



**QUESTIONNAIRE FOR INDIVIDUAL WOMEN**

<b>WOMEN’S INFORMATION PANEL</b>	<b>WM</b>
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of Household Listing Form). Fill in one form for each eligible woman</i></p>	
WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman’s Name: _____	WM4. Woman’s Line Number: _____
WM5. Interviewer number: _____	WM6. Day/Month/Year of interview: _____ / _____ / _____
WM7. Result of women’s interview	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other ( <i>specify</i> ) _____ 6
WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ..... _____ DK month ..... 98  Year ..... _____ DK year ..... 9998
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age ( <i>in completed years</i> ) ..... _____
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes ..... 1 No ..... 2     2 ⇒ WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary ..... 1 Secondary ..... 2 Higher ..... 3 Incomplete secondary ..... 4 Secondary special ..... 5 Non-standard curriculum ..... 6
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	GRADE ..... _____
WM13. Check WM11	<input type="checkbox"/> Secondary, incomplete secondary, secondary special or higher. ⇒ CM1 <input type="checkbox"/> Primary or non-standard curriculum. ⇒ WM14
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentences to respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?  Example sentences for literacy test: 1. <i>It has started to rain late this year.</i> 2. <i>Parents must love their children.</i> 3. <i>A child is reading a book.</i>	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 <i>(specify language)</i>  Blind/mute, visually/speech impaired ..... 5

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i></p>		
<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><i>If "No" probe by asking: 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?</i></p>	<p>Yes ..... 1 No ..... 2</p>	2 ↓ MA1
<p>CM2A. 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>Date of first birth Day ..... DK day .....98</p> <p>Month ..... DK month .....98</p> <p>Year ..... DK year .....9998</p>	⇒ CM3 ↓ CM2B
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	Completed years since first birth ..... _____	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes ..... 1 No ..... 2</p>	2 ⇒ CM5
<p>CM4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home ..... Daughters at home .....</p>	
<p>CM5. 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 No ..... 2</p>	2 ⇒ CM7
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere ..... Daughters elsewhere .....</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes ..... 1 No ..... 2</p>	2 ⇒ CM9
<p>CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead ..... Girls dead .....</p>	
<p>CM9. <i>Sum answers to CM4, CM6, and CM8.</i></p>	Total .....	
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>TOTAL NUMBER</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p>	<p><input type="checkbox"/> Yes. ⇒ CM11 <input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>	
<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>If day is not known, enter '98' in space for day.</i></p>	<p>Date of last birth: Day/Month/Year .... ___/___/___</p>	

<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2003)?</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p>	<p>Yes, live birth in last 2 years .....1</p> <p>No live birth in last 2 years .....2</p>	<p>1⇒CM13</p> <p>2 ↓ MA1</p>
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then .....1</p> <p>Later .....2</p> <p>No more.....3</p>	

MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p> <p><i>Check Child Mortality Module CM12 and record name of last-born child _____</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE?</i></p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor .....A</p> <p>Nurse/midwife .....B</p> <p>Auxiliary midwife .....C</p> <p>Other person</p> <p>Community health worker ..... G</p> <p>Relative/friend .....H</p> <p>Other (<i>specify</i>) _____ X</p> <p>No one ..... Y</p>	<p>Y⇒MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>MN3A. WERE YOU WEIGHED?</td> <td>1</td> <td>2</td> </tr> <tr> <td>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</td> <td>1</td> <td>2</td> </tr> <tr> <td>MN3C. DID YOU GIVE A URINE SAMPLE?</td> <td>1</td> <td>2</td> </tr> <tr> <td>MN3D. DID YOU GIVE A BLOOD SAMPLE?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	MN3A. WERE YOU WEIGHED?	1	2	MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	1	2	MN3C. DID YOU GIVE A URINE SAMPLE?	1	2	MN3D. DID YOU GIVE A BLOOD SAMPLE?	1	2	
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<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒MN7</p> <p>8⇒MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																

<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>NAME</i>)?  ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:          Doctor ..... A          Nurse/midwife ..... B          Auxiliary midwife ..... C          Other person              Community health worker ..... G              Relative/friend ..... H          Other (<i>specify</i>) _____ X          No one ..... Y</p>	
<p>MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>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.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p>	<p>Home              Your home ..... 11              Other home ..... 12          Public sector              Gov. hospital ..... 21              Gov. clinic/health center ..... 22              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          Other (<i>specify</i>) _____ 96</p>	
<p>MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large ..... 1          Larger than average ..... 2          Average ..... 3          Smaller than average ..... 4          Very small ..... 5          DK ..... 8</p>	
<p>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1          No ..... 2          DK ..... 8</p>	<p>2 ⇒ MN12          8 ⇒ MN12</p>
<p>MN11. HOW MUCH DID (<i>name</i>) WEIGHT?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card (<i>grams</i>) ..... 1    _ _ _ _          From recall (<i>grams</i>) ..... 2    _ . _ _ _          DK ..... 9                    9998</p>	
<p>MN12. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1          No ..... 2</p>	<p>2 ↓ MA1</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.          If less than 24 hours, record hours.          Otherwise, record days.</i></p>	<p>Immediately ..... 0    00          Hours ..... 1    _ _              or          Days ..... 2    _ _          DK/remember ..... 9    98</p>	

MARRIAGE/UNION MODULE		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⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... __ __ DK..... 98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No ..... 3	3 ↓ CP1
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced ..... 2 Separated ..... 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year ..... 9998	
MA7. Check MA6:	<input type="checkbox"/> Month and year of marriage/union known? ⇒ CP1 <input type="checkbox"/> Either month or year of marriage/union not known? ⇒MA8	
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age (in years) ..... __ __	

CONTRACEPTION MODULE		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.  ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 No ..... 2 DK/unsure ..... 8	1⇒CP4B
CP2. SOME PEOPLE 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	2⇒CP4A
CP3. WHICH METHOD ARE YOU USING?  <i>DO NOT PROMPT. If more than one method is mentioned, circle each one.</i>	Female sterilization..... A Male sterilization ..... B Pill ..... C IUD..... D Injections..... E Implants ..... F Condom ..... G Female condom ..... H Diaphragm ..... I Foam/jelly ..... J Lactational amenorrhoea method (LAM).... K Periodic abstinence ..... L Withdrawal ..... M Other (specify) _____ X	

<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> 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?</p>	<p>Have (a/another) child ..... 1</p> <p>No more/none..... 2</p> <p>Says she cannot get pregnant ..... 3</p> <p>DK/undecided..... 8</p>	<p>2 ⇓ HA1</p> <p>3 ⇓ HA1</p> <p>8 ⇓ HA1</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months..... 1 ___</p> <p>Years ..... 2 ___</p> <p>Soon/now ..... 993</p> <p>Says she cannot get pregnant ..... 994</p> <p>After marriage..... 995</p> <p>Other ..... 996</p> <p>DK..... 998</p>	

HIV/AIDS MODULE		HA
<p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒ HA19</p>
<p>HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	

HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?	Yes	No	DK	
HA9A. DURING PREGNANCY?	1	2	8	
HA9B. DURING DELIVERY?	1	2	8	
HA9C. BY BREASTFEEDING?	1	2	8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK/not sure/depends..... 8			
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK/not sure/depends..... 8			
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK/not sure/depends..... 8			
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes ..... 1 No ..... 2 DK/not sure/depends..... 8			
HA14. <i>Check MN5: Tested for HIV during antenatal care?</i>	<input type="checkbox"/> Yes. ⇒ HA18A <input type="checkbox"/> No. ⇒ HA15			
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No ..... 2			2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes ..... 1 No ..... 2			
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test ..... 1 Offered and accepted..... 2 Required ..... 3			1↓ HA19 2↓ HA19 3↓ HA19
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?  HA18A. <i>If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?</i>	Yes ..... 1 No ..... 2			
HA19. <i>Do any children under 5 years of age reside in this household, for whom the respondent is mother/caretaker (see column HL8 of Household Listing Form).</i>  <input type="checkbox"/> Yes. ⇒ Pass on to the Questionnaire for children under 5 years of age. <input type="checkbox"/> No. ⇒ Finish the interview with the respondent, having thanked her for her co-operation.				