=0?	YES, IC3=0 1 NO, IC3=1, 2, OR 3 2	1 ⇒ IC10

IC7. I will now ask you about activities that you may have done on a computer or phone during the last 3 months. Did you: [B] Use a copy and paste tool to duplicate or move data, information, and content in digital environments, for example within a document, between devices, or on the cloud? [C] Send a message, for example by e-mail, messaging service, or SMS, with an attached file, for example a document, picture, or video? [D] Use a basic arithmetic formula in a spreadsheet? [E] Connect and install a new device, such as a modem, camera, or printer? [F] Find, download, install, and configure software? [G] Create an electronic presentation with presentation software, including text, images, sound, video, or charts? [H] Transfer a file or application between a computer and other device? [I] Set up effective security measures, for example strong passwords or log-in attempt notification, to protect devices and online accounts? [J] Change privacy settings on your device, account, or app to limit the sharing of personal data and information, such as name, contact information, or photos? [K] Verify the reliability of information found online? [L] Write a computer program using a specialised programming language, including programming or coding in digital environments, for example computer software or app development?	<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>SENT MESSAGE WITH ATTACHMENT</td><td>1</td><td>2</td></tr> <tr> <td>USED 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	SENT MESSAGE WITH ATTACHMENT	1	2	USED 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	
	YES	NO																																				
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PROGRAMMING	1	2																																				
IC8. Check IC7[F]: Is 'Yes' recorded?	YES, IC7[F]=1..... 1 NO, IC7[F]=2 2	1 ⇒IC11																																				
IC9. Check IC7[K]: Is 'Yes' recorded?	YES, IC7[K]=1 1 NO, IC7[K]=2..... 2	1 ⇒IC11																																				
IC10. Have you ever used the internet from any location and any device?	YES..... 1 NO 2	2 ⇒End																																				

IC11. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <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	
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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> I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	2 ⇒ CM11
CM9. How many boys have died? <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 (<i>name of birth</i>) a boy or a girl? 1 BOY 2 GIRL	BH4. On what year, month and day was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			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	Year	Month	Day	Y N	Age	Y N	Line No	Unit	Number	Y N	
01		1 2	1 2	_____	_____	_____	1 2 BH9	_____	1 2	_____	⇒ Next birth	DAYS..... 1 MONTHS..... 2 YEARS 3	_____	
02		1 2	1 2	_____	_____	_____	1 2 BH9	_____	1 2	_____	⇒ BH10	DAYS..... 1 MONTHS..... 2 YEARS 3	1 2 Add birth Next birth	
03		1 2	1 2	_____	_____	_____	1 2 BH9	_____	1 2	_____	⇒ BH10	DAYS..... 1 MONTHS..... 2 YEARS 3	1 2 Add birth Next birth	
04		1 2	1 2	_____	_____	_____	1 2 BH9	_____	1 2	_____	⇒ BH10	DAYS..... 1 MONTHS..... 2 YEARS 3	1 2 Add birth Next birth	
05		1 2	1 2	_____	_____	_____	1 2 BH9	_____	1 2	_____	⇒ BH10	DAYS..... 1 MONTHS..... 2 YEARS 3	1 2 Add birth Next birth	
06		1 2	1 2	_____	_____	_____	1 2 BH9	_____	1 2	_____	⇒ BH10	DAYS..... 1 MONTHS..... 2 YEARS 3	1 2 Add birth Next birth	
07		1 2	1 2	_____	_____	_____	1 2 BH9	_____	1 2	_____	⇒ BH10	DAYS..... 1 MONTHS..... 2 YEARS 3	1 2 Add birth Next birth	
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?								YES 1 NO 2				1 ⇒ Record 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 the child name listed in the end of column BH1. If it becomes clear that the child is no longer alive ask questions of the next session carefully without mentioning his name.	NAME OF LAST-BORN CHILD _____	

MISCARRIAGE, STILLBIRTH AND ABORTION		AB			
AB0. Check CM11: Has the woman given birth a baby?	YES, CM11≠0 1 NO, CM11=0 2	1 ⇒ AB2			
AB1. Have you ever been pregnant?	YES 1 NO 2	2 ⇒ End			
AB2. Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, the child can be born dead i.e., stillbirth, or an abortion. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	2 ⇒ End			
AB3. For your entire reproductive life and up-to-date, How many miscarriages have you had? How many stillbirths have you had? How many abortions have you had? <i>If none, record '00'</i> <i>If do not remember or do not answer, write '98'</i>	MISCARRIAGES STILLBIRTHS ABORTIONS DK 98				
AB4. When was the last time you had a miscarriage, stillbirth, or abortion?	YEAR DK YEAR 9998 MONTH DK MONTH 98				
AB5. Check AB4: If miscarriage, stillbirth, or abortion occurred within the last 5 years preceding the survey, that is, since (month of interview) in (year of interview minus 5)?	YES 1 NO, OR YEAR UNKNOWN 2	2 ⇒ End			
PREGNANCIES RESULTED IN MISCARRIAGE, STILLBIRTH, OR ABORTION					
	01	02	03	04	
AB6. What was the year and month of your last miscarriage, or stillbirth, or abortion?	<i>Filled in AB4</i>	YEAR .. MONTH DK 98	YEAR .. MONTH DK 98	YEAR .. MONTH DK 98	
AB7. Check AB6: If miscarriage, stillbirth, or abortion occurred within the last 5 years preceding the survey, that is, since (month of interview) in (year of interview minus 5)?	<i>NOT APPLICABLE</i>	YES ..1 NO.... 2 ⇒ End	YES ..1 NO.... 2 ⇒ End	YES ..1 NO.... 2 ⇒ End	
AB8. How long did this pregnancy last in weeks or months?	WEEKS ...1 MONTHS 2	WEEKS.....1 MONTHS...2	WEEKS ... 1 MONTHS 2	WEEKS 1 MONTHS .. 2	
AB9. Did your pregnancy end with miscarriage, stillbirth, or abortion?	MISCARRIAGE ..1 STILLBIRTH 2 ABORTION 3	MISCARRIAGE 1 STILLBIRTH 2 ABORTION 3	MISCARRIAGE ..1 STILLBIRTH 2 ABORTION 3	MISCARRIAGE.....1 STILLBIRTH 2 ABORTION 3	
AB10. Prior to this (AB6), have you had any other cases of pregnancy which ended with miscarriage, stillbirth, or abortion?	YES ..1 ⇒ next column NO.... 2	YES ..1 ⇒ next column NO.... 2	YES ..1 ⇒ next column NO.... 2	YES ..1 ⇒ next column NO.... 2	
AB11. Check AB9: Did the woman had any abortion in the last five years?	HAD ABORTION (AB9=3) 1 DID NOT HAVE ABORTION (AB9≠3) 2		2 ⇒ End		

AB12. Where was your last abortion performed? <i>Probe to identify the type of place.</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i> _____ (Name of place)	HOME RESPONDENT'S HOME 11 OTHER HOME..... 12 PUBLIC MEDICAL SECTOR TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD HOSPITALS)..... 21 MOTHER AND CHILD HEALTH CENTER. 22 SECONDARY LEVEL HOSPITAL (AIMAG / DISTRICT HOSPITAL) 23 SOUH LEVEL HOSPITAL /FAMILY HEALTH CENTER 24 OTHER PUBLIC (<i>specify</i>) 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 PRIVATE CLINIC..... 32 PRIVATE MATERNITY HOME..... 33 OTHER PRIVATE MEDICAL (<i>specify</i>) 36 DK PUBLIC OR PRIVATE 76 OTHER (<i>specify</i>) 96	
AB13. Who performed your last abortion? <i>Probe: Anyone else?</i> <i>Probe for the type of person assisting and record all answers given.</i>	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B NURSE AID C OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... F VILLAGE HEALTH WORKER G RELATIVE / FRIEND..... H OTHER (<i>specify</i>) X	
AB14. What method was used to perform your last abortion? <i>If the answer is 'Vacuum aspiration': Has anyone confirmed that you are pregnant?</i> <i>If the answer is 'Yes', record 5 'Vacuum aspiration', and if the answer is 'No', record '2' Menstrual regulation.</i>	SURGICAL ABORTION 1 VACUUM ASPIRATION 5 MEDICAL ABORTION (WITH DRUGS) 3 USING TRADITIONAL MEDICINES 4 MENSTRUAL REGULATION 2 OTHER (<i>specify</i>) 6 DK 8	

AB15. What was the main reason for your last abortion? <i>Any other reason?</i> <i>Record all reasons mentioned</i>	FAILURE OF FAMILY PLANNING/ CONTRACEPTION A UNWANTED PREGNANCY B UNEXPECTED GENDER OF FETUS C INSUFFICIENT ECONOMIC/ INCOME TO TAKE CARE A CHILD D REQUESTED BY HUSBAND/ BOYFRIEND/ FAMILY OR FORCED TO GET ABORTION ...E HEALTH STATUS OF WOMEN F HEALTH STATUS OF FETUS/ DEFORMED FETUS..... G LEFT BY HUSBAND OR PARTNER..... H OTHER (<i>specify</i>) X DK.....Z	
AB16. Did you have any complications in the last abortion?	YES 1 NO 2	2 ⇨ End
AB17. What are the complications you had in the last abortion? <i>Any other complication?</i> <i>Record all complications mentioned</i>	INFECTION/FEVER: A ECLAMSIA B BLEEDING/HEMORRAGE C ORDOR/PUS VAGINAL DISCHARGE D TEAR/PERFORATION OF UTERUS E OTHER (<i>specify</i>) X DK Z	

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=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ End
MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?	YES 1 NO 2	2 ⇒ MN19
MN3. Whom did you see? Probe: Anyone else? Probe for the type of person seen and record all answers given.	HEALTH PROFESSIONAL OBSTETRICIAN/GYNAECOLOGIST D OTHER MEDICAL DOCTORS E FAMILY/ SOUM DOCTOR I MIDWIFE J MEDICAL ASSISTANT C NURSE K 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.	WEEKS 1 ____ MONTHS 2 0 ____ DK 998	
MN5. How many times did you receive antenatal care during this pregnancy? Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.	NUMBER OF TIMES ____ DK 98	
MN6. As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following: [A] Measure your blood pressure? [B] Take a urine sample? [C] Take a blood sample? [D] Listen to your baby’s heartbeat? [E] Talk with you about which foods or how much food you should eat? [F] Talk with you about breastfeeding? [G] Ask if you had vaginal bleeding? [H] Recommend vitamins, micronutrients, iron and folic acid?	T Y BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 GENERAL BLOOD TEST 1 2 HEARTBEAT 1 2 FOOD 1 2 BREASTFEEDING 1 2 BLEEDING 1 2 VITAMINS, MICRONUTRIENTS, IRON AND FOLIC ACID 1 2	

DELIVERY CARE		MN
MN1. Check CM17: whether gave birth to a child in the past 2 years? If 'Yes', copy the name of the youngest child from CM18. Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK..... 2	2 ⇒ End
MN19. Who assisted with the delivery of (<i>name</i>)? <i>Probe: Anyone else?</i> <i>Probe for the type of person assisting and record all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	HEALTH PROFESSIONAL OBSTETRICIAN/GYNAECOLOGIST D OTHER MEDICAL DOCTORS E FAMILY/ SOUM DOCTOR..... I MIDWIFE J MEDICAL ASSISTANT C NURSE..... K OTHER PERSON TRADITIONAL PRACTITIONER F PUBLIC HEALTH OFFICER G RELATIVE / FRIEND..... H OTHER (<i>specify</i>) X NO ONE Y	
MN20. Where did you give birth to (<i>name</i>)? <i>Probe to identify the type of place.</i> <u>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</u> _____ (Name of place)	PUBLIC HOSPITAL TERTIARY LEVEL HOSPITAL (1, 2, 3 HOSPITAL, MOTHER AND CHILD HEALTH CENTER)..... 21 SECONDARY LEVEL HOSPITAL (AIMAG CENTER / DISTRICT HOSPITAL) 22 MATERNITY HOSPITAL 23 SOUM/ FAMILY HEALTH CENTER..... 24 PRIVATE HOSPITAL ULAANBAATAR 31 AIMAG/ SOUM 32 OTHER AT HOME..... 11 AT SOMEONE ELSE'S HOME 12 DK WHETHER PUBLIC OR PRIVATE HOSPITAL 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?	YES 1 NO 2	2 ⇒ End
MN22. When was the decision made to have the caesarean section? <i>Probe if necessary: Was it before or after your labour pains started?</i>	BEFORE LABOUR PAIN 1 AFTER LABOUR PAIN..... 2	

PN&NC: THERMAL CARE		MN
MN1. Check CM17: Did [she] give birth to a child in the past 2 years? If 'Yes', copy the name of the youngest child from CM18: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ End
MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest? If necessary, show the picture of skin-to-skin position.	YES 1 NO 2 DK/ DON'T REMEMBER 8	2 ⇒ MN25 8 ⇒ MN25
 Photo Credit: Joyce Godwin		
MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?	YES 1 NO 2 DK/ DON'T REMEMBER 8	
MN25. Was (<i>name</i>) dried or wiped soon after birth?	YES 1 NO 2 DK/ DON'T REMEMBER 8	
MN26. How long after the birth was (<i>name</i>) 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 HOUR 000 HOURS 1 ____ DAYS 2 ____ NEVER BATHED 997 DK / DON'T REMEMBER 998	

PN&NC: BIRTH WEIGHT		MN
MN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ End
MN32. When (<i>name</i>) 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 AVERAGE 4 VERY SMALL 5 DK.....8	
MN33. Was (<i>name</i>) weighed at birth?	YES 1 NO 2 DK.....8	2 ⇒ End 8 ⇒ End
MN34. How much did (<i>name</i>) weigh? If a card is available, record weight from card.	FROM CARD 1 (KG) __ . ____ FROM RECALL 2 (KG) __ . ____ DK.....99998	

MATERNAL AND NEWBORN HEALTH		MN
MN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ End
MN35. Has your menstrual period returned since the birth of (<i>name</i>)?	YES 1 NO 2	

IYCF: INITIAL BREASTFEEDING		MN
MN1. Check CM17: Did [<i>she</i>] give birth in the past 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
MN36. Was (<i>name</i>) ever breastfed?	YES 1 NO 2	2 ⇒ End
MN37. How long after birth was (<i>name</i>) first put to the breast? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.	IMMEDIATELY 000 HOURS 1 ____ DAYS 2 ____ DK / DON'T REMEMBER 998	
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, or infant formula?	YES, SOMETHING OTHER THAN BREAST MILK 1 NO, ONLY BREAST MILK 2	

PN&NC: PNC FOR NEWBORNS & 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 BLANK..... 2	2 ⇒ End
PN2. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-32 OR 76 1 NO, MN20=11-12 OR 96..... 2	2 ⇒ PN7
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>). You have said that you gave birth in (<i>name or type of facility in MN20</i>). 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 REMEMBER 998	
PN4. 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 (<i>name</i>) is ok. Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?	YES 1 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 (<i>name or type or facility in MN20</i>)?	YES 1 NO 2	
PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>). Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?	YES, WITHIN 3 DAYS..... 1 YES, AFTER MORE THAN 3 DAYS 2 NO 3	1 ⇒ PN12 2 ⇒ PN12 3 ⇒ PN17
PN7. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?	YES, MN19 = D, E, I, J, C, K, F, G..... 1 NO, MN19 = H, X, Y..... 2	2 ⇒ PN11
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. 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?	YES 1 NO 2	

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?	YES 1 NO 2	
PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?	YES 1 NO 2	1 ⇒ PN12 2 ⇒ PN19
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. After (<i>name</i>) was delivered, did anyone check on (his/her) health?	YES 1 NO 2	2 ⇒ PN20
PN12. Did such a check happen only once, or more than once?	ONCE 1 MORE THAN ONCE 2	1 ⇒ PN13A 2 ⇒ PN13B
PN13A. How long after delivery did that check happen? PN13B. How long after delivery did the first of these checks happen? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	HOURS 1 ____ DAYS 2 ____ WEEKS 3 ____ DK / DON’T REMEMBER 998	
PN14. Who checked on (<i>name</i>)’s health at that time?	HEALTH PROFESSIONAL NEONATOLOGIST D OTHER MEDICAL DOCTORS E FAMILY HEALTH CENTER/SOUM DOCTOR I MIDWIFE J MEDICAL ASSISTANT C NURSE K OTHER TRADITIONAL PRACTICIONER F PUBLIC HEALTH OFFICER G RELATIVE / FRIEND H OTHER (<i>specify</i>) X	

PN15. Where did this check take place? <i>Probe to identify the type of place.</i> <i>If unable to determine whether public, private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i> _____ (Name of place)	PUBLIC MEDICAL SECTOR TERTIARY LEVEL HOSPITAL (1, 2, 3 HOSPITAL, MOTHER AND CHILD HEALTH CENTER) 21 SECONDARY LEVEL HOSPITAL (AIMAG CENTER / DISTRICT HOSPITAL) 22 MATERNITY HOSPITAL..... 23 SOU/ FAMILY HEALTH CENTER 24 PRIVATE MEDICAL SECTOR ULAANBAATAR..... 31 AIMAG/ SOUM..... 32 OTHER AT HOME 11 AT SOMEONE ELSE'S HOME 12 DK PUBLIC OR PRIVATE 76 OTHER (specify) 96	
PN16. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-32 OR 76 1 NO, MN20=11-12 OR 96..... 2	2 ⇒ PN18
PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?	YES 1 NO..... 2	1 ⇒ PN21 2 ⇒ End
PN18. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?	YES, MN19 = D, E, I, J, C, K, F, G 1 NO, MN19 = H, X, Y..... 2	2 ⇒ PN20
PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?	YES 1 NO..... 2	1 ⇒ PN21 2 ⇒ End
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?	YES 1 NO..... 2	2 ⇒ End
PN21. Did such a check happen only once, or more than once?	ONCE 1 MORE THAN ONCE..... 2	1 ⇒ PN22A 2 ⇒ PN22B
PN22A. How long after delivery did that check happen? PN22B. How long after delivery did the first of these checks happen? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	HOURS..... 1 ____ DAYS 2 ____ WEEKS..... 3 ____ DK / DON'T REMEMBER 998	

PN23. Who checked on <u>your</u> health at that time?	HEALTH PROFESSIONAL NEONATOLOGIST D OTHER MEDICAL DOCTORS E FAMILY HEALTH CENTER/SOUM DOCTOR I MIDWIFE J MEDICAL ASSISTANT C NURSE K OTHER TRADITIONAL PRACTITIONER..... F PUBLIC HEALTH OFFICER G RELATIVE / FRIEND H OTHER (<i>specify</i>) X	
PN24. Where did this check take place? <i>Probe to identify the type of place.</i> <i>If unable to determine whether public, private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i> _____ (Name of place)	PUBLIC MEDICAL SECTOR TERTIARY LEVEL HOSPITAL (1, 2, 3 HOSPITAL, MOTHER AND CHILD HEALTH CENTER) 21 SECONDARY LEVEL HOSPITAL (AIMAG CENTER / DISTRICT HOSPITAL)..... 22 MATERNITY HOSPITAL..... 23 SOUM/ FAMILY HEALTH CENTER 24 PRIVATE MEDICAL SECTOR ULAANBAATAR..... 31 AIMAG/ SOUM..... 32 OTHER AT HOME 11 AT SOMEONE ELSE'S HOME 12 DK PUBLIC OR PRIVATE 76 OTHER (<i>specify</i>) 96	

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=1 1 NO, CM17=0 OR BLANK 2	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 (<i>name</i>)'s cord? [B] Take the temperature of (<i>name</i>)? [C] Counsel you on breastfeeding?	YES NO DK EXAMINE THE CORD 1 2 8 TAKE TEMPERATURE 1 2 8 COUNSEL ON BREASTFEEDING ... 1 2 8	
PN26. Check MN36: Was child ever breastfed?	YES, MN36=1 1 NO, MN36=2..... 2	2 ⇒ PN28
PN27. Observe (<i>name</i>)'s breastfeeding?	YES NO DK OBSERVE BREASTFEEDING 1 2 8	
PN28. Check MN33: Was child weighed at birth?	YES, MN33=1 1 NO, MN33=2..... 2 DK, MN33=8..... 3	1 ⇒ PN29A 2 ⇒ PN29B 3 ⇒ PN29C
PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days? PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth? PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?	YES 1 NO..... 2	
PN30. During the first two days after (<i>name</i>)'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?	YES 1 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 LACTATIONAL AMENORRHOEA METHOD (LAM) K PERIODIC ABSTINENCE / RHYTHM L WITHDRAWAL M IUS N 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 B NEVER MENSTRUATED.....C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT E POSTPARTUM AMENORRHEIC F BREASTFEEDING G TOO OLD H OTHER (<i>specify</i>) X DK.....Z	
UN12A. Check CM11: Had live birth?	YES, CM11≠0.....1 NO, CM11=0 2	1 ⇔ UN12BA 2 ⇔ UN12BB
UN12BA. If you imagined that you were returning to your age when you have not had any children yet, how many children would you want to have? UN12BB. How many children would you like to have?	NEVER WANT / DOESN'T WANT 00 NUMBER OF DESIRED CHILDREN OTHER (<i>specify</i>) 96	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2	1 ⇔ UN15A
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	

HEALTH AND HYGIENE DURING MENSTRUATION				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>	YES NO NO SUCH ACTIVITY DO NOT KNOW WORK 1 2 7 8 SCHOOL/ TRAINING 1 2 7 8 SOCIAL 1 2 7 8 ACTIVITIES			
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 are 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			
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 doctor, community health worker or school nurse?	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 ⇒ HP7
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 left upper arm to protect against cervical cancer?	YES 1 NO 2 DK 8	1 ⇒ HP4
HP3. The HPV vaccine is also referred to as Cervarix/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 or two doses 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? <i><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> _____ <i>(Name of place)</i>	HEALTH FACILITY PUBLIC HEALTH FACILITY 11 PRIVATE HEALTH FACILITY 12 DK IF PUBLIC, PRIVATE 76 SCHOOL 21 OTHER (specify) _____96 DK 98	11 ⇒ End 12 ⇒ End 76 ⇒ End 21 ⇒ End 96 ⇒ End 98 ⇒ End
HP7. Now I would like to ask some questions about human papillomavirus or HPV vaccinations. Vaccination against HPV is an injection in the left upper arm to protect against cervical cancer. The HPV vaccine is also referred to as Cervarix/Gardasil and is commonly given at school/a medical facility to girls between the ages of 9 and 14. Do you approve giving HPV vaccine to adolescent girls?	YES 1 NO 2 DK 8	

TIME USE		TU
TU1. Check WB4: Respondent's age?		AGE 15-17 1 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										
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 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 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)										
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 NO 2			1 ⇒ TU7				

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV	
DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK	
[A]	If she goes out without telling him?	GOES OUT WITHOUT TELLING	1	2	8
[B]	If she neglects the children?	NEGLECTS CHILDREN	1	2	8
[C]	If she argues with him?	ARGUES WITH HIM	1	2	8
[D]	If she refuses to have sex with him?	REFUSES SEX	1	2	8
[E]	If she burns the food?	BURNS FOOD.....	1	2	8

SDG16: SAFETY		VT
VT20. Now I would like to ask you about how safe you feel in certain situations.	VERY SAFE 1 SAFE 2 UNSAFE.....3 VERY UNSAFE 4	
How safe do you feel walking alone in your neighbourhood after dark?	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 Mongolia, 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.

If the respondent mentions that she has not been in the country for 3 years, ask her to answer thinking only of since she has been in the country.

YES NO DK

[A] Your sex, such as you are a man or a woman?	SEX	1	2  VT23[B]	8  VT23[B]
[A1] How about since (month of interview) (year of interview minus 1) ?	SEX	1	2	8
[B] (Coming back to your experience since (year of interview minus 3), how about on grounds of) Your age, such as you are perceived to be too young or too old?	AGE.....	1	2  VT23[C]	8  VT23[C]
[B1] How about since (month of interview) (year of interview minus 1) ?	AGE	1	2	8
[C] (Coming back to your experience since (year of interview minus 3), how about on grounds of) 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  VT23[D]	8  VT23[D]
[C1] How about since (month of interview) (year of interview minus 1) ?	DISABILITY OR HEALTH STATUS	1	2	8
[D] (Coming back to your experience since (year of interview minus 3), how about on grounds of) Your ethnicity, colour, or language, such as skin colour or physical appearance, ethnic origin or way of dressing, culture, traditions, native language or accent, indigenous status, or being of African descent?	ETHNICITY, COLOUR, OR LANGUAGE	1	2  VT23[E]	8  VT23[E]
[D1] How about since (month of interview) (year of interview minus 1) ?	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 ⇄ VT23[F]	8 ⇄ 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>) (<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>) (<i>year of interview minus 1</i>)?	RELIGION	1	2	8	
[I] (<i>Coming back to your experience since (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>) (<i>year of interview minus 1</i>)?	MARITAL AND FAMILY STATUS	1	2	8	
[J] (<i>Coming back to your experience since (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>) (<i>year of interview minus 1</i>)?	SEXUAL ORIENTATION OR GENDER IDENTITY	1	2	8
[K] (<i>Coming back to your experience since (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>) (<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 Mongolia?	OTHER REASON	1	2 ♀ End	8 ♀ End
[X1] On what ground? <i>Recode if possible.</i>	(Specify) _____			
[X2] Based on the ground(s) that you just specified, have you experienced this since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	OTHER REASON	1	2 ♀ End	8 ♀ End

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION 3	3 ⇒ MA5
MA2. How old is your (<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 or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER. 2 NO 3	3 ⇒ End
MA6. What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	1 ⇒ MA8A 2 ⇒ MA8B
MA8A. In what month and year did you start living with your (<i>husband/partner</i>)? <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? <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 YEAR __ __ __ __ DK YEAR 9998 MONTH __ __ DK MONTH 98	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998 2	2 ⇒ End
MA10. Check MA7: In union only once?	YES, MA7=1 1 NO, MA7=2 2	1 ⇒ MA11A 2 ⇒ MA11B
MA11A. How old were you when you started living with your (<i>husband/partner</i>)? <i>If respondent says that she is married but not yet living together with her husband, ask:</i> How old were you when you got married to your husband? MA11B. How old were you when you started living with your <u>first</u> husband or partner? <i>If respondent says that she was married before but never lived with her first husband, ask:</i> How old were you when you got married to your <u>first</u> husband?	AGE IN YEARS __ __	

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	

SEXUAL ACTIVITY		SB
SB1. <i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i> Now I would like to ask you some 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 _ _	4 ⇒ End
SB3. The last time you had sexual intercourse, was a condom used?	YES..... 1 NO 2	
SB4. What was your relationship to this person with whom you last had sexual intercourse? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'boyfriend', then ask: Were you living together as if married? If 'Yes', circle '2'. If 'No', circle '3'.</i>	HUSBAND 1 COHABITING PARTNER..... 2 BOYFRIEND 3 CASUAL ACQUAINTANCE 4 CLIENT / SEX WORKER..... 5 OTHER (specify) 6	

KNOWLEDGE OF HIV/AIDS		HA
HA1. Now I would like to talk with you about something else. Have you ever heard or read about HIV or AIDS?	YES 1 NO 2 	2 ⇒ End
HA2. HIV is the virus that can lead to AIDS. Can people reduce their risk of getting the HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DK 8	
HA3. Can people get HIV from mosquito bites?	YES 1 NO 2 DK 8	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DK 8	
HA5. Can people get the HIV by sharing food with a person who has HIV?	YES 1 NO 2 DK 8	
HA7. Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DK 8	

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
DM2. 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	
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	
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 husband's/partner'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 husband's/partner'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 AND ALCOHOL USE		TO
TO1. The following questions are about the use of different types of tobacco products. I would first like to ask you some questions about cigarettes, both manufactured and hand rolled. Have you ever tried cigarette smoking, even one or two puffs?	YES 1 NO 2	2⇒TO6
TO2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE 00 AGE ____ ____	00⇒TO6
TO3. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	2⇒TO5 3⇒TO6
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 NO 2	
TO6. Now I would like to ask about electronic cigarettes, which are also called e-cigarettes or vaping devices. These devices are battery powered and heat a liquid to produce vapor or aerosol instead of smoke. Examples of these products include MOTI, SNOWPLUS, WAK, WAKA. Have you ever heard of electronic cigarettes or vaping devices?	YES 1 NO 2	2⇒TO9
TO7. Do you currently use electronic cigarettes or any other vaping device every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	1⇒TO14 3⇒TO9
TO8. Have you used electronic cigarettes or any other vaping device at least once in the last month, that is, since (<i>date of survey minus one month</i>)?	YES 1 NO 2	
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 DAYS 2 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 NO 2	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 DAYS 2 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 NO 2	
TO14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES 1 NO 2	2 ⇒ End
TO15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of vodka, cognac or whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips?	NEVER HAD AT ALL 00 AGE ____	00 ⇒ End
TO16. During the last one month, on how many days did you have at least one drink of alcohol? <i>If respondent did not drink, circle "00".</i> <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>If "every day" or "almost every day", circle "30".</i>	DID NOT HAVE ONE DRINK IN LAST ONE MONTH 00 NUMBER OF DAYS <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH 10 EVERY DAY/ ALMOST EVERY DAY 30	00 ⇒ End
TO17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS ____	

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 the interview can be conducted with privacy and reschedule the interview.</i>	PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2	2 ⇒ End
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. Let me assure you again that your answers are confidential. This means that I will not share the answers you tell me with other people and 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. 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. 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. 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. <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.		
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, get angry, stressed and / 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 your hobby or things you used to like, such as playing sports, games, singing and dancing, spending time with friends, watching videos?	NEVER 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH6. During the past two weeks, how often have you felt hopeless?	NEVER 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH7. During the past two weeks, how often have you felt nervous, anxious, or on edge for no reason?	NEVER 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MH8. During the past two weeks, how often have you felt dissatisfied with yourself?	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 worried something bad will happen to you, your family or close people for no reason?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MH11. During the past two weeks, how often have you worried too much about different things for no reason? For example, looking phone, not switching off iron etc.	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 or thinking over and over?	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 ⇒ 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 ⇒ MH23 2 ⇒ MH36
MH15. During the past two weeks, how often you experienced changes in your appetite either not wanted to eat or eating too much?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MH16. During the past two weeks, how often have you had problems with sleeping? For example, problems falling asleep, 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 too tired, exhausted or did not have the energy?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MH18. During the past two weeks, how often have you easily distracted when doing things such as doing homework, watching videos using social media, for example, Tik Tok, Facebook, 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 not meeting family expectations, losing their trust?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MH21. During the past two weeks, how often have you had thoughts of hurting (injuring) yourself or thoughts that you do not want to live further due to dissatisfaction with 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, not having speed than before?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MH23. During the past two weeks, how often have others said that you are restless, not stable 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 breath or you wanted to take breath over and over?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MH25. During the past two weeks, how often have you felt dizzy or faint?	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 got anxious?	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. Repeat the categories whenever the respondent does not use an answer category.		
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 '7'.</i>	NEVER..... 0 SOMETIMES..... 1 OFTEN..... 2 ALWAYS..... 3 NOT APPLICABLE..... 7	
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? <i>If response is 'Never', probe: 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>	NEVER..... 0 SOMETIMES..... 1 OFTEN..... 2 ALWAYS..... 3	0 ⇒ MH40
MH37. In the past month, have you talked to anybody about these kinds of problems or worries? <i>If response is 'No', probe: 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?</i>	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 SOCIAL WORKER..... C FAMILY PARENT..... F OTHER RELATIVE (ADULT)..... G OTHER RELATIVE (<18)..... H OTHER PERSON TEACHER..... I FRIEND..... J OTHER (specify)..... X	

MH40. <i>The following questions are extremely sensitive. Carefully check again for presence of others. No one should be within hearing distance.</i> <i>Do not continue until privacy is ensured.</i>	PRIVACY OBTAINED.....1 PRIVACY NOT POSSIBLE.....2	2 ⇒MH49D
MH41. Now, I would like to ask you a few more questions. If I ask you any question you do not want to answer or if you wish to stop the interview at any moment, please let me know.		
MH42. In the past 12 months, did you try to harm yourself with the intention or desire to end your life? For example, by cutting yourself on purpose, taking poison or too much medicine, or trying to hang yourself?	YES 1 NO 2	
MH43. In the past 2 weeks, have you thought about doing something to end your life?	YES 1 NO 2	2 ⇒MH46
MH44. <i>Check if MH42=1?</i>	YES, MH42=1 1 NO.....2	2 ⇒MH48
MH45. <i>Initiate High Suicidal Risk Emergency Referral Protocol.</i> It sounds like you are struggling at the moment, and I would like to help you find someone who can support you. My supervisor can call a professional counsellor from the National Center of Mental Health 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 young people with their feelings and emotions and the conversation with them is always confidential. This counselling service is free of charge. Would you like us to contact a counsellor?		
<i>Permission for referral?</i>	YES, PERMISSION FOR REFERRAL 1 NO PERMISSION FOR REFERRAL 2	1 ⇒MH49A 2 ⇒MH49C
MH46. <i>Add the responses to MH3-MH6 and MH15-MH25: Is the sum >17?</i>	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
MH47. <i>Add the responses to MH7-MH12, MH24-MH25 and MH27-MH30: Is the sum >19?</i>	YES, THE SUM OF MH7-MH12, MH24-MH25 AND MH27-MH30 IS >19 1 NO, THE SUM OF MH7-MH12, MH24-MH25 AND MH27-MH30 IS NOT >19 2	2 ⇒MH49D
MH48. <i>Initiate Low/Moderate Risk Referral Protocol.</i> It sounds like you are struggling at the moment, and I would like to help you find someone who can support you. My supervisor can call a professional counsellor from the National center of Mental Health 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. Would you like us to contact a counsellor?		
<i>Permission for referral?</i>	YES, PERMISSION FOR REFERRAL 1 NO PERMISSION FOR REFERRAL 2	1 ⇒MH49B 2 ⇒MH49C
MH49A. 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	INFORMATION FOR REFERRAL TO SUPPORT SERVICE PROVIDER CASE ID _ _ _	⇒MH50

can safely meet you. We will not share any of the information you have shared with us during the interview with the counsellor. The National Statistical Office of Mongolia team will not keep your contact details. We will transfer them to the counsellor and ask the counsellor to contact you directly. Expect to hear from the counsellor within 24 hours. While you wait for the counsellor to reach you, 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. <i>Once you finish the interview, contact your supervisor <u>immediately</u> to alert them that the respondent needs a high-risk emergency referral. It is critical that the counsellor contacts the respondent immediately, and in any case <u>no later</u> than within 24 hours.</i> 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. We will not share any of the information you have shared with us during the interview with the counsellor. The National Statistical Office of Mongolia team will not keep your contact details. We will transfer them to the counsellor and ask the counsellor to contact you directly. Expect to hear from the counsellor within a few days. <i>The respondent can provide a phone number if he feels comfortable, or indicate a place where he can be safely reached (e.g. his home, a relative's or neighbour's home, a local school, church, health care or community center). If he prefers to be met in person, ask him to provide the address and other details that will allow the counsellor to find the location. Record all this information and reassure him that his information will be kept confidential and only used for the purpose of the referral.</i>	<table border="1"> <tr> <td> REFERRAL TYPE HIGH RISK 1 LOW / MODERATE RISK 2 </td> </tr> <tr> <td> NAME _____ </td> </tr> <tr> <td> SEX MALE 1 FEMALE 2 </td> </tr> <tr> <td> AGE _ _ </td> </tr> <tr> <td> 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 </td> </tr> <tr> <td> PHONE NUMBER (IF APPLICABLE): _____ </td> </tr> <tr> <td> MEET UP LOCATION (IF APPLICABLE) REGION: AIMAG / CAPITAL CITY SOUM / DUUREG BAG / KHOROO </td> </tr> <tr> <td> DESCRIPTION OF LOCATION </td> </tr> <tr> <td> NEARBY LANDMARK (E.G. CHURCH, SCHOOL, CLINIC) </td> </tr> <tr> <td> TIME TO CONTRACT (IF APPLICABLE) BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTRACT RESPONDENT </td> </tr> </table>	REFERRAL TYPE HIGH RISK 1 LOW / MODERATE RISK 2	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: AIMAG / CAPITAL CITY SOUM / DUUREG BAG / KHOROO	DESCRIPTION OF LOCATION 	NEARBY LANDMARK (E.G. CHURCH, SCHOOL, CLINIC) 	TIME TO CONTRACT (IF APPLICABLE) BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTRACT RESPONDENT
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TIME TO CONTRACT (IF APPLICABLE) BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTRACT RESPONDENT											
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. <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> 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.	⇒MH50										

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. <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>		
MH50. After thanking the respondent for her cooperation, reassure her about the confidentiality of her answers. Fill out question MH51 below with reference to the Mental Health module only.		
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).	_____ _____	

WM10. Record the time.	HOURS AND MINUTES __ __ : __ __	
WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE..... 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM12. Language of the Questionnaire.	MONGOLIAN..... 1 KAZAKH.....2	
WM13. Language of the Interview.	MONGOLIAN..... 1 KAZAKH.....2	
WM14. Native language of the Respondent.	MONGOLIAN..... 1 KAZAKH.....2 ENGLISH 3 OTHER LANGUAGE (specify) 6	
WM15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE..... 2 NO, NOT USED 3	
WM15A. Check WB4: Respondent's age?	AGE 15-17 1 AGE 18 OR ABOVE 2	1 ⇒ End
WB15B. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, WM3=HH47 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	1 ⇒ WM16
WM15C. Has this respondent already been interviewed with any individual questionnaires?	YES, ALREADY INTERVIEWED 1 NO, NOT ALREADY INTERVIEWED..... 2	1 ⇒ WM16

WM15CA. To have deeper and holistic analyses about the situation of children and household, I would like to ask your permission to access your data from other state institutions. Please know that we will remain strictly confidential and anonymous as per the Law on Personal Information Protection of Mongolia. No information about you will be made publicly available. We will only produce information about the general population.	YES, PERMISSION IS GIVEN..... 1 NO, PERMISSION IS NOT GIVEN 2	
WM15D. Check IC1, and check HC7[A] and HC12 in HOUSEHOLD QUESTIONNAIRE: Does this respondent have a mobile phone, or does the household have a fixed telephone line or any member of the household have a mobile phone?	YES, IC1 = 1 OR HC7[A]=1 OR HC12=1 1 NO, IC1 = 2 AND HC7[A]=2 AND HC12=2 2	2 ⇨ WM15F
WM15E. Thank you for your participation. The National Statistics Office will be conducting a phone survey about the situation of children, families, and households in the future. We may call a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team. Would you like to participate?	YES 1 NO 2	1 ⇨ WM15H 2 ⇨ WM16
WM15F. Thank you for your participation. The National Statistics 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] 2ND NUMBER	[P3] 3RD NUMBER
WM15J. Ask for and record phone number.	_____	_____	_____

WM15K. Just to confirm, the number is <i>(number recorded in WM15J)?</i> <i>If no, return to WM15J and correct entry.</i>	YES..... 1 NO..... 2 <i>or</i> <i>WM15J</i>	YES 1 NO..... 2 <i>or</i> <i>WM15J</i>	YES..... 1 NO 2 <i>or</i> <i>WM15J</i>
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 <i>or</i> <i>[P2]</i> NO..... 2 <i>or</i> <i>WM16</i>	ҮГҮЙ..... 1 <i>or</i> <i>[P3]</i> ҮГҮЙ..... 2 <i>or</i> <i>WM16</i>	YES..... 1 <i>or</i> <i>[P4]</i> NO 2 <i>or</i> <i>WM16</i>
			If additional questionnaire is used, record here: ☐

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. <i>Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NOT AT HOME..... 02 REFUSED 03 PARTLY COMPLETED..... 04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 06 OTHER (specify) _____ 96
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INTERVIEWER'S OBSERVATIONS

This image shows a completely blank white rectangular area enclosed within a thin black border. There are no markings, text, or illustrations present on the page.**SUPERVISOR'S OBSERVATIONS**

Date	Time	Location	Description