

## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

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 DEPARTMENT OF STATISTICS AND MINISTRY OF HEATH. 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 60 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 60 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	Completed .....	01
	Not at home .....	02
	Refused .....	03
	Partly completed .....	04
	Incapacitated .....	05
	Other (specify) _____	96

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (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?  <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) ..... _ _	
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 Lower Secondary .....2 Upper Secondary.....3 Post secondary non tertiary.....4 Tertiary Education .....5	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>Grade:</i> <i>Primary 11-15</i> <i>Lower Sec 21-24</i> <i>Upper Sec 31-33</i> <i>Post secondary non tertiary 41-43</i> <i>Tertiary Edu 51-57</i> <i>98 DK</i> <i>If less than 1 grade at this level, enter "00"</i>	Grade ..... _ _	
WB6. Check WB4:  <input type="checkbox"/> Lower secondary or higher. ⇒ Go to next module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?  <i>Sample sentences for literacy test:</i> 1. <i>The child is reading a book.</i> 2. <i>The rain came late this year.</i> 3. <i>Parents must care for their children.</i> 4. <i>Farming is hard work.</i>	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 <i>(specify language)</i>  Blind / mute, visually / speech impaired ..... 5	

<p>WT1. <i>Check WB7:</i></p> <p><input type="checkbox"/> <i>Question left blank (Respondent has secondary or more education) ⇒ Continue with WT2</i></p> <p><input type="checkbox"/> <i>Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with WT2</i></p> <p><input type="checkbox"/> <i>Cannot read at all or blind (codes 1 or 5) ⇒ Go to WT3</i></p>		
<p>WT2. 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?</p>	<p>Almost every day ..... 1                      At least once a week ..... 2                      Less than once a week ..... 3                      Not at all ..... 4</p>	
<p>WT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1                      At least once a week ..... 2                      Less than once a week ..... 3                      Not at all ..... 4</p>	
<p>WT4. 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?</p>	<p>Almost every day ..... 1                      At least once a week ..... 2                      Less than once a week ..... 3                      Not at all ..... 4</p>	
<p>WT5. <i>Check WB2: Age of respondent 15-24 years?</i></p> <p><input type="checkbox"/> <i>Yes, age 15-24 ⇒ Continue with WT6</i></p> <p><input type="checkbox"/> <i>No, age 25-49 ⇒ Go to Next Module</i></p>		
<p>WT6. HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes ..... 1                      No ..... 2</p>	<p>2⇒WT9</p>
<p>WT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1                      No ..... 2</p>	<p>2⇒WT9</p>
<p>WT8. 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?</p>	<p>Almost every day ..... 1                      At least once a week ..... 2                      Less than once a week ..... 3                      Not at all ..... 4</p>	
<p>WT9. HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes ..... 1                      No ..... 2</p>	<p>2⇒Next Module</p>
<p>WT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>	<p>Yes ..... 1                      No ..... 2</p>	<p>2⇒ Next Module</p>
<p>WT11. 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?</p>	<p>Almost every day ..... 1                      At least once a week ..... 2                      Less than once a week ..... 3                      Not at all ..... 4</p>	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
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?  <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?	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?  <i>If none, record '00'.</i>	Sons elsewhere ..... __ __  Daughters elsewhere ..... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?  <i>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?</i>	Yes ..... 1 No ..... 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?  <i>If none, record '00'.</i>	Boys dead ..... __ __  Girls dead ..... __ __	
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum ..... __ __	
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? <input type="checkbox"/> Yes. Check below: <input type="checkbox"/> No live births ⇒ Go to ILLNESS SYMPTOMS Module <input type="checkbox"/> One or more live births ⇒ Continue with BIRTH HISTORY Module <input type="checkbox"/> 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 line. 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?		BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HLI)  Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?</i>			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?
		S	M		B	G					Month	Year	Y	
		1 Single 2 Multiple		1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Record days if less than 1 month; record months if less than 2 years; or years	1 Yes 2 No		
<b>01</b>		1 2		1 2			1 2 ⇒ BH9		1 2	1 2 ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
<b>02</b>		1 2		1 2			1 2 ⇒ BH9		1 2	1 2 ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
<b>03</b>		1 2		1 2			1 2 ⇒ BH9		1 2	1 2 ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
<b>04</b>		1 2		1 2			1 2 ⇒ BH9		1 2	1 2 ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
<b>05</b>		1 2		1 2			1 2 ⇒ BH9		1 2	1 2 ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
<b>06</b>		1 2		1 2			1 2 ⇒ BH9		1 2	1 2 ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
<b>07</b>		1 2		1 2			1 2 ⇒ BH9		1 2	1 2 ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		

08		1 2	1 2						1 2 ⇒ BH9	— —	1 2	— — ⇒ BH10	Days ..... 1 Months..... 2 Years ..... 3	1 2 Add Birth
09		1 2	1 2						1 2 ⇒ BH9	— —	1 2	— — ⇒ BH10	Days ..... 1 Months..... 2 Years ..... 3	1 2 Add Birth
10		1 2	1 2						1 2 ⇒ BH9	— —	1 2	— — ⇒ BH10	Days ..... 1 Months..... 2 Years ..... 3	1 2 Add Birth
11		1 2	1 2						1 2 ⇒ BH9	— —	1 2	— — ⇒ BH10	Days ..... 1 Months..... 2 Years ..... 3	1 2 Add Birth
12		1 2	1 2						1 2 ⇒ BH9	— —	1 2	— — ⇒ BH10	Days ..... 1 Months..... 2 Years ..... 3	1 2 Add Birth
13		1 2	1 2						1 2 ⇒ BH9	— —	1 2	— — ⇒ BH10	Days ..... 1 Months..... 2 Years ..... 3	1 2 Add Birth
14		1 2	1 2						1 2 ⇒ BH9	— —	1 2	— — ⇒ BH10	Days ..... 1 Months..... 2 Years ..... 3	1 2 Add Birth
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in Birth History)?										Yes .....	No.....	1 → Record Birth(s) in Birth History		
										..... 1	..... 2			

CM12. Compare number in CM10 with number of births in the Birth History above and check:

- Numbers are same ⇒ Continue with CM13
- Numbers are different ⇒ Probe and reconcile

CM13. Check BH4: 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.
- One or more live births 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. Check child mortality module CM13 and record name of last-born child here _____. 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⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years ..... 2 __ __ DK..... 998	



MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</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: Doctor ..... A Nurse / Midwife ..... B Auxiliary nurse ..... C Other person Traditional birth attendant ..... F Community health worker ..... G  Other (specify) ..... X													
MN2A. HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?	Months ..... __ __  DK ..... 98													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... __ __  DK ..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED?  [B] DID YOU GIVE A URINE SAMPLE?  [C] DID YOU GIVE A BLOOD SAMPLE?	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Yes</th> <th style="text-align:center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>Blood sample .....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </tbody> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample .....	1	2	
	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?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	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)? <i>If 7 or more times, record '7'.</i>	Number of times ..... __  DK ..... 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN11A  <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9														

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes..... 1 No ..... 2 DK ..... 8	2⇒MN11A 8⇒MN11A
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times ..... DK ..... 8	8⇒MN11A
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago.....	
MN11A. DURING THIS PREGNANCY, WERE YOU GIVEN OR DID YOU BUY ANY IRON TABLETS OR IRON SYRUP?	Yes..... 1 No ..... 2 DK ..... 8	2⇒MN17 8⇒MN17
MN11B. DURING THE WHOLE PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE THE TABLETS OR SYRUP? <i>If answer is not numeric, probe for approximate number of days</i>	Days..... DK ..... 998	
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>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.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary Nurse ..... C 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)? <i>Probe to identify the type of source. If unable to determine whether public or private, write the name of the place.</i>  _____ (Name of place)	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 health centre ..... 22 Other public (specify) ..... 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 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	
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 ( <i>name</i> ) WEIGHED AT BIRTH?	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 ..... 99998	
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>	Immediately..... 000 Hours ..... 1 __ __ Days..... 2 __ __ Don't know / remember..... 998	
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?  <i>Probe:</i> 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. Check child mortality module CM13 and record name of last-born child 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 \_\_\_\_  
Don't know / 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 YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type of 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 or other health worker (MN17=A-G) ⇒ Continue with PN7
- No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN10

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

<p>PN13. WHO CHECKED ON <i>(name)</i>'S HEALTH AT THAT TIME?</p>	<p>Health professional          Doctor ..... A          Nurse / Midwife ..... B          Auxiliary nurse ..... C          Other person          Traditional birth attendant..... F          Community health worker..... G          Relative / Friend ..... H          Other (<i>specify</i>) _____ X</p>	
<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home          Your home ..... 11          Other home..... 12</p> <p>Public sector          Govt. hospital..... 21          Health centre ..... 22          Other public (<i>specify</i>)..... 26</p> <p>Private medical sector          Private hospital ..... 31          Private clinic ..... 32          Private maternity home ..... 33          Other private          medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p>PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes ..... 1          No ..... 2</p>	<p>1⇒PN20          2⇒Next Module</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes ..... 1          No ..... 2</p>	<p>1⇒PN20          2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF <i>(name)</i>, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1          No ..... 2</p>	<p>2⇒Next Module</p>

<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once ..... 1  More than once ..... 2</p>	<p>1⇒PN21A  2⇒PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours.  If less than one week, record days.  Otherwise, record weeks.</i></p>	<p>Hours ..... 1 ___  Days ..... 2 ___  Weeks..... 3 ___  Don't know / remember ..... 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH THAT TIME?</p>	<p>Health professional  Doctor ..... A  Nurse / Midwife ..... B  Auxiliary nurse ..... C  Other person  Traditional birth attendant..... F  Community health worker..... G  Relative / Friend ..... H  Other (<i>specify</i>) _____ X</p>	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home  Your home ..... 11  Other home..... 12</p> <p>Public sector  Govt. hospital..... 21  Health centre ..... 22  Other public (<i>specify</i>)..... 26</p> <p>Private medical sector  Private hospital ..... 31  Private clinic ..... 32  Private maternity home ..... 33  Other private  medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	

**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
- Diarrhea ..... H
- Cough ..... I

Other (*specify*) \_\_\_\_\_ X

Other (*specify*) \_\_\_\_\_ Y

Other (*specify*) \_\_\_\_\_ Z



**CONTRACEPTION**

**CP**

CP0. NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.

HAVE YOU EVER HEARD OF (METHOD)?

<p><b>CP0A. FEMALE STERILIZATION?</b>          PROBE: WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0B. MALE STERILIZATION?</b> PROBE: MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0C. IUD?</b>          PROBE: WOMEN CAN HAVE A LOOP OR COIL PLACED INSIDE THEM BY A DOCTOR OR A NURSE.</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0D. INJECTABLES?</b>          PROBE: WOMEN CAN HAVE AN INJECTION BY A HEALTH PROVIDER THAT STOPS THEM FROM BECOMING PREGNANT FOR ONE OR MORE MONTHS.</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0E. IMPLANTS?</b>          PROBE: WOMEN CAN HAVE ONE OR MORE SMALL RODS PLACED IN THEIR UPPER ARM BY A DOCTOR OR NURSE WHICH CAN PREVENT PREGNANCY FOR ONE OR MORE YEARS.</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0F. PILL?</b>          PROBE: WOMEN CAN TAKE A PILL EVERY DAY TO AVOID BECOMING PREGNANT.</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0G. CONDOM?</b>          PROBE: MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0H. FEMALE CONDOM?</b>          PROBE: WOMEN CAN PLACE A SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0I. RHYTHM METHOD?</b>          PROBE: EVERY MONTH THAT A WOMAN IS SEXUALLY ACTIVE SHE CAN AVOID PREGNANCY BY NOT HAVING SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH SHE IS MOST LIKELY TO GET PREGNANT.</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0J. WITHDRAWAL?</b>          PROBE: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</p>	<p>Yes..... 1          No..... 2</p>	
<p><b>CP0K. HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?</b></p>	<p>Yes..... 1</p> <p>_____</p> <p>(Specify)</p> <p>_____</p> <p>(Specify)</p> <p>No..... 2</p>	

<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pragnant..... 1  No.....2  Unsure/Don't Know ..... 8</p>	<p>1⇒CP5</p>
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1  No..... 2</p>	<p>2⇒ CP5</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.  If more than one method is mentioned, circle each one.</i></p>	<p>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 (<i>specify</i>) .....X</p>	<p>K⇒ CP5  L⇒ CP5  M⇒CP5  X⇒CP5</p>
<p>CP4. WHERE DID YOU OBTAIN (CURRENT METHOD) THE LAST TIME?</p> <p><i>Probe to identify the type of source.  If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public Sector  Govt. Hospital..... 11  Health Center ..... 12  Lao Youth Center LYC..... 13  Outreach Team ..... 14  Village Health Volunteer VHV ..... 15  Other Public Sector _____ 16  (Specify)</p> <p>Private Medical Sector  Private hospital/Clinic..... 21  Pharmacy ..... 22  Private Doctor ..... 23  Mobile Clinic..... 24  Field Worker..... 25</p> <p>Other Private Medical Sector _____ 26  (Specify)</p> <p>Other Source  Shop..... 31  Friend/Relative ..... 33  Other _____ 96  (Specify)</p>	<p>Go to Next Module for all responses</p>
<p>CP5. DO YOU KNOW OF A PLACE WHERE YOU CAN OBTAIN A METHOD OF FAMILY PLANNING?</p>	<p>Yes..... 1  No..... 2</p>	<p>2⇒Next Module</p>

<p>CP6. WHERE IS THAT?</p> <p>ANY OTHER PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <hr/> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public Sector</p> <p>Govt. Hospital.....A</p> <p>Health Center .....B</p> <p>Lao Youth Center LYC.....C</p> <p>Outreach Team .....D</p> <p>Village Health Volunteer VHV .....E</p> <p>Other Public Sector _____ F</p> <p style="text-align: center;">(Specify)</p> <p>Private Medical Sector</p> <p>Private hospital/Clinic..... G</p> <p>Pharmacy .....H</p> <p>Private Doctor ..... I</p> <p>Mobile Clinic.....J</p> <p>Field Worker.....K</p> <p>Other Private Medical Sector _____ L</p> <p style="text-align: center;">(Specify)</p> <p>Other Source</p> <p>Shop..... M</p> <p>Friend/Relative .....N</p> <p>Other _____ X</p> <p style="text-align: center;">(Specify)</p>	
---	---	--

UNMET NEED		UN
<p>UN1. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p>		
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
<p>UN5. Check CP3. Currently using "Female sterilization"?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p>		
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 After marriage ..... 995 Other ..... 996 Don't know ..... 998	994⇒UN11
<p>UN8. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p>		

<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>1 ⇒ UN13</p> <p>8 ⇒ UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex ..... A</p> <p>Menopausal ..... B</p> <p>Never menstruated ..... C</p> <p>Hysterectomy (surgical removal of uterus) ..... D</p> <p>Has been trying to get pregnant for 2 years or more without result ..... E</p> <p>Postpartum amenorrheic ..... F</p> <p>Breastfeeding ..... G</p> <p>Too old ..... H</p> <p>Fatalistic ..... I</p> <p>Other (<i>specify</i>) _____ X</p> <p>Don't know ..... Z</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to next module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago ..... 1 ___</p> <p>Weeks ago ..... 2 ___</p> <p>Months ago ..... 3 ___</p> <p>Years ago ..... 4 ___</p> <p>In menopause / Has had hysterectomy (surgical removal of uterus) ..... 994</p> <p>Before last birth ..... 995</p> <p>Never menstruated ..... 996</p>	

**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?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	After the response go to 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	
MA8. 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	Year⇒ Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

SEXUAL BEHAVIOUR		SB
<b>Check for the presence of others. Before continuing, ensure privacy.</b>		
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?  <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago..... 1 ____  Weeks ago..... 2 ____  Months ago ..... 3 ____  Years ago ..... 4 ____	4⇒Next Module
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?  <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i>  <i>If 'boyfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend..... 3 Casual acquaintance ..... 4  Other ( <i>specify</i> )..... 6	3⇒SB7 4⇒SB7  6⇒SB7
SB6. Check MAI:  <input type="checkbox"/> Currently married or living with a man (MAI = 1 or 2) ⇒ Go to Next Module <input type="checkbox"/> Not married / Not in union (MAI = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... ____  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 DK ..... 8			2⇒Go to HA27A
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			
HA12A. IF A WIFE KNOWS HER HUSBAND HAS A DISEASE THAT SHE CAN GET DURING SEXUAL	Yes..... 1 No ..... 2			

INTERCOURSE, IS SHE JUSTIFIED IN ASKING THAT THEY USE A CONDOM WHEN THEY HAVE SEX?	DK / Not sure / Depends..... 8																					
HA12B. IS A WIFE JUSTIFIED IN REFUSING TO HAVE SEX WITH HER HUSBAND WHEN SHE KNOWS HE HAS SEX WITH OTHER WOMEN?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8																					
HA12C. Check MA1: Currently married or living together with a man as if married  <input type="checkbox"/> Not in union ⇒ Go to HA13  <input type="checkbox"/> Currently married or living with a man ⇒ Continue with HA12D																						
HA12D. CAN YOU SAY NO TO YOUR (HUSBAND/PARTNER) IF YOU DO NOT WANT TO HAVE SEXUAL INTERCOURSE?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8																					
HA12E. COULD YOU ASK YOUR (HUSBAND/PARTNER) TO USE A CONDOM IF YOU WANTED HIM TO?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8																					
HA13. Check CMI3: Any live birth in last 2 years?  <input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24  <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
HA14. Check MNI: Received antenatal care?  <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15  <input type="checkbox"/> 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?	<table border="1"> <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																			
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	Yes..... 1 No..... 2	1⇒HA22 2⇒HA22																				

COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	DK ..... 8	8⇒HA22
<p>HA19. Check MN17: Birth delivered by health professional (A, B or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>		
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	1⇒HA27A
	12-23 months ago ..... 2	2⇒HA27A
	2 or more years ago ..... 3	3⇒HA27A
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	1⇒HA27A
	No ..... 2	2⇒HA27A
	DK ..... 8	8⇒HA27A
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	
HA27A. HAVE YOU HEARD ABOUT OTHER INFECTIONS THAT CAN BE TRANSMITTED THROUGH SEXUAL CONTACT?	Yes ..... 1	
	No ..... 2	
<p>HA27B. Check SB1: Has had sexual intercourse (SB1)?</p> <p><input type="checkbox"/> Never had sexual intercourse ⇒ Go to next module</p> <p><input type="checkbox"/> Has had sexual intercourse ⇒ Continue with HA27C</p>		
<p>HA27C. Check HA27A: Heard about sexually transmitted infections (HA27A)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with HA27D</p> <p><input type="checkbox"/> No ⇒ Go to HA27E</p>		

<p>HA27D. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN THE LAST 12 MONTHS. DURING THE LAST 12 MONTHS, HAVE YOU HAD A DISEASE WHICH YOU GOT THROUGH SEXUAL CONTACT?</p>	<p>Yes..... 1  No ..... 2  DK ..... 8</p>	
<p>HA27E. SOMETIMES WOMEN EXPERIENCE A BAD-SMELLING ABNORMAL GENITAL DISCHARGE. DURING THE LAST 12 MONTHS, HAVE YOU HAD A BAD-SMELLING ABNORMAL GENITAL DISCHARGE?</p>	<p>Yes..... 1  No ..... 2  DK ..... 8</p>	
<p>HA27F. SOMETIMES WOMEN HAVE A GENITAL SORE OR ULCER. DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?</p>	<p>Yes..... 1  No ..... 2  DK ..... 8</p>	
<p>HA27G. Check HA27D, HA27E, and HA27F:</p> <p><input type="checkbox"/> Has not had any infection or DK ⇒ Go to next module</p> <p><input type="checkbox"/> Has had an infection (any “Yes”) ⇒ Continue with HA27H</p>		
<p>HA27H. THE LAST TIME YOU HAD (PROBLEM FROM HA27D/HA27E/HA27F), DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?</p>	<p>Yes..... 1  No ..... 2</p>	<p>2⇒Next Module</p>
<p>HA27I. WHERE DID YOU GO?</p> <p><i>Probe to identify the type of source. If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public Sector</p> <p>Govt. Hospital ..... 11</p> <p>Health Center ..... 12</p> <p>Lao Youth Center LYC..... 13</p> <p>Outreach Team ..... 14</p> <p>Village Health Volunteer VHV..... 15</p> <p>Other Public Sector _____ 16</p> <p style="text-align: center;">(Specify)</p> <p>Private Medical Sector</p> <p>Private hospital/Clinic .....21</p> <p>Pharmacy.....22</p> <p>Private Doctor .....23</p> <p>Mobile Clinic.....24</p> <p>Field Worker.....25</p> <p>Other Private Medical Sector _____26</p> <p style="text-align: center;">(Specify)</p> <p>Other Source</p> <p>Shop.....31</p> <p>Friend/Relative.....33</p> <p>Other _____ 96</p> <p style="text-align: center;">(Specify)</p>	

MATERNAL MORTALITY		MM
NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BROTHERS AND SISTERS, THAT IS, ALL OF THE CHILDREN BORN TO YOUR NATURAL MOTHER. PLEASE INCLUDE ALL YOUR SISTERS AND BROTHERS WHO ARE LIVING WITH YOU, THOSE WHO ARE LIVING ELSEWHERE, AND THOSE WHO HAVE DIED.		
MM1. HOW MANY CHILDREN DID YOUR MOTHER GIVE BIRTH TO, INCLUDING YOURSELF?	Number of births to natural mother    ___ ___	
MM2. CHECK MM1.  <input type="checkbox"/> TWO OR MORE BIRTHS ⇒ CONTINUE WITH MM3 <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) ⇒ GO TO WM11		
MM3. HOW MANY OF THESE BIRTHS DID YOUR MOTHER HAVE BEFORE YOU WERE BORN?	Number of preceding births    ___ ___	

	[S1] OLDEST	[S2] NEXT OLDEST	[S3] NEXT OLDEST	[S4] NEXT OLDEST	[S5] NEXT OLDEST
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____	_____
MM5. IS ( <i>NAME</i> ) MALE OR FEMALE?	Male ..... 1 Female..... 2	Male ..... 1 Female..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female..... 2	Male..... 1 Female ..... 2
MM6. IS ( <i>NAME</i> ) STILL ALIVE?	Yes..... 1 No ..... 2 ⇒MM8 DK..... 8 ⇒[S2]	Yes ..... 1 No ..... 2 ⇒MM8 DK..... 8 ⇒[S3]	Yes..... 1 No ..... 2 ⇒MM8 DK ..... 8 ⇒[S4]	Yes..... 1 No ..... 2 ⇒MM8 DK..... 8 ⇒[S5]	Yes ..... 1 No..... 2 ⇒MM8 DK ..... 8 ⇒[S6]
MM7. HOW OLD IS ( <i>NAME</i> )?	___ ___ ⇒ Go to [S2]	___ ___ ⇒ Go to [S3]	___ ___ ⇒ Go to [S4]	___ ___ ⇒ Go to [S5]	___ ___ ⇒ Go to [S6]
MM8. HOW MANY YEARS AGO DID ( <i>NAME</i> ) DIE?	___ ___	___ ___	___ ___	___ ___	___ ___
MM9. HOW OLD WAS ( <i>NAME</i> ) WHEN HE/SHE DIED?	___ ___ <i>If male or died before age 12, go to [S2]</i>	___ ___ <i>If male or died before age 12, go to [S3]</i>	___ ___ <i>If male or died before age 12, go to [S4]</i>	___ ___ <i>If male or died before age 12, go to [S5]</i>	___ ___ <i>If male or died before age 12, go to [S6]</i>
MM10. WAS ( <i>NAME</i> ) PREGNANT WHEN SHE DIED?	Yes..... 1 ⇒MM13 No ..... 2	Yes ..... 1 ⇒MM13 No ..... 2	Yes..... 1 ⇒MM13 No ..... 2	Yes..... 1 ⇒MM13 No ..... 2	Yes ..... 1 ⇒MM13 No..... 2
MM11. DID ( <i>NAME</i> ) DIE DURING CHILDBIRTH?	Yes..... 1 ⇒MM13 No ..... 2	Yes ..... 1 ⇒MM13 No ..... 2	Yes..... 1 ⇒MM13 No ..... 2	Yes..... 1 ⇒MM13 No ..... 2	Yes ..... 1 ⇒MM13 No..... 2
MM12. DID ( <i>NAME</i> ) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes..... 1 No ..... 2	Yes..... 1 No ..... 2	Yes ..... 1 No..... 2
MM13. HOW MANY LIVE BORN CHILDREN DID ( <i>NAME</i> ) GIVE BIRTH TO DURING HER LIFETIME?	_____	_____	_____	_____	_____
MM14.	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>

	[S6] OLDEST	[S7] OLDEST	[S8] NEXT OLDEST	[S9] NEXT OLDEST	[S10] NEXT OLDEST
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____	_____
MM5. IS (NAME) MALE OR FEMALE?	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2
MM6. IS (NAME) STILL ALIVE?	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S7]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S8]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S9]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S10]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S11]
MM7. HOW OLD IS (NAME)?	___ ___ ⇒ Go to [S7]	___ ___ ⇒ Go to [S8]	___ ___ ⇒ Go to [S9]	___ ___ ⇒ Go to [S10]	___ ___ ⇒ Go to [S11]
MM8. HOW MANY YEARS AGO DID (NAME) DIE?	___ ___	___ ___	___ ___	___ ___	___ ___
MM9. HOW OLD WAS (NAME) WHEN HE/SHE DIED?	___ ___ <i>If male or died before age 12, go to [S7]</i>	___ ___ <i>If male or died before age 12, go to [S8]</i>	___ ___ <i>If male or died before age 12, go to [S9]</i>	___ ___ <i>If male or died before age 12, go to [S10]</i>	___ ___ <i>If male or died before age 12, go to [S11]</i>
MM10. WAS (NAME) PREGNANT WHEN SHE DIED?	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2
MM11. DID (NAME) DIE DURING CHILDBIRTH?	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2
MM12. DID (NAME) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2
MM13. HOW MANY LIVE BORN CHILDREN DID (NAME) GIVE BIRTH TO DURING HER LIFETIME?	___ ___	___ ___	___ ___	___ ___	___ ___
MM14.	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>

TICK HERE IF ADDITIONAL QUESTIONNAIRE USED

WM11. <i>Record the time.</i>	Hour and minutes ..... ____ : ____	
-------------------------------	------------------------------------	--

WM12. *Check Household Listing Form, column HL9.*  
*Is the respondent the mother or caretaker of any child age 0-4 living in this household?*

*Yes ⇒ 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. Check for the presence of any other eligible woman or man or children under-5 in the household.*

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**