



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the ED/cluster, region and household numbers, and the name and line number of the woman in the space below and at the top of each page of this questionnaire. Fill in your name, number and the date.</i></p>		
WM1A. Region # __ __ WW1. ED/ Cluster #: __ __ __ __ WM2A. Building #. __ __ __	WM2. Household number: __ __ __ WM2V. Ward/ Village/Community Name & #: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number (check HLI): _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: _____ / _____ / _____	
WM7. Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) _____ 6	

Repeat greeting if not already read to this woman:

WE ARE FROM THE BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month __ __ DK month 98 Year __ __ __ __ DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) __ __	

CHILD MORTALITY MODULE

CM

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

All questions refer only to LIVE births.

<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If “No” probe by asking: I MEAN, HAVE YOU EVER GIVEN BIRTH TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i></p>	<p>Yes 1 No..... 2</p>	<p>2⇒ MARRIAGE /UNION MODULE</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth Day __ __ DK day 98</p> <p>Month __ __ DK month 98</p> <p>Year __ __ __ __ DK year 9998</p>	<p>⇒CM3 ↓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth __ __</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒CM5</p>
<p>CM4. 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>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒CM7</p>
<p>CM6. 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>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒CM9</p>

Reg. #: ___ ED/ Cluster #: ___ HH #: ___ Woman's line #: ___

<p>CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead ___ Girls dead..... ___</p>	
<p>CM9. <i>Sum answers to CM4, CM6, and CM8.</i></p>	<p>Sum..... ___</p>	
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i> _____) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM11</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>		
<p>CM11. OF THESE (<i>total number</i> ___) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>If day is not known, enter '98' in space for day.</i></p>	<p>Date of last birth Day/Month/Year ___/___/_____</p>	
<p>CM12. <i>Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?</i></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Enter the name of last child born within the last 2 years in the space below then Continue with CM13</p> <p style="text-align: center;">Name of last child born within the last 2 years _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then 1 Later 2 No more 3</p>	

This module is to be administered to all women with at least one live birth within the last 2 years i.e. since (day and month of interview in 2004)?

TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN DT IMMUNIZATIONS LISTED?	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK 8	
<i>If a card is presented, use it to assist with answers to the following questions.</i>		
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM/ HER FROM GETTING TETANUS (FITS) AFTER BIRTH (AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No..... 2 DK 8	2⇒TT5 8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS INJECTION (I.E. ANTI-TETANUS INJECTION) DURING YOUR LAST PREGNANCY?	No. of times..... _ _ DK 98	98⇒TT5
TT4. <i>How many DT doses during last pregnancy were reported in Question TT3?</i>		
<input type="checkbox"/> <i>At least two DT injections during last pregnancy. ⇒ Go to Next Module</i>		
<input type="checkbox"/> <i>Fewer than two DT injections during last pregnancy. ⇒ Continue with Question TT5</i>		
TT5. DID YOU RECEIVE ANY SUCH INJECTIONS (I.E. DT OR TT) AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes 1 No..... 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times..... _ _	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Month _ _ DK month 98 Year _ _ _ _ DK year 9998	⇒NEXT MODULE ↓TT8
<i>Skip to next module only if year of injection is given. Otherwise, continue with Question TT8.</i>		
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago..... _ _	

Reg. #: ___ ED/ Cluster #: ___ HH #: ___ Woman's line #: ___

MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><i>This module is to be administered to all women with at least one live birth in the 2 years before the date of interview. Check Child Mortality Module CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE WHEN YOU WERE PREGNANT WITH <i>name</i>?</p> <p>If yes: WHOM DID YOU SEE? ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor.....A</p> <p>Nurse/midwifeB</p> <p>Single trained midwife.....C</p> <p>Medex.D</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community Health Worker (CHW)..... G</p> <p>Relative/friendH</p> <p>Other (<i>specify</i>) _____ X</p> <p>No one..... Y</p>	<p>Y⇒MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE THE FOLLOWING DONE <u>AT LEAST ONCE</u>?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Weight.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Weight.....	1	2	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No															
Weight.....	1	2															
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Urine sample.....	1	2															
Blood sample.....	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR WERE COUNSELED ABOUT AIDS OR THE HIV VIRUS?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒MN7</p> <p>8⇒MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor.....A</p> <p>Nurse/midwifeB</p> <p>Single trained/ Auxiliary midwifeC</p> <p>Medex.....D</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative/friendH</p> <p>Other (<i>specify</i>) _____ X</p> <p>No one..... Y</p>																

<p>MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Public medical sector</p> <p>Govt. hospital 21</p> <p>Govt. clinic/health center..... 22</p> <p>Other public medical (<i>specify</i>) _____ 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 (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1</p> <p>Larger than average..... 2</p> <p>Average..... 3</p> <p>Smaller than average..... 4</p> <p>Very small 5</p> <p>DK 8</p>	
<p>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kilograms) __ . __ __ __</p> <p>From recall 2 (kilograms) __ . __ __ __</p> <p>From card.... lb (s)</p> <p>From recall.. lb (s)</p> <p>DK 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours..... 1 __ __</p> <p><i>or</i></p> <p>Days..... 2 __ __</p> <p>Don't know/remember 998</p>	

Reg. #: ___ ED/ Cluster #: ___ HH #: ___ Woman's line #: ___

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A COMMON LAW PARTNER?	Yes, currently married..... 1 Yes, currently common law..... 2 No, not in union..... 3	3⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ___ DK 98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED IN A COMMON LAW RELATIONSHIP?	Yes, was married 1 Yes, was common law 2 No..... 3	3⇒NEXT MODULE
MA4. ARE YOU CURRENTLY WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVING IN A COMMON LAW RELATIONSHIP ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A COMMON LAW PARTNER?	Month ___ DK month 98 Year..... ___ DK year 9998	
MA7. Check MA6:		
<input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ___	

CONTRACEPTION AND UNMET NEED		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION.</p> <p>OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No..... 2</p> <p>Unsure or DK 8</p>	<p>2⇒CP2</p> <p>8⇒CP2</p>
<p>CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u>, DID YOU WANT TO WAIT UNTIL <u>LATER</u>, OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?</p>	<p>Then 1</p> <p>Later 2</p> <p>Not want more children 3</p>	<p>1⇒CP4B</p> <p>2⇒CP4B</p> <p>3⇒CP4B</p>
<p>CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒CP4A</p>
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>Pill C</p> <p>IUD D</p> <p>Injections E</p> <p>Implants..... F</p> <p>Condom..... G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam/jelly..... J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence..... L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	
<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child..... 1</p> <p>No more/none 2</p> <p>Says she cannot get pregnant 3</p> <p>Undecided/don't know..... 8</p>	<p>2⇒CP4D</p> <p>3⇒NEXT MODULE</p> <p>8⇒CP4D</p>

Reg. #: ___ ED/ Cluster #: ___ HH #: ___ Woman's line #: ___

<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months 1 ___</p> <p>Years..... 2 ___</p> <p>Soon/now 93</p> <p>Says she cannot get pregnant 94</p> <p>After marriage 95</p> <p>Other (<i>specify</i>) 96</p> <p>Don't know 98</p>	<p>94⇒NEXT MODULE</p>
<p>CP4D. Check CPI</p> <p><input type="checkbox"/> Currently pregnant? ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not currently pregnant or unsure? ⇒ Continue with CP4E</p>		
<p>CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME IF YOU WANT TO?</p> <p><i>For women who are not currently in union, ask if they think they could get pregnant if they had a partner.</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV
<p>DV1. SOMETIMES A HUSBAND IS ANNOYED OR VEXED BY THINGS THAT HIS WIFE/ PARTNER DOES. DO YOU THINK A HUSBAND/PARTNER SHOULD HIT OR BEAT HIS WIFE/PARTNER IN THE FOLLOWING SITUATIONS:</p>		
	<p>Yes No DK</p>	
<p>DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?</p>	<p>Goes out without telling 1 2 8</p>	
<p>DV1B. IF SHE DOES NOT TAKE CARE OF THE CHILDREN?</p>	<p>Neglects children..... 1 2 8</p>	
<p>DV1C. IF SHE ARGUES/ DISAGREES WITH HIM?</p>	<p>Argues/ disagrees 1 2 8</p>	
<p>DV1D. IF SHE REFUSES TO HAVE SEX WITH HIM?</p>	<p>Refuses sex..... 1 2 8</p>	
<p>DV1E. IF SHE BURNS THE FOOD?</p>	<p>Food burns.....1 2 8</p>	
<p>DV1F. IF SHE DOES NOT PREPARE THE FOOD ON TIME?</p>	<p>Late food 1 2 8</p>	

<i>HIV/AIDS module</i>		<i>HA</i>
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes..... 1 No..... 2	2⇒ HA19
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	DK..... 8	
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE UNINFECTED SEX PARTNER WHO ALSO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No..... 2 DK..... 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS THROUGH WITCHCRAFT OR OTHER SUPERNATURAL MEANS (E.G. OBEAH)?	Yes..... 1 No..... 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCES OF GETTING THE AIDS VIRUS BY USING A CONDOM CORRECTLY 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 REDUCE THEIR CHANCES OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes..... 1 No..... 2 DK..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING THE FOOD OF A PERSON WHO HAS AIDS?	Yes..... 1 No..... 2 DK..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No..... 2 DK..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO HER BABY?		
	Yes No DK	
HA9A. DURING PREGNANCY?	During pregnancy..... 1 2 8	
HA9B. DURING DELIVERY?	During delivery..... 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding..... 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No..... 2 DK/not sure/depends..... 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A PERSON IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No..... 2 DK/not sure/depends..... 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No..... 2 DK/not sure/depends..... 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes..... 1 No..... 2 DK/not sure/depends..... 8	

Reg. #: ___ ED/ Cluster #: ___ HH #: ___ Woman's line #: ___

<p>HA14. <i>Check MN5: Tested for HIV during antenatal care?</i></p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No/ MN5 not applicable. ⇒ Continue with HA15</p>		
<p>HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒HA18</p>
<p>HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test..... 1</p> <p>Offered and accepted 2</p> <p>Required..... 3</p>	<p>1⇒HA19</p> <p>2⇒ HA19</p> <p>3⇒ HA19</p>
<p>HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?</p> <p>HA18A. <i>If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?</i></p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>HA19. <i>Is the woman a caretaker/ mother of any children under five years of age?</i></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/ mother</p> <p><input type="checkbox"/> No. ⇒ CONTINUE WITH HA20</p>		
<p>HA 20. <i>Does another eligible woman reside in the household?</i></p> <p><input type="checkbox"/> Yes. ⇒ End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN and 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 the questionnaires for this household and tally the number of interviews completed on the cover page of the Household questionnaire</p>		