



Bhutan Multiple Indicator Survey (BMIS)

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL
WM

This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman

| | |
|---|--|
| WM1. Block/Chiwog name and code: _____ | WM1A. Gewog/Town name and code: _____ |
| WM1B. DZONGKHAG NAME & CODE: _____ | WM2. Household serial number: ____ |
| WM3. Woman's name: Name _____ | WM4. Woman's serial number: ____ |
| WM5. Interviewer name and number: Name _____ | WM6. Day / Month / Year of interview: ____ / ____ / _____ |

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

WE ARE FROM NATIONAL STATISTICS BUREAU. WE ARE CONDUCTING A SURVEY ON THE SITUATION OF HOUSEHOLD, WOMEN AND CHILDREN. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW MIGHT TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL. WHILE YOUR PARTICIPATION IS VOLUNTARY IT IS OF UTMOST IMPORTANCE THAT YOU RESPOND TO THE SURVEY AS THE RESULTS WILL HELP THE GOVERNMENT IN PLANNING AND DECISION MAKING.

IF GREETING AT THE BEGINNING OF THE HOUSEHOLD QUESTIONNAIRE HAS ALREADY BEEN READ TO THIS WOMAN, THEN READ THE FOLLOWING:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL

IF YOU HAVE NO OBJECTION, MAY I START NOW?

- Yes, PERMISSION IS GIVEN ⇒ GO TO WM10 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.
- No, PERMISSION IS NOT GIVEN ⇒ COMPLETE WM7. DISCUSS THIS RESULT WITH YOUR SUPERVISOR

| | |
|--------------------------------------|-------------------------|
| WM7. Status of woman's questionnaire | Completed..... 1 |
| | Not at home..... 2 |
| | Refused..... 3 |
| | Partly completed..... 4 |
| | Incapacitated..... 5 |
| | Other (specify)..... 6 |

| | |
|---|--|
| WM8. Field edited by (Name and number): Name _____ | WM9. Data entry keyer (Name and number): Name _____ |
| WM10. Record the starting time.(24 hours) | Hours and minutes..... : ____ |

| WOMAN'S BACKGROUND | | WB |
|---|--|-------|
| WB1. IN WHAT MONTH AND YEAR WERE YOU BORN? | Date of birth Month..... __ __ DK month 98 Year __ __ __ __ DK year 9998 | |
| WB2. HOW OLD ARE YOU? <i>PROBE: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>COMPARE AND CORRECT WB1 AND/OR WB2 IF INCONSISTENT</i> | Age (in completed years)..... __ __ | |
| WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL? | Yes 1 No 2 | 2⇒WB7 |
| WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED? | PRESCHOOL.....0 PRIMARY(PP-6).....1 LOWER SECONDARY(7-8).....2 MIDDLE SECONDARY(9-10).....3 HIGHER SECONDARY(11-12).....4 COLLEGE/UNIVERSITY.....5 DK.....8 | 0⇒WB7 |
| WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>IF LESS THAN A FULL GRADE THEN ENTER 17.</i> | Grade PP-00..... __ __ Grade 01-12..... __ __ Diploma-13..... __ __ Degree-14..... __ __ Masters-15..... __ __ >Masters-16..... __ __ No grade-17..... __ __ DK(write98)..... __ __ | |
| WB6. Check WB4: <input type="checkbox"/> Lower Secondary or higher. ⇒ Go to Next Module (Primary(Continue with WB7 | | |
| WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME? <i>EXAMPLES OF SENTENCES FOR LITERACY TEST:</i> 1. THE CHILD IS READING A BOOK 2. TODAY IS LOSAR, WE ARE GOING TO THE DZONG 3. PARENTS MUST CARE FOR THEIR CHILDREN 4. FARMING IS HARD WORK | 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 | |

CHILD MORTALITY

CM

All questions refer only to LIVE births.

| | | |
|--|---|---------------|
| <p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> | <p>Yes1 No2</p> | <p>⇒CM8</p> |
| <p>CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p>CM4CM3.</p> | <p>Date of first birth</p> <p>Day.....__ DK day.....98</p> <p>Month.....__ DK moth.....98</p> <p>Year.....__ DK year.....9998</p> | <p>⇒CM4</p> |
| <p>CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH</p> | <p>Completed years since first birth..... __ __</p> | |
| <p>CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p> | <p>Yes.....1 No2</p> | <p>2⇒CM6</p> |
| <p>CM5. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p> | <p>Sons at home.....__ __</p> <p>Daughters at home.....__ __</p> | |
| <p>CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> | <p>Yes.....1 No2</p> | <p>2⇒CM8</p> |
| <p>CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p> | <p>Sons elsewhere..... __ __</p> <p>Daughters elsewhere..... __ __</p> | |
| <p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i></p> <p>I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p> | <p>Yes.....1 No2</p> | <p>2⇒CM10</p> |
| <p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>IF NONE, RECORD '00'.</i></p> | <p>Boys dead.....__ __</p> <p>Girls dead.....__ __</p> | |
| <p>CM10. Sum answers to CM5, CM7, and CM9.</p> | <p>Sum.....__ __</p> | |

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (TOTAL NUMBER) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

Yes. Check below:

No births ⇒ Go to contraception module

(One or more births ⇒ Continue with CM12

⇒No⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12

CM12. OF THESE (TOTAL NUMBER) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

Month and year must be recorded.

Date of last birth

Day..... _ _

DK day..... 98

Month..... _ _

Year _ _ _ _

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) **2008**

No live birth in last 2 years. ⇒ Continue with the Contraception module.

Yes, live birth in last 2 years. ⇒ Ask for the name of the child

Name of child _____

If child has died, take special care when referring to this child by name in the following modules.

Continue with the next module.

DESIRE FOR LAST BIRTH

DB

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check child mortality module CM13 and record name of last-born child here _____.

Use this child's name in the following questions, where indicated.

| | | |
|---|--|------------------|
| DB1. WHEN YOU GOT PREGNANT WITH (NAME), DID YOU WANT TO GET PREGNANT AT THAT TIME? | Yes 1 No 2 | 1⇒NEXT MODULE |
| DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN? | Later 1 No more 2 | 2⇒NEXT MODULE |
| DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? | Months 1 __ __ Years 2 __ __ DK(Write 98)..... 9 __ __ | |

MATERNAL AND NEWBORN HEALTH

MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check child mortality module CM13 and record name of last-born child here _____.

Use this child's name in the following questions, where indicated.

| | | | | | | | | | | | | | | |
|--|--|------------------------|-----|----|----------------------|---|---|--------------------|---|---|--------------------|---|---|--|
| <p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (NAME)?</p> | <p>Yes 1 No 2</p> | <p>2⇒MN5</p> | | | | | | | | | | | | |
| <p>MN2. WHOM DID YOU SEE?</p> <p><i>PROBE:</i></p> <p>ANYONE ELSE?</p> <p>Probe for the type of person seen and circle all answers given.</p> | <p>Health professional: Doctor A Nurse / Midwife B HA/BHW C Asst. Clinical Officer (ACO)..... D Other person Traditional birth attendant..... F Village health worker..... G Other (specify) X</p> | | | | | | | | | | | | | |
| <p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p> | <p>Number of times DK 98</p> | | | | | | | | | | | | | |
| <p>MN3A DURING (ANY OF) YOUR ANTE NATAL CARE VISIT(S), WERE YOU TOLD ABOUT THE SIGNS OF PREGNANCY COMPLICATIONS?</p> | <p>Yes 1 No 2 DK 8</p> | | | | | | | | | | | | | |
| <p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p> | <table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> | | Yes | No | Blood pressure | 1 | 2 | Urine sample | 1 | 2 | Blood sample | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | |
| Blood pressure | 1 | 2 | | | | | | | | | | | | |
| Urine sample | 1 | 2 | | | | | | | | | | | | |
| Blood sample | 1 | 2 | | | | | | | | | | | | |
| <p>MN5. DO YOU HAVE A MATERNAL CARD OR MOTHER AND CHILD HEALTH HANDBOOK WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card/handbook is presented, use it to assist with answers to the following questions.</i></p> | <p>Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8</p> | | | | | | | | | | | | | |
| <p>MN6. WHEN YOU WERE PREGNANT WITH (NAME), DID YOU RECEIVE ANY INJECTION IN THE SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p> | <p>Yes 1 No 2 DK 8</p> | <p>2⇒MN9 8⇒MN9</p> | | | | | | | | | | | | |
| <p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (NAME)?</p> <p><i>If 7 or more times, record '7'.</i></p> | <p>Number of times DK 8</p> | <p>8⇒MN9</p> | | | | | | | | | | | | |

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| <p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN17</p> <p><input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</p> | | |
| <p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (NAME), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒MN17</p> <p>8⇒MN17</p> |
| <p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (NAME)?</p> <p><i>If 7 or more times, record '7'.</i></p> | <p>Number of times _</p> <p>DK 8</p> | <p>8⇒MN17</p> |
| <p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (NAME)?</p> <p><i>If less than 1 year, record 00.</i></p> | <p>Years ago _ _</p> | |
| <p>MN17. WHO ASSISTED WITH THE DELIVERY OF (NAME)?</p> <p><i>PROBE:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p> | <p>Health professional:</p> <p>Doctor A</p> <p>Nurse / Midwife B</p> <p>HA/BHW C</p> <p>Asst. Clinical Officer (ACO)..... D</p> <p>Other person</p> <p>Traditional birth attendant..... F</p> <p>Village health worker..... G</p> <p>Relative / Friend..... H</p> <p>Other (specify) _____ X</p> <p>No one..... Y</p> | |

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| <p>MN18. WHERE DID YOU GIVE BIRTH TO (NAME)?</p> <p><i>Probe to identify the type of place</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p> | <p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Hospital..... 21</p> <p>BHU..... 24</p> <p>Satellite clinic. 34</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Other (specify)..... 96</p> | <p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p> |
| <p>MN19. WAS (NAME) DELIVERED BY CAESEREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>MN20. WHEN (NAME) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p> | <p>Very large..... 1</p> <p>Larger than average..... 2</p> <p>Average 3</p> <p>Smaller than average..... 4</p> <p>Very small 5</p> <p>DK 8</p> | |
| <p>MN21. WAS (NAME) WEIGHED AT BIRTH?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒MN22A</p> <p>8⇒MN22A</p> |
| <p>MN22. HOW MUCH DID (NAME) WEIGH?</p> <p>Record weight from mother and child handbook or health card, if available.</p> | <p>From card.....1 (kg) _ . _ _ _</p> <p>From recall.....2 (kg) _ . _ _ _</p> <p>DK(Write 9.998).....9 _ . _ _ _</p> | |
| <p>MN22A AFTER YOU GAVE BIRTH TO (NAME), DID ANYONE CHECK ON YOUR HEALTH?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒MN22D</p> |
| <p>MN22B HOW LONG AFTER DELIVERY DID THE FIRST CHECK TAKE PLACE?</p> <p>If less than one hour, circle 1 and record 00.</p> <p>If less than one day, record hours.</p> <p>If less than one week, record days.</p> | <p>Hours..... 1 _ _</p> <p>Days 2 _ _</p> <p>Weeks..... 3 _ _</p> <p>DK(Write 98) 9 _ _</p> | |

| | | |
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| <p>MN22C WHO CHECKED ON YOUR HEALTH AT THAT TIME?</p> <p>Probe for most qualified person.</p> | <p>Health professional:</p> <p>Doctor 10</p> <p>Nurse / Midwife 11</p> <p>HA/BHW 12</p> <p>Asst. Clinical Officer (ACO) 13</p> <p>Other person</p> <p>Traditional birth attendant..... 14</p> <p>Village health worker..... 15</p> <p>Relative / Friend..... 16</p> <p>Other (specify) 96</p> | |
| <p>MN22D IN THE TWO MONTHS AFTER (NAME) WAS BORN, DID ANY HEALTH CARE PROVIDER CHECK ON HIS/HER HEALTH?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒MN23</p> <p>8⇒MN23</p> |
| <p>MN22E HOW MANY HOURS, DAYS OR WEEKS AFTER THE BIRTH OF (NAME) DID THE FIRST CHECK TAKE PLACE?</p> <p>If less than one day record hours.</p> <p>If less than one week record days.</p> | <p>Hours after birth..... 1 ___</p> <p>Days after birth 2 ___</p> <p>Weeks after birth..... 3 ___</p> <p>DK(Write 98)..... 9 ___</p> | |
| <p>MN22F WHO CHECKED ON (NAME)'S HEALTH AT THAT TIME?</p> <p>Probe for most qualified person.</p> | <p>Health professional:</p> <p>Doctor 10</p> <p>Nurse / Midwife 11</p> <p>HA/BHW 12</p> <p>Asst. Clinical Officer (ACO) 13</p> <p>Other person</p> <p>Traditional birth attendant..... 14</p> <p>Village health worker..... 15</p> <p>Relative / Friend..... 16</p> <p>Other (specify)..... 96</p> | |
| <p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (NAME)?</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>MN24. DID YOU EVER BREASTFEED (NAME)?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒NEXT MODULE</p> |
| <p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (NAME) TO THE BREAST?</p> <p>If less than 1 hour, record '00' hours.</p> <p>If less than 24 hours, record hours.</p> <p>Otherwise, record days.</p> | <p>Immediately(write 00) 0 ___</p> <p>Hours..... 1 ___</p> <p>Days 2 ___</p> <p>Don't know / remember(write 98)..... 9 ___</p> | |
| <p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒NEXT MODULE</p> |
| <p>MN27. WHAT WAS (NAME) GIVEN TO DRINK?</p> <p><i>PROBE:</i></p> <p>ANYTHING ELSE?</p> | <p>Milk (other than breast milk)A</p> <p>Plain waterB</p> <p>Sugar or glucose water.....C</p> <p>Sugar-salt-water solutionE</p> <p>Fruit juice.....F</p> <p>Infant formulaG</p> <p>Tea / Infusions.....H</p> <p>Honey.....I</p> <p>Butter.....J</p> <p>Other (specify)X</p> | |

| CONTRACEPTION | | CP |
|---|--|---------------|
| <p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p> | <p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK 8</p> | 1⇒CP4 |
| <p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p> | <p>Yes 1</p> <p>No 2</p> | 2⇒CP4 |
| <p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt.</p> <p>If more than one method is mentioned, circle each one.</p> | <p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD (Loop/Copper T) C</p> <p>Injectables D</p> <p>Implants E</p> <p>Oral Contraceptive Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Foam / Jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence/Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p> | |
| <p>CP4 IN THE LAST 12 MONTHS HAVE YOU VISITED A HEALTH FACILITY FOR CARE FOR YOURSELF OR YOUR CHILDREN?</p> | <p>Yes 1</p> <p>No 2</p> | 2⇒NEXT MODULE |
| <p>CP5 DID ANY STAFF MEMBER AT THE HEALTH FACILITY SPEAK TO YOU ABOUT FAMILY PLANNING?</p> | <p>Yes 1</p> <p>No 2</p> | |

UN1. CHECK CP1. CURRENTLY PREGNANT?

- Yes, currently pregnant ⇒ Continue with UN2
- No, unsure or DK ⇒ Go to UN5

| | | | |
|--|-----------|---|-------|
| 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 | 1⇒UN4 |
| | No | 2 | |

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|--|---------------|---|--|
| UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN? | Later | 1 | |
| | No more | 2 | |

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|---|------------------------------|---|--------|
| UN4. 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 | 1⇒UN7 |
| | No more / None..... | 2 | 2⇒UN13 |
| | Undecided / Don't know | 8 | 8⇒UN13 |

UN5. CHECK CP3. CURRENTLY USING "FEMALE STERILIZATION"?

- Yes.⇒ Go to UN13
- No. ⇒ Continue with UN6

| | | | |
|--|-----------------------------------|---|--------------------------|
| UN6. 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 | 2⇒UN9 3⇒UN11 8⇒UN9 |
| | No more / None..... | 2 | |
| | Says she cannot get pregnant..... | 3 | |
| | Undecided / Don't know | 8 | |

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|--|-----------------------------------|-----|----------|
| UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ ANOTHER) CHILD? | Months | 1 | 994⇒UN11 |
| | Years..... | 2 | |
| | Soon / Now | 993 | |
| | Says she cannot get pregnant..... | 994 | |
| | After marriage..... | 995 | |
| | Other | 996 | |
| | Don't know | 998 | |

UN8. CHECK CP1. CURRENTLY PREGNANT?

- Yes, currently pregnant ⇒ Go to UN13
- No, unsure or DK ⇒ Continue with UN9

| | | |
|--|---|---------------------------------|
| <p>UN9. CHECK CP2. CURRENTLY USING A METHOD?</p> <p><input type="checkbox"/> Yes. ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p> | | |
| <p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>1 ⇒ UN13</p> <p>8 ⇒ UN13</p> |
| <p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p> | <p>Infrequent sex / No sex A</p> <p>Menopausal B</p> <p>Never menstruated C</p> <p>Hysterectomy (surgical removal of uterus) D</p> <p>Has been trying to get pregnant for 2 years or more without result E</p> <p>Postpartum amenorrheic F</p> <p>Breastfeeding G</p> <p>Too old H</p> <p>Fatalistic I</p> <p>Other (specify) _____ X</p> <p>Don't know Z</p> | |
| <p>UN12. CHECK UN11. "NEVER MENSTRUATED" MENTIONED?</p> <p><input type="checkbox"/> Yes. ⇒ Go to Next Module</p> <p><input type="checkbox"/> No ⇒ Continue with UN13</p> | | |
| <p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> | <p>Days ago 1 __</p> <p>Weeks ago 2 __</p> <p>Months ago 3 __</p> <p>Years ago 4 __</p> <p>In menopause /</p> <p> Has had hysterectomy 994</p> <p> Before last birth 995</p> <p> Never menstruated 996</p> | |

| MARRIAGE/UNION | | MA |
|---|---|------------------|
| MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED? | Yes, currently married..... 1 Yes, living with a man..... 2 No, not in union 3 | 3⇒MA5 |
| MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>PROBE: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i> | Age in years __ __ DK 98 | |
| MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED? | Yes 1 No 2 DK 9 | 2⇒MA7 9⇒MA7 |
| MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE? | Number __ __ DK 98 | ⇒MA7 98⇒MA7 |
| MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED? | Yes, formerly married 1 Yes, formerly lived with a man 2 No 3 | 3⇒NEXT MODULE |
| 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 A MAN ONLY ONCE OR MORE THAN ONCE? | Only once 1 More than once 2 | |
| MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED? | Date of first marriage Month __ __ DK month..... 98 Year __ __ __ __ DK year 9998 | ⇒NEXT MODULE |
| MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER? | Age in years __ __ | |

ATTITUDES TOWARD AND EXPERIENCE OF DOMESTIC VIOLENCE

DV

| | | |
|--|---|---------------|
| <p>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:</p> <p>[A] IF SHE GOES OUT WITHOUT TELLING HIM?</p> <p>[B] IF SHE NEGLECTS THE CHILDREN?</p> <p>[C] IF SHE ARGUES WITH HIM?</p> <p>[D] IF SHE REFUSES TO HAVE SEX WITH HIM?</p> <p>[E] IF SHE BURNS THE FOOD?</p> | <p>Yes..... No DK</p> <p>Goes out without telling..... 1 2 8</p> <p>Neglects children 1 2 8</p> <p>Argues 1 2 8</p> <p>Refuses sex..... 1 2 8</p> <p>Burns food..... 1 2 8</p> | |
| <p>DV2. Check MA1 and MA5:</p> <p><input type="checkbox"/> Yes, Currently married or living with a man, or formerly married or formerly lived with a man⇒ Go to DV3</p> <p><input type="checkbox"/> No, not married or living with a man , or never married or lived with a man ⇒ Go to Next module</p> | | |
| <p>NOW I WOULD LIKE TO ASK YOU QUESTIONS ABOUT SOME IMPORTANT ASPECTS OF A WOMAN'S LIFE. I KNOW THAT SOME OF THESE QUESTIONS ARE VERY PERSONAL. HOWEVER, YOUR ANSWERS ARE CRUCIAL FOR HELPING TO UNDERSTAND THE CONDITION OF WOMEN IN BHUTAN. LET ME ASSURE YOU THAT YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL AND WILL NOT BE TOLD TO ANYONE AND NO ONE ELSE WILL KNOW THAT YOU WERE ASKED THESE QUESTIONS. IF WE SHOULD COME TO ANY QUESTION THAT YOU DO NOT WANT TO ANSWER, JUST LET ME KNOW AND WE WILL GO ON TO THE NEXT QUESTION.</p> | | |
| <p>DV3. (DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER SAY OR DO ANYTHING TO HUMILIATE YOU IN FRONT OF OTHERS?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒DV6</p> |
| <p>DV4. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?</p> | <p>Often 1</p> <p>Sometimes..... 2</p> | |
| <p>DV5. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER THREATEN TO HURT OR HARM YOU OR SOMEONE CLOSE TO YOU?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒DV8</p> |
| <p>DV6. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?</p> | <p>Often 1</p> <p>Sometimes..... 2</p> | |
| <p>DV7. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER INSULT YOU OR MAKE YOU FEEL BAD ABOUT YOURSELF?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒DV10</p> |
| <p>DV8. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?</p> | <p>Often 1</p> <p>Sometimes..... 2</p> | |
| <p>DV9. (DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER PUSH YOU, SHAKE YOU OR THROW SOMETHING AT YOU?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒DV12</p> |
| <p>DV10. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?</p> | <p>Often 1</p> <p>Sometimes..... 2</p> | |
| <p>DV11. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER SLAP YOU?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒DV14</p> |
| <p>DV12. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?</p> | <p>Often 1</p> <p>Sometimes..... 2</p> | |
| <p>DV13. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER TWIST YOUR ARM OR PULL YOUR HAIR?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒DV16</p> |
| <p>DV14. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?</p> | <p>Often 1</p> <p>Sometimes..... 2</p> | |
| <p>DV15. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER PUNCH YOU WITH HIS FIST OR SOMETHING THAT COULD HURT YOU?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒DV18</p> |
| <p>DV16. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?</p> | <p>Often 1</p> <p>Sometimes..... 2</p> | |

| | | |
|---|--|--------|
| DV17. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER KICK YOU, DRAG YOU OR BEAT YOU UP? | Yes 1 No 2 | 2⇒DV20 |
| DV18. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES? | Often 1 Sometimes..... 2 | |
| DV19. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER TRY TO CHOKE YOU OR BURN YOU ON PURPOSE? | Yes 1 No 2 | 2⇒DV22 |
| DV20. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES? | Often 1 Sometimes..... 2 | |
| DV21. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER THREATEN OR ATTACK YOU WITH A KNIFE, GUN OR ANY OTHER WEAPON? | Yes 1 No 2 | 2⇒DV24 |
| DV22. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES? | Often 1 Sometimes..... 2 | |
| DV23. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER PHYSICALLY FORCE YOU TO HAVE SEXUAL INTERCOURSE WITH HIM EVEN WHEN YOU DID NOT WANT TO? | Yes 1 No 2 | 2⇒DV26 |
| DV24. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES? | Often 1 Sometimes..... 2 | |
| DV25. DOES/DID YOUR (LAST) HUSBAND/PARTNER EVER FORCE YOU TO PERFORM ANY SEXUAL ACTS YOU DID NOT WANT TO? | Yes 1 No 2 | 2⇒DV27 |
| DV26. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES? | Often 1 Sometimes..... 2 | |
| DV27. HAVE YOU BEEN ABLE TO COMPLETE THIS MODULE WITHOUT INTERRUPTION? | Yes, fully 1 Yes, partially 2 No 3 | |

Thank the respondent for her cooperation and reassure her about the confidentiality of her answers.

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.

| | | |
|--|---|--|
| <p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p> | <p>Never had intercourse 00</p> <p>Age in years _ _</p> <p>First time when started living with (first) husband/partner 95</p> | <p>00⇒NEXT</p> <p>MODULE</p> |
| <p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p> | |
| <p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</p> | <p>Days ago 1 _ _</p> <p>Weeks ago 2 _ _</p> <p>Months ago 3 _ _</p> <p>Years ago 4 _ _</p> | <p>4⇒SB15</p> |
| <p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>PROBE TO ENSURE THAT THE RESPONSE REFERS TO THE RELATIONSHIP AT THE TIME OF SEXUAL INTERCOURSE</i></p> <p>If 'boyfriend', then ask:</p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>IF 'YES', CIRCLE '2'. IF 'NO', CIRCLE '3'.</i></p> | <p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Other (specify) 6</p> | <p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p> |
| <p>SB6. CHECK MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) <input type="checkbox"/> Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) <input type="checkbox"/> Continue with SB7</p> | | |
| <p>SB7. HOW OLD IS THIS PERSON?</p> <p>If response is DK, probe:</p> <p>ABOUT HOW OLD IS THIS PERSON?</p> | <p>Age of sexual partner _ _</p> <p>DK 98</p> | |
| <p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒SB15</p> |
| <p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p> | <p>Yes 1</p> <p>No 2</p> | |

| | | |
|---|--|---|
| <p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>PROBE TO ENSURE THAT THE RESPONSE REFERS TO THE RELATIONSHIP AT THE TIME OF SEXUAL INTERCOURSE</i></p> <p>If 'boyfriend' then ask:</p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p>If 'yes', circle '2'. If 'no', circle '3'.</p> | <p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Other (specify) _____ 6</p> | <p>3⇒SB12</p> <p>4⇒SB12</p> <p>6⇒SB12</p> |
| <p>SB11. CHECK MA1 AND MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2)</p> <p>AND</p> <p>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p> | | |
| <p>SB12. HOW OLD IS THIS PERSON?</p> <p>If response is DK, probe:</p> <p>ABOUT HOW OLD IS THIS PERSON?</p> | <p>Age of sexual partner __ __</p> <p>DK 98</p> | |
| <p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒SB15</p> |
| <p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p> | <p>Number of partners __ __</p> | |
| <p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p>If a non-numeric answer is given, probe to get an estimate.</p> <p>If number of partners is 95 or more, write '95'.</p> | <p>Number of lifetime partners __ __</p> <p>DK 98</p> | |

| HIV/AIDS | | HA | | | | | | | | | | | | | | | | |
|---|---|-------|-----|----|----|-----------------------|---|---|---|----------------------|---|---|---|-----------------------|---|---|---|--|
| HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. | Yes 1 | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS? | No 2 | 2⇒MM1 | | | | | | | | | | | | | | | | |
| HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS? | Yes 1 No 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPER-NATURAL MEANS? | Yes 1 No 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX? | Yes 1 No 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES? | Yes 1 No 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS? | Yes 1 No 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS? | Yes 1 No 2 DK 8 | | | | | | | | | | | | | | | | | |
| HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Yes | No | DK | During pregnancy..... | 1 | 2 | 8 | During delivery..... | 1 | 2 | 8 | By breastfeeding..... | 1 | 2 | 8 | |
| | Yes | No | DK | | | | | | | | | | | | | | | |
| During pregnancy..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| During delivery..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| By breastfeeding..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL? | Yes.....1 No2 DK / Not sure / Depends.....8 | | | | | | | | | | | | | | | | | |
| HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS? | Yes.....1 No2 DK / Not sure / Depends.....8 | | | | | | | | | | | | | | | | | |
| HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET? | Yes.....1 No2 DK / Not sure / Depends.....8 | | | | | | | | | | | | | | | | | |
| HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD? | Yes.....1 No2 DK / Not sure / Depends.....8 | | | | | | | | | | | | | | | | | |
| HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to HA24. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14. | | | | | | | | | | | | | | | | | | |
| HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Yes, antenatal care received.⇒ Continue with HA15 <input type="checkbox"/> No antenatal care received ⇒ Go to HA24 | | | | | | | | | | | | | | | | | | |

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|---|---|----------------------------|
| HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (NAME), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS VIRUS? | Yes 1 No 2 DK 8 | |
| HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE? | Yes 1 No 2 DK 8 | 2⇒HA19 8⇒HA19 |
| HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes 1 No 2 DK 8 | 2⇒HA22 8⇒HA22 |
| HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING? | Yes 1 No 2 DK 8 | 1⇒HA22 2⇒HA22 8⇒HA22 |
| HA19. Check MN17: Birth delivered by health professional (A, B, C or D)? <input type="checkbox"/> Yes, birth delivered by health professional⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional⇒ Go to HA24 | | |
| HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN? | Yes 1 No 2 | 2⇒HA24 |
| HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes 1 No 2 | |
| HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY? | Yes 1 No 2 | 1⇒HA25 |
| HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS? | Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3 | 1⇒MM1 2⇒MM1 3⇒MM1 |
| HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS? | Yes 1 No 2 | 2⇒HA27 |
| HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED? | Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3 | |
| HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes 1 No 2 DK 8 | 1⇒MM1 2⇒MM1 8⇒MM1 |
| HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS? | Yes 1 No 2 | |

MATERNAL MORTALITY

MM

Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother. Please include those who are living with you, those who are living elsewhere, and those who have died.

| | | |
|--|--|--|
| MM1. How many children did your mother give birth to, including you? | Number of births to natural mother ___ | |
| MM2. CHECK MM1. <input type="checkbox"/> TWO OR MORE BIRTHS ⇒ CONTINUE WITH MM3 <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) ⇒ GO TO WM11 | | |
| MM3. How many of these births did your mother have before you were born? | Number of preceding births ___ | |

| | (1) OLDEST | (2) NEXT OLDEST | (3) NEXT OLDEST | (4) NEXT OLDEST |
|---|---|---|---|---|
| MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER? | _____ | _____ | _____ | _____ |
| MM5. IS (NAME) MALE OR FEMALE? | Male 1 Female 2 | Male 1 Female 2 | Male 1 Female 2 | Male 1 Female 2 |
| MM6. IS (NAME) STILL ALIVE? | Yes 1 No 2 ⇒MM8 DK 8 ⇒(2) | Yes 1 No 2 ⇒MM8 DK 8 ⇒(3) | Yes 1 No 2 ⇒MM8 DK 8 ⇒(4) | Yes 1 No 2 ⇒MM8 DK 8 ⇒(5) |
| MM7. HOW OLD IS (NAME)? | ___ ⇒ Go to (2) | ___ Go to (3) | ___ Go to (4) | ___ Go to (5) |
| MM8. HOW MANY YEARS AGO DID (NAME) DIE? | ___ | ___ | ___ | ___ |
| MM9. HOW OLD WAS (NAME) WHEN HE/SHE DIED? | ___ <i>If male or died before age 12, go to (2)</i> | ___ <i>If male or died before age 12, go to (3)</i> | ___ <i>If male or died before age 12, go to (4)</i> | ___ <i>If male or died before age 12, go to (5)</i> |
| MM10. WAS (NAME) PREGNANT WHEN SHE DIED? | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 |
| MM11. DID (NAME) DIE DURING CHILDBIRTH? | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 |
| MM12. DID (NAME) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH? | Yes 1 No 2 | Yes 1 No 2 | Yes 1 No 2 | Yes 1 No 2 |
| MM13. HOW MANY LIVE BORN CHILDREN DID (NAME) GIVE BIRTH TO DURING HER LIFETIME (BEFORE THIS PREGNANCY)? | ___ | ___ | ___ | ___ |
| MM14. | <i>IF NO MORE SIBLINGS, GO TO WM11</i> | <i>IF NO MORE SIBLINGS, GO TO WM11</i> | <i>IF NO MORE SIBLINGS, GO TO WM11</i> | <i>IF NO MORE SIBLINGS, GO TO WM11</i> |

| | (5) OLDEST | (6) NEXT OLDEST | (7) NEXT OLDEST | (8) NEXT OLDEST |
|---|---|---|---|---|
| MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER? | _____ | _____ | _____ | _____ |
| MM5. Is (NAME) MALE OR FEMALE? | Male 1 Female..... 2 | Male 1 Female..... 2 | Male 1 Female..... 2 | Male 1 Female..... 2 |
| MM6. Is (NAME) STILL ALIVE? | Yes 1 No 2 ⇒MM8 DK 8 ⇒(6) | Yes 1 No 2 ⇒MM8 DK 8 ⇒(7) | Yes 1 No 2 ⇒MM8 DK 8 ⇒(8) | Yes 1 No 2 ⇒MM8 DK 8 ⇒(9) |
| MM7. HOW OLD IS (NAME)? | ___ __ ⇒ Go to (6) | ___ __ Go to (7) | ___ __ Go to (8) | ___ __ Go to (9) |
| MM8. HOW MANY YEARS AGO DID (NAME) DIE? | ___ __ | ___ __ | ___ __ | ___ __ |
| MM9. HOW OLD WAS (NAME) WHEN HE/SHE DIED? | ___ __ <i>If male or died before age 12, go to (6)</i> | ___ __ <i>If male or died before age 12, go to (7)</i> | ___ __ <i>If male or died before age 12, go to (8)</i> | ___ __ <i>If male or died before age 12, go to (9)</i> |
| MM10. WAS (NAME) PREGNANT WHEN SHE DIED? | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 |
| MM11. DID (NAME) DIE DURING CHILDBIRTH? | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 | Yes 1 ⇒MM13 No 2 |
| MM12. DID (NAME) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH? | Yes 1 No 2 | Yes 1 No 2 | Yes 1 No 2 | Yes 1 No 2 |
| MM13. HOW MANY LIVE BORN CHILDREN DID (NAME) GIVE BIRTH TO DURING HER LIFETIME (BEFORE THIS PREGNANCY)? | ___ __ | ___ __ | ___ __ | ___ __ |
| MM14. | <i>IF NO MORE SIBLINGS, GO TO WM11</i> | <i>IF NO MORE SIBLINGS, GO TO WM11</i> | <i>IF NO MORE SIBLINGS, GO TO WM11</i> | <i>IF NO MORE SIBLINGS, GO TO WM11</i> |

| | |
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| WM11. RECORD THE END TIME.(24 HOURS) | Hour and minutes..... : ____ : ____ |
|--------------------------------------|-------------------------------------|

Check household listing, column HL9.

WM12. Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

No. ⇒ End the interview with this respondent by thanking her for her cooperation.

Check for the presence of any other eligible woman or children under-5 in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations