

THE GAMBIA MICS2

EA no. _____ Household no. _____ Woman line no. _____

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		
<i>This module is to be administered to all women age 15 through 49 (see column 5 of HH listing). Fill in one form for each eligible woman.</i>		
1. Woman's line number (from HH listing).	Line number	
2. Woman's name.	Name	
3A. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month/Year..... /	
	DK date of birth 999999	DK⇒3B
<i>Or:</i>	<i>Or:</i>	
3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years).....	

GO TO NEXT MODULE ⇒

EA no. _____ Household no. _____

REHYDRATION SOLUTIONS MODULE		
<i>This module is to be administered to mother's of children under- five</i>		
1. HAVE YOU EVER SEEN THIS ORS PACKET BEFORE?	Yes.....1 No.....2	2⇒Q.5
2. IF YES, CAN YOU TELL ME ITS PREPARATION?	Correct.....1 Incorrect.....2	
3. WAS ORS AVAILABLE WHEN YOU NEEDED IT?	Always.....1 Sometimes.....2 Rarely.....3 Never.....4	
4. WHERE DID YOU USUALLY GET IT?	VHW.....1 MCH.....2 HC/Hospital.....3 Pharmacy.....4 Other(specify).....5	
5. TELL ME HOW TO PREPARE SSS	Correct.....1 Incorrect.....2	
6. WHAT DO YOU THINK IS THE USE/BENEFIT OF ORS/SSS ?	Replaces loss fluid.....1 Stop/cure diarrhoea.....2 Other(specify).....3 DK.....9	

GO TO NEXT MODULE ⇒

CHILD MORTALITY MODULE

This module is to be administered to all women age 15-49.

All questions refer only to LIVE births.

Follow instructions as provided in training. See Instructions for Interviewers.

<p>1. 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> 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 No 2</p>	<p>2⇒ CONTRA- CEPTIVE USE MODULE</p>
<p>2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR IS THE CHILD OF A MAN OTHER THAN YOUR CURRENT PARTNER.</p> <p><i>Or:</i> 2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Date of first birth Day/Month/Year _ _ / _ _ / _ _ _ _</p> <p>DK date of first birth..... 99999999</p> <p><i>Or:</i> Completed years since first birth _ _</p>	<p>DK⇒2B</p>
<p>3. 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>	<p>2⇒Q.5</p>
<p>4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home _ _</p> <p>Daughters at home _ _</p>	
<p>5. 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>	<p>2⇒Q.7</p>
<p>6. 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>Sons elsewhere..... _ _</p> <p>Daughters elsewhere _ _</p>	
<p>7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes 1 No 2</p>	<p>2⇒Q.9</p>
<p>8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead _ _</p> <p>Girls dead _ _</p>	
<p>9. Sum answers to Q. 4, 6, and 8.</p>	<p>Sum..... _ _</p>	
<p>10. 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 ⇒ Go to Q.11</p> <p><input type="checkbox"/> No ⇒ CHECK RESPONSES AND MAKE CORRECTIONS BEFORE PROCEEDING TO Q.11</p>		
<p>11. 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>Date of last birth Day/Month/Year _ _ / _ _ / _ _ _ _</p>	

*Did the woman's last birth occur within the last year, that is, since (**insert date**)?*

Yes, live birth in last year. ⇒ GO TO TETANUS TOXOID MODULE

No live birth in last year. ⇒ GO TO CONTRACEPTIVE USE MODULE

TETANUS TOXOID (TT) MODULE		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK..... 9	
2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No..... 2 DK 9	2⇒Q.4 9⇒Q.4
3. <i>If yes:</i> HOW MANY DOSES OF TETANUS TOXOID (ANTI-TETANUS INJECTIONS) DID YOU RECEIVE DURING YOUR LAST PREGNANCY?	No. of doses __ __ DK 99	
<i>How many TT doses were reported during last pregnancy in Q.3?</i>		
<input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ GO TO MATERNAL AND NEWBORN HEALTH MODULE</i>		
<input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ CONTINUE WITH Q.4</i>		
4. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION (<i>additional probes</i>) AT ANY TIME BEFORE YOUR LAST PREGNANCY, INCLUDING DURING A PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES?	Yes 1 No..... 2 DK 9	2⇒Q.7 9⇒Q.7
5. <i>If yes:</i> HOW MANY DOSES DID YOU RECEIVE?	No. of doses __ __	
6A. WHEN WAS THE LAST DOSE RECEIVED?	Date of last dose Month/Year..... __ __ / ____ DK date 999999	DK⇒6B
<i>Or:</i>	<i>Or:</i>	
6B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST DOSE?	Years ago..... __ __	
7. <i>Add responses to Q.3 and Q.5 to obtain total number of doses in lifetime.</i>	Total no. of doses __ __	

GO TO MATERNAL AND NEWBORN HEALTH MODULE ⇒

MATERNAL AND NEWBORN HEALTH MODULE*This module is to be administered to all women with a live birth in the year preceding date of interview.***Use Q.7 and Q.8 only in countries where a local term for night blindness exists.**

1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? <i>Show 200,000 IU capsule or dispenser.</i>	Yes 1 No..... 2 DK 9	
2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? <i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i> <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor..... 1 Nurse/midwife 2 Auxiliary midwife 3 Traditional birth attendant 4 Other (<i>specify</i>) 6 No one..... 0	
3. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional: Doctor..... 1 Nurse/midwife 2 Auxiliary midwife 3 Traditional birth attendant 4 Relative/friend 5 Other (<i>specify</i>) 6 No one..... 0	
*3AA. DURING YOUR LAST PREGNANCY DO YOU RECEIVE ANY FEFA TABLETS(IRON TABLETS)	Yes 1 No..... 2 DK 9	
5. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No..... 2 DK 9	2⇒Q.7 9⇒Q.7
6. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card..... 1 (grams) __ , ____ From recall 2 (grams) __ , ____ DK 99999	
7. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU HAVE DIFFICULTY WITH YOUR VISION DURING THE DAYLIGHT?	Yes 1 No..... 2 DK 9	
8. DURING THAT PREGNANCY, DID YOU SUFFER FROM NIGHT BLINDNESS (<i>insert local term</i>)?	Yes 1 No..... 2 DK 9	
8AA. DURING PREGNANCY DID WOMAN(NAME) SLEEP UNDER A BEDNET TREATED WITH PERMETHRIN?	Yes 1 No..... 2 DK 9	

GO TO NEXT MODULE ⇒

CONTRACEPTIVE USE MODULE

Ask Q.1 for all women age 15-49 and then follow the skip instruction carefully.

Questions on pregnancy and contraception are to be asked only of women who are currently married or in union.

1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A MAN?	Yes 1 No, widowed, divorced, separated 2 No, never married 3	2⇒NEXT MODULE 3⇒NEXT MODULE
1AA. TYPE OF MARITAL UNION	Monogamous 1 Polygamous 2	
2. NOW I AM GOING TO CHANGE TOPICS. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION. OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK 3	1⇒NEXT MODULE
3. SOME COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	2⇒Q4AA
4. WHICH METHOD ARE YOU USING? <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	Female sterilization 01 Pill 02 Loop(IUD) 03 Injections 04 Implants 05 Condom 06 Female condom 07 Diaphragm 08 Foam/jelly 09 Lactational amenorrhoea method (LAM) 10 Periodic abstinence 11 Withdrawal 12 Other (specify) 13	⇒ NEXT MODULE
*4AA. HAVE YOU EVER USED ANY CONTRACEPTIVE METHOD?	Yes 1 No 2	2⇒Q4EE
*4BB. HOW LONG DID YOU USE IT?	Less than one year 1 One to three years 2 More than three years 3 DK 9	
4CC. WHY DID YOU STOP USING CONTRACEPTIVES?	Became pregnant while using 1 Wanted to become pregnant 2 Husband disapproved 3 Side effects 4	

	Access/availability.....5 Religion against FP.....6 Others(specify).....7 DK.....9	
4DD. WHEN YOU WERE LAST PREGNANT, DID YOU WANT TO BECOME PREGNANT AT THAT TIME?	Yes.....1 No pregnancy yet.....2 Later.....3 Not at all.....4	
4EE. DO YOU INTEND TO USE A METHOD ANY TIME IN THE FUTURE?	Yes.....1 No.....2 DK.....9	

GO TO NEXT MODULE ⇒

EA no. _____ Household no. _____ Woman line no. _____

HIV/AIDS MODULE		
<p><i>This module is to be administered to all women age 15-49. See Instructions for Interviewers for further discussion of these questions.</i></p>		
<p>1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT WHAT YOU KNOW ABOUT SERIOUS ILLNESS, IN PARTICULAR, ABOUT HIV AND AIDS.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes..... 1 No..... 2</p>	<p>2⇒Q.18</p>
<p>2. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes..... 1 No..... 2 DK..... 9</p>	<p>2⇒Q.8 9⇒Q.8</p>
<p>3. NOW I WILL READ SOME QUESTIONS ABOUT HOW PEOPLE CAN PROTECT THEMSELVES FROM THE AIDS VIRUS. THESE QUESTIONS INCLUDE ISSUES RELATED TO SEXUALITY WHICH SOME PEOPLE MIGHT FIND DIFFICULT TO ANSWER. HOWEVER, YOUR ANSWERS ARE VERY IMPORTANT TO HELP UNDERSTAND THE NEEDS OF PEOPLE IN (country name). AGAIN, THIS INFORMATION IS ALL COMPLETELY PRIVATE AND ANONYMOUS. PLEASE ANSWER YES OR NO TO EACH QUESTION.</p> <p>CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE UNINFECTED SEX PARTNER WHO ALSO HAS NO OTHER PARTNERS?</p>	<p>Yes..... 1 No..... 2 DK..... 9</p>	
<p>4. DO YOU THINK A PERSON CAN GET INFECTED WITH THE AIDS VIRUS THROUGH SUPERNATURAL MEANS?*</p>	<p>Yes..... 1 No..... 2 DK..... 9</p>	
<p>5. CAN PEOPLE PROTECT THEMSELVES FROM THE AIDS VIRUS BY USING A CONDOM CORRECTLY EVERY TIME THEY HAVE SEX?</p>	<p>Yes..... 1 No..... 2 DK..... 9</p>	
<p>6. CAN A PERSON GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes..... 1 No..... 2 DK..... 9</p>	
<p>7. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?</p>	<p>Yes..... 1 No..... 2 DK..... 9</p>	
<p>8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes..... 1 No..... 2 DK..... 9</p>	

9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD?	Yes..... 1 No..... 2 DK..... 9	2⇒Q.13 9⇒Q.13
10. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD DURING PREGNANCY?	Yes..... 1 No..... 2 DK..... 9	
11. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD AT DELIVERY?	Yes..... 1 No..... 2 DK..... 9	
12. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD THROUGH BREAST MILK?	Yes..... 1 No..... 2 DK..... 9	
13. IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE OR SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No..... 2 DK..... 9	
14. IF YOU KNEW THAT A SHOPKEEPER OR FOOD SELLER HAD AIDS OR THE VIRUS THAT CAUSES IT, WOULD YOU BUY FOOD FROM HIM OR HER?	Yes..... 1 No..... 2 DK..... 9	
15. I AM NOT GOING TO ASK YOU ABOUT YOUR HIV STATUS (<i>use term understood locally</i>), BUT WE ARE INTERESTED TO KNOW HOW MUCH DEMAND THERE IS IN YOUR COMMUNITY FOR HIV TESTING AND COUNSELLING. SO, I WOULD LIKE TO ASK YOU: 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⇒Q.17
16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes..... 1 No..... 2	
17. 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?	Yes..... 1 No..... 2	
17AA. DID YOUR PARTNER USE A CONDOM WHEN YOU LAST HAD SEX?	Yes..... 1 No..... 2 DK..... 9	
17BB. NAME THREE WAYS OF HIV PREVENTION DK.....9	
17CC. NAME THREE WAYS OF HIV TRANSMISSION DK.....9	
<p>18. Is the woman a caretaker of any children under five years of age?</p> <p><input type="checkbox"/> Yes. ⇒ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker.</p> <p><input type="checkbox"/> No. ⇒ CONTINUE WITH Q.19</p>		
<p>19. Does another eligible woman reside in the household?</p> <p><input type="checkbox"/> Yes. ⇒ End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the next eligible woman.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this woman by thanking her for her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.</p>		