

**UZBEKISTAN NATIONAL NUTRITION SURVEY 2017
WOMAN QUESTIONNAIRE**

WID1. Cluster number <input type="text"/> <input type="text"/> <input type="text"/>	WID1. HH number on cluster control form <input type="text"/> <input type="text"/>
WID2. Name of this woman: _____	
WID3. Woman line number from HH roster <input type="text"/> <input type="text"/>	WID5. Woman label number. W <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
WID6. Interviewer number <input type="text"/> <input type="text"/>	
WID7. Date of data collection <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <div style="text-align: right; margin-top: 5px;">Day Month Year .</div>	
WID8. Final result of woman data collection (enter code from below) <input type="text"/>	
FINAL RESULT CODES: Completed interview, accepted participation in anthropometry and in blood collection Completed interview, accepted participation in anthropometry, refused participation in blood collection Completed interview, refused participation in anthropometry and refused blood collection 3 Refused interview and all data collection 4 Child not at home at time of visit 5 Other (specify _____) .. 8	

Written consent provided? Yes, permission is given -> Begin the interview. No, permission is not given -> Complete this cover page. Discuss this result with your team leader.	Yes 1 No 2
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I would first like to ask you some questions about yourself.

WOMAN'S AGE AND EDUCATION

<p>WAE1. What is your date of birth? Don't know, enter '99' or '9999'</p>	<p>D. Date <input type="text"/> <input type="text"/> (enter '15' if unknown) M. Month <input type="text"/> <input type="text"/> Y. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>WAE2. How old are you? Probe: How old were you at your last birthday? Compare Q8 and Q9; correct one if necessary</p>	<p>Age <input type="text"/> <input type="text"/> (in completed years) (enter '99' if unknown)</p>	
<p>WAE3. Have you ever attended school?</p>	<p>Yes..... 1 No 2</p>	<p>->Next Q ->WAE6</p>
<p>WAE4. What is the highest level of school you attended: primary, secondary, secondary special or higher?</p>	<p>Primary 1 Secondary 2 Secondary special 3 Higher 4</p>	
<p>WAE5. What is the highest grade you completed at that level? If the first grade at this level is not completed, enter "00".</p>	<p>Grade <input type="text"/> <input type="text"/></p>	
<p>WAE6. What is your ethnicity?</p>	<p>Uzbek 1 Tajik 2 Russian 3 Kazakh 4 Karakalpak 5 Tatar 6 Other (specify _____) 8 Don't know 9</p>	

MARRIAGE AND PREGNANCY

<p>WMP1. Are you currently breastfeeding?</p>	<p>Yes..... 1 No 2</p>	
<p>WMP2. What is your marital status now?</p>	<p>Never married..... 1 Currently married..... 2 Widowed..... 3 Divorced 4</p>	
<p>WMP3. Are you pregnant now?</p>	<p>Yes 1 No 2 Unsure 9</p>	<p>-> QWPR1 -> Next Q -> Next Q</p>
<p>Non-pregnant women</p>		

WMP4. When did your last menstrual period start?	1. Days ago <input type="text"/> <input type="text"/> <input type="text"/> 2. Weeks ago... <input type="text"/> <input type="text"/> <input type="text"/> 3. Months ago.. <input type="text"/> <input type="text"/> <input type="text"/> 4. Years ago <input type="text"/> <input type="text"/> <input type="text"/> In menopause / had hysterectomy.....994 Before last birth995 Never menstruated996 Don't know.....999	
WNP1. Couples use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes..... 1 No 2	-> Next Q -> WNP4
WNP2. What are you doing to delay or avoid a pregnancy? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization.....A Male sterilization.....B IUD.....C InjectablesD Implants.....E PillF Male condomG Female condomH Diaphragm.....I Foam / JellyJ Lactational amenorrhoea method (LAM)K Periodic abstinence / Rhythm. L Withdrawal.....M Other (specify).....X	-> WPH1 -> WPH1 - - - - - - - - - - -> Next Q -
WNP3. How long have you used these methods? Fill in number of times for only 1 time period (year or month).	1. Months <input type="text"/> <input type="text"/> 2. Years..... <input type="text"/> <input type="text"/> Don't Know (years)..... <input type="text"/> <input type="text"/>	
WNP4. Do you think you are physically able to get pregnant at this time?	Yes..... 1 No 2 Don't know..... 9	->WNP6 ->WNP5 ->WNP5
WNP5. Why do you think you are not physically able to get pregnant? Do not prompt. If more than one response given, circle each one.	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 amenorrhoeic..... F Breastfeeding G Too old H Other (specify) X Don't know..... Z	

WPR7. At any of the antenatal visits, were you receiving multivitamin supplements FREE OF CHARGE?	Yes 1 No..... 2	
WPR8. When you got pregnant, did you want to get pregnant at that time?	Yes 1 No..... 2	-> WPR10 -> Next Q
WPR9. At that time, did you want to have a baby later on or did you not want any (more) children?	Later 1 No more..... 2	
WPR10. Right now, would you like to have another child after the child you are now expecting is born, or would you prefer not to have any more children?	Have another child 1 No more / None..... 2 Undecided / Don't know..... 8	-> Next Q ->WPH1 ->WPH1
WPR11. After this baby is born, how long would you like to wait before the birth of another child?	1. Months..... <input type="text"/> <input type="text"/> <input type="text"/> 2. Years..... <input type="text"/> <input type="text"/> <input type="text"/> Soon as possible993 After marriage.....994 Other995 Don't know.....998	
All women		
WPH1. How many times, in total, have you been pregnant? If pregnant now, include this pregnancy. If never pregnant, enter "00".	Number of times <input type="text"/> <input type="text"/>	00->WSC1
WPH2. How many times, in total, have you given birth to a baby? (Include still births and live births)	Number of times <input type="text"/> <input type="text"/>	
WPH35. Have you given birth to a live baby in the past 2 years?	Yes 1 No 2	

SUPPLEMENT CONSUMPTION

Now I would like to ask you some questions about vitamins you may be taking or have recently taken.

WSC1. During the last six months did you take any iron tablets or syrup? Show iron tablets and syrup.	Yes..... 1 No 2 Not sure if it was iron/Do not know..... 9	-> Next Q -> WSC5 -> WSC5
WSC2. Are you still taking iron tablets or syrup?	Yes..... 1 No 2	-> Next Q -> WSC4
WSC3. How long have you taken iron tablets or syrup?	One week or less 1 More than 1 week, Less than 1 month 2 One month or more 3	- ->WSC5 -
WSC4. When did you stop taking iron tablets or syrup?	Less than 3 months ago 1 3 months ago or more..... 2	
WSC5. During the last six months did you take any folic acid tablets or syrup? Show folic acid tablets and syrup.	Yes..... 1 No 2 Not sure if it was folic acid/Do not know..... 9	-> Next Q ->WSC9 ->WSC9
WSC6. Are you still taking folic acid tablets or syrup?	Yes..... 1 No 2	-> Next Q ->WSC8

WSC7. How long have you taken folic acid tablets or syrup?	One week or less..... 1 More than 1 week, less than 1 month 2 One month or more 3	- >WSC9 -
WSC8. When did you stop taking folic acid tablets or syrup?	Less than 3 months ago 1 3 months ago or more..... 2	
WSC9. During the last six months did you take any vitamin A capsules? Show vitamin A capsule.	Yes..... 1 No 2 Not sure if it was vitamin A.... 9	
WSC10. During the last six months did you take any Multi-Vitamin supplements?	Yes..... 1 No 2 Not sure if it was a Multi-Vitamin/Do not know..... 9	

DIETARY DIVERSITY

WDD 1. Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.

a) Think about when you first woke up yesterday. Did you eat anything at that time? if yes: Please tell me everything that you ate at that time.

Probe: "Anything else?" until respondent says nothing else. If no, continue to question b).

b) What did you do after that? Did you eat anything at that time? If yes: Please tell me everything you ate at that time.

Probe: "Anything else?" until respondent says nothing else.

Repeat question b) above until respondent says she went to sleep until the next day.

If respondent mentions mixed dishes like a porridge, sauce or stew, probe:

c) What ingredients were in that (mixed dish)?

Probe: "Anything else?" until respondent says nothing else.

As the respondent recalls foods, underline the corresponding food and circle '1' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Do not mark any food group if the amount of food was less than 15 grams. Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question and circle '1' if respondent says yes, '2' IF NO AND '9' IF DON'T KNOW:

YESTERDAY DURING THE DAY OR NIGHT, DID YOU DRINK/EAT ANY (FOOD GROUP ITEMS NOT ALREADY MARKED 1)?			
Other foods:	Yes	No	DK
A. Bread, rice, noodles, porridge, or other foods made from grains such as [wheat, rice, buckwheat]?	1	2	9
B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside?	1	2	9
C. White potatoes, radish and other commonly consumed roots, or any other foods made from roots?	1	2	9
D. Any dark green leafy vegetables?	1	2	9
E. Any other vegetables?			
F. Apricot, peach, oranges, plums, melon, ebony and other vitamin A rich fruits commonly consumed?	1	2	9

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YESTERDAY DURING THE DAY OR NIGHT, DID YOU DRINK/EAT ANY (FOOD GROUP ITEMS NOT ALREADY MARKED 1)?			
Other foods:			
	Yes	No	DK
G. Any other fruits or vegetables?	1	2	9
H. Liver, kidney, heart, or other organ meats?	1	2	9
I. Any meat, such as beef, lamb, goat, chicken, rabbit or duck?	1	2	9
J. Eggs?	1	2	9
K. Fresh or dried fish or shellfish?	1	2	9
L. Any foods made from beans, peas, lentils?	1	2	9
M. Any foods made from seeds or nuts?	1	2	9
N. Cheese, yogurt, or other food made from milk?	1	2	9
O. Oils, fats or butter added to food or used for cooking?	1	2	9
P. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	1	2	9
Q. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?	1	2	9
Other foods:			
Check categories A – Q.	If all "No" -> Next Q If at least 1 "Yes" -> CF13		

KNOWLEDGE OF FORTIFIED FOODS

Now I would like to ask you about some foods which may contain extra nutrients.

<p>WKF1. Have you heard about fortified flour?</p>	<p>Yes 1 No 2 Don't know 9</p>	<p>-> Next Q ->WKF4 ->WKF4</p>
<p>WKF2. Do you use fortified flour?</p>	<p>Always 1 Usually 2 Sometimes 3 Never 4 Don't know 9</p>	
<p>WKF3. What do you think are the benefits of fortified flour?</p> <p>Mark all responses mentioned .Do not prompt with any suggestions.</p>	<p>Improves health A Prevents anemia B Prevents iron deficiency C Prevents vitamin and mineral deficiency D Prevents congenital defects E Better productivity/ energy .. F Better intellectual development in children G Other Y (specify: _____) Don't know Z</p>	
<p>WKF4. Have you heard about iodized salt?</p>	<p>Yes 1 No 2 Don't know 9</p>	<p>-> Next Q ->WSM1 - >WSM1W SM1</p>
<p>WKF5. Do you use iodized salt?</p>	<p>Always 1 Usually 2 Sometimes 3 Never 4 Don't know 9</p>	
<p>WKF6. Why do you think iodized salt is important?</p> <p>Mark all responses mentioned. Do not prompt with any suggestions.</p>	<p>Prevents iodine deficiency .. A Improves intelligence B Prevents vitamin deficiency C Improve health status D Other Y (specify: _____) Don't know Z</p>	

WOMEN'S BEHAVIOURS

<p>WSM1. Do you currently smoke cigarettes?</p>	<p>Yes 1 No 2 Don't know 9</p>	<p>-> Next Q ->WUS1 ->WUS1</p>
<p>WSM2. On average, how many of cigarettes do you smoke each day or week?</p> <p>If less than daily, record weekly</p>	<p>1. Daily..... <input type="text"/> <input type="text"/></p> <p>or</p> <p>2. Weekly..... <input type="text"/> <input type="text"/></p> <p>Don't know 99</p>	

URINE SAMPLE COLLECTION If approval given, hand out a labeled urine beaker and explain the woman what to do

<p>WUS1. Now we would like to take some urine from you. Do you give your permission?</p>	<p>Yes1 No2</p>	<p>-> Next Q -> END</p>
<p>WUS2. Did you attach label (pre- printed white) to the container and handed out urine container? <i>Label number must match label number entered in WID5 and label affixed to biological form</i></p>	<p>Yes1 No2</p>	<p>-> Next Q -> END</p>
<p>WUS3. Record label number on urine container</p>	<p>Urine ID number ... W <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>WUS4. Has woman been selected for second urine sample <i>Only non-pregnant women can be selected for second urine sample</i></p>	<p>Yes1 No2</p>	<p>-> Next Q -> END</p>
<p>WUS5. Did you attach label (red handwritten) and hand out urine container <i>Label number must be handwritten and match label number entered in WID5, biological form and WUS3</i></p>	<p>Yes1 No2</p>	<p>-> Next Q -> END</p>
<p>WUS6. . Record label number on urine container</p>	<p>Urine ID number ... W <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

INTERVIEWER'S OBSERVATIONS