QUESTIONNAIRE FOR INDIVIDUAL WOMEN
WESTERN AND NORTH RIFT SURVEY

MICS **KNBS** KENYA NATIONAL BUREAU OF STATISTICS *Keeping you informed* **unicef**

WOMAN'S INFORMATION PANEL	**WM**

This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7).A separate questionnaire should be used for each eligible woman.

WM1. Cluster number: ___ ___ ___ ___	**WM2**. Household number: ___ ___ ___
WM3. Woman's name: Name_____	**WM4**. Woman's line number: ___ ___
WM5.Interviewer's name and number: Name_____ ___ ___	**WM6**. Day/Month/Year of interview: ___ ___ /___ ___ / 201___

Repeat greeting if not already read to this woman:	*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*
WE ARE FROM THE UNIVERSITY OF NAIROBI AND KENYA NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. 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 ANONYMOUS.	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 ANONYMOUS.

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 ⇨Circle '03' inWM7.Discuss this result with your supervisor.*

WM7. Result of woman's interview	Completed... 01 Not at home... 02 Refused.. 03 Partly completed .... 04 Incapacitated... 05 Other (*specify*)_____ 96

WM8. Field editor's name and number: Name_____ __ __	**WM9**. Main data entry clerk's name and number: Name_____ __ __

WM10. *Record the time.*	Hour and 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? *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
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ....0 Primary ....1 Secondary ....2 Higher 3	0⇨WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? *If the first grade at this level is not completed, enter "00"*	Grade .... __ __	
WB6. *Check WB4:* ☐*Secondary or higher (WB4=2 or 3)⇨ Go to Next Module* ☐*Primary (WB4=1)⇨ 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?	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/visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY   MT

MT1. *Check WB7:* ☐*Question left blank (Respondent has secondary or higher education)*⇨ *Continue with MT2* ☐*Able to read or no sentence in required language (WB7 = 2, 3 or 4)*⇨ *Continue with MT2* ☐*Cannot read at all or blind/visually impaired (WB7 = 1 or 5)*⇨ *Go to MT3*		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..1 At least once a week ....2 Less than once a week.................................3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..1 At least once a week ....2 Less than once a week.................................3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..1 At least once a week ....2 Less than once a week.................................3 Not at all 4	
MT5.*Check WB2: Age of respondent?* ☐*Age 15-24* ⇨ *Continue with MT6* ☐ *Age 25-49*⇨*Go to Next Module*		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes ....1 No..2	2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ....1 No..2	2⇨MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..1 At least once a week ....2 Less than once a week.................................3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes ....1 No..2	2⇨Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ....1 No..2	2⇨Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..1 At least once a week ....2 Less than once a week.................................3 Not at all 4	

FERTILITY/BIRTH HISTORY		CM
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes .... 1 No 2	2⇨CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes .... 1 No 2	2⇨CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'.*	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?	Yes .... 1 No 2	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? *If none, record '00'.*	Sons elsewhere .... __ __ Daughters elsewhere .... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *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⇨CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead .... __ __ Girls dead .... __ __	
CM10. *Sum answers to CM5, CM7, and CM9.*	Sum .... __ __	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

    ☐ *No live births ⇨ Go to ILLNESS SYMPTOMS Module*

    ☐ *One or more live births ⇨ Continue with the BIRTH HISTORY module*

☐ *No. ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module*

BIRTH HISTORY   BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.
Record names of all of the births in BH1.Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (*name*) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (*name*) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	BH7. IS (*name*) LIVING WITH YOU? 1 Yes 2 No	BH8. *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	BH9. *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years*		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No	
Line	Name	SM	BG	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N	
01		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨Next Line	Days .... 1 Months .... 2 Years 3	___ ___		
02		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 Years 3	___ ___	1 Add Birth	2 Next Birth
03		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 Years 3	___ ___	1 Add Birth	2 Next Birth
04		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 Years 3	___ ___	1 Add Birth	2 Next Birth
05		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 Years 3	___ ___	1 Add Birth	2 Next Birth
06		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 Years 3	___ ___	1 Add Birth	2 Next Birth
07		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 Years 3	___ ___	1 Add Birth	2 Next Birth

BH Line No.	**BH1.** WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	**BH2.** WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	**BH3.** IS (*name*) A BOY OR A GIRL? 1 Boy 2 Girl	**BH4.** IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?	**BH5.** IS (*name*) STILL ALIVE? 1 Yes 2 No	**BH6.** HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	**BH7.** IS (*name*) LIVING WITH YOU? 1 Yes 2 No	**BH8.** *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	**BH9.** *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years*	**BH10.** WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
08		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 ___ ___ Years 3	1 2 Add Next Birth Birth
09		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 ___ ___ Years 3	1 2 Add Next Birth Birth
10		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 ___ ___ Years 3	1 2 Add Next Birth Birth
11		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 ___ ___ Years 3	1 2 Add Next Birth Birth
12		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 ___ ___ Years 3	1 2 Add Next Birth Birth
13		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 ___ ___ Years 3	1 2 Add Next Birth Birth
14		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .... 1 Months .... 2 ___ ___ Years 3	1 2 Add Next Birth Birth

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (*name of last birth in BIRTH HISTORY Module*)?

Yes 1

No 2

1⇨Record birth(s) in Birth History

CM12A. *Compare number in CM10 with number of births in the* B*IRTH* H*ISTORY* *Module above and check:*

  ☐ *Numbers are same* ⇨ *Continue with CM13*

  ☐ *Numbers are different* ⇨ *Probe and reconcile*

CM13. *Check BH4 in* B*IRTH* H*ISTORY* *Module: Last birth occurred within the last 2 years, that is, since (month of interview) in* ***2011****(if the month of interview and the month of birth are the same, and the year of birth is* ***2011****, consider this as a birth within the last 2 years)*

  ☐ *No live birth in last 2 years.* ⇨ *Go to* I*LLNESS* S*YMPTOMS* *Module.*

  ☐ *One or more live births in last 2 years.* ⇨ *Record name of last born child and continue with Next Module*

        Name of last-born child_____

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

DESIRE FOR LAST BIRTH		**DB**
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. *Record name of last-born child from CM13 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?	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⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? *Record the answer as stated by respondent.*	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 the date of interview. *Record name of last-born child from CM13 here _____.* *Use this child's name in the following questions, where indicated.*		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes .... 1 No... 2	2⇨MN5

MN2. WHOM DID YOU SEE?
 	
 Probe:
 ANYONE ELSE?
 	
 Probe for the type of person seen and circle all answers given.
	Health professional:
	    Doctor...A
	    Nurse/Midwife ....B
	    Clinical Officer C
	    Community Nurse ....D
	 Other person
	    Relative / friend ....E
	    Traditional birth attendant ....F
	    Community health worker .... G
	
	 Other (*specify*)_____X	

MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? *Record the answer as stated by respondent.*	Weeks ....1 __ __ Months ....2 0 __ DK 998	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	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?	Yes No Blood pressure ....1 2 Urine sample ....1 2 Blood sample 1 2	
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 No... 3 DK 8	
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 No... 2 DK 8	 2⇨MN9 8⇨MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name*)?	Number of times....................................... __ DK 8	 8⇨MN9

MN8. *How many tetanus injections during last pregnancy were reported in MN7?*		
☐*At least two tetanus injections during last pregnancy.* ⇨ *Go to MN12* ☐*Only one tetanus injection during last pregnancy.* ⇨ *Continue with MN9*		
MN9. Dıd you receıve any tetanus ınjectıon at any tıme before your pregnancy wıth (*name*), eıther to protect yourself or another baby?	Yes .... 1 No.. 2 DK 8	 2⇨MN12 8⇨MN12
MN10. How many tımes dıd you receıve a tetanus ınjectıon before your pregnancy wıth (*name*)? *If 7 or more times, record '7'.*	Number of times.. __ DK 8	 8⇨MN12
MN11. How many years ago dıd you receıve the last tetanus ınjectıon before your pregnancy wıth (*name*)? *If less than 1 year, record '00'.*	Years ago... __ __	
MN12. *Check MN1 for presence of antenatal care during this pregnancy:*		
☐ *Yes, antenatal care received.* ⇨ *Continue with MN13* ☐*No antenatal care received* ⇨*Go to MN17*		
MN13. Durıng (any of)your antenatal vısıt(s) for the pregnancy wıth (*name*), dıd you take any medıcıne ın order to <u>prevent</u> you from gettıng malarıa?	Yes .... 1 No.. 2 DK 8	 2⇨MN17 8⇨MN17
MN14. Whıch medıcınes dıd you take to prevent malarıa? *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:*		
☐ *SP/Fansidar taken.* ⇨ *Continue with MN16* ☐ *SP/Fansidar not taken.* ⇨ *Go to MN17*		
MN16. Durıng your pregnancy wıth (*name*), how many tımes dıd you take SP/Fansıdar ın total? please ınclude all that you obtaıned eıther durıng an antenatal care vısıt, durıng a vısıt to a health facılıty or from another source?	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 　　Clinical Officer ....C 　　Community Nurse ....D Other person 　　Traditional birth attendant ....F 　　Community health worker .... G 　　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 　　Respondent's home .... 11 　　Other home .... 12 Public sector 　　Government hospital .... 21 　　Government clinic/health centre .... 22 　　Government dispensary .... 23 　　Other public (*specify*) _____ 26 Private Medical Sector 　　Private hospital..................................... 31 　　Private clinic .... 32 　　Private maternity home .... 33 　　Mission hospital /clinic......................... 34 　　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	 2⇨MN20
MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before... 1 After... 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? *If a card is available, record weight from card.*	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 __ __ DK/Don't 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⇨Next Module
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	

POST-NATAL HEALTH CHECKS			**PN**

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.

PN1. *Check MN18: Was the child delivered in a health facility?*

☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36)* ⇨ *Continue with PN2*

☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96)* ⇨ *Go to PN6*

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name*). YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours .... 1 __ __ Days .... 2 __ __ Weeks .... 3 __ __ DK / Don't remember 998	
PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?	Yes .... 1 No 2	
PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU? DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?	Yes .... 1 No 2	
PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*). DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*)?	Yes .... 1 No 2	1⇨PN11 2⇨PN16

PN6. *Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?*

☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G)* ⇨*Continue with PN7*

☐ *No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17)* ⇨ *Go to PN10*

PN7. YOU HAVE ALREADY SAID THAT (*person or persons in MN17*) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. AFTER THE DELIVERY WAS OVER AND BEFORE (*person or persons in MN17*) LEFT YOU, DID (*person or persons in MN17*) CHECK ON (*name*)'S HEALTH?	Yes .... 1 No... 2	
PN8. AND DID (*person or persons in MN17*) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING? BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes .... 1 No... 2	
PN9. AFTER THE (*person or persons in MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*name*)?	Yes .... 1 No... 2	1⇨PN11 2⇨PN18
PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF THE BABY IS OK. AFTER (*name*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes .... 1 No... 2	2⇨PN19
PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once... 1 More than once 2	1⇨PN12A 2⇨PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN12B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours..1 __ __ Days ....2 __ __ Weeks ....3 __ __ DK / Don't remember 998	

PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME?	Health professional:
	    Doctor...A
	    Nurse / Midwife ....B
	    Clinical Officer C
	    Community Nurse ....D
	
	Other person
	    Traditional birth attendant ....F
	    Community health worker .... G
	    Relative / Friend ....H
	
	Other (*specify*)_____X	

PN14. WHERE DID THIS CHECK TAKE PLACE?
 	
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
	    Respondent's home 11
	    Other home 12
	
	Public sector
	    Government hospital 21
	    Government clinic / health centre 22
	    Government dispensary 23
	    Other public (specify) 26
	
	Private Medical Sector
	    Private hospital.................................... 31
	    Private clinic 32
	    Private maternity home 33
	    Mission hospital /clinic.......................... 34
	    Other Private Medical 35
	
	Other (*specify*)_____ 96	

PN15. *Check MN18: Was the child delivered in a health facility?* ☐*Yes, the child was delivered in a health facility (MN18=21-26 or 31-36)* ⇨ *Continue with PN16* ☐*No, the child was not delivered in a health facility (MN18=11-12 or 96)* ⇨ *Go to PN17*	

PN16. AFTER YOU LEFT (*name or type of facility in MN18*), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes .... 1 No.. 2	1⇨PN20 2⇨Next Module

PN17. *Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?* ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G)* ⇨*Continue with PN18* ☐*No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17)* ⇨ *Go to PN19*	

PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes .... 1 No.. 2	1⇨PN20 2⇨Next Module

PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes .... 1 No.. 2	2⇨Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once... 1 More than once 2	1⇨PN21A 2⇨PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN21B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours...................................... 1 __ __ Days .... 2 __ __ Weeks .... 3 __ __ DK / Don't remember 998	

PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional:
	   Doctor...A
	   Nurse / Midwife ....B
	   Clinical Officer C
	   Community Nurse ....D
	
	Other person
	   Traditional birth attendant ....F
	   Community health worker .... G
	   Relative / Friend ....H
	
	Other (*specify*)_____X	

PN23. WHERE DID THIS CHECK TAKE PLACE?
 	
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
	   Respondent's home 11
	   Other home 12
	
	Public sector
	   Government hospital 21
	   Government clinic / health centre 22
	   Government dispensary 23
	   Other public (specify) 26
	
	Private Medical Sector
	   Private hospital..................................... 31
	   Private clinic 32
	   Private maternity home 33
	   Mission hospital /clinic.......................... 34
	   Other Private Medical 35
	
	Other (specify) _____ 96	

ILLNESS SYMPTOMS   IS

IS1. *Check List of Household Members, columnsHL7B and HL15*

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 A CHILD UNDER THE AGE OF 5 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 difficulty breathing .... E Child has blood in stool ....F Child is drinking poorly ....G 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⇨CP2A
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. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .... 1 No 2	1⇨Next Module 2⇨Next Module
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 sterilization .... B 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 .... L Withdrawal .... M Other (*specify*)_____X	

UNMET NEED		UN

UN1. *Check CP1. Currently pregnant?* ☐ *Yes, currently pregnant ⇨ Continue with UN2* ☐ *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 / DK.. 8	1⇨UN7 2⇨UN13 8⇨UN13
UN5. *Check CP3. Currently using "Female sterilization"?* ☐ *Yes ⇨ Go to UN13* ☐ *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 / DK.. 8	 2⇨UN9 3⇨UN11 8⇨UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? *Record the answer as stated by respondent.*	Months .... 1 __ __ Years... 2 __ __ Does not want to wait (soon/now)........... 993 Says she cannot get pregnant .... 994 After marriage .... 995 Other .... 996 DK 998	 994⇨UN11
UN8. *Check CP1. Currently pregnant?* ☐ *Yes, currently pregnant ⇨ Go to UN13* ☐ *No, unsure or DK ⇨ Continue with UN9*		

UN9. *Check CP2. Currently using a method?*
☐ *Yes ⇨ Go to UN13*
☐ *No ⇨ Continue with UN10*

UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1	1 ⇨UN13
	No 2	
	DK 8	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	
	Too old .... H	
	Fatalistic.. I	
	Other (*specify*) _____ X	
	DK .... Z	

UN12. *Check UN11. "Never menstruated" mentioned?*
☐ *Mentioned ⇨ Go to Next Module*
☐ *Not mentioned ⇨ Continue with UN13*

UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? *Record the answer using the same unit stated by the respondent*	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	

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 SOWN 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*	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?
 	
☐*Yes*
    ☐*One or more living daughters* ⇨*Continue with FG11*
 	
    ☐*Does not have any living daughters* ⇨ *Go to FG22*
 	
☐*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 FG22*	Yes ....1 No......................2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes ....1 No......................2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes ....1 No......................2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*
FG15. IS (*name)* CIRCUMCISED?	Yes ....1 No......................2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes ....1 No......................2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes ....1 No......................2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes ....1 No......................2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*
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 ⇨FG19 No......................2 DK....................8	Yes ....1 ⇨FG19 No......................2 DK....................8	Yes ....1 ⇨FG19 No......................2 DK 8	Yes ....1 ⇨FG19 No......................2 DK 8
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, continue with FG22*	*Go back to FG13 for next daughter. If no more daughters, continue withFG22*	*Go back to FG13 for next daughter. If no more daughters, continue with FG22*	*Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, continue with FG22*
				Tick here if additional questionnaire used ☐

FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued... 1 Discontinued .... 2 Depends.. 3 DK 8	

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	

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	2⇨MA7
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	3 ⇨Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..1 Divorced ....2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ....1 More than once..2	1 ⇨MA8A 2 ⇨MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? **MA8B**. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> 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 FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) 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 / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record answers in days, weeks or months if less than 12 months (one year).* *If 12 months (one year) or more, 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:* ☐ *Currently married or living with a man (MA1 = 1 or 2) ⇨ Go to SB8* ☐ *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:* ☐ *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* ☐ *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	
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 ⇨Next Module
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 THE AIDS VIRUS?	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	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy ....1 2 8 During delivery ....1 2 8 By breastfeeding 1 2 8	
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?	Yes .... 1 No.. 2 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?	Yes .... 1 No.. 2 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?	Yes .... 1 No.. 2 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?	Yes .... 1 No.. 2 DK/Not sure/Depends 8	

HA13. *Check CM13: Any live birth in last 2 years?* ☐ *No live birth in last 2 years (CM13=”No” or blank)* ⇨ *Go to HA24* ☐*One or more live births in last 2 years* ⇨ *Continue with HA14*			
HA14. *Check MN1: Received antenatal care?* ☐ *Received antenatal care* ⇨ *Continue with HA15* ☐ *Did not receive antenatal care* ⇨ *Go to HA24*			

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT: [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? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?			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

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
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 COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes ....1 No ....2 DK..8	1⇨HA22 2⇨HA22 8⇨HA22

HA19. *Check MN17: Birth delivered by health professional (A, B or C)?* ☐ *Yes, birth delivered by health professional (MN17 = A, B or C)* ⇨*Continue with HA20* ☐ *No, birth not delivered by health professional (MN17 = else)* ⇨*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?	Yes ....1 No 2	 2⇨HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ....1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ....1 No 2	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 ⇨Next Module 2 ⇨Next Module 3 ⇨Next Module
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 No.. 2	2⇨HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago .... 1 12-23 months ago .... 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .... 1 No.. 2 DK 8	1 ⇨Next Module 2 ⇨Next Module 8 ⇨Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes .... 1 No.. 2	

TOBACCO AND ALCOHOL USE		**TA**
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ....1 No 2	2⇨TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ....00 Age ....____ ____	00⇨TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ....1 No 2	2⇨TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ....____ ____	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ....0 ____ 10 days or more but less than a month.....10 Everyday / Almost every day.....................30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ....1 No 2	2⇨TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ....1 No...2	2⇨TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Cigars .... A Water pipe .... B Cigarillos... C Pipe .... D Other (*specify*) _____ X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ....0 ____ 10 days or more but less than a month.....10 Everyday / Almost every day.....................30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes ....1 No 2	2 ⇨TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ....1 No...2	2 ⇨TA14

TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco .... A Snuff .... B Dip .... C Other (*specify*) _____ X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ....0 ___ 10 days or more but less than a month.....10 Everyday / Almost every day....................30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes ....1 No 2	2⇨Next Module
TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR CHANG'A HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol ....00 Age ....___ ___	00⇨Next Module
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *If respondent did not drink, circle "00".* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Did not have one drink in last one month..00 Number of days ....0 ___ 10 days or more but less than a month.....10 Everyday / Almost every day....................30	00⇨Next Module
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks ....___ ___	

LIFE SATISFACTION		LS

LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.*	Very happy .... 1 Somewhat happy .... 2 Neither happy nor unhappy......................... 3 Somewhat unhappy .... 4 Very unhappy... 5	
LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.* HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied.. 1 Somewhat satisfied .... 2 Neither satisfied nor unsatisfied................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5	
LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied.. 1 Somewhat satisfied .... 2 Neither satisfied nor unsatisfied................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5	
LS5. DURING THE current 2013/14 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes .... 1 No... 2	2⇨LS7
LS6. HOW SATISFIED (*are/were*) YOU WITH YOUR SCHOOL?	Very satisfied.. 1 Somewhat satisfied .... 2 Neither satisfied nor unsatisfied................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5	

LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? *If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.*	Does not have a job .... 0 Very satisfied.. 1 Somewhat satisfied..................................... 2 Neither satisfied nor unsatisfied.................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied.. 1 Somewhat satisfied..................................... 2 Neither satisfied nor unsatisfied.................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? *If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.*	Very satisfied.. 1 Somewhat satisfied..................................... 2 Neither satisfied nor unsatisfied.................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied.. 1 Somewhat satisfied..................................... 2 Neither satisfied nor unsatisfied.................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied.. 1 Somewhat satisfied..................................... 2 Neither satisfied nor unsatisfied.................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied.. 1 Somewhat satisfied..................................... 2 Neither satisfied nor unsatisfied.................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? *If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.*	Does not have any income .... 0 Very satisfied.. 1 Somewhat satisfied..................................... 2 Neither satisfied nor unsatisfied.................. 3 Somewhat unsatisfied .... 4 Very unsatisfied.. 5
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENED, OVERALL?	Improved .... 1 More or less the same .... 2 Worsened.. 3
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better.. 1 More or less the same .... 2 Worse.. 3

WM11. *Record the time*.	Hour and minutes ....__ __ : __ __

WM12.*Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

  ☐ *Yes ⇨Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

  ☐ *No⇨End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of the woman's interview (WM7) on the cover page*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
🙂	🙂	😐	🙁	🙁

SIDE 2

| **Very satisfied** | **Somewhat satisfied** | **Neither satisfied, nor unsatisfied** | **Somewhat unsatisfied** | **Very unsatisfied** |