
		QUESTIONNAIRE FOR INDIVIDUAL WOMEN GHANA MICS 2017/18		
WOMAN'S INFORMATION PANEL			WM	
WM1. Cluster number: _____		WM2. Household number: _____		
WM3. Woman's name and line number:				
NAME _____				
WM4. Supervisor's name and number:		WM5. Interviewer's name and number:		
NAME _____		NAME _____		
WM6. Day / Month / Year of interview: ___ / ___ / 2 0 1 ___				

CHECK 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.	WM7. Record the time:	
	MINUTES	_____
	HOURS	: _____
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY..... 1	1⇒ WM9B
	NO, FIRST INTERVIEW 2	2⇒ WM9A
WM9A. HELLO, MY NAME IS (YOUR NAME). WE ARE FROM GHANA STATISTICAL SERVICE. 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. THIS INTERVIEW USUALLY TAKES ABOUT 30 MINUTES OR MORE. WE ARE ALSO INTERVIEWING MOTHERS ABOUT THEIR CHILDREN. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU WISH NOT TO ANSWER A QUESTION OR WISH TO STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?	WM9B. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS IN MORE DETAIL. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES OR MORE. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU WISH NOT TO ANSWER A QUESTION OR WISH TO STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?	
YES 1	1⇒ WOMAN'S BACKGROUND MODULE	
No / NOT ASKED 2	2⇒ WM17	
YES / BUT REVISIT LATER 3	3⇒ WM17 (REVISIT LATER)	

<p>WM17. Result of woman's interview.</p> <p><i>Discuss any result not completed with Supervisor.</i></p>	COMPLETED	01
	NOT AT HOME	02
	REFUSED.....	03
	PARTLY COMPLETED	04
	INCAPACITATED (<i>specify</i>).....	05
	NO ADULT CONSENT FOR RESPONDENT	
	AGE 15-17	06
	OTHER (<i>specify</i>)	96

WOMAN'S BACKGROUND		WB
<p>WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</p>	WM3=HH47	1
	WM3≠HH47	2 ⇒ WB3
<p>WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:</p>	ED5=2, 3, 4, 5 OR 6	1 ⇒ WB15
	ED5=0, 1, 8 OR BLANK.....	2 ⇒ WB14
<p>WB3. IN WHAT MONTH AND YEAR WERE YOU BORN?</p>	DATE OF BIRTH MONTH	
	DK MONTH	98
	YEAR.....	
	DK YEAR	9998
<p>WB4. HOW OLD ARE YOU?</p> <p><i>PROBE: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i></p> <p><i>IF RESPONSES TO WB3 AND WB4 ARE INCONSISTENT, PROBE FURTHER AND CORRECT. AGE MUST BE RECORDED.</i></p>	AGE (IN COMPLETED YEARS)	
<p>WB5. HAVE YOU EVER ATTENDED SCHOOL OR ANY EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS NURSERY, PRESCHOOL OR KINDERGARTEN (KG)?</p>	YES	1
	NO	2 ⇒ WB14

WOMAN'S BACKGROUND		WB
WB6. WHAT IS THE HIGHEST LEVEL AND GRADE OR YEAR OF SCHOOL YOU HAVE ATTENDED?	EARLY CHILDHOOD EDUCATION.....000	000⇒WB14
	PRIMARY..... 1 __	
	MIDDLE..... 2 __	
	JSS/JHS..... 3 __	
	SECONDARY/TECH/VOC/COMM..... 4 __	
	SSS/SHS/TECH/VOC/COMM 5 __	
	HIGHER 6 __	
WB7. DID YOU COMPLETE THAT (GRADE/YEAR)?	YES1	
	NO2	
WB8. Check WB4: Age of respondent:	AGE 15-24 1	2⇒WB13
	AGE 25-49 2	
WB9. AT ANY TIME DURING THE CURRENT SCHOOL YEAR, THAT IS 2017-2018, DID YOU ATTEND SCHOOL?	YES 1	2⇒WB11
	NO 2	
WB10. DURING THIS CURRENT SCHOOL YEAR, THAT IS 2017-2018, WHICH LEVEL AND GRADE OR YEAR ARE YOU <u>ATTENDING</u> ?	PRIMARY..... 1 __	
	MIDDLE..... 2 __	
	JSS/JHS..... 3 __	
	SECONDARY/TECH/VOC/COMM..... 4 __	
	SSS/SHS/TECH/VOC/COMM 5 __	
	HIGHER 6 __	
WB11. AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2016-2017, DID YOU ATTEND SCHOOL?	YES 1	2⇒WB13
	NO 2	
WB12. DURING THAT PREVIOUS SCHOOL YEAR, THAT IS 2016-2017, WHICH LEVEL AND GRADE OR YEAR DID YOU <u>ATTEND</u> ?	PRIMARY..... 1 __	
	MIDDLE..... 2 __	
	JSS/JHS..... 3 __	
	SECONDARY/TECH/VOC/COMM..... 4 __	
	SSS/SHS/TECH/VOC/COMM 5 __	
	HIGHER 6 __	
WB13. Check WB6: Highest level of school attended:	WB6=2, 3, 4, 5 OR 6 1	1⇒WB15
	WB6=1..... 2	

WOMAN'S BACKGROUND		WB
<p>WB14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p>Show sentence on the card to the respondent.</p> <p>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) 4</p>	
<p>WB15. HOW LONG HAVE YOU BEEN CONTINUOUSLY LIVING IN (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?</p> <p>If less than one year, record '00' years.</p>	<p>YEARS..... _ _</p> <p>ALWAYS / SINCE BIRTH95</p>	<p>95⇒WB18</p>
<p>WB16. JUST BEFORE YOU MOVED HERE, DID YOU LIVE IN A CITY, IN A TOWN, OR IN A RURAL AREA?</p> <p>Probe to identify the type of place.</p> <p>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</p> <p>(NAME OF PLACE)</p>	<p>CITY1</p> <p>TOWN2</p> <p>RURAL AREA3</p>	

WOMAN'S BACKGROUND		WB
WB17. BEFORE YOU MOVED HERE, IN WHICH REGION DID YOU LIVE IN?	WESTERN..... 01	
	CENTRAL..... 02	
	GREATER ACCRA 03	
	VOLTA 04	
	EASTERN..... 05	
	ASHANTI 06	
	BRONG AHAFO 07	
	NORTHERN 08	
	UPPER EAST..... 09	
	UPPER WEST..... 10	
	OUTSIDE OF GHANA (specify) _____ 96	
WB18. ARE YOU COVERED BY ANY HEALTH INSURANCE?	YES 1	
	NO 2	2⇒WB20
WB19. WHAT TYPE OF HEALTH INSURANCE ARE YOU COVERED BY? RECORD ALL MENTIONED.	NATIONAL HEALTH INSURANCE SERVICE A	A⇒END
	HEALTH INSURANCE THROUGH EMPLOYER B	B⇒END
	OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D	D⇒END
	OTHER (specify) _____ X	X⇒END
WB20. HAVE YOU EVER REGISTERED WITH A HEALTH INSURANCE SCHEME?	YES, REGISTERED NHIS..... 1	1⇒END
	YES, REGISTERED PRIVATE 2	2⇒END
	YES, BOTH NHIS AND PRIVATE..... 3	3⇒END
	NO 4	

WOMAN'S BACKGROUND		WB
<p>WB22. WHY HAVE YOU NEVER REGISTERED WITH A PRIVATE INSURANCE OR NHIS?</p> <p><i>RECORD ALL MENTIONED.</i></p>	<p>PREMIUM IS TOO HIGH.....A</p>	
	<p>DO NOT HAVE CONFIDENCE IN APPARATUS OF THE SCHEME B</p>	
	<p>NO KNOWLEDGE OF ANY SCHEME C</p>	
	<p>DO NOT KNOW WHERE TO REGISTER..... D</p>	
	<p>REGISTRATION OFFICE TOO FAR E</p>	
	<p>DO NOT NEED HEALTH INSURANCE F</p>	
	<p>HEALTH INSURANCE DOES NOT COVER THE SERVICES/FACILITIES I NEED G</p>	
	<p>NO MONEY H</p> <p>OTHERS(specify) _____ X</p>	

MASS MEDIA AND ICT		MT
<p>MT1. DO YOU READ A NEWSPAPER OR MAGAZINE AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i></p> <p><i>IF 'YES' RECORD 3, IF 'NO' RECORD 2. ONLINE MAGAZINES AND NEWSPAPERS ALSO INCLUDED.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY 3</p>	
<p>MT2. DO YOU LISTEN TO THE RADIO AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i></p> <p><i>IF 'YES' RECORD 3, IF 'NO' RECORD 2</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY 3</p>	
<p>MT3. DO YOU WATCH TELEVISION AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i></p> <p><i>IF 'YES' RECORD 3, IF 'NO' RECORD 2</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY 3</p>	
<p>MT4. HAVE YOU EVER USED A COMPUTER OR A TABLET FROM ANY LOCATION?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒MT9
<p>MT5. DURING THE LAST 3 MONTHS, DID YOU USE A COMPUTER OR A TABLET AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENED ALMOST EVERY DAY?</i></p> <p><i>IF 'YES' RECORD 3, IF 'NO' RECORD 2</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY 3</p>	0⇒MT9

MASS MEDIA AND ICT		MT
MT6. DURING THE LAST 3 MONTHS, DID YOU:	YES NO	
[A] COPY OR MOVE A FILE OR FOLDER?	COPY/MOVE FILE1 2	
[B] USE A COPY AND PASTE TOOL TO DUPLICATE OR MOVE INFORMATION WITHIN A DOCUMENT?	USE COPY/PASTE IN DOCUMENT1 2	
[C] SEND E-MAIL WITH ATTACHED FILE, SUCH AS A DOCUMENT, PICTURE OR VIDEO?	SEND E-MAIL WITH ATTACHMENT1 2	
[D] USE A BASIC ARITHMETIC FORMULA IN A SPREADSHEET?	USE BASIC SPREADSHEET FORMULA1 2	
[E] CONNECT AND INSTALL A NEW DEVICE, SUCH AS A MODEM, CAMERA OR PRINTER?	CONNECT DEVICE1 2	
[F] FIND, DOWNLOAD, INSTALL AND CONFIGURE SOFTWARE?	INSTALL SOFTWARE1 2	
[G] CREATE AN ELECTRONIC PRESENTATION WITH PRESENTATION SOFTWARE, INCLUDING TEXT, IMAGES, SOUND, VIDEO OR CHARTS?	CREATE PRESENTATION1 2	
[H] TRANSFER A FILE BETWEEN A COMPUTER AND OTHER DEVICE?	TRANSFER FILE1 2	
[I] WRITE A COMPUTER PROGRAM IN ANY PROGRAMMING LANGUAGE?	PROGRAMMING1 2	
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1 1 NO, MT6[C]=2 2	1⇒MT10
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1 1 NO, MT6[F]=2 2	1⇒MT10
MT9. HAVE YOU EVER USED THE INTERNET FROM ANY LOCATION AND ANY DEVICE?	YES 1 NO 2	2⇒MT11
MT10. 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	
MT11. DO YOU OWN A MOBILE PHONE?	YES 1 NO 2	

MASS MEDIA AND ICT		MT
<p>MT12. DURING THE LAST 3 MONTHS, DID YOU USE A MOBILE TELEPHONE AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p> <p><i>PROBE IF NECESSARY: I MEAN HAVE YOU COMMUNICATED WITH SOMEONE USING A MOBILE PHONE.</i></p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i></p> <p><i>IF 'YES' RECORD 3, IF 'NO' RECORD 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY..... 3</p>	

FERTILITY/BIRTH HISTORY		CM
<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>THIS MODULE AND THE BIRTH HISTORY SHOULD ONLY INCLUDE CHILDREN BORN ALIVE. ANY STILLBIRTHS SHOULD NOT BE INCLUDED IN RESPONSE TO ANY QUESTION.</i></p>	<p>YES..... 1</p> <p>NO..... 2</p>	2⇒CM8
<p>CM2. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	2⇒CM5
<p>CM3. HOW MANY SONS LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p>	<p>SONS AT HOME..... ___</p>	
<p>CM4. HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p>	<p>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</p> <p>NO..... 2</p>	2⇒CM8
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p>	<p>SONS ELSEWHERE..... ___</p>	
<p>CM7. HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p>	<p>DAUGHTERS ELSEWHERE..... ___</p>	

FERTILITY/BIRTH HISTORY		CM
<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p>If 'No' probe by asking:</p> <p>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?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒CM11
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p><i>IF NONE, RECORD '00'.</i></p>	BOYS DEAD _ _	
<p>CM10. HOW MANY GIRLS HAVE DIED?</p> <p><i>IF NONE, RECORD '00'.</i></p>	GIRLS DEAD _ _	
<p>CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</p>	SUM _ _	
<p>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?</p>	<p>YES 1</p> <p>NO 2</p>	1⇒CM14
<p>CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.</p>		
<p>CM14. Check CM11: How many live births?</p>	<p>NO LIVE BIRTHS, CM11=00 0</p> <p>ONE OR MORE LIVE BIRTH, CM11=01 OR MORE 1</p>	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.

RECORD NAMES OF ALL OF THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

BH0. BH LINE NUM- BER	BH1. WHAT NAME WAS GIVEN TO YOUR (FIRST/ NEXT) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (NAME OF BIRTH) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (NAME OF BIRTH) BORN? PROBE: WHAT IS (HIS/HER) BIRTHDAY?		BH5. IS (NAME OF BIRTH) STILL ALIVE?		BH6. HOW OLD WAS (NAME OF BIRTH) AT (HIS/ HER) LAST BIRTHDAY? RECORD AGE IN COMPLET- ED YEARS.	BH7. IS (NAME OF BIRTH) LIVING WITH YOU?		BH8. RECORD HOUSE- HOLD LINE NUMBER OF CHILD (FROM HL1) RECORD '00' IF CHILD IS NOT LISTED.	BH9. HOW OLD WAS (NAME OF BIRTH) WHEN (HE/ SHE) DIED? IF '1 YEAR', PROBE: HOW MANY MONTHS OLD WAS (NAME OF BIRTH)? RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME OF BIRTH), INCLUDING ANY CHIL- DREN WHO DIED AFTER BIRTH?	
				DAY	MONTH	YEAR	Y		N	AGE		Y	N	LINE NO	UNIT	NUMBER
01							1					DAYS 1			1	
										1		MONTHS.....	2			
												YEARS.....	3			
							1					DAYS 1			1	2
												MONTHS.....	2		ADD	NEXT
												YEARS.....	3		BIRTH	BIRTH
02							1					DAYS 1				
												MONTHS.....	2			
												YEARS.....	3			

FERTILITY/BIRTH HISTORY

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RECORD NAMES OF ALL OF THE BIRTHS IN *BH1*. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

BH0. BH LINE NUM- BER	BH1.	BH2.	BH3.	BH4.			BH5.		BH6.	BH7.		BH8.	BH9.			BH10.		
	WHAT NAME WAS GIVEN TO YOUR (FIRST/NEXT) BABY?	WERE ANY OF THESE BIRTHS TWINS?	IS (NAME OF BIRTH) A BOY OR A GIRL?	IN WHAT MONTH AND YEAR WAS (NAME OF BIRTH) BORN?	IS (NAME OF BIRTH) STILL ALIVE?	AGE	HOW OLD WAS (NAME OF BIRTH) AT (HIS/HER) LAST BIRTHDAY?	IS (NAME OF BIRTH) LIVING WITH YOU?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (FROM HL1)	RECORD '00' IF CHILD IS NOT LISTED.	UNIT	NUMBER	WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME OF BIRTH), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	Y	N	Y	N	
03					Y						DAYS 1		1 ↕		1 ↕		2 ↕	
		1	2					1			MONTHS 2		ADD		ADD		NEXT	
04					Y						YEARS..... 3		BIRTH		BIRTH		BIRTH	
		1	2					1			DAYS 1		1 ↕		1 ↕		2 ↕	
											MONTHS 2		ADD		ADD		NEXT	
											YEARS..... 3		BIRTH		BIRTH		BIRTH	

FERTILITY/BIRTH HISTORY

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RECORD NAMES OF ALL OF THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

BH0. BH LINE NUM- BER	BH1.	BH2.	BH3.	BH4.			BH5.		BH6.	BH7.	BH8.	BH9.			BH10.		
	WHAT NAME WAS GIVEN TO YOUR (FIRST/NEXT) BABY?	WERE ANY OF THESE BIRTHS TWINS?	IS (NAME OF BIRTH) A BOY OR A GIRL?	IN WHAT MONTH AND YEAR WAS (NAME OF BIRTH) BORN?	PROBE: WHAT IS (HIS/HER) BIRTHDAY?	IS (NAME OF BIRTH) STILL ALIVE?	AGE	IS (NAME OF BIRTH) LIVING WITH YOU?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (FROM HL1)	HOW OLD WAS (NAME OF BIRTH) WHEN (HE/SHE) DIED?	RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS	WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME OF BIRTH), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	UNIT	NUMBER	Y	N	
05		1 2	1 2			1		1 2				1 2	DAYS 1		1 2	2 2	
								BH9					MONTHS..... 2		ADD	NEXT	
													YEARS..... 3		BIRTH	BIRTH	
06		1 2	1 2			1		1 2				1 2	DAYS 1		1 2	2 2	
								BH9					MONTHS..... 2		ADD	NEXT	
													YEARS..... 3		BIRTH	BIRTH	
07		1 2	1 2			1		1 2				1 2	DAYS 1		1 2	2 2	
								BH9					MONTHS..... 2		ADD	NEXT	
													YEARS..... 3		BIRTH	BIRTH	

FERTILITY/BIRTH HISTORY

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RECORD NAMES OF ALL OF THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

BH0. BH LINE NUMBER	BH1. WHAT NAME WAS GIVEN TO YOUR (FIRST/NEXT) BABY?		BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. IS (NAME OF BIRTH) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (NAME OF BIRTH) BORN? PROBE: WHAT IS (HIS/HER) BIRTHDAY?			BH5. IS (NAME OF BIRTH) STILL ALIVE?		BH6. HOW OLD WAS (NAME OF BIRTH) AT (HIS/HER) LAST BIRTHDAY? RECORD AGE IN COMPLETED YEARS.		BH7. IS (NAME OF BIRTH) LIVING WITH YOU?		BH8. RECORD HOUSE-HOLD LINE NUMBER OF CHILD (FROM HL1) RECORD '00' IF CHILD IS NOT LISTED.		BH9. HOW OLD WAS (NAME OF BIRTH) WHEN (HE/SHE) DIED? IF '1 YEAR', PROBE: HOW MANY MONTHS OLD WAS (NAME OF BIRTH)? RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME OF BIRTH), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
	S	M	B	G	DAY	MONTH	YEAR	Y	N	AGE	Y	N	LINE NO	UNIT	NUMBER	Y	N					
08	1	2	1	2	---	---	---	1	2	---	---	1	2	---	---	---	DAYS 1	1	2			
					---	---	---			BH9				MONTHS	2	---	2	ADD	NEXT			
					---	---	---							YEARS.....	3	---	3	BIRTH	BIRTH			
09	1	2	1	2	---	---	---	1	2	---	---	1	2	---	---	---	DAYS 1	1	2			
					---	---	---			BH9				MONTHS	2	---	2	ADD	NEXT			
					---	---	---							YEARS.....	3	---	3	BIRTH	BIRTH			

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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.

RECORD NAMES OF ALL OF THE BIRTHS IN **BH1**. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

BH0. BH LINE NUM- BER	BH1. WHAT NAME WAS GIVEN TO YOUR (FIRST/ NEXT) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (NAME OF BIRTH) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (NAME OF BIRTH) BORN? PROBE: WHAT IS (HIS/HER) BIRTHDAY?			BH5. IS (NAME OF BIRTH) STILL ALIVE?	BH6. HOW OLD WAS (NAME OF BIRTH) AT (HIS/ HER) LAST BIRTHDAY? RECORD AGE IN COMPLET- ED YEARS.	BH7. IS (NAME OF BIRTH) LIVING WITH YOU?	BH8. RECORD HOUSE- HOLD LINE NUMBER OF CHILD (FROM HL1) RECORD '00' IF CHILD IS NOT LISTED.	BH9. HOW OLD WAS (NAME OF BIRTH) WHEN (HE/ SHE) DIED? IF '1 YEAR', PROBE: HOW MANY MONTHS OLD WAS (NAME OF BIRTH)? RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME OF BIRTH), INCLUDING ANY CHIL- DREN WHO DIED AFTER BIRTH?
				DAY	MONTH	YEAR					UNIT	NUMBER	
BH0. BH LINE NUM- BER	BH1. WHAT NAME WAS GIVEN TO YOUR (FIRST/ NEXT) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (NAME OF BIRTH) A BOY OR A GIRL?	DAY	MONTH	YEAR	Y	AGE	Y	N	LINE NO	BH9. HOW OLD WAS (NAME OF BIRTH) WHEN (HE/SHE) DIED? IF '1 YEAR', PROBE: HOW MANY MONTHS OLD WAS (NAME OF BIRTH)? RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME OF BIRTH), INCLUDING ANY CHIL- DREN WHO DIED AFTER BIRTH?
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FERTILITY/BIRTH HISTORY

BH

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	S	M	B	G	DAY	MONTH	YEAR	Y	N	AGE	Y	N	LINE NO	UNIT	NUMBER	Y	N	DAYS 1	MONTHS 2	YEARS..... 3	DAYS 1	MONTHS 2	YEARS..... 3	
10				1	2	2														1	2		1	2
11				1	2	2																		

FERTILITY/BIRTH HISTORY

BH

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BH0. BH LINE NUM- BER	BH1.	BH2.	BH3.	BH4.			BH5.		BH6.	BH7.		BH8.	BH9.			BH10.		
	WHAT NAME WAS GIVEN TO YOUR (FIRST/ NEXT) BABY?	WERE ANY OF THESE BIRTHS TWINS?	IS (NAME OF BIRTH) A BOY OR A GIRL?	IN WHAT MONTH AND YEAR WAS (NAME OF BIRTH) BORN?	IS (NAME OF BIRTH) STILL ALIVE?	AGE	HOW OLD WAS (NAME OF BIRTH) AT (HIS/ HER) LAST BIRTHDAY?	IS (NAME OF BIRTH) LIVING WITH YOU?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (FROM HL1)	RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS	WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME OF BIRTH), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	RECORD '00' IF CHILD IS NOT LISTED.	UNIT	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
12					Y					1		---	DAYS 1		1	2		
												---	MONTHS.....	2	ADD			
												⇒ BH10	YEARS.....	3	BIRTH			
13					1					1		---	DAYS 1		1	2		
												---	MONTHS.....	2	ADD			
												⇒ BH10	YEARS.....	3	BIRTH			

FERTILITY/BIRTH HISTORY

BH

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				DAY	MONTH	YEAR	Y	N	LINE NO	UNIT	NUMBER	Y	N	
14							1	2		Days 1		1	2	
									---	MONTHS	2	ADD	NEXT	
								1	⇒ BH10	YEARS	3	BIRTH	BIRTH	
<p>BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (NAME OF LAST BIRTH LISTED)?</p>													YES..... 1	
													NO 2	
													1 ⇒ RECORD BIRTH(S) IN BIRTH HISTORY	

<p>CM15. Compare number in CM11 with number of births listed in the birth history above and check:</p>	<p>NUMBERS ARE THE SAME..... 1</p> <p>NUMBERS ARE DIFFERENT 2</p>	<p>1⇒CM17</p>
<p>CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.</p>		
<p>CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in 2015?</p> <p>If the month of interview and the month of birth are the same, and the year of birth is 2015, consider this as a birth within the last 2 years.</p>	<p>NO LIVE BIRTHS IN THE LAST 2 YEARS 0</p> <p>ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1</p>	<p>0⇒END</p>
<p>CM18. COPY NAME OF THE LAST CHILD LISTED IN BH1.</p> <p><i>IF THE CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES.</i></p>	<p>NAME OF LAST-BORN CHILD</p>	

DESIRE FOR LAST BIRTH		DB
<p>DB1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1..... 1</p> <p>NO, CM17=0 OR BLANK 2</p>	<p>2⇒END</p>
<p>DB2. WHEN YOU GOT PREGNANT WITH (NAME), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>1⇒END</p>
<p>DB3. Check CM11: Number of births:</p>	<p>ONLY 1 BIRTH 1</p> <p>2 OR MORE BIRTHS..... 2</p>	<p>1⇒DB4A</p> <p>2⇒DB4B</p>
<p>DB4A. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY CHILDREN?</p> <p>DB4B. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY MORE CHILDREN?</p>	<p>LATER..... 1</p> <p>NO MORE 2</p>	


MATERNAL AND NEWBORN HEALTH		MN
<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1.....1</p> <p>NO, CM17=02</p>	<p>2⇒END</p>
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (NAME)?</p>	<p>YES1</p> <p>NO2</p>	<p>2⇒MN7</p>
<p>MN3. WHOM DID YOU SEE?</p> <p><i>PROBE: ANYONE ELSE?</i></p> <p>Probe for the type of person seen and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE..... B</p> <p>COMM. HEALTH OFFICER/NURSE..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANTF</p> <p>VILLAGE HEALTH VOLUNTEER I</p> <p>TRAD. HEALTH PRACTITIONER..... J</p> <p>OTHER (specify) _____ X</p>	
<p>MN4. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>RECORD THE ANSWER AS STATED BY RESPONDENT. IF "9 MONTHS" OR LATER, RECORD 9.</i></p>	<p>WEEKS.....1 __ __</p> <p>MONTHS.....2 0 __</p> <p>DK.....998</p>	

MATERNAL AND NEWBORN HEALTH		MN
<p>MN5. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p> <p>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.</p>	<p>NUMBER OF TIMES..... — —</p> <p>DK.....98</p>	
<p>MN6. 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>	<p>YES NO</p> <p>BLOOD PRESSURE..... 1 2</p> <p>URINE SAMPLE..... 1 2</p> <p>BLOOD SAMPLE 1 2</p>	
<p>MN7. DO YOU HAVE MATERNAL HEALTH RECORD BOOK OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p><i>If YES, ASK: MAY I SEE IT PLEASE?</i></p> <p>If Maternal Health Record Book is presented, use it to assist with answers to the following questions.</p>	<p>YES (MATERNAL HEALTH RECORD BOOK OR OTHER DOCUMENT SEEN).....1</p> <p>YES (MATERNAL HEALTH RECORD BOOK OR OTHER DOCUMENT NOT SEEN)2</p> <p>NO3</p> <p>DK.....8</p>	
<p>MN8. WHEN YOU WERE PREGNANT WITH (NAME), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS, CONVULSIONS AFTER BIRTH?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	<p>2⇒MN11</p> <p>8⇒MN11</p>
<p>MN9. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (NAME)?</p>	<p>NUMBER OF TIMES..... —</p> <p>DK.....8</p>	<p>8⇒MN11</p>
<p>MN10. Check MN9: How many tetanus injections during last pregnancy were reported?</p>	<p>ONLY 1 INJECTION1</p> <p>2 OR MORE INJECTIONS.....2</p>	<p>2⇒MN15</p>

MATERNAL AND NEWBORN HEALTH		MN
<p>MN11. AT ANY TIME BEFORE YOUR PREGNANCY WITH (NAME), DID YOU Check the last dataset (June 2019)</p> <p>ANY TETANUS INJECTION EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p> <p><i>INCLUDE DPT (TETANUS) VACCINATIONS RECEIVED AS A CHILD IF MENTIONED.</i></p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	<p>2⇒MN15</p> <p>8⇒MN15</p>
<p>MN12. BEFORE YOUR PREGNANCY WITH (NAME), HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION?</p> <p>If 7 or more times, record '7'.</p> <p>Include DPT (Tetanus) vaccinations received as a child if mentioned.</p>	<p>NUMBER OF TIMES.....__</p> <p>DK.....8</p>	
<p>MN13. Check MN12: How many tetanus injections before last pregnancy were reported?</p>	<p>ONLY 1 INJECTION1</p> <p>2 OR MORE INJECTIONS OR DK2</p>	<p>1⇒MN14A</p> <p>2⇒MN14B</p>
<p>MN14A. HOW MANY YEARS AGO DID YOU RECEIVE THAT TETANUS INJECTION</p> <p>MN14B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST OF THOSE TETANUS INJECTIONS?</p> <p><i>THE REFERENCE IS TO THE LAST INJECTION RECEIVED PRIOR TO THIS PREGNANCY, AS RECORDED IN MN12.</i></p> <p>If less than 1 year, record '00'.</p>	<p>YEARS AGO__ __</p> <p>DK..... 98</p>	
<p>MN15. Check MN2: Was antenatal care received?</p>	<p>YES, MN2=11</p> <p>NO, MN2=22</p>	<p>2⇒MN19</p>
<p>MN16. DURING THE PREGNANCY WITH (NAME), DID YOU TAKE SP/FANSIDAR TO KEEP <u>YOU</u> FROM GETTING MALARIA?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	<p>2⇒MN19</p> <p>8⇒MN19</p>

MATERNAL AND NEWBORN HEALTH		MN
<p>MN17. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING YOUR PREGNANCY WITH (NAME)?</p>	<p>NUMBER OF TIMES..... _____</p> <p>DK.....98</p>	
<p>MN18. DID YOU GET THE SP/ FANSIDAR DURING AN ANTENATAL CARE VISIT, DURING ANOTHER VISIT TO A HEALTH FACILITY OR AT ANOTHER SOURCE?</p>	<p>ANTENATAL VISIT..... A</p> <p>ANOTHER FACILITY VISIT B</p> <p>OTHER SOURCE (<i>specify</i>) _____ X</p>	
<p>MN19. WHO ASSISTED WITH THE DELIVERY OF (NAME)?</p> <p><i>PROBE: ANYONE ELSE?</i></p> <p>Probe for the type of person assisting and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE..... B</p> <p>COMM. HEALTH OFFICER/NURSE..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>VILLAGE HEALTH VOLUNTEER I</p> <p>TRAD. HEALTH PRACTITIONER..... J</p> <p>RELATIVE / FRIEND..... K</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>NO ONE..... Y</p>	

MATERNAL AND NEWBORN HEALTH		MN	
<p>MN20. WHERE DID YOU GIVE BIRTH TO (<i>NAME</i>)?</p> <p>Probe to identify the type of place.</p> <p><u>If unable to determine whether public or private, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</u></p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE..... 22</p> <p>GOVERNMENT HEALTH POST23</p> <p>OTHER PUBLIC (specify) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE MATERNITY HOME..... 33</p> <p>OTHER PRIVATE MEDICAL (specify) _____ 36</p> <p>OTHER (specify) _____ 96</p>	<p>11⇒MN23</p> <p>12⇒MN23</p> <p>96⇒MN23</p>	
	<p>MN21. WAS (<i>NAME</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>YES1</p> <p>NO2</p>	<p>2⇒MN23</p>
	<p>MN22. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p><i>PROBE IF NECESSARY: WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</i></p>	<p>BEFORE LABOUR PAINS.....1</p> <p>AFTER LABOUR PAINS2</p>	
	<p>MN23. IMMEDIATELY AFTER THE BIRTH, WAS (<i>NAME</i>) PUT DIRECTLY ON THE BARE SKIN OF YOUR CHEST?</p> <p>If necessary, show the picture of skin-to-skin position.</p>	<p>YES1</p> <p>NO2</p> <p>DK/ DON'T REMEMBER8</p>	<p>2⇒MN25</p> <p>8⇒MN25</p>

MATERNAL AND NEWBORN HEALTH		MN
		
<p>MN24. BEFORE BEING PLACED ON THE BARE SKIN OF YOUR CHEST, WAS THE BABY WRAPPED UP?</p>	<p>YES1</p> <p>NO2</p> <p>DK/ DON'T REMEMBER8</p>	
<p>MN25. WAS (NAME) DRIED OR WIPED SOON AFTER BIRTH?</p>	<p>YES1</p> <p>NO2</p> <p>DK/ DON'T REMEMBER8</p>	
<p>MN26. HOW LONG AFTER THE BIRTH WAS (NAME) BATHED FOR THE FIRST TIME?</p> <p><i>If "immediately" or less than 1 hour, record '000'.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>If "1 day" or "next day", probe: About how many hours after the delivery?</i></p> <p><i>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.</i></p> <p><i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR.....000</p> <p>HOURS 1 __</p> <p>DAYS 2 __</p> <p>NEVER BATHED997</p> <p>DK / DON'T REMEMBER998</p>	
<p>MN27. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-361</p> <p>NO, MN20=11-12 or 96.....2</p>	<p>1⇒MN30</p>

MATERNAL AND NEWBORN HEALTH		MN
MN28. WHAT WAS USED TO CUT THE CORD?	NEW BLADE.....1	
	BLADE USED FOR OTHER PURPOSES2	
	SCISSORS3	
	OTHER (specify) _____ 6	
	DK.....8	
MN29. WAS THE INSTRUMENT USED TO CUT THE CORD BOILED OR STERILISED PRIOR TO USE?	YES1	
	NO2	
	DK / DON'T REMEMBER8	
MN30. AFTER THE CORD WAS CUT AND UNTIL IT FELL OFF, WAS ANYTHING APPLIED TO THE CORD?	YES1	2⇒MN32
	NO2	
	DK / DON'T REMEMBER8	8⇒MN32
MN31. WHAT WAS APPLIED TO THE CORD? PROBE: ANYTHING ELSE?	CHLORHEXIDINE A	
	OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET)..... B	
	MUSTARD OIL.....C	
	ASH D	
	ANIMAL DUNG.....E	
	OTHER (specify) _____ X	
	DK / DON'T REMEMBER.....Y	
MN32. WHEN (NAME) WAS BORN, WAS (HE/SHE) VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	VERY LARGE.....1	
	LARGER THAN AVERAGE2	
	AVERAGE3	
	SMALLER THAN AVERAGE.....4	
	VERY SMALL5	
	DK.....8	

MATERNAL AND NEWBORN HEALTH		MN
MN33. WAS (NAME) WEIGHED AT BIRTH?	YES1	2⇒MN35
	NO2	
	DK.....8	
MN34. HOW MUCH DID (NAME) WEIGH? If Child Health Record Book is available, record weight from Child Health Record Book.	FROM CHILD HEALTH RECORD BOOK..... 1 (KG) __ . __ __	
	FROM RECALL 2 (KG) __ . __ __	
	DK.....99998	
MN35. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (NAME)?	YES1	
	NO2	
MN36. DID YOU EVER BREAST-FEED (NAME)?	YES1	2⇒MN39B
	NO2	
MN37. HOW LONG AFTER BIRTH DID YOU FIRST PUT (NAME) 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 REMEMBER998	
MN38. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	YES1	1⇒MN39A
	NO2	2⇒END

MATERNAL AND NEWBORN HEALTH		MN
<p>MN39A. WHAT WAS (NAME) GIVEN TO DRINK?</p> <p><i>PROBE: ANYTHING ELSE?</i></p> <p><i>'NOT GIVEN ANYTHING TO DRINK' IS NOT A VALID RESPONSE AND RESPONSE CATEGORY Y CANNOT BE RECORDED.</i></p>	MILK (OTHER THAN BREAST MILK)	A
	PLAIN WATER	B
	SUGAR OR GLUCOSE WATER	C
	GRIPE WATER	D
	SUGAR-SALT-WATER SOLUTION	E
	FRUIT JUICE	F
	INFANT FORMULA	G
	TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONS	H
	HONEY	I
	PRESCRIBED MEDICINE	J
<p>MN39B. IN THE FIRST THREE DAYS AFTER DELIVERY, WHAT WAS (NAME) GIVEN TO DRINK?</p> <p><i>PROBE: ANYTHING ELSE?</i></p> <p><i>'NOT GIVEN ANYTHING TO DRINK' (CATEGORY Y) CAN ONLY BE RECORDED IF NO OTHER RESPONSE CATEGORY IS RECORDED.</i></p>	OTHER (specify) _____	X
	NOT GIVEN ANYTHING TO DRINK	Y

POST-NATAL HEALTH CHECKS		PN
<p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1..... 1</p> <p>NO, CM17=0 OR BLANK 2</p>	<p>2⇒END</p>
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 1</p> <p>NO, MN20=11-12 OR 96 2</p>	<p>2⇒PN7</p>
<p>PN3. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (NAME).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (NAME OR TYPE OF FACILITY IN MN20). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>IF LESS THAN ONE DAY, RECORD HOURS.</i></p> <p><i>IF LESS THAN ONE WEEK, RECORD DAYS.</i></p> <p><i>OTHERWISE, RECORD WEEKS.</i></p>	<p>HOURS 1 __ __</p> <p>DAYS 2 __ __</p> <p>WEEKS..... 3 __ __</p> <p>DK / DON'T REMEMBER 998</p>	
<p>PN4. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (NAME)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (NAME), CHECKING THE CORD, OR SEEING IF (NAME) IS OK.</p> <p>BEFORE YOU LEFT THE (NAME OR TYPE OF FACILITY IN MN20), DID ANYONE CHECK ON (NAME)'S HEALTH?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>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?</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (NAME OR TYPE OR FACILITY IN MN20)?</p>	<p>YES 1</p> <p>NO 2</p>	

POST-NATAL HEALTH CHECKS		PN
<p>PN6. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (NAME OR TYPE OF FACILITY IN MN20).</p>	YES 1	1⇒PN12
	DID ANYONE CHECK ON (NAME)’S HEALTH AFTER YOU LEFT (NAME OR TYPE OF FACILITY IN MN20)?	NO 2
<p>PN7. Check MN19: Did a health professional, traditional birth attendant, village health volunteer or traditional health practitioner assist with the delivery?</p>	YES, AT LEAST ONE OF THE CATEGORIES A TO J RECORDED 1	2⇒PN11
	NO, NONE OF THE CATEGORIES A TO J RECORDED 2	
<p>PN8. YOU HAVE ALREADY SAID THAT (PERSON OR PERSONS IN MN19) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (NAME)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (NAME), CHECKING THE CORD, OR SEEING IF (NAME) IS OK.</p>	YES 1	
	AFTER THE DELIVERY WAS OVER AND BEFORE (PERSON OR PERSONS IN MN19) LEFT YOU, DID (PERSON OR PERSONS IN MN19) CHECK ON (NAME)’S HEALTH?	
<p>PN9. AND DID (PERSON OR PERSONS IN MN19) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p>	YES 1	
<p>PN10. AFTER THE (PERSON OR PERSONS IN MN19) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (NAME)?</p>	YES 1	1⇒PN12
		NO 2
<p>PN11. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (NAME)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (NAME), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p>	YES 1	2⇒PN20
	AFTER (NAME) WAS DELIVERED, DID ANYONE CHECK ON (HIS/HER) HEALTH?	
<p>PN12. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	ONCE..... 1	1⇒PN13A
		MORE THAN ONCE 2

POST-NATAL HEALTH CHECKS		PN
<p>PN13A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p>	<p>HOURS 1 ___</p>	
<p>PN13B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p>	<p>DAYS 2 ___</p>	
<p><i>IF LESS THAN ONE DAY, RECORD HOURS.</i></p>	<p>WEEKS..... 3 ___</p>	
<p><i>IF LESS THAN ONE WEEK, RECORD DAYS.</i></p>		
<p><i>OTHERWISE, RECORD WEEKS.</i></p>	<p>DK / DON'T REMEMBER 998</p>	
<p>PN14. WHO CHECKED ON (NAME)'S HEALTH AT THAT TIME?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE..... B</p> <p>COMM. HEALTH OFFICER/NURSE..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>VILLAGE HEALTH VOLUNTEER I</p> <p>TRAD. HEALTH PRACTITIONER J</p> <p>RELATIVE / FRIEND..... K</p> <p>OTHER (specify) _____ X</p>	

POST-NATAL HEALTH CHECKS		PN	
<p>PN15. WHERE DID THIS CHECK TAKE PLACE?</p> <p>Probe to identify the type of place.</p> <p>If unable to determine whether public or private, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT CLINIC /</p> <p>HEALTH CENTRE..... 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC (specify) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE MATERNITY HOME..... 33</p> <p>OTHER PRIVATE MEDICAL</p> <p>(specify) _____ 36</p> <p>OTHER (specify) _____ 96</p>		
	<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 1</p> <p>NO, MN20=11-12 OR 96 2</p>	<p>2⇒PN18</p>
	<p>PN17. AFTER YOU LEFT (NAME OR TYPE OF FACILITY IN MN20), DID ANYONE CHECK ON YOUR HEALTH?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1⇒PN21</p> <p>2⇒PN25</p>
	<p>PN18. Check MN19: Did a health professional, traditional birth attendant, village health volunteer, or traditional health practitioner assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO J RECORDED 1</p> <p>NO, NONE OF THE CATEGORIES A TO J RECORDED 2</p>	<p>2⇒PN20</p>
	<p>PN19. AFTER THE DELIVERY WAS OVER AND (PERSON OR PERSONS IN MN19) LEFT, DID ANYONE CHECK ON YOUR HEALTH?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1⇒PN21</p> <p>2⇒PN25</p>

POST-NATAL HEALTH CHECKS		PN
PN20. AFTER THE BIRTH OF (NAME), DID ANYONE CHECK ON <u>YOUR</u> HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?	YES 1	
	NO 2	2⇒PN25
PN21. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	ONCE..... 1	1⇒PN22A
	MORE THAN ONCE 2	2⇒PN22B
PN22A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?	HOURS1 __ __	
PN22B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?	DAYS.....2 __ __	
<i>IF LESS THAN ONE DAY, RECORD HOURS.</i>	WEEKS.....3 __ __	
<i>IF LESS THAN ONE WEEK, RECORD DAYS.</i>		
<i>OTHERWISE, RECORD WEEKS.</i>	DK / DON'T REMEMBER 998	
PN23. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	HEALTH PROFESSIONAL	
	DOCTOR..... A	
	NURSE / MIDWIFE..... B	
	COMM. HEALTH OFFICER/NURSE..... C	
	OTHER PERSON	
	TRADITIONAL BIRTH ATTENDANTF	
	VILLAGE HEALTH VOLUNTEER I	
	TRAD. HEALTH PRACTITIONER J	
RELATIVE / FRIEND..... K		
OTHER (specify) _____ X		

POST-NATAL HEALTH CHECKS		PN	
<p>PN24. WHERE DID THIS CHECK TAKE PLACE?</p> <p>Probe to identify the type of place.</p> <p><u>If unable to determine whether public or private</u>, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT CLINIC /</p> <p>HEALTH CENTRE 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC</p> <p>(specify) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE MATERNITY HOME..... 33</p> <p>OTHER PRIVATE</p> <p>MEDICAL (specify) _____ 36</p> <p>OTHER (specify) _____ 96</p>		
	<p>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:</p> <p>YES NO DK</p> <p>[A] EXAMINE (NAME)'S CORD? EXAMINE THE CORD..... 1 2 8</p> <p>[B] TAKE THE TEMPERATURE OF (NAME)? TAKE TEMPERATURE 1 2 8</p> <p>[C] COUNSEL YOU ON BREASTFEEDING? COUNSEL ON BREASTFEEDING..... 1 2 8</p>		

POST-NATAL HEALTH CHECKS		PN
PN26. Check MN36: Was child ever breastfed?	YES, MN36=1 1	2⇒PN28
	NO, MN36=2 2	
PN27. OBSERVE (NAME)’S BREASTFEEDING?	YES NO DK	
	OBSERVE BREASTFEEDING 1 2 8	
PN28. Check MN33: Was child weighed at birth?	YES, MN33=1 1	1⇒PN29A
	NO, MN33=2 2	2⇒PN29B
	DK, MN33=8..... 3	3⇒PN29C
PN29A. YOU MENTIONED THAT (NAME) WAS WEIGHED AT BIRTH. AFTER THAT, WAS (NAME) WEIGHED AGAIN BY A HEALTH CARE PROVIDER WITHIN TWO DAYS?	YES 1	
PN29B. YOU MENTIONED THAT (NAME) WAS NOT WEIGHED AT BIRTH. WAS (NAME) WEIGHED AT ALL BY A HEALTH CARE PROVIDER WITHIN TWO DAYS AFTER BIRTH?	NO 2	
PN29C. YOU MENTIONED THAT YOU DO NOT KNOW IF (NAME) WAS WEIGHED AT BIRTH. WAS (NAME) WEIGHED AT ALL BY A HEALTH CARE PROVIDER WITHIN TWO DAYS AFTER BIRTH?		
PN30. DURING THE FIRST TWO DAYS AFTER (NAME)’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	1⇒CP3
	NO 2	
	DK OR NOT SURE 8	
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	1⇒CP4
	NO 2	
CP3. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	YES 1	1⇒END
	NO 2	2⇒END

CONTRACEPTION		CP
<p>CP4. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt.</p> <p>If more than one method is mentioned, record each one.</p>	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	
	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	1⇒UN5
	NO 2	
UN3. Check CM11: Any births?	NO BIRTHS 0	0⇒UN4A
	ONE OR MORE BIRTHS 1	1⇒UN4B
UN4A. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY CHILDREN? UN4B. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY MORE CHILDREN?	LATER 1	
	NONE / NO MORE 2	
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	1⇒UN8
	NO MORE / NONE 2	2⇒UN14
	UNDECIDED / DK 8	8⇒UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A 1	1⇒UN14
	NO, CP4≠A 2	
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	2⇒UN10
	SAYS SHE CANNOT GET PREGNANT 3	3⇒UN12
	UNDECIDED / DK 8	8⇒UN10

UNMET NEED		UN
<p>UN8. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ ANOTHER) CHILD?</p> <p><i>RECORD THE ANSWER AS STATED BY RESPONDENT.</i></p>	<p>MONTHS..... 1 __ __</p> <p>YEARS..... 2 __ __</p> <p>DOES NOT WANT TO WAIT (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>	<p>994⇒UN12</p>
<p>UN9. Check CP1: Currently pregnant?</p>	<p>YES, CP1=11</p> <p>NO, DK OR NOT SURE, CP1=2 OR 82</p>	<p>1⇒UN14</p>
<p>UN10. Check CP2: Currently using a method?</p>	<p>YES, CP2=11</p> <p>NO, CP2=2.....2</p>	<p>1⇒UN14</p>
<p>UN11. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	<p>1⇒UN14</p> <p>8⇒UN14</p>

UNMET NEED		UN
<p>UN12. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>INFREQUENT SEX / NO SEX..... A</p> <p>MENOPAUSALB</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>DK..... Z</p>	
<p>UN13. Check UN12: 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C 1</p> <p>NOT MENTIONED, UN12≠C 2</p>	<p>1⇒END</p>
<p>UN14. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p>Record the answer using the same unit stated by the respondent.</p> <p>If '1 year', probe:</p> <p>HOW MANY MONTHS AGO?</p>	<p>DAYS AGO 1 __ __</p> <p>WEEKS AGO..... 2 __ __</p> <p>MONTHS AGO 3 __ __</p> <p>YEARS AGO 4 __ __</p> <p>IN MENOPAUSE / HAS HAD HYSTERECTOMY 993</p> <p>BEFORE LAST BIRTH..... 994</p> <p>NEVER MENSTRUATED 995</p>	<p>993⇒END</p> <p>994⇒END</p> <p>995⇒END</p>

UNMET NEED		UN
UN15. CHECK UN14: WAS THE LAST MENSTRUAL PERIOD WITHIN LAST YEAR?	YES, WITHIN LAST YEAR1 NO, ONE YEAR OR MORE2	2⇒END
UN16. DUE TO YOUR LAST MENSTRUATION, WERE THERE ANY SOCIAL ACTIVITIES, SCHOOL OR WORK DAYS THAT YOU DID NOT ATTEND?	YES1 NO2 DK / NOT SURE / NO SUCH ACTIVITY8	
UN17. DURING YOUR LAST MENSTRUAL PERIOD WERE YOU ABLE TO WASH AND CHANGE IN PRIVACY WHILE AT HOME?	YES1 NO2 DK.....8	
UN18. DID YOU USE ANY MATERIALS SUCH AS SANITARY PADS, TAMPONS OR CLOTH?	YES1 NO2 DK.....8	2⇒END 8⇒END
UN19. WERE THE MATERIALS REUSABLE?	YES1 NO2 DK.....8	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	YES 1	1⇒FG3
	NO 2	
FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	YES 1	2⇒END
	NO 2	
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	YES 1	2⇒FG9
	NO 2	
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	YES 1	1⇒FG6
	NO 2	
	DK..... 8	
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	YES 1	
	NO 2	
	DK..... 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED? IF NECESSARY, PROBE: WAS IT SEALED?	YES 1	
	NO 2	
	DK..... 8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.</i>	AGE AT CIRCUMCISION __ __	
	DK / DON'T REMEMBER 98	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG8. WHO PERFORMED THE CIRCUMCISION?	HEALTH PROFESSIONAL	
	DOCTOR 11	
	NURSE/MIDWIFE 12	
	OTHER HEALTH PROFESSIONAL (specify) _____ 16	
	TRADITIONAL PERSONS	
	TRADITIONAL 'CIRCUMCISER' 21	
TRADITIONAL BIRTH ATTENDANT 22		
OTHER TRADITIONAL (specify) _____ 26		
	DK..... 98	
FG9. SUM CM4 FOR NUMBER OF DAUGHTERS AT HOME AND CM7 FOR NUMBER OF DAUGHTERS ELSEWHERE:	TOTAL NUMBER OF LIVING DAUGHTERS	
FG10. Just to make sure that I have this right, you have (total number in FG9) living daughters. Is this correct?	YES1 NO2	1⇒FG12
FG11. Check responses to CM1-CM11 and make corrections as necessary until response in FG10 is 'Yes'.		
FG12. CHECK FG9: NUMBER OF LIVING DAUGHTERS?	NO LIVING DAUGHTERS0 AT LEAST ONE LIVING DAUGHTER.....1	0⇒FG24

FG13. ASK THE RESPONDENT TO TELL YOU THE NAME(S) OF HER DAUGHTER(S), BEGINNING WITH THE YOUNGEST DAUGHTER (IF MORE THAN ONE DAUGHTER). WRITE DOWN THE NAME OF EACH DAUGHTER IN FG14. THEN, ASK QUESTIONS FG15 TO FG22 FOR EACH DAUGHTER AT A TIME.

THE TOTAL NUMBER OF DAUGHTERS IN FG14 SHOULD BE EQUAL TO THE NUMBER IN FG9.

IF MORE THAN 4 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES.

FEMALE GENITAL MUTILATION/CUTTING				FG
	[D1]	[D2]	[D3]	[D4]
	YOUNGEST	2 ND YOUNGEST	3 RD YOUNGEST	4 TH YOUNGEST
FG14. Name of daughter	_____	_____	_____	_____
FG15. HOW OLD IS (<i>name</i>)?	AGE _____	AGE _____	AGE _____	AGE _____
FG16. Is (<i>name</i>) YOUNGER THAN 15 YEARS OF AGE?	YES1 NO2 ☒ <i>FG23</i>	YES1 NO2 ☒ <i>FG23</i>	YES1 NO2 ☒ <i>FG23</i>	YES1 NO2 ☒ <i>FG23</i>
FG17. Is (<i>name</i>) CIRCUMCISED?	YES1 NO2 ☒ <i>FG23</i>	YES1 NO2 ☒ <i>FG23</i>	YES1 NO2 ☒ <i>FG23</i>	YES1 NO2 ☒ <i>FG23</i>
FG18. HOW OLD WAS (<i>NAME</i>) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i>	AGE _____ DK..... 98	AGE _____ DK..... 98	AGE _____ DK..... 98	AGE _____ DK..... 98
FG19. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (<i>NAME</i>) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	YES1 ☒ <i>FG21</i> NO2 DK.....8	YES1 ☒ <i>FG21</i> NO2 DK.....8	YES1 ☒ <i>FG21</i> NO2 DK.....8	YES1 ☒ <i>FG21</i> NO2 DK.....8
FG20. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	YES 1 NO 2 DK..... 8	YES 1 NO 2 DK..... 8	YES 1 NO 2 DK..... 8	YES 1 NO 2 DK..... 8
FG21. WAS HER GENITAL AREA SEWN CLOSED? IF NECESSARY, PROBE: WAS IT SEALED?	YES 1 NO 2 DK..... 8	YES 1 NO 2 DK..... 8	YES 1 NO 2 DK..... 8	YES 1 NO 2 DK..... 8

FEMALE GENITAL MUTILATION/CUTTING				FG
FG22. WHO PERFORMED THE CIRCUMCISION?	HEALTH PROFESSIONAL	HEALTH PROFESSIONAL	HEALTH PROFESSIONAL	HEALTH PROFESSIONAL
	DOCTOR 11	DOCTOR 11	DOCTOR 11	DOCTOR 11
	NURSE/MIDWIFE... 12	NURSE/MIDWIFE... 12	NURSE/MIDWIFE... 12	NURSE/MIDWIFE... 12
	OTHER HEALTH	OTHER HEALTH	OTHER HEALTH	OTHER HEALTH
		PROFESSIONAL	PROFESSIONAL	PROFESSIONAL
	(specify) _____ 16	(specify) _____ 16	(specify) _____ 16	(specify) _____ 16
	TRADITIONAL PERSONS	TRADITIONAL PERSONS	TRADITIONAL PERSONS	TRADITIONAL PERSONS
	TRADITIONAL	TRADITIONAL	TRADITIONAL	TRADITIONAL
	'CIRCUMCISER' 21	'CIRCUMCISER' 21	'CIRCUMCISER' 21	'CIRCUMCISER' 21
	TRADITIONAL	TRADITIONAL	TRADITIONAL	TRADITIONAL
BIRTH	BIRTH	BIRTH	BIRTH	
ATTENDANT 22	ATTENDANT 22	ATTENDANT 22	ATTENDANT 22	
OTHER TRADITIONAL	OTHER TRADITIONAL	OTHER TRADITIONAL	OTHER TRADITIONAL	
(specify) _____ 26	(specify) _____ 26	(specify) _____ 26	(specify) _____ 26	
DK98	DK 98	DK98	DK98	
FG23. IS THERE ANOTHER DAUGHTER?	YES1 ☒	YES1 ☒	YES1 ☒	YES1 ☒
	[D2]	[D3]	[D4]	[D5]
	NO2 ☒	NO2 ☒	NO2 ☒	NO2 ☒
	FG24	FG24	FG24	FG24
				TICK HERE IF ADDITIONAL QUESTIONNAIRE
				USED:..... ☐
FG24. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	CONTINUED 1			
	DISCONTINUED..... 2			
	DEPENDS 3			
	DK..... 8			

ATTITUDES TOWARD 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>					
		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	

MARRIAGE/UNION		MA
<p>MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH SOMEONE AS IF MARRIED?</p>	YES, CURRENTLY MARRIED	1
	YES, LIVING WITH A PARTNER	2
	NO, NOT IN UNION	3
		3⇒MA5
<p>MA2. HOW OLD IS YOUR (HUSBAND/PARTNER)?</p>	AGE IN YEARS.....	___
<p><i>PROBE: HOW OLD WAS YOUR (HUSBAND/PARTNER) ON HIS LAST BIRTHDAY?</i></p>	DK.....	98
<p>MA3. BESIDES YOURSELF, DOES YOUR (HUSBAND/PARTNER) HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?</p>	YES	1
	NO	2
		2⇒MA7

MARRIAGE/UNION		MA
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 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 (HUSBAND/PARTNER)?	DATE OF (FIRST) UNION MONTH__ __ DK MONTH 98	
MA8B. IN WHAT MONTH AND YEAR DID YOU START LIVING WITH YOUR <u>FIRST</u> (HUSBAND/PARTNER)?	YEAR.....__ __ __ __ DK YEAR 9998	
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 (HUSBAND/PARTNER)?		
MA11B. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR <u>FIRST</u> (HUSBAND/PARTNER)?	AGE IN YEARS.....__ __	

ADULT FUNCTIONING		AF
AF1. CHECK WB4: AGE OF RESPONDENT?	AGE 15-17 YEARS..... 1	1⇒END
	AGE 18-49 YEARS..... 2	
AF2. DO YOU USE GLASSES OR CONTACT LENSES? INCLUDE THE USE OF GLASSES FOR READING.	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: PLEASE TELL ME IF 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	1⇒AF6A
	NO, AF2=2..... 2	2⇒AF6B
AF6A. WHEN USING YOUR GLASSES OR CONTACT LENSES, DO YOU HAVE DIFFICULTY SEEING?	NO DIFFICULTY..... 1	
	SOME DIFFICULTY..... 2	
AF6B. DO YOU HAVE DIFFICULTY SEEING?	A LOT OF DIFFICULTY..... 3	
	CANNOT SEE AT ALL 4	
AF7. CHECK AF3: RESPONDENT USES A HEARING AID?	YES, AF3=1 1	1⇒AF8A
	NO, AF3=2..... 2	2⇒AF8B
AF8A. WHEN USING YOUR HEARING AID(S), DO YOU HAVE DIFFICULTY HEARING?	NO DIFFICULTY..... 1	
	SOME DIFFICULTY..... 2	
AF8B. DO YOU HAVE DIFFICULTY HEARING?	A LOT OF DIFFICULTY..... 3	
	CANNOT HEAR AT ALL 4	

ADULT FUNCTIONING		AF
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 BEHAVIOR		SB
<p>SB1. CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. 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>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.</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⇒END</p>
<p>SB2. I WOULD LIKE TO ASK YOU ABOUT YOUR RECENT SEXUAL ACTIVITY.</p> <p>WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p>Record answers in days, weeks or months if less than 12 months (one year).</p> <p>If 12 months (one year) or more, answer must be recorded in years.</p>	<p>DAYS AGO1 _ _</p> <p>WEEKS AGO2 _ _</p> <p>MONTHS AGO3 _ _</p> <p>YEARS AGO4 _ _</p>	<p>4⇒END</p>
<p>SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>YES 1</p> <p>NO 2</p>	

SEXUAL BEHAVIOR		SB
<p>SB4. 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>If 'Yes', record '2'. If 'No', record '3'.</p>	<p>HUSBAND1</p> <p>COHABITING PARTNER.....2</p> <p>BOYFRIEND.....3</p> <p>CASUAL ACQUAINTANCE4</p> <p>CLIENT / SEX WORKER.....5</p> <p>OTHER (specify) _____ 6</p>	<p>3⇒SB6</p> <p>4⇒SB6</p> <p>5⇒SB6</p> <p>6⇒SB6</p>
<p>SB5. CHECK MA1: CURRENTLY MARRIED OR LIVING WITH A PARTNER?</p>	<p>YES, MA1=1 OR 2.....1</p> <p>NO, MA1=32</p>	<p>1⇒SB7</p>
<p>SB6. 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>SB7. APART FROM THIS PERSON, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>YES1</p> <p>NO2</p>	<p>2⇒END</p>
<p>SB8. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH ANOTHER PERSON, WAS A CONDOM USED?</p>	<p>YES1</p> <p>NO2</p>	
<p>SB9. 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', record '2'. If 'No', record '3'.</p>	<p>HUSBAND 1</p> <p>COHABITING PARTNER..... 2</p> <p>BOYFRIEND..... 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT / SEX WORKER..... 5</p> <p>OTHER (specify) _____ 6</p>	<p>3⇒SB12</p> <p>4⇒SB12</p> <p>5⇒SB12</p> <p>6⇒SB12</p>
<p>SB10. CHECK MA1: CURRENTLY MARRIED OR LIVING WITH A PARTNER?</p>	<p>YES, MA1=1 OR 2.....1</p> <p>NO, MA1=32</p>	<p>2⇒SB12</p>

SEXUAL BEHAVIOR		SB
SB11. CHECK MA7: MARRIED OR LIVING WITH A PARTNER ONLY ONCE?	YES, MA7=1..... 1	1⇒END
	NO, MA7≠1 2	
SB12. HOW OLD IS THIS PERSON?	AGE OF SEXUAL PARTNER __ __	
If response is 'DK', probe:		
ABOUT HOW OLD IS THIS PERSON?	DK..... 98	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	YES 1	2⇒END
	NO 2	
HAVE YOU EVER HEARD OF HIV OR AIDS?		
HA2. HIV IS THE VIRUS THAT CAN LEAD TO AIDS.	YES 1	
	NO 2	
	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS? 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 HIV BY SHARING FOOD WITH A PERSON WHO HAS HIV?	YES 1	
	NO 2	
	DK..... 8	

HIV/AIDS		HA
HA6. CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	YES 1	
	NO 2	
	DK..... 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV?	YES 1	
	NO 2	
	DK..... 8	
HA8. CAN HIV BE TRANSMITTED FROM A MOTHER TO HER BABY:		
		YES NO DK
	[A] DURING PREGNANCY?	DURING PREGNANCY 1 2 8
	[B] DURING DELIVERY?	DURING DELIVERY 1 2 8
	[C] BY BREASTFEEDING?	BY BREASTFEEDING 1 2 8
HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded?	YES 1	
	NO 2	2⇒HA11
HA10. ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH HIV TO REDUCE THE RISK OF TRANSMISSION TO THE BABY?	YES 1	
	NO 2	
	DK..... 8	
HA11. 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⇒HA24
HA12. Check MN2: Was antenatal care received?	YES, MN2=1 1	
	NO, MN2=2 2	2⇒HA17

HIV/AIDS		HA
HA13. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (NAME), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING HIV FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING HIV? [C] GETTING TESTED FOR HIV? WERE YOU: [D] OFFERED A TEST FOR HIV?	YES NO DK HIV FROM MOTHER.....1 2 8 THINGS TO DO1 2 8 TESTED FOR HIV1 2 8 OFFERED A TEST FOR HIV1 2 8	
HA14. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV AS PART OF YOUR ANTE-NATAL CARE?	YES 1 NO 2 DK..... 8	2⇒HA17 8⇒HA17
HA15. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	YES 1 NO 2 DK..... 8	2⇒HA16A 8⇒HA16A
HA16. AFTER YOU RECEIVED THE RESULT, WERE YOU GIVEN ANY HEALTH INFORMATION OR COUNSELLING RELATED TO HIV?	YES 1 NO 2 DK..... 8	
HA16A. AT ANY TIME DURING THE LAST THREE MONTHS OF YOUR PREGNANCY, WERE YOU TESTED FOR HIV AS PART OF YOUR ANTENATAL CARE?	YES 1 NO 2 DK..... 8	
HA17. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 1 NO, MN20=11-12 OR 96 2	2⇒HA21

HIV/AIDS		HA
HA18. BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN WERE YOU OFFERED AN HIV TEST?	YES 1	
	NO 2	
HA19. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV AT THAT TIME?	YES 1	
	NO 2	2⇒HA21
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	YES 1	1⇒HA22
	NO 2	2⇒HA22
HA21. Check HA14: Was the respondent tested for HIV as part of antenatal care?	YES, HA14=1 1	
	NO OR NO ANSWER, HA14≠1..... 2	2⇒HA24
HA22. HAVE YOU BEEN TESTED FOR HIV SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	YES 1	1⇒HA25
	NO 2	
HA23. HOW MANY MONTHS AGO WAS YOUR MOST RECENT HIV TEST?	LESS THAN 12 MONTHS AGO..... 1	1⇒HA28
	12-23 MONTHS AGO 2	2⇒HA28
	2 OR MORE YEARS AGO 3	3⇒HA28
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED FOR HIV?	YES 1	
	NO 2	2⇒HA27
HA25. HOW MANY MONTHS AGO WAS YOUR MOST RECENT HIV TEST?	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	1⇒HA28
	NO 2	2⇒HA28
	DK..... 8	8⇒HA28
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET AN HIV TEST?	YES 1	
	NO 2	
HA28. HAVE YOU HEARD OF TEST KITS PEOPLE CAN USE TO TEST THEMSELVES FOR HIV?	YES 1	
	NO 2	2⇒HA30
HA29. HAVE YOU EVER TESTED YOURSELF FOR HIV USING A SELF-TEST KIT?	YES 1	
	NO 2	
HA30. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD HIV?	YES 1	
	NO 2	
	DK / NOT SURE / DEPENDS 8	
HA31. DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ALLOWED TO ATTEND SCHOOL WITH CHILDREN WHO DO NOT HAVE HIV?	YES 1	
	NO 2	
	DK / NOT SURE / DEPENDS 8	






HIV/AIDS		HA
HA32. DO YOU THINK PEOPLE HESITATE TO TAKE AN HIV TEST BECAUSE THEY ARE AFRAID OF HOW OTHER PEOPLE WILL REACT IF THE TEST RESULT IS POSITIVE FOR HIV?	YES 1	
	NO 2	
	DK / NOT SURE / DEPENDS 8	
HA33. DO PEOPLE TALK BADLY ABOUT PEOPLE LIVING WITH HIV, OR WHO ARE THOUGHT TO BE LIVING WITH HIV?	YES 1	
	NO 2	
	DK / NOT SURE / DEPENDS 8	
HA34. DO PEOPLE LIVING WITH HIV, OR THOUGHT TO BE LIVING WITH HIV, LOSE THE RESPECT OF OTHER PEOPLE?	YES 1	
	NO 2	
	DK / NOT SURE / DEPENDS 8	
HA35. DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENT? I WOULD BE ASHAMED IF SOMEONE IN MY FAMILY HAD HIV.	AGREE 1	
	DISAGREE 2	
	DK / NOT SURE / DEPENDS 8	
HA36. DO YOU FEAR THAT YOU COULD GET HIV IF YOU COME INTO CONTACT WITH THE SALIVA OF A PERSON LIVING WITH HIV?	YES 1	
	NO 2	
	SAYS SHE HAS HIV 7	
	DK / NOT SURE / DEPENDS 8	

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	YES 1	2 ⇒ TA6
	NO 2	
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	NEVER SMOKED A WHOLE CIGARETTE.....00	00 ⇒ TA6
	AGE _____	
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	YES 1	2 ⇒ TA6
	NO 2	
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	NUMBER OF CIGARETTES _____	

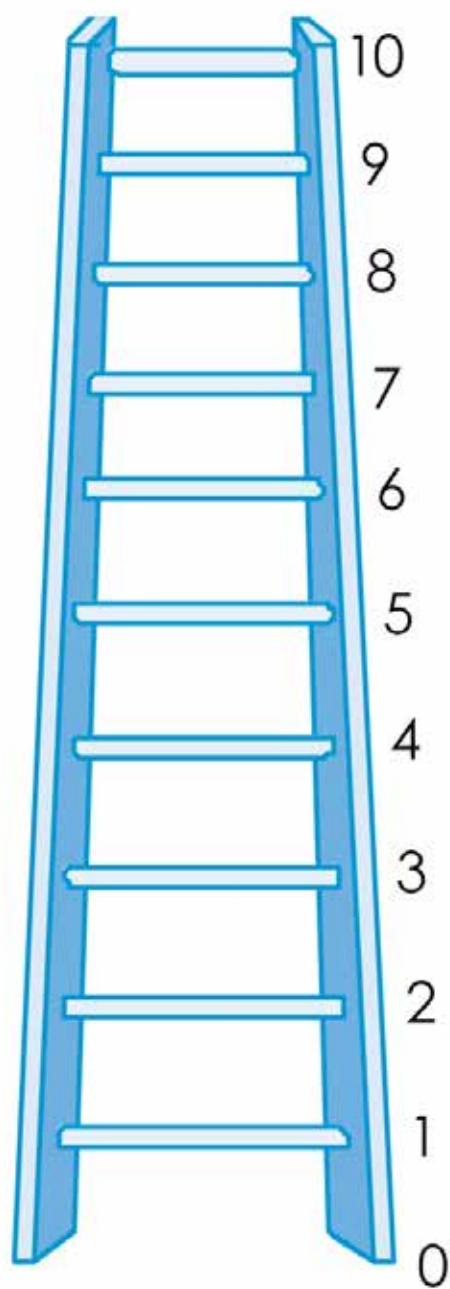
TOBACCO AND ALCOHOL USE		TA
<p>TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?</p> <p><i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS.</i></p> <p><i>IF 10 DAYS OR MORE BUT LESS THAN A MONTH, RECORD '10'.</i></p> <p><i>IF 'EVERY DAY' OR 'ALMOST EVERY DAY', RECORD '30'.</i></p>	<p>NUMBER OF DAYS..... <u>0</u> ____</p> <p>10 DAYS OR MORE BUT LESS THAN A MONTH..10</p> <p>EVERY DAY / ALMOST EVERY DAY.....30</p>	
<p>TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, SHISHA, CIGARILLOS OR PIPE?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒TA10
<p>TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒TA10
<p>TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?</p> <p><i>RECORD ALL MENTIONED.</i></p>	<p>CIGARS.....A</p> <p>WATER PIPEB</p> <p>CIGARILLOSC</p> <p>PIPE.....D</p> <p>SHISHA.....E</p> <p>OTHER (<i>specify</i>)X</p>	
<p>TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE (NAMES OF PRODUCTS MENTIONED IN TA8)?</p> <p><i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS.</i></p> <p><i>IF 10 DAYS OR MORE BUT LESS THAN A MONTH, RECORD '10'.</i></p> <p><i>IF 'EVERY DAY' OR 'ALMOST EVERY DAY', RECORD '30'.</i></p>	<p>NUMBER OF DAYS..... <u>0</u> ____</p> <p>10 DAYS OR MORE BUT LESS THAN A MONTH..10</p> <p>EVERY DAY / ALMOST EVERY DAY.....30</p>	
<p>TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒TA14
<p>TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒TA14

TOBACCO AND ALCOHOL USE		TA
<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>RECORD ALL MENTIONED.</i></p>	<p>CHEWING TOBACCO.....A</p> <p>SNUFF B</p> <p>DIP..... C</p> <p>OTHER (<i>specify</i>) _____ X</p>	
<p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE (NAMES OF PRODUCTS MENTIONED IN TA12)?</p> <p><i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS.</i></p> <p><i>IF 10 DAYS OR MORE BUT LESS THAN A MONTH, RECORD '10'.</i></p> <p><i>IF 'EVERY DAY' OR 'ALMOST EVERY DAY', RECORD '30'.</i></p>	<p>NUMBER OF DAYS..... <u>0</u> ____</p> <p>10 DAYS OR MORE BUT LESS THAN A MONTH.. 10</p> <p>EVERY DAY / ALMOST EVERY DAY..... 30</p>	
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇒ END
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE OR PALM WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM, AKPETESHIE OR PITO.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>NEVER HAD ONE DRINK OF ALCOHOL.....00</p> <p>AGE ____ ____</p>	00 ⇒ END
<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>IF RESPONDENT DID NOT DRINK, RECORD '00'.</i></p> <p><i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS.</i></p> <p><i>IF 10 DAYS OR MORE BUT LESS THAN A MONTH, RECORD '10'.</i></p> <p><i>IF 'EVERY DAY' OR 'ALMOST EVERY DAY', RECORD '30'.</i></p>	<p>DID NOT HAVE ONE DRINK IN LAST ONE MONTH00</p> <p>NUMBER OF DAYS..... <u>0</u> ____</p> <p>10 DAYS OR MORE BUT LESS THAN A MONTH.. 10</p> <p>EVERY DAY / ALMOST EVERY DAY..... 30</p>	00 ⇒ END
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>NUMBER OF DRINKS ____ ____</p>	

LIFE SATISFACTION	LS
<p>LS1. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>I AM NOW GOING TO SHOW YOU PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>SHOW SMILEY CARD AND EXPLAIN WHAT EACH SYMBOL REPRESENTS. RECORD THE RESPONSE CODE SELECTED BY THE RESPONDENT.</i></p>	<p>VERY HAPPY 1</p> <p>SOMEWHAT HAPPY 2</p> <p>NEITHER HAPPY NOR UNHAPPY..... 3</p> <p>SOMEWHAT UNHAPPY 4</p> <p>VERY UNHAPPY 5</p>
<p>LS2. Show the picture of the ladder.</p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary:</i> Which step comes closest to the way you feel?</p>	<p>LADDER STEP ____</p>
<p>LS3. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?</p>	<p>IMPROVED..... 1</p> <p>MORE OR LESS THE SAME..... 2</p> <p>WORSENER 3</p>
<p>LS4. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>BETTER..... 1</p> <p>MORE OR LESS THE SAME..... 2</p> <p>WORSE..... 3</p>

<p>Very happy</p>	<p>Somewhat happy</p>	<p>Neither happy, nor unhappy</p>	<p>Somewhat unhappy</p>	<p>Very unhappy</p>
				

Best Possible Life



Worst Possible Life

<p>WM10. RECORD THE TIME.</p>	<p>HOURS AND MINUTES __ __ : __ __</p>	
<p>WM11. WAS THE ENTIRE INTERVIEW COMPLETED IN PRIVATE OR WAS THERE ANYONE ELSE DURING THE ENTIRE INTERVIEW OR PART OF IT?</p>	<p>YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1</p> <p>NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) _____ 2</p> <p>NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) _____ 3</p>	
<p>WM12. LANGUAGE OF THE QUESTIONNAIRE.</p>	<p>ENGLISH..... 11</p> <p>AKAN..... 12</p> <p>GA 13</p> <p>EWE..... 15</p> <p>DAGBANI 17</p>	
<p>WM13. LANGUAGE OF THE INTERVIEW.</p>	<p>ENGLISH..... 11</p> <p>AKAN..... 12</p> <p>GA 13</p> <p>EWE..... 15</p> <p>DAGBANI 17</p> <p>KASEM 18</p> <p>GONJA..... 19</p> <p>OTHER LANGUAGE (specify) _____ 96</p>	

<p>WM14. NATIVE LANGUAGE OF THE RESPONDENT.</p>	<p>ENGLISH..... 11</p> <p>AKAN..... 12</p> <p>GA 13</p> <p>EWE..... 15</p> <p>DAGBANI 17</p> <p>KASEM 18</p> <p>GONJA..... 19</p> <p style="text-align: right;">OTHER LANGUAGE</p> <p>(specify) _____ 96</p>	
<p>WM15. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?</p>	<p>YES, THE ENTIRE QUESTIONNAIRE 1</p> <p>YES, PARTS OF THE QUESTIONNAIRE..... 2</p> <p>NO, NOT USED 3</p>	
<p>WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:</p> <p>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN’S INFORMATION PANEL and record ‘01’. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:</p> <p style="padding-left: 80px;">Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p style="padding-left: 120px;"><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN’S INFORMATION PANEL and record ‘01’. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p style="padding-left: 120px;"><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN’S INFORMATION PANEL 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.</p> <p style="padding-left: 40px;"><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN’S INFORMATION PANEL 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.</p>		

INTERVIEWER'S OBSERVATIONS

Empty box for interviewer's observations.

SUPERVISOR'S OBSERVATIONS

Empty box for supervisor's observations.

