

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this woman:

WE ARE FROM *the Central Organisation for Statistics (CSO) and the Ministry of Health.*

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.

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	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (<i>specify</i>) _____ 96
----------------------------------	---

WM8. Field edited by (Name and number): Name _____	WM9. Local editor (Name and number): Name _____
WM9A. Central editor (Name and number): Name _____	WM9B. Data entry clerk (Name and number): Name _____

WM10. Record the time.	AM.....1	PM.....2	
	Hour	_____	
	minutes	_____	

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month __ __ DK month 98 Year __ __ __ __ DK year 9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) __ __	
WB2A. ARE YOU CURRENTLY WORKING / EMPLOYED ELSEWHERE? IF YES, ASK: WHETHER IN THE PUBLIC SECTOR OR IN THE PRIVATE SECTOR?	Public Sector: Desk work.....1 Physical (field) work.....2 Private Sector: Desk work.....3 Physical (field) work.....4 In the household (specify).....5 Other (specify).....6 Do not have work 7	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No..... 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Intermediate 2 Secondary 3 Diploma 4 Bachelor 5 Higher studies 6 DK 8	0⇒ WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade __ __	
WB6. Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		

<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all..... 1</p> <p>Able to read only parts of sentence 2</p> <p>Able to read whole sentence..... 3</p> <p>No sentence in required language _____ 4 (specify language)</p> <p>Blind / mute, visually / speech impaired..... 5</p>	
---	---	--

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	<p>Yes, currently married..... 1</p> <p>No, not married 3</p>	3⇒MA5
MA2. HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	<p>Age in years __ __</p> <p>DK 98</p>	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	<p>Yes..... 1</p> <p>No 2</p>	2⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	<p>Number __ __</p> <p>DK 98</p>	<p>⇒MA7</p> <p>98⇒MA7</p>
MA5. HAVE YOU EVER BEEN MARRIED?	<p>Yes, formerly married 1</p> <p>No 3</p>	<p>3</p> <p>⇒Domes tic violence Module</p>
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	<p>Widowed 1</p> <p>Divorced..... 2</p> <p>Separated 3</p>	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	<p>Only once..... 1</p> <p>More than once 2</p>	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY?	<p>Date of first marriage</p> <p>Month __ __</p> <p>DK month 98</p> <p>Year __ __ __ __</p> <p>DK year 9998</p>	⇒ MA 9A

MARRIAGE		MA
MA9. HOW OLD WERE YOU WHEN YOU GOT MARRIED TO YOUR FIRST HUSBAND?	Age in years..... _ _	
MA9A. WAS YOUR FIRST HUSBAND OF ANY KIN (A BLOOD RELATIVE, ETC) TO YOU?	Yes.....1 No.....2	2 → NEXT MODULE
MA9B. WHAT WAS YOUR RELATIONSHIP / KINSHIP WITH YOUR HUSBAND?	First degree cousin (paternal).....1 First degree cousin (maternal).....2 Second degree paternal or maternal cousin.3 Other blood (consanguinity) relatives4 Relatives by marriage.....5	

CHILD MORTALITY		CM
<i>This module is administered to all currently or formerly married women aged 15 – 49 years. All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE LIVE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes1 No2	2⇒CM10
CM2. 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 WHOSE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day _ _ DK day.....98 Month..... _ _ DK month.....98 Year _ _ _ _ DK year.....9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth..... _ _	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes1 No2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home _ _ Daughters at home _ _	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes1 No2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere _ _ Daughters elsewhere _ _	

CHILD MORTALITY		CM
<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</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>	2⇒CM10
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead.....__ __ Girls dead__ __</p>	
<p>CM10. <i>Sum answers to CM5, CM7, and CM9.</i> If the answer to CM1 is 'No', then record '00'.</p>	<p>Sum__ __</p>	
<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> No. ⇒ <i>Check responses to CM1-CM10 and make corrections as necessary before proceeding.</i></p> <p><input type="checkbox"/> Yes. Check below:</p> <p><input type="checkbox"/> <i>No births (CM10=00) ⇒ Go to BH13</i></p> <p><input type="checkbox"/> <i>One or more births ⇒ Continue with Birth history module</i></p>		

BIRTH HISTORY MODULE

BH

I WOULD LIKE NOW TO RECORD THE NAMES OF ALL THE CHILDREN YOU HAVE GIVEN BIRTH TO, WHETHER ALIVE OR NOT, STARTING FROM YOUR FIRST CHILD.

FEMALE INTERVIEWER: RECORD THE NAMES OF ALL CHILDREN UNDER BH1. RECORD TWINS IN SEPARATE ROWS.

BH1	BH2		BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
						If alive			If dead	
	WHAT IS THE NAME OF YOUR (FIRST / NEXT) CHILD?	IS ANY OF THESE CHILDREN A TWIN?	IS THE (NAME) A BOY OR A GIRL?	In what month and year was the (name) born? Probe: what is his or her birthday?	IS THE (NAME) STILL ALIVE?	How old was he or she on his or her last birthday? Record age in completed years	Does the (name) live with you?	Record the child's number in family. Record 00 (if not listed in the household form)	How old was the (name) when he died? IF LESS THAN A MONTH, RECORD AGE IN DAYS. IF LESS THAN TWO YEARS, RECORD AGE IN MONTHS. IF TWO OR MORE YEARS, RECORD AGE IN YEARS.	WAS THERE ANOTHER LIVE BIRTH BETWEEN (NAME OF PREVIOUS CHILD) AND (NAME)?
01	Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes.. 1 No...2 ⇒BH9	___	Yes 1 No 2	___ ⇒ Next line	Days ___ 1 Months ___ 2 Years ___ 3		
02	Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes.. 1 No...2 ⇒BH9	___	Yes 1 No 2	___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2	
03	Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes.. 1 No...2 ⇒BH9	___	Yes 1 No 2	___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2	
04	Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes.. 1 No...2 ⇒BH9	___	Yes 1 No 2	___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2	
05	Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes.. 1 No...2 ⇒BH9	___	Yes 1 No 2	___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2	
06	Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes.. 1 No...2 ⇒BH9	___	Yes 1 No 2	___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2	
07	Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes.. 1 No...2 ⇒BH9	___	Yes 1 No 2	___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2	

BIRTH HISTORY MODULE										BH												
08		Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes..1 No...2 ⇒BH9	___	Yes 1 No 2	___ ___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2												
09		Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes..1 No...2 ⇒BH9	___	Yes 1 No 2	___ ___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2												
10		Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes..1 No...2 ⇒BH9	___	Yes 1 No 2	___ ___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2												
11		Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes..1 No...2 ⇒BH9	___	Yes 1 No 2	___ ___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2												
12		Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes..1 No...2 ⇒BH9	___	Yes 1 No 2	___ ___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2												
13		Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes..1 No...2 ⇒BH9	___	Yes 1 No 2	___ ___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2												
14		Single 1 Twins 2	Boy..1 Girl..2	Month ___ Year ___	Yes..1 No...2 ⇒BH9	___	Yes 1 No 2	___ ___ ⇒ BH10	Days ___ 1 Months ___ 2 Years ___ 3	Yes1 No2												
BH11. HAVE YOU GIVEN ANY LIVE BIRTH SINCE THE BIRTH OF (NAME OF LAST CHILD)?							Yes.....1 No.....2															
<p>BH12. Compare CM10 with the number of children in the previous birth history table. Tick the box corresponding to the result of the comparison:</p> <p><input type="checkbox"/> Numbers are consistent. <input type="checkbox"/> Numbers are inconsistent → probe and reconsider the case.</p> <p>Then check:</p> <table> <tr> <td>For every child</td> <td>year of birth recorded</td> <td><input type="checkbox"/></td> </tr> <tr> <td>For every living child</td> <td>current age recorded</td> <td><input type="checkbox"/></td> </tr> <tr> <td>For every dead child</td> <td>age at death registered</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Death at 12 months or one year</td> <td>probe to count the exact number of months</td> <td><input type="checkbox"/></td> </tr> </table>											For every child	year of birth recorded	<input type="checkbox"/>	For every living child	current age recorded	<input type="checkbox"/>	For every dead child	age at death registered	<input type="checkbox"/>	Death at 12 months or one year	probe to count the exact number of months	<input type="checkbox"/>
For every child	year of birth recorded	<input type="checkbox"/>																				
For every living child	current age recorded	<input type="checkbox"/>																				
For every dead child	age at death registered	<input type="checkbox"/>																				
Death at 12 months or one year	probe to count the exact number of months	<input type="checkbox"/>																				
BH13. SOME PREGNANCIES END WITH ABORTION OR MISCARRIAGE BEFORE THE 24 WEEK OF PREGNANCY. HAVE YOU EXPERIENCED ANY ABORTION OR MISCARRIAGE?						Yes.....1 No.....2		2⇒ BH15														

BIRTH HISTORY MODULE		BH
BH 14. HOW MANY ABORTIONS OR MISCARRIAGES DID YOU EXPERIENCE?	No of abortions/miscarriages __ __ DK/Don't remember.....98	
BH 15. HAVE YOU EVER DELIVERED A STILLBIRTH - 24 WEEKS AFTER PREGNANCY?	Yes.....1 No.....2	2⇒ CM12
BH 16 HOW MANY STILLBIRTHS HAVE YOU DELIVERED?	Number of stillbirths.....__ DK/Don't remember.....98	

CM12. COPY MONTH AND YEAR OF LAST BIRTH FROM BH4 AND ASK THE RESPONDENT FOR THE DAY OF LAST BIRTH	Date of last birth Day.....__ __ DK day.....98 Month..... __ __ Year__ __ __ __	
---	---	--

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2009**?

No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS module.

Yes, live birth in last 2 years. ⇒ Ask for the name of the child

Name of child _____

If child has died, take special care when referring to this child by name in the following modules.

Continue with the next module.

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Record name of last-born child here _____. From CMI3 Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes.....1 No.....2	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 ⇒ DB4
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months.....1 __ __ Years.....2 __ __ DK.....998	
DB4. DID YOUR HUSBAND WANT YOU TO GET PREGNANT?	Yes.....1 No.....2	1 ⇒ Next Module
DB5. DID YOUR HUSBAND WANT TO HAVE A BABY LATER ON, OR DID NOT HE WANT ANY (MORE) CHILDREN?	Later.....1 No more.....2	2 ⇒ Next Module
DB6. HOW MUCH LONGER DID YOUR HUSBAND WANT TO WAIT?	Months.....1 __ __ Years.....2 __ __ DK.....998	

MATERNAL AND NEWBORN HEALTH		MN															
<p><i>This module is to be administered to all currently or formerly married women with a live birth in the 2 years preceding date of interview.</i></p> <p><i>Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																	
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5															
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Public doctor A Private doctor B Nurse / licensed midwife C Other person Traditional birth attendant F A female relative or a friend G Other (specify) X																
MN2A. IN WHICH MONTH OF PREGNANCY DID YOU RECEIVE ANTENATAL CARE FOR THE FIRST TIME?	Month DK 98																
MN2B. IN MOST INSTANCES DID YOU VISIT A PUBLIC OR PRIVATE HEALTH INSTITUTION, TO RECEIVE ANTENATAL CARE DURING YOUR PREGNANCY?	Yes, Public hospital 1 Yes, Primary health care centre 2 Yes, Popular medicine clinic. 3 Yes, Private hospital 4 Yes, Private clinic 5 No 6	6⇒MN3															
MN2C. WHY DID YOU CHOOSE THE INSTITUTION YOU VISITED TO RECEIVE ANTENATAL CARE?	Proximity 01 Usually go there 02 Cost 03 Security 04 Told to go there 05 Referred to it to receive specialised care .. 06 Trust 07 Don't know other institution 08 Other (specify) 96																
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>(See the medical card if available)</i>	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? [C] DID YOU GIVE A BLOOD SAMPLE? [D] WERE YOU WEIGHED?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Weighed.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	Weighed.....	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample.....	1	2															
Weighed.....	1	2															

MATERNAL AND NEWBORN HEALTH		MN
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8</p>	
<p>MN6. WHEN YOU WERE PREGNANT WITH (<i>name</i>), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒MN9 8⇒MN9</p>
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (<i>name</i>)?</p> <p><i>If 7 or more times, record '7'</i></p>	<p>Number of times DK 8</p>	<p>8⇒MN9</p>
<p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12</p> <p><input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</p>		
<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (<i>name</i>), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒MN12 8⇒MN12</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times DK 8</p>	<p>8⇒MN12</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)?</p>	<p>Years ago</p>	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13A</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to MN17</p>		
<p>MN13A. DID YOU TAKE FEROFOL CAPSULE SINCE THE FOURTH MONTH OF PREGNANCY?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒MN17 8⇒MN17</p>
<p>MN13B. DID YOU TAKE THE FEROFOL CAPSULE CONSTANTLY OR INTERMITTENTLY?</p>	<p>Constantly1 Intermittently2</p>	

MATERNAL AND NEWBORN HEALTH		MN
MN13C DID YOU TAKE VITAMIN "A" SUPPLEMENTATION DURING POSTPARTUM PERIOD	Yes..... 1 No..... 2 DK..... 8	
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Public Doctor A Private doctor B Nurse / licensed midwife C Other person Traditional birth attendant..... F A female relative / friend..... G Other (specify) X No one Y	
MN18. WHERE DID YOU GIVE BIRTH TO (name)? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place)	Home Your home 11 Midwife (grandmother) home..... 12 Other home..... 13 Public sector Govt. hospital..... 21 Delivery theatre in a primary health care centre / Govt. health centre 22 Other public facility (specify) 26 Private Medical Sector Private hospital 31 Private clinic 32 Other private medical (specify) 36 Other (specify) 96	11⇒MN20 12⇒MN20 96⇒MN20
MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes 1 No 2	
MN19A DURING YOUR VISIT TO THE INSTITUTION, WERE YOU PRESCRIBED ANY METHOD FOR FAMILY PLANNING?	Yes..... 1 No..... 2	2 ⇒ MN20
MN 19B. WERE YOU ABLE TO GET THE PRESCRIBED METHOD FROM THE SAME INSTITUTION?	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	

MATERNAL AND NEWBORN HEALTH		MN
MN21. WAS (<i>name</i>) WEIGHED AT BIRTH? <i>Probe if there is a medical card</i>	Yes 1 No 2 DK..... 8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card 1 (kg) _ . _ _ _ From recall..... 2 (kg) _ . _ _ _ DK.....99.998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes 1 No 2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2⇒Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately000 Hours _ _ 1 Days _ _ 2 Don't know / remember998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒NEXT MODULE
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? 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 (<i>specify</i>) X	

ILLNESS SYMPTOMS

IS

IS1. Check Household Listing, column HL9

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

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 fever C
- Child has fast breathing D
- Child has difficult breathing E
- Child has blood in stool F
- Child is drinking poorly G
- Frequent vomiting H
- Convulsions I
- Unconsciousness (Sleepiness) disorder J
- Child cries a lot K
- Child has Diarrhoea L
- Other (*specify*) X
- Other (*specify*) Y
- Other (*specify*) Z

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK 8	1 ⇒ Next Module
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?	Yes 1 No 2	1 ⇒ CP3
CP2A. WHAT IS THE REASON FOR NOT USING ANY WAYS TO DELAY OR AVOID PREGNANCY? ANY OTHER REASON?	Want to have a baby A Health reasons B Religious reasons C Husband is not convinced D Wife is not convinced E High cost of contraception F Other (specify) X	A ⇒ CP6 B ⇒ CP6 C ⇒ CP6 D ⇒ CP6 E ⇒ CP6 F ⇒ CP6 X ⇒ CP6
CP3. WHAT ARE YOU DOING TO AVOID OR DELAY A PREGNANCY? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization A IUD C Injectables D Implants E Pill F Male condom G Female condom H Diaphragm I Foam / Jelly J Lactational amenorrhoea method (LAM) ... K Periodic abstinence/Rhythm (one week after menstruation) L Withdrawal M Other (specify) _____ X	K ⇒ CP6 L ⇒ CP6 M ⇒ CP6
CP4. WHERE DID YOU GET THIS CURRENT METHOD FOR THE LAST TIME?	Public sector Governmental hospital 11 Primary health care centre 12 Popular medicine clinic 13 Other (specify) 16 Private medical sector Private hospital or clinic 21 Private doctor 22 Private pharmacist 23 Health worker 24 Other (specify) 26 Other sources Family 31 Relative or friend 32 Shop or druggist / spice dealer 33	
CP5. DO YOU PAY FOR THIS METHOD OR GET IT FOR FREE?	For free 1 Pay 2	
CP6. DID YOU RECEIVE ADVICE / CONSULTATION OR INSTRUCTIONS / GUIDANCE ON FAMILY PLANNING?	Yes 1 No 2	2 → NEXT MODULE

CONTRACEPTION		CP
CP7. WHO PROVIDED YOU WITH THIS ADVICE / CONSULTATION?	Public sector	
	Governmental hospital.....	11
	Primary health care centre.....	12
	Popular medicine clinic.....	13
	Other (specify).....	16
	Private medical sector	
	Private hospital or clinic.....	21
	Private doctor.....	22
	Private pharmacist.....	23
	Health worker.....	24
	Other (specify).....	26
	Other sources	
	Family.....	31
	Relative or friend.....	32
	Shop or druggist / spice dealer.....	33

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 more 2	
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 child 1 No more / None..... 2 Undecided / Don't know 8	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 / None..... 2 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. 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⇒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		

UNMET NEED		UN
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 amenorrheic F Breastfeeding G Fatalistic I Other (specify) _____ X Don't know Z	
UN12. Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ 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	

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:		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him.....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food.....	1	2	8
[F] IF HE FEELS SHE IS A SQUANDERER (CARELESS SPENDER)	Is a squanderer (careless spender).	1	2	8
[G] IF SHE DISCLOSES THE HUSBAND OR HOUSEHOLD SECRETS?	Discloses secrets.....	1	2	8

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⇒ FG9A
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>If the respondent does not know the exact age, probe to get an estimate</i>	Age at circumcision.....__ __ DK / Don't remember / Not sure 98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional Governmental doctor 11 Private doctor 12 Nurse / licensed midwife 13 Other persons Traditional birth attendant 21 Female relative or friend 22 Other (specify) 96 DK / Don't remember / Unsure 98	
FG9A. Check MA1 and MA5 from marriage module: Is the woman single or never married? <input type="checkbox"/> Yes, single or never married ⇒ FG22 <input type="checkbox"/> No, Continue FG9		
FG9. Check CM5 and CM7 from child mortality module: Does the woman have one or more living daughters? <input type="checkbox"/> Yes, one or more living daughters ⇒ FG10A <input type="checkbox"/> No, Go to ⇒ FG22		
FG10A. HAS/HAVE YOUR LIVING DAUGHTER/ ANY OF YOUR LIVING DAUGHTERS BEEN CIRCUMCISED? <i>If yes: HOW MANY?</i>	Number of daughters circumcised: ... __ — No daughters circumcised 00	00 ⇒ FG22
FG 16A. NUMBER OF YEARS SINCE THE MOST RECENT CIRCUMCISION WAS DONE TO ANY OF YOUR DAUGHTERS	Number of years.....__ — DK/ Don't remember/Unsure.....98	
FG20A. WHO PERFORMED THIS CIRCUMCISION?	Health professional Governmental doctor A Private doctor B Nurse / licensed midwife C Other persons Traditional (unlicensed) midwife (Arab grandmother) F Female relative or friend G Other (specify)	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued 1 Discontinued 2 Depends 3 DK..... 8	2,3,8 ⇒ NEXT MODULE
FG23. WHY DO YOU THINK THAT THIS PRACTICE SHOULD BE CONTINUED?	Social Norm for purity 1 To maintain the girls chastity 2 Health reasons..... 3 Other (specify _____) 6 DK..... 8	

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 No2 DK.....8	2⇒WM11
HA1A. IN CASE OF INFECTION WITH ANY SEXUALLY TRANSMITTED DISEASE (STD), DO YOU BELIEVE THAT IT IS NECESSARY FOR THE HUSBAND / WIFE TO BE TESTED, EVEN IF HE / SHE HAD NO SYMPTOMS?	Yes.....1 No2 DK.....8	
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 No2 DK.....8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No2 DK.....8	
HA3A. IN YOUR OPINION, WHAT IS THE BEST METHOD TO INCREASE PEOPLE'S KNOWLEDGE / AWARENESS ABOUT AIDS?	School curricula.....11 Television messages.....12 Radio messages.....13 Newspapers.....14 Signs / slogans / advertising boards 15 Health education sessions 16 Other (specify) _____ 96	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No2 DK.....8	
HA4A. DO YOU BELIEVE IN THE IMPORTANCE OF HIV TESTING AS PART OF PRE-MARRIAGE TESTS?	Yes.....1 No.....2 DK8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No2 DK.....8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes.....1 No2 DK.....8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No2 DK.....8	
HA7A. CAN AN INDIVIDUAL CONTRACT HIV THROUGH USING AN UNSTERILIZED SYRINGE/ NEEDLE PREVIOUSLY USED BY SOMEONE ELSE?	Yes.....1 No.....2 DK.....8	

HIV/AIDS		HA																				
<p>HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</p> <p>[A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8					
	Yes	No	DK																			
During pregnancy	1	2	8																			
During delivery.....	1	2	8																			
By breastfeeding.....	1	2	8																			
<p>HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?</p>	<p>Yes.....1 No2 DK / Not sure / Depends.....8</p>																					
<p>HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?</p>	<p>Yes.....1 No2 DK / Not sure / Depends.....8</p>																					
<p>HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?</p>	<p>Yes.....1 No2 DK / Not sure / Depends.....8</p>																					
<p>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?</p>	<p>Yes.....1 No2 DK / Not sure / Depends.....8</p>																					
<p>HA12A: Check MA1 and MA5: Is the woman unmarried (MA1=3 and MA5=3)</p> <p><input type="checkbox"/> Yes, go to ⇒ WM11</p> <p><input type="checkbox"/> No ⇒ Continue with HA13</p>																						
<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p>																						
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother	1	2	8	Things to do	1	2	8	Tested for AIDS	1	2	8	Offered a test	1	2	8	
	Y	N	DK																			
AIDS from mother	1	2	8																			
Things to do	1	2	8																			
Tested for AIDS	1	2	8																			
Offered a test	1	2	8																			

HIV/AIDS		HA
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No 2 DK..... 8	2⇒HA19 8⇒HA19
HA16A. DID YOU REQUEST FOR THIS AIDS VIRUS TEST YOURSELF, OR WAS IT OFFERED TO YOU AND THEN YOU ACCEPTED IT OR WAS IT REQUIRED?	Based on my request..... 1 Offered and accepted.....2 Required.....3 DK.....8	
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2 DK..... 8	2⇒HA22 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?	Yes.....1 No2 DK.....8	1⇒HA22 2⇒HA22 8⇒HA22
HA19. <i>Check MN17: Birth delivered by health professional (A, B or C)?</i> <input type="checkbox"/> <i>Yes, birth delivered by health professional ⇒ Continue with HA20</i> <input type="checkbox"/> <i>No, birth not delivered by health professional ⇒ Go to HA24</i>		
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?	Yes.....1 No2	2⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes.....1 No2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago..... 2 2 or more years ago..... 3	1⇒WM11 2⇒WM11 3⇒WM11
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes.....1 No2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago.....2 2 or more years ago3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No2 DK.....8	1⇒WM11 2⇒WM11 8⇒WM11
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes.....1 No2	

WM11. <i>Record the time.</i>	1.....AM 2.....Pm Hour and minutes__ : __	
-------------------------------	---	--

<p>WM12. <i>Check Household Listing Form, column HL9.</i> <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>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.</i></p>
--

Interviewer's Observations

Field Supervisor's Observations

Name :.....Signature:.....Date: / /

Local Supervisor's Observations

Name :.....Signature:.....Date: / /

Central Supervisor's Observations

Name :.....Signature:.....Date: / /