



**MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2006, BBS
WOMEN'S QUESTIONNAIRE**

WOMEN'S INFORMATION PANEL	WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>	
WM1. Cluster No	<input style="width: 40px; height: 15px;" type="text"/>
Name:	WM2. Household number:
WM3. Woman's Name:	<input style="width: 40px; height: 15px;" type="text"/>
WM5. Interviewer number:	WM4. Woman's Line Number:
Name:	<input style="width: 40px; height: 15px;" type="text"/>
WM7. Result of women's interview	WM6. Day/Month/Year of interview <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> 2006
	Completed..... 1 Not at home 2 Refused 3 Partly completed..... 4 Incapacitated..... 5 Other (specify) 6
<p><i>Repeat greeting if not already read to this woman :</i> WE ARE FROM BANGLADESH BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (HALF AN HOUR). ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?</p> <p><i>If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.</i></p>	
WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth:
	Month..... <input style="width: 20px; height: 15px;" type="text"/>
	DK month98
	Year <input style="width: 40px; height: 15px;" type="text"/>
	DK year9998
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)..... <input style="width: 20px; height: 15px;" type="text"/>
WM9A. WHAT IS YOUR MARITAL STATUS ?	Unmarried 1
	Married 2
	Divorced 3
	Separate 4
	Widow 5
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes 1
	No 2
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary (Class I-V)..... 1
	Secondary (High/Intermediate)..... 2
	HIGHER (DEGREE & ABOVE) 3
	Non-standard curriculum 6
WM12. WHAT IS THE HIGHEST CLASS YOU COMPLETED AT THAT LEVEL?	Class <input style="width: 20px; height: 15px;" type="text"/>

WM13. Check WM11:

Secondary or higher. ⇒ *Go to Next Module*

Primary or non-standard curriculum. ⇒ *Continue with WM14*

WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.

Cannot read at all..... 1

Able to read only parts of sentence 2

Able to read whole sentence 3

No sentence in required language _____ 4

(specify language)

Blind/mute, visually/speech impaired 5

Show sentences to respondent.

If respondent cannot read whole sentence, probe:

CAN YOU READ PART OF THE SENTENCE TO ME?

Example sentences for literacy test:

1. *Always speak the truth.*

2. *It is raining.*

3. *I go to school.*

4. *Birds chirping.*

5. *I drink Tubewell water.*

Check WM9A:

1 (Unmarried) ⇒ Go to HIV Module

ELSE ⇒ Continue with CMI

TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women (15-49) with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK..... 8	
<i>If a card is presented, use it to assist with answers to the following questions.</i>		
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No..... 2 DK 8	2⇒TT5 8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times..... <input type="text"/> DK 8	8⇒TT5
TT4. <i>How many TT doses during last pregnancy were reported in TT3?</i>		
<input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ Go to Next Module</i>		
<input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</i>		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes 1 No..... 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times..... <input type="text"/> DK98	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Month <input type="text"/> DK month.....98 Year <input type="text"/>	⇒NEXT MODULE
<i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>		
	DK year.....9998	↓ TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago <input type="text"/>	

MATERNAL AND NEWBORN HEALTH MODULE

MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Use this child's name in the following questions, where indicated.

MN1. IN THE FIRST 42 DAYS AFTER YOUR LAST BIRTH [THE BIRTH OF *name*], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? Yes 1
 No..... 2
 DK 8

Show 200,000 IU capsuler.

MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? Health professional:
 Doctor A
 Nurse/midwife B

If yes: WHOM DID YOU SEE? ANYONE ELSE?

Probe for the type of person seen and circle all answers given.

Other person
 Traditional birth attendant F
 Community health worker G
 Relative/friend H
 Other (*specify*) X
 No one Y

Y⇒MN7

MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?

	Yes	No
MN3A. WERE YOU WEIGHED?	Weight 1	2
MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure 1	2
MN3C. DID YOU GIVE A URINE SAMPLE?	Urine sample 1	2
MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample 1	2

MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS? Yes 1
 No..... 2
 DK 8

MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (*name*)? Health professional:
 Doctor A
 Nurse/midwife..... B
 Other person

ANYONE ELSE?

Probe for the type of person assisting and circle all answers given.

Traditional birth attendant F
 Community health worker G
 Relative/friend..... H
 Other (*specify*) X
 No one Y

MN8. WHERE DID YOU GIVE BIRTH TO (*name*)?

If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.

_____ (*Name of place*)

Home
 Your home 11
 Other home 12
 Public sector
 Govt. hospital 21
 Govt. clinic/health center 22
 Other public (*specify*) 26
 Private Medical Sector
 Private hospital 31
 Private clinic 32
 Private maternity home 33
 Other private medical (*specify*) 36
 Other (*specify*) 96

MN9. WHEN YOUR LAST CHILD (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL? Very large 1
 Larger than average 2
 Average 3
 Smaller than average 4
 Very small 5
 DK 8

MN10. WAS (*name*) WEIGHED AT BIRTH? Yes 1
 No..... 2
 DK 8

2⇒MN12
 8⇒MN12

HIV & AIDS MODULE

HA

HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes	1	
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	No.....	2	2⇒ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE HIV VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes	1	
	No.....	2	
	DK	8	
HA3. CAN PEOPLE GET INFECTED WITH THE HIV VIRUS BECAUSE OF MAGIC OR OTHER SUPERNATURAL MEANS?	Yes	1	
	No.....	2	
	DK	8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes	1	
	No.....	2	
	DK	8	
HA5. CAN PEOPLE GET THE HIV VIRUS FROM MOSQUITO BITES?	Yes	1	
	No.....	2	
	DK	8	
HA7. CAN PEOPLE GET THE HIV VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes	1	
	No.....	2	
	DK	8	
HA7A. CAN PEOPLE GET THE HIV VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes	1	
	No.....	2	
	DK	8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV VIRUS?	Yes	1	
	No.....	2	
	DK	8	
HA9. CAN THE HIV VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?			
		Yes	No
HA9A. DURING PREGNANCY?	During pregnancy.....	1	2
		8	
HA9B. DURING DELIVERY?	During delivery.....	1	2
		8	
HA9C. BY BREASTFEEDING?	By breastfeeding	1	2
		8	

Follow instructions in your Interviewer's Manual.

HA10. DOES ANY OTHER ELIGIBLE WOMAN AGE 15-49 RESIDE IN THE HOUSEHOLD? CHECK HOUSEHOLD LISTING, COLUMN HL6. YOU SHOULD HAVE A QUESTIONNAIRE WITH THE INFORMATION PANEL FILLED IN FOR NEXT ELIGIBLE WOMAN.

Yes. ⇒ Go to **QUESTIONNAIRE FOR INDIVIDUAL WOMEN** TO ADMINISTER THE QUESTIONNAIRE TO THE NEXT ELIGIBLE WOMAN.

No. ⇒ CONTINUE (HA11)

HA11. Does any child under the age of 5 reside in the household? Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to administer the questionnaire to caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.