

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL

WM

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

WM1. Cluster number: _____	WM2. Household number: _____
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WM3. Woman's name: Name _____	WM4. Woman's line number: _____
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WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ____/____/_____
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Repeat greeting if not already read to this woman: WE ARE FROM ((The Gambia Bureau of Statistics, MOB&SE, MOH&SW, Women's Bureau, Community Development). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (45) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.	If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following: NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT (45) MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.
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MAY I START NOW?

Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.

No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed..... 1 Not at home 2 Refused..... 3 Partly completed..... 4 Incapacitated..... 5 Other (specify) _____ 9
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WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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WM10. Record the time.	Hour and minutes :
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WOMAN'S BACKGROUND

WB

WB1	IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Mont DK month.....98 Year DK year.....9998	
WB2	HOW OLD ARE YOU? Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? Compare and correct WB1 and/or WB2 if inconsistent	Age (in completed years).....	
WB3	HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB3A	WHAT TYPE OF SCHOOL DID YOU ATTEND?	Formal School (Western)..... 1 Madrassah (Formal) 2 Adult Literacy Classes in Local Languages.. 3	3⇒WB7
WB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school..... 00 Pre-school (Madrassa)..... 10 Primary 01 Primary (Madrassa) 11 Secondary (Upper Basic/ Junior/Senior).... 02 Secondary (Madrassa)..... 12 Higher (Tertiary, University, College) 03 Vocational..... 04 Non Standard Curriculum..... 06 DK..... 98	00⇒WB7 10⇒WB7
WB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? If less than 1 grade, enter "00"	Grade.....	
WB6	Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7	NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? EXAMPLE SENTENCES FOR LITERACY TEST: 1. THE CHILD IS READING A BOOK 2. THE RAINS CAME LATE THIS YEAR 3. PARENTS MUST CARE FOR THEIR CHILDREN 4. FARMING IS HARD WORK	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence..... 3 No sentence in required language 4 (specify language) Blind / mute, visually / speech impaired..... 5	
WB7A	CAN YOU READ AND WRITE IN ANY LANGUAGE?	No, I'm Illiterate 1 Yes In Roman 2 Yes in Arabic..... 3 Yes in Both Roman & Arabic..... 4 Yes in Other language (Specify)..... 6	

DESIRE FOR LAST BIRTH

DB

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

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

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

DB1	WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes1 No2	1⇒Next Module
DB2	DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	2⇒Next Module
DB3	HOW MUCH LONGER DID YOU WANT TO WAIT?	Months 1 __ __ Years 2 __ __ DK 998	

MATERNAL AND NEWBORN HEALTH

MN

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

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

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

MN1A	DID YOU REGISTER FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes1 No2	
MN1	DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes1 No2	2⇒MN5
MN2	WHOM DID YOU SEE? Probe: ANYONE ELSE? Probe for the type of person seen and circle all answers given.	Health professional: DoctorA Nurse / MidwifeB Auxiliary nurseD Other person Traditional birth attendantF Relative/ FriendH Other (specify)X	
MN3	HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times __ __ DK 98	
MN4	AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [BA] DID YOU RECEIVE/TOLD THE RESULTS OF THE URINE TEST? [C] DID YOU GIVE A BLOOD SAMPLE? [CA] DID YOU RECEIVE/TOLD THE RESULTS OF THE BLOOD TEST?	Yes No Blood pressure1 2 Urine sample1 2 Urine test results received/ told1 2 Blood sample 1 2 Blood test results received/ told 1 2	2⇒MN4C 2⇒MN5
MN5	DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? If a card is presented, use it to assist with answers to the following questions.	Yes (card seen) 1 Yes (card not seen)2 No3 DK8	
MN6	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?	Yes 1 No2 DK8	2⇒MN9 8⇒MN9
MN7	HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? If 7 or more times, record '7'.	Number of times __ DK8	8⇒MN9

MN8	How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9		
MN9	DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes1 No2 DK8	2⇒MN17 8⇒MN17
MN10	HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? If 7 or more times, record '7'.	Number of times..... DK.....8	8⇒MN12
MN11	HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago.....	
MN12	Check MN1 for presence of antenatal care during this pregnancy: <input type="checkbox"/> Yes, antenatal care received.⇒ Continue with MN13 <input type="checkbox"/> No antenatal care received ⇒ Go to MN17		
MN13	DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes1 No2 DK8	2⇒MN17 8⇒MN17
MN13A	WAS THE MEDICINE YOU TOOK DURING YOUR PREGNANCY TO PREVENT YOU FROM GETTING MALARIA PRESCRIBED DURING ONE OF THE ANTENATAL VISITS?	Yes1 No2	
MN14	WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.	SP / Fansidar..... A Chloroquine B Other (specify) X DK..... Z	
MN15	Check MN14 for medicine taken: <input type="checkbox"/> SP / Fansidar taken.⇒ Continue with MN16 <input type="checkbox"/> SP / Fansidar not taken.⇒ Go to MN17		
MN16	DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times..... DK.....98	
MN17	WHO ASSISTED WITH THE DELIVERY OF (name)? Probe: ANYONE ELSE? Probe for the type of person assisting and circle all answers given. If respondent says no one assisted, probe to determine whether any adults were present at the delivery.	Health professional: Doctor A Nurse / Midwife B Auxiliary nurse C Other person Traditional birth attendant..... F Relative / Friend..... H Other (specify) X No one Y	
MN18	WHERE DID YOU GIVE BIRTH TO (name)? Probe to identify the type of source. If unable to determine whether public or private, write the name of the place. _____ (Name of place)	Home Your home11 Other home.....12 Public sector Govt. hospital21 Govt. clinic / health centre22 Govt. health post.....23 Other public (specify) 26 Private Medical Sector Private hospital31 Private clinic.....32 Private maternity home33 Other private medical (specify) 36 Other (specify).....96	11⇒MN20 12⇒MN20 96⇒MN20

MN19	WAS (name) DELIVERED BY CAESEREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT 'OPERE'?	Yes 1 No 2	
MN20	WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN21	WAS (name) WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2⇒MN23 8⇒MN23
MN22	HOW MUCH DID (name) WEIGH? Record weight from health card, if available.	From card 1 (kg) __ . __ __ __ From recall 2 (kg) __ . __ __ __ DK 99998	
MN23	HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?	Yes 1 No 2	
MN24	DID YOU EVER BREASTFEED (name)?	Yes 1 No 2	2⇒Next Module
MN25	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 __ __ Don't know / remember 998	
MN26	IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒MN28
MN27	WHAT WAS (name) GIVEN TO DRINK? Probe: ANYTHING ELSE?	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 H Honey I Other (specify) _____ X	
MN27A	Check child mortality module CM13. Is last born child is alive? : <input type="checkbox"/> Yes⇒ Continue with MN28 <input type="checkbox"/> No⇒ Go to Next Module		
MN28	IS (NAME) STILL BREASTFED?	Yes 1 No 2	
MN29	HOW LONG HAS (NAME) BEEN FED WITH ONLY BREAST MILK? If 6 months or more, register 6	Number of Months ____ DK 8	

ILLNESS SYMPTOMS

IS

IS1	Check Household Listing, column HL9 Is the respondent the mother or caretaker of any child under age 5? <input type="checkbox"/> Yes ⇒ Continue with IS2. <input type="checkbox"/> No ⇒ Go to Next Module.		
IS2	SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? Probe: ANY OTHER SYMPTOMS? Keep asking for more signs or symptoms until the mother/ caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions	Child not able to drink or breastfeed.....A Child becomes sicker B Child develops a feverC Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G Child is coughing H Child has diarrhoea..... I Child is vomiting.....J Other (specify) _____ X Other (specify) _____ Y Other (specify) _____ Z	

REHYDRATION SOLUTIONS

RS

This module is to be administered to mother’s or primary caretakers of children under- five, Check HL9 from the household listing form for eligibility

RS1	HAVE YOU EVER SEEN THIS ORAL REHYDRATION SOLUTIONS (ORS) PACKET BEFORE?	Yes1 No2	2⇒RS5
RS2	DO YOU KNOW HOW TO PREPARE IT?	Yes1 No2	2⇒RS4
RS3	If yes: TELL ME HOW YOU PREPARE IT?	Correct 1 Incorrect2	
RS4	WHAT DO YOU THINK IS THE MAIN USE/BENEFIT OF ORS?	Replaces loss fluid 1 Stop/cure diarrhoea2 Other (specify) _____ 6 DK.....8	
RS5	HAVE YOU EVER HEARD OF THE SUGAR SALT SOLUTION (SSS)?	Yes1 No2	2⇒Next Module
RS6	DO YOU KNOW HOW TO PREPARE IT?	Yes1 No2	2⇒RS8
RS7	If yes: TELL ME HOW YOU PREPARE IT?	Correct 1 Incorrect2	
RS8	WHAT DO YOU THINK IS THE MAIN USE/BENEFIT OF SSS?	Replaces loss fluid 1 Stop/cure diarrhoea2 Other (specify) _____ 6 DK.....8	

CONTRACEPTION

CP

CP1	I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant1 No.....2 Unsure or DK.....8	1⇒CP5
CP2	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?	Yes1 No2	2⇒CP4
CP3	WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization.....A Male sterilizationB IUDC InjectablesD ImplantsE Pill.....F Male condom.....G Female condomH DiaphragmI Foam / JellyJ Lactational amenorrhoea method (LAM)K Periodic abstinence/RhythmL WithdrawalM Other (specify).....X	} CP5
CP4	WHY ARE YOU NOT USING ANY CONTRACEPTIVE METHOD AT THIS MOMENT? Probe: ANY OTHER REASON?	Against contraception A Husband/partner against contraception... B Not married yet/Does not have sex yet C Wants (more) children D Can't have children E Religion..... F Husband/partner out of town..... G Has just delivered H Other (specify) X DK.....Z	
CP5	HOW MANY CHILDREN WOULD YOU LIKE TO HAVE IN YOUR LIFE TIME? If more than 7, register 7 ;	Number of children DK.....8	

UNMET NEED

UN

UN1	Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2	NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes.....1 No.....2	1⇒UN4
UN3	DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later.....1 No more2	
UN4	NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child1 No more / None2 Undecided / Don't know8	1⇒UN7 2⇒UN13 8⇒UN13
UN5	Check CP3. Currently using "Female sterilization"? <input type="checkbox"/> Yes. ⇒ Go to UN13 <input type="checkbox"/> No. ⇒ Continue with UN6		
UN6	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child.....1 No more / None2 Says she cannot get pregnant3 Undecided / Don't know8	2⇒UN9 3⇒UN11 8⇒UN9
UN7	HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ ANOTHER) CHILD?	Months.....1 ___ Years2 ___ Soon / Now.....993 Says she cannot get pregnant994 After marriage.....995 Other996 Don't know.....998	994⇒UN11
UN8	Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		
UN9	Check CP2. Currently using a method? <input type="checkbox"/> Yes. ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
UN10	DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes.....1 No.....2 DK.....8	1⇒UN13 8⇒UN13
UN11	WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex.....A Menopausal.....B Never menstruated.....C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result.....E Postpartum amenorrhicF Breastfeeding.....G Too old.....H FatalisticI Other (specify)X Don't knowZ	
UN12	Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Yes. ⇒ Go to Next Module <input type="checkbox"/> No ⇒ Continue with UN13		

UN13	WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago 1 ____ Weeks ago 2 ____ Months ago 3 ____ Years ago 4 ____ In menopause / Has had hysterectomy.. 994 Before last birth 995 Never menstruated 996
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FEMALE GENITAL MUTILATION/CUTTING

FG

FG1	HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No 2	1⇒FG3
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 No 2	2⇒Next Module
FG3	HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 No 2	2⇒FG9
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 No 2 DK 8	1⇒FG6
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? If the respondent does not know the exact age, probe to get an estimate	During infancy 00 Age at circumcision ____ DK / Don't remember / Not sure 98	
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	Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here	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? <input type="checkbox"/> Yes <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22A <input type="checkbox"/> No ⇒ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes		
FG11	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 FG12. Then, ask questions FG13 to FG20 for each daughter at a time. The total number of daughters in FG12 should be equal to the number in FG9 If more than 4 daughters, use additional questionnaires		

		Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12	Name of daughter	_____	_____	_____	_____
FG13	HOW OLD IS (name)?	Age..... ____	Age..... ____	Age..... ____	Age..... ____

FG14	Is (name) younger than 15 years of age?	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A
FG15	IS (name) CIRCUMCISED?	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A
FG16	HOW OLD WAS (name) WHEN THIS OCCURRED? If the respondent does not know the age, probe to get an estimate.	Age DK 98	Age DK 98	Age DK 98	Age DK 98
FG17	NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 No 2 DK 8 ⇒FG19	Yes 1 No 2 DK 8 ⇒FG19	Yes 1 No 2 DK 8 ⇒FG19	Yes 1 No 2 DK 8 ⇒FG19
FG18	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
FG19	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
FG20	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	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	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	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
FG21		Go back to FG13 for next daughter. If no more daughters, go to FG22A	Go back to FG13 for next daughter. If no more daughters, go to FG22A	Go back to FG13 for next daughter. If no more daughters, go to FG22A	Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22A

Tick here if additional questionnaire used

FG22A	WOULD YOU LIKE YOUR DAUGHTER TO BE CIRCUMCISED?	Yes 1 No 2
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FG22	DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued.....1 Discontinued.....2 Depends.....3 DK.....8
FG23	WHAT ARE THE BENEFITS OF FGC? Probe: ANY MORE BENEFITS?	Keep virginity.....A To prevent fooling around.....B Self Esteem.....C No benefit.....D Other (specify) _____X DK.....Z
FG24	WHAT ARE THE DANGERS OF FGC? Probe: ANY MORE DANGERS?	Bleeding.....A Spread of STDs.....B Complication during pregnancy/delivery..C Sexual difficulty.....D No danger.....E Other (specify) _____X DK.....Z

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

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: [A] IF SHE GOES OUT WITHOUT TELLING HIM? [B] IF SHE NEGLECTS THE CHILDREN? [C] IF SHE ARGUES WITH HIM? [D] IF SHE REFUSES TO HAVE SEX WITH HIM? [E] IF SHE BURNS THE FOOD? [F] USING CONTRACEPTIVES WITHOUT THE CONSENT OF THE HUSBAND?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Goes out without telling.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Neglects children.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Argues.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Refuses sex.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Burns food.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Using contraceptives.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Goes out without telling.....1	1	2	8	Neglects children.....1	1	2	8	Argues.....1	1	2	8	Refuses sex.....1	1	2	8	Burns food.....1	1	2	8	Using contraceptives.....1	1	2	8
	Yes	No	DK																											
Goes out without telling.....1	1	2	8																											
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Burns food.....1	1	2	8																											
Using contraceptives.....1	1	2	8																											

MARRIAGE/UNION

MA

MA1	ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married.....1 Yes, living with a man.....2 No, not in union.....3	3⇒MA5
MA2	HOW OLD IS YOUR HUSBAND/PARTNER? Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	
MA3	BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes.....1 No.....2 DK.....8	2⇒MA7 8⇒MA5
MA4	HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number.....__ __ DK.....98	⇒MA7 98⇒MA7
MA5	HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married.....1 Yes, formerly lived with a man.....2 No.....3	⇒Next Module
MA6	WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced.....2 Separated.....3	2⇒CM8

MA7	HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once 2	
MA8	IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month ___ ___ DK month 98 Year..... ___ ___ ___ ___ DK year 9998	⇒Next Module
MA9	HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years..... ___ ___	

SEXUAL BEHAVIOUR SB

Check for the presence of others. Before continuing, ensure privacy.

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

SB10	WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? Probe to ensure that the response refers to the relationship at the time of sexual intercourse If 'boyfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.	Husband..... 1 Cohabiting partner..... 2 Boyfriend..... 3 Casual acquaintance..... 4 Other (specify) 6	3⇒SB12 4⇒SB12 6⇒SB12
SB11	Check MA1 and MA7: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13 <input type="checkbox"/> Else ⇒ Continue with SB12		
SB12	HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ___ __ DK..... 98	8⇒MN9
SB13	OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒SB15
SB14	IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners ___ __	
SB15	IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.	Number of lifetime partners ___ __ DK..... 98	

HIV/AIDS

HA

HA1	NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2	2⇒WM11
HA2	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK..... 8	
HA3	CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK..... 8	
HA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK..... 8	
HA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK..... 8	
HA6	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK..... 8	
HA7	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK..... 8	

		Yes	No	DK	
HA8	CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	During pregnancy.....1	2	8	
		During delivery.....1	2	8	
		By breastfeeding.....1	2	8	
HA9	IN YOUR OPINION, IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1			
		No2			
		DK / Not sure / Depends.....8			
HA10	WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes1			
		No2			
		DK / Not sure / Depends.....8			
HA11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes1			
		No2			
		DK / Not sure / Depends.....8			
HA12	IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes1			
		No2			
		DK / Not sure / Depends.....8			
HA13	Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to HA24. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.				
HA14	Check MN1: Received antenatal care? <input type="checkbox"/> Yes, antenatal care received.⇒ Continue with HA15 <input type="checkbox"/> No antenatal care received ⇒ Go to HA24				
HA15	DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS VIRUS?	Yes1			
		No2			
		DK.....8			
HA16	I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes1			
		No2			2⇒HA19
		DK.....8			8⇒HA19
HA17	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1			
		No2			2⇒HA22
		DK.....8			8⇒HA22
HA18	REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes1			
		No2			1⇒HA22
		DK.....8			2⇒HA22
					8⇒HA22
HA19	Check MN17: Birth delivered by health professional (A, B or C)? <input type="checkbox"/> Yes, birth delivered by health professional⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional⇒ Go to HA24				
HA20	I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes1			
		No2			2⇒HA24
HA21	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1			
		No2			
HA22	HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes1			
		No2			1⇒HA25

HA23	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago1 12-23 months ago2 2 or more years ago.....3	1⇒HA28 2⇒HA28 3⇒HA28
HA24	I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes1 No.....2	2⇒HA27
HA25	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago2 2 or more years ago.....3	
HA26	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No.....2 DK.....8	1⇒HA28 2⇒HA28 8⇒HA28
HA27	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes1 No.....2	
HA28	IF YOUR HUSBAND/PARTNER WAS ASKED FOR YOU TO BE SCREENED FOR HIV/AIDS TESTING, DO YOU THINK HE WILL AGREE?	Yes1 No.....2 DK.....8	
HA29	DO YOU THINK YOUR HUSBAND/PARTNER WILL AGREE FOR BOTH OF YOU TO BE SCREENED TOGETHER?	Yes1 No.....2 DK.....8	
WM11	Record the time	Hour and minutes :	
WM12	<p>Is the respondent the mother or caretaker of any child age 0-4 living in this household? Check household listing, column HL9. <input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent. <input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.</p>		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations