IRAQ MICS QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL	WM

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 cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.

WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___ ___
WM3. Woman's Name: 	WM4. Woman's Line Number: ___ ___
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 COSIT and MOH 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 20-30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. Also, you are not obliged to answer any question you don't want to, and you may withdraw from the interview at any time. 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?		

WM9A. Beside your house work, are you currently working?
 	
If yes, ask:
Do you work in the government or privately?
	Govt. Work
	  Govt. Office work.. 1
	  Govt. labor/physical work 2
	Private work
	  Private. Office work 3
	  Private labor/physical work 4
	Home based work (*specify*)————————5
	Other (*specify*)————————— 6
	Do not work.. 7	

WM10. Have you ever attended school?	Yes...1 No 2	2 ➡ WM14

WM11. What is the highest level of school you reached?	Pre-school ....0 Primary ....1 Secondary ....2 Intermediate..3 Diploma ....4 Bsc ....5 Higher ....6 Non-standard curriculum..................................7 DK 8	
WM12. What is the highest grade you completed at that level?	Grade .... __ __	
A A AAA *Check WM11:* ☐ *Secondary or higher* ➡ *Go to Next Module* ☐ *Primary* ➡ *Continue with WM14*		

WM14. Now I would like you to read this sentence to me.
 	
Show sentences to 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 rain 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 or visually impaired................................5	

MARRIAGE MODULE		MA
This module is to be administered to _all_ women age 15-49.		
MA1. Are you currently married?	Yes, currently married ....1 No, not married 2	2➡ MA3
MA2. How old was your husband on his last birthday?	Age in years ....____ DK 98	➡ MA5 98 ➡ MA5
MA3. Have you ever been married?	Yes..1 No 2	2 ➡ Attitude towards domestic violence module
MA4. What is your marital status now: are you widowed, divorced or separated?	Widowed ....1 Divorced ....2 Separated 3	
MA5. Have you been married only once or more than once?	Only once ....1 More than once..2	
MA6. In what month and year did you first marry?	Month ....__ __ DK month ....98 Year ....__ __ __ __ DK year 9998	
A A AA Check MA6: ☐ Both month and year of marriage known? ➡ Go to MA8A ☐ Either month or year of marriage not known? ➡ Continue with MA8		
MA8. How old were you when you were married to your first husband?	Age in years .... __ __	
MA8 A. Before you got married, was your (first) husband related to you in any way?	Yes..1 No 2	2 ➡ Next module
MA8B. What type of relationship was it?	First cousin on father's side............................1 First cousin on mother's side...........................2 Second cousin ....3 Other blood relative ....4 Relative by marriage 5	

CHILD MORTALITY MODULE		CM
This module is to be administered to all ever-married women age 15-49. *All questions refer only to LIVE births.*		
CM1. Now i would like to ask about all the births you have had during your life. Have you ever given birth? If "No" probe by asking: I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?	Yes...1 No 2	2 ➡ CM9
CM3. Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes...1 No 2	2 ➡ CM5
CM4. How many sons live with you? How many daughters live with you?	Sons at home.. __ __ Daughters at home................................... __ __	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes...1 No 2	2 ➡ CM7
CM6. How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere .... __ __ Daughters elsewhere .... __ __	
CM7. Have you ever given birth to a boy or girl who was born alive but later died?	Yes...1 No 2	2 ➡ CM9
CM8. How many boys have died? How many girls have died?	Boys dead.. __ __ Girls dead .... __ __	
CM9. Sum answers to CM4, CM6, and CM8, or write 00 if the answer to question CM1 is No=2	Sum .... __ __	
CM10. Just to make sure that I have this right, you have had in total (total number) births during your life. Is this correct? ☐ *Yes.* ➡ *Go to CM11* ☐ *No.* ➡ *Check responses and make corrections before proceeding to CM11*		
CM11. Check CM9 ☐ *One or more births* ➡ *Go to birth history module* ☐ *No births (CM9=00)* ➡ *Go to BH13 in the birth history module*		

BIRTH HISTORY MODULE
BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
Record names of all the births in BH1. Record twins and triplets on separate lines.

	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
							If alive		If dead	
	What name was given to your *(First/ next) baby?* *(name)*	Were any of these births twins?	Is *(name)* a boy or a girl?	In what month and year was *(name)* born? *Probe: What is his/her birthday?*	Is *(name)* still alive?	How old was *(name)* at his/her last birthday? Record age in completed years	Is *(name)* living with you?	Record household line number of child *(record <00> if child not listed in household)*	How old was *(name)* when he/she died? *Record days if less than 1 month; months if less than two years; or years if more than two years.*	Where there any other live births between *(name of previous birth)* and *(name)*
01		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ next line	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	
02		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
03		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
04		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
05		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
06		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
07		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
08		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
09		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
10		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	___ ___	Yes ... 1 No ... 2	___ ___ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2

	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
							If alive		If dead	
	What name was given to your (*First/ next*) baby? (*name*)	Were any of these births twins?	Is (*name*) a boy or a girl?	In what month and year was (*name*) born? *Probe: What is his/her birthday?*	Is (*name*) still alive?	How old was (*name*) at his/her last birthday? *Record age in completed years*	Is (*name*) living with you?	Record household line number of child (*record '00' if child not listed in household*)	How old was (*name*) when he/she died? If '1 YR', probe: How many months old was (*name*)? *Record days if less than 1 month; months if less than two years; or years.*	Where there any other live births between (*name of previous birth*) and (*name*)
11		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	__ __	Yes ... 1 No ... 2	__ __ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
12		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	__ __	Yes ... 1 No ... 2	__ __ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
13		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	__ __	Yes ... 1 No ... 2	__ __ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
14		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	__ __	Yes ... 1 No ... 2	__ __ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
15		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	__ __	Yes ... 1 No ... 2	__ __ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
16		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	__ __	Yes ... 1 No ... 2	__ __ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
17		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	__ __	Yes ... 1 No ... 2	__ __ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2
18		Sing...1 Mult...2	Boy...1 Girl...2	Month...___ ___ Yr...__ __ __ __	Yes...1 No...2 ➡ BH9	__ __	Yes ... 1 No ... 2	__ __ ➡ BH10	Days...1 ___ ___ Months...2 ___ ___ Years...3 ___ ___	Yes ... 1 No ... 2

BH11. Have you had any live births since the birth of (Name of last birth)?	Yes..1 No 2

BH12. Compare CM9 with number of births in history above and mark: ☐ Numbers are same ☐ Numbers are different ➡ Probe and reconcile Check For each birth: Year of birth is recorded ☐ For each living child: Current age is recorded ☐ For each dead child: Age of death is recorded ☐ For age at death 12 months or 1 year: Probe to determine exact number of months ☐		
BH13. Some pregnancies end before full term as a miscarriage or an abortion, while others may result in a stillbirth. have you had a miscarriage or abortion?	Yes..1 No 2	2 ➡ BH15
BH14. In all how many pregnancies did you have that ended in a miscarriage or an abortion	Miscarriages/abortions ....___ ___ DK 98	
BH15. Have you had a stillbirth?	Yes..1 No 2	2 ➡ CM12
BH16. In all how many pregnancies did you have that ended in a stillbirth	Stillbirths ....___ ___ DK 98	
CM12. Check BH4 of last birth: Did the woman's last birth occur within the last 2 years, that is, since (month of interview in 2004)? If child has died, take special care when referring to this child by name in the following modules. ☐ No live birth in last 2 years. ➡ Go to Contraception and unmet needs module. ☐ Yes, live birth in last 2 years. ➡ Continue with CM13		
CM13. At the time you became pregnant with your last child (name), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then..1 Later..2 No more 3	

TETANUS TOXOID (TT) MODULE   TT

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

TT1. Do you have a card or other document with your own immunizations listed? If a card is presented, use it to assist with answers to the following questions.	Yes (card seen)... 1 Yes (card not seen) .... 2 No .... 3 DK 8	
TT2. When you were pregnant with your last child, did you receive any injection to prevent him or her from getting tetanus, that is convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?	Yes.. 1 No .... 2 DK 8	2 ➡ TT5 8 ➡ TT5
TT3. *If yes:* How many times did you receive this anti-tetanus injection during your last pregnancy?	No. of times..__ __ DK 98	98 ➡ TT5
ᴀᴀᴀᴀ*How many TT doses during last pregnancy were reported in TT3?* ☐ *Two TT injections during last pregnancy.* ➡ *Go to Next Module* ☐ *Fewer than two TT injections during last pregnancy.* ➡ *Continue with TT5*		
TT5. Did you receive any tetanus toxoid injection 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? *Skip to next module only if year of injection is given. Otherwise, continue with TT8.*	Month ....__ __ DK month .... 98 Year ....__ __ __ __ DK year..9998	➡ next module ⬇ TT8
TT8. How many years ago did you receive the last anti-tetanus injection before that last pregnancy?	Years ago...__ __	

MATERNAL AND NEWBORN HEALTH MODULE — MN

This module is to be administered to all ever-married women with a live birth in the 2 years preceding date of interview.
Check child birth history and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

MN2. Did you see anyone for antenatal care when you where pregnant with *(name)*?
 	
If yes: Whom did you see? Anyone else?
Probe for the type of person seen and circle all answers given.
	Health professional:
	Doctor
	  Gov't doctor .... A
	  Private doctor.. B
	  Nurse C
	Midwife
	  Licensed .... D
	  Not licensed .... E
	Other person
	  Traditional birth attendant ....F
	Relative/friend..G
	
	Other (*specify*) _____X
	No one.. Y
		
		Y ➡ MN4B

MN2AA. How many months pregnant were you when you first received antenatal care for this pregnancy?	Month .... __ __ DK month 98	
MN2BB. How many times did you receive antenatal care for this pregnancy?	Number of times.. __ __ DK 98	
MN2CC. Did you go mainly to a public or private facility to receive antenatal care?	Yes, public facility ....1 Yes, private facility..2 No 3	 3 ➡ MN2F
MN2DD. What is the reason you chose the facility that you mainly go to?	Proximity ....01 Familiarity ....02 Cost...03 Safety...04 Told to do so ....05 Referred for special care ....06 Confidence ....07 Do not know of another ....08 Others (*specify*) _____ 96	
MN2EE. When you last went to this facility, were you medical needs addressed or not?	Needs addressed ....1 Needs not addressed 2	
MN2FF. How many months pregnant were you when you last received antenatal care for this pregnancy?	Month .... __ __ DK month 98	
MN3. As part of your antenatal care, were any of the following done at least once? MN3a. Were you weighed? MN3b. Was your blood pressure measured? MN3c. Did you give a urine sample? MN3d. Did you give a blood sample?	Yes No Weight ....1 2 Blood pressure ....1 2 Urine sample ....1 2 Blood sample.................................1 2	 Go to MN7
MN4B. What are the reasons for not seeing anyone? *If more than one reason is mentioned, circle each one.*	Did not feel the need to see anyone ....A Not convinced by the assistance....................B Financially not capable to see anyone............C Difficulty in reaching the ANC center ....D Non-availability of medicaments ....E Other (*specify*) _____X DK ....Z	

MN7. Who assisted with the delivery of your last child *(name)*?
 	
Anyone else?
 	
Probe for the type of person assisting and circle all answers given.
	Health professional:
	  Doctor
	    Gov't doctor .... A
	    Private doctor... B
	    Nurse C
	  Midwife
	    Licensed .... D
	    Not licensed .... E
	Other person
	    Traditional birth attendant ....F
	Relative/friend...G
	
	Other (*specify*) ⎯⎯⎯⎯⎯⎯⎯⎯X
	No one .... Y	

MN8. Where did you give birth to *(name)*?
 	
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.
 	
(Name of place)
	Home
	Your home..11
	  Midwife's home 12
	  Other home 13
	Public sector
	Govt. hospital..21
	Govt. clinic/health center 22
	Other public (*specify*) 26
	Private Medical Sector
	Private hospital 31
	Private clinic...32
	Other private
	medical (specify) ⎯⎯⎯⎯⎯⎯⎯36
	
	Other (*specify*) 96	

MN8A. Was (*name*) delivered by caesarean section?	Yes...1 No 2	
MN9. When your last child (*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	
MN10. Was (*name*) weighed at birth?	Yes...1 No ....2 DK 8	2➡ MN11AA 8➡ MN11AA
MN11. How much did (*name*) weigh? *Record weight from health card, if available.*	From card .... 1 (kilograms) __ . __ __ __ From recall .... 2 (kilograms) __ . __ __ __ DK 99998	

MN11AA. Now I would like to ask you some questions about the 40 days period after the delivery of (*name*). Did you see anyone for a check-up on your health?
 	
If 'Yes ask: Whom did you see?
    Anyone else?
	Health professional:
	Doctor
	  Gov't doctor .... A
	    Private doctor... B
	    Nurse C
	Midwife
	    Licensed .... D
	    Not licensed .... E
	Other person
	Traditional birth attendant ....F
	Community health worker ....G
	
	Other (*specify*) ⎯⎯⎯⎯⎯⎯⎯X
	No one .... Y
		
		Y➡ MN11E

MN11B. Did you go to a public or private facility to receive post-natal checkup?	Yes, public facility .... 1 Yes, private facility... 2 No 3	3➡ MN11F
MN11C. Where you prescribed a family planning method in the facility?	Yes... 1 No 2	
MN11D. Were you able to get your prescription medicine at the same facility?	Yes... 1 No 2	Go to ➡ MN11F
MN11E. What was the main reason for not receiving a post-natal checkup?	No complications.. 01 Able to manage from experience................. 02 Unaware of importance of check-up .... 03 Service not available .... 04 Costs too much... 05 Too busy .... 06 Husband too busy .... 07 Other (*specify*) —————————— 96	
MN11F. In the first 40 days after your last birth [the birth of *name*], did you receive a Vitamin A dose like this? *Show 200,000 IU capsule or dispenser.*	Yes... 1 No .... 2 DK 8	
MN12. Did you ever breastfeed *(name)*?	Yes... 1 No 2	2 ➡ MN14A
MN13. 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 __ __ or Days ....2 __ __ Don't know/remember 998	
Now I would like to talk about some specific health problems related to birth some women have. I will ask you about the time After your last delivary and in the 40 days following it. MN14A. Did you have fever?	Yes... 1 No 2	
MN14B. Did you have trouble controlling your urine?	Yes... 1 No 2	
MN14C. Did you suffer from urinary tract infection?	Yes... 1 No 2	
MN14D. Did you suffer from mastitis?	Yes... 1 No 2	
MN14E. Did you suffer from offensive discharge?	Yes... 1 No 2	
MN14F. Did you suffer from wound infection?	Yes... 1 No 2	
MN14G. Did you suffer from hemorrhage?	Yes... 1 No 2	
MN14H. Did you suffer from tear/injury?	Yes... 1 No 2	
MN14I. Did you suffer from post delivery depression?	Yes... 1 No 2	
MN14J. Did you suffer from any other problems? *If answer is yes:* What is the main problem that you suffered from?.	Yes (*specify*) —————————————— 1 No 2	

CONTRACEPTION AND UNMET NEED MODULE · CP

This module is to be administered to <u>married</u> women 15-49 years of age only

CP0. Check MA1:

☐ *Not currently married?* ➡ *Go to Next Module*

☐ *Currently married?* ➡ *Continue with CP1*

CP1. Are you pregnant now?	Yes..1 No ....2 DK 8	2 ➡ CP2 8 ➡ CP2
CP1A. At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children?	Then...1 Later...2 Not want more children 3	Go to ➡ CP4B
CP2. Now I would like to talk about family planning - the various ways or methods that a couple can use 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	1 ➡ CP3
CP2A. What is the reason for not doing something or using any method to delay or avoid getting pregnant? *If more than one reason is mentioned, circle each one.*	Desire to have children ....A Health reasons ....B Religious causes/reasons.................C Husband not convinced ....D Wife not convinced............................E High price of contraceptives............F Other (*specify*) _____X	➡ CP4A
CP3. Which method are currently you using? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization ....A Male sterilization ....B Pill ....C IUD ....D Injections ....E Implants..F Condom..G Female condom ....H Diaphragm ....I Foam/jelly...J Lactational amenorrhoea method (LAM).....................................K Periodic abstinence ....L Withdrawal...M Other (*specify*) _____X	

CP3AA. Where did you obtain (Current method) the last time?
 	
If the currently used method is Lactational amenorrhoea method (LAM) or Periodic abstinence or Withdrawal or other, ask:
 	
Where/who described the method for you?
	Public sector
	    Govt. hospital 11
	    Govt. health centre............................12
	    Family planning clinic.....................13
	    Other public (*specify*).......................16
	Private medical sector
	    Private hospital/clinic......................21
	    Private physician 22
	    Private pharmacy 23
	    Health worker 24
	    Other private
	    medical (*specify*) _____26
	Other source
	    Relative..31
	    Friends 32
	    Shop or Traditional practitioner 33
	    Other (*specify*) _____96
	    DK 98	

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? CP4B. If currently pregnant: 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 (a/another) child ....1 No more/none..2 Says she cannot get pregnant..........................3 Undecided/don't know 8	2 ➡ CP4D 3 ➡ next module 8 ➡ CP4D
CP4C. How long would you like to wait before the birth of (a/another) child?	Months .... 1 __ __ Years .... 2 __ __ Soon/now ....993 Says she cannot get pregnant.....................994 Other ....996 Don't know 998	994 ➡ next module
CP4D. Check CP1: ☐ *Currently pregnant?* ➡ *Go to Next Module* ☐ *Not currently pregnant or unsure?* ➡ *Continue with CP4E*		
CP4E. Do you think you are physically able to get pregnant at this time?	Yes.. 1 No .... 2 DK 8	

ATTITUDES TOWARD DOMESTIC VIOLENCE MODULE DV

This module is to be administered to <u>ALL</u> women 15-49 years of age

		Yes	No	DK	
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:					
DV1a. If she goes out with out telling him?	Goes out without telling	1	2	8	
DV1b. If she neglects the children?	Neglects children	1	2	8	
DV1c. If she argues with him?	Argues	1	2	8	
DV1d. If she refuses sex with him?	Refuses sex	1	2	8	
DV1e. If she burns the food?	Burns food	1	2	8	

HIV/AIDS MODULE		HA
This module is to be administered to ALL women 15-49		
HA1. Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes..1 No 2	2 ➡ end of interview
HA2. Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes..1 No ....2 DK 8	
HA3. Can people get infected with 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 reduce their chance 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 food with a person who has AIDS?	Yes..1 No ....2 DK 8	
HA7a. Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	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 a baby?		

	Yes	No	DK	
HA9a. During pregnancy? HA9b. During delivery? HA9c. By breastfeeding?	During pregnancy...................1 During delivery ....1 By breastfeeding......................1	2 2 2	8 8 8	

HA10. If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes..1 No ....2 DK/not sure/depends..8	
HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	Yes..1 No ....2 DK/not sure/depends..8	
HA12. If a member of your family became infected with the AIDS virus, would you want it to remain a secret?	Yes..1 No ....2 DK/not sure/depends..8	
HA13. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?	Yes..1 No ....2 DK/not sure/depends..8	
HA15. I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes..1 No 2	2 ➡HA18

HA16. I do not want you to tell me the results of the test, but have you been told the results?	Yes.. 1 No 2	
HA17. Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test.. 1 Offered and accepted .... 2 Required 3	1 ➡ HA19 2 ➡ HA19 3 ➡ HA19
HA18. At this time, do you know of a place where people can go to get such a test to see if they have the AIDS virus?	Yes.. 1 No 2	
HA19. In your opinion, What is the best method to be used to increase public knowledge about HIV/AIDS?	School curriculum .... 11 TV messages/spots... 12 Radio messages/spots .... 13 Newspapers .... 14 Banners/ Billboard .... 15 Health education sessions .... 16 Other (*specify*) _____96	
HA20. In case of someone was infected with sexualy transmitted diseases, do you think that the other partner (husband) should be tested even if he has no symptoms?	Yes.. 1 No .... 2 DK 8	

LOCAL EDITORS COMMITTEE			
	Name	Signature	Date
1			
2			
3			
4			

LOCAL SUPERVISOR		
Name	Signature	Date

CENTRAL SUPERVISOR		
Name	Signature	Date