

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

Cluster no. _____ Household no. _____ Women line no _____

WI . WOMEN'S INFORMATION PANEL		
This module is to be administered to all women age 15 through 49 (see column 5 of HH listing). Fill in one form for each eligible woman.		
1	Women's line number	<input type="text"/> <input type="text"/>
2	2. Name	
3	A	IN WHAT MONTH AND YEAR WERE YOU BORN? Date of birth : Month/Year _____/_____/_____ DK date of birth /DK =>3B / 999999
	OR: B	HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? Age (in completed years) <input type="text"/> <input type="text"/>
CM . CHILD MORTALITY MODULE		
This module is to be administered to all women age 15-49. All questions refer only to LIVE births. Follow instructions as provided in training. See Instructions for Interviewers		
1	NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? 1-YES 2-NO => CONTRACEPTIVEUSE MODULE 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?	<input type="checkbox"/>
2	A	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? Date of first birth ddmmyyyy _____/_____/_____ DK DATE OF FIRST BIRTH => 2.B 99999999
3	DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU? 1-Yes 2- NO => Q5	<input type="checkbox"/>
4	HOW MANY SONS & DAUGHTERS LIVE WITH YOU? 1. SONS 2. DAUGHTERS	1. _____ 2. _____
5	DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU? 1-YES 2-NO =>Q7	<input type="checkbox"/>
6	HOW MANY SONS & DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? 1. SONS ELSEWHERE 2. DAUGHTERS ELSEWHERE	1. _____ 2. _____
7	HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? 1-YES 2-NO =>Q9	<input type="checkbox"/>
8	HOW MANY BOYS & GIRLS HAVE DIED? 1. Boys dead 2. Girls dead	_____ _____
9	SUM ANSWERS TO Q. 4, 6, AND 8 SUM	<input type="text"/> <input type="text"/>
10	JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (total number) BIRTHS DURING YOUR LIFE. IS THIS CORRECT? 1- Yes =>Go to Q.11 2- No =>Check responses and make corrections before proceeding to Q.11	<input type="checkbox"/>
11	OF THESE (total number) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? Date of last birth /Day/Month/Year / _____/_____/_____	_____/_____/_____
Did the woman's last birth occur within the last year, that is, since (insert date)? <input type="checkbox"/> Yes, live birth in last year. => GO TO TETANUS TOXOID MODULE <input type="checkbox"/> No live birth in last 2 year. => GO TO CONTRACEPTIVE USE MODULE		

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TT . Tetanus toxoid (tt) module			or B	How many years ago did you receive the last dose? Years ago	<input type="text"/> <input type="text"/>
This module is to be administered to all women with a live birth in the year preceding date of interview.					
1	Do YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <i>If a card is presented, use it to assist with answers to the following questions.</i> 1- Yes (card seen) 2- Yes (card not seen) 3-No 9-DK	<input type="checkbox"/>	7	Add responses to Q.3 and Q.5 to obtain total number of doses in lifetime. <i>Total no. of doses</i>	<input type="text"/> <input type="text"/>
MN . MATERNAL AND NEWBORN HEALTH MODULE					
This module is to be administered to all women with a live birth in the year preceding date of interview. Use Q.7 and Q.8 only in countries where a local term for night blindness exists.					
2	When you were pregnant with your last child, did you receive any injection to prevent him or her from getting convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)? 1-Yes 2-No 9-DK } ⇒Q.4	<input type="checkbox"/>	1	In the first two months after your last birth, did you receive a vitamin A dose like this? <i>Show 200,000 IU capsule or dispenser.</i> 1 – Yes 2 – No 9 – DK	
3	<i>IF YES:</i> How many doses of tetanus toxoid (anti-tetanus injections) did you receive during your last pregnancy? <i>No. of doses</i> 99 -DK	<input type="text"/> <input type="text"/>	2	DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? <i>If yes: WHOM DID YOU SEE?</i> <u>Health professional:</u> 1-Doctor, 2-Nurse/midwife 3-Auxiliary midwife <u>Other person</u> 4-Traditional birth attendant 6-Other (specify) 0- No one Anyone else?	1 2 3 4 6 0
How many TT doses were reported during last pregnancy in Q.3? <input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ GO TO MATERNAL AND NEWBORN HEALTH MODULE <input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ CONTINUE WITH Q.4					
4	Did you receive any tetanus toxoid injection (ADDITIONAL PROBES) at any time before your last pregnancy, including during a previous pregnancy or between pregnancies? 1-Yes 2-No 9-DK } ⇒Q.7	<input type="checkbox"/>	3	Who assisted with the delivery of your last child (OR NAME)? <i>IF YES:</i> <u>Health professional:</u> 1-Doctor 2-Nurse/midwife 3-Auxiliary midwife <u>Other person</u> 4-Traditional birth attendant 5-Relative/friend 6-Other (specify) 0-No one Anyone else?	1 2 3 4 5 6 0
5	<i>IF YES:</i> How many doses did you receive? <i>No. of doses</i>	<input type="text"/> <input type="text"/>			
6	A When was the last dose received? <i>Date of last dose /Month/Year /</i> DK date ⇒Q.6B	<input type="text"/> / <input type="text"/> <input type="text"/>			

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4	When your last child (<i>NAME</i>) was born, was he/she very large, larger than average, average, smaller than average, or very small? <i>Very large-1, Larger than average -2, Average - 3, Smaller than average - 4, Very small - 5, DK - 9</i>	<input type="checkbox"/>		
5	Was (<i>NAME</i>) weighed at birth? 1-Yes 2-No } ⇒A.7 9-DK	<input type="checkbox"/>		
6	HOW MUCH DID (<i>name</i>) WEIGH? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE. 1 - From card 2 - From recall 99999 - DK	1. _____ gr 2. _____ gr 99999		
7	When you were pregnant with your last child, did you have difficulty with your vision during the daylight? 1-Yes 2-No 9-DK	<input type="checkbox"/>		
8	During that pregnancy, did you suffer from night blindness (<i>INSERT LOCAL TERM</i>)? 1-Yes 2-No 9-DK	<input type="checkbox"/>		
CU . CONTRACEPTIVE USA MODULE				
Ask Q.1 for all women age 15-49 and then follow the skip instruction carefully. Questions on pregnancy and contraception are to be asked only of women who are currently married or in union				
1	Are you currently married or living with a man? 1-Yes 2-No, widowed, divorced, separated } NEXT MODULE 3-No, never married	<input type="checkbox"/>		
2	Now i am going to change topics. I would like to talk with you about another subject – family planning – and your reproductive health. I know this is a difficult subject to talk about, but it is important that we obtain			
			3	this information. Of course, all the information you supply will remain strictly confidential. You will never be identified with the answers to these questions. Are you pregnant now? 1-Yes, currently pregnant ⇒ next module 2-No 3-Unsure or DK
			4	Some 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? 1- Yes 2- No ⇒ next module
			4	WHICH METHOD ARE YOU USING? 01-Female sterilization 02-Male sterilization 03-Pill 04-IUD 05-Injections 06-Implants 07-Condom 08-Female condom 09-Diaphragm 10-Foam/jelly 11-Lactational amenorrhoea method (LAM) 12-Periodic abstinence 13-Withdrawal 14-Other (specify)
				01 02 03 04 05 06 07 08 09 10 11 12 13 14
HA . HIV/AIDS MODULE				
This module is to be administered to all women age 15-49. See Instructions for Interviewers for further discussion of these questions.				
1	Now I would like to talk with you about what you know about serious illness, in particular, about HIV and AIDS. Have you ever heard of the virus HIV or an illness called AIDS? 1-Yes 2-No ⇒Q.18			<input type="checkbox"/>

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2	Is there anything a person can do to avoid getting HIV, the virus that causes AIDS? 1-Yes 2-No 9-DK	<input type="checkbox"/>	9	Can the AIDS virus be transmitted from a mother to a child? 1-Yes 2-No 9-DK } Q. 13	<input type="checkbox"/>
3	Now I will read some questions about how people can protect themselves from the AIDS virus. Can people protect themselves from getting infected with the AIDS virus by having one uninfected sex partner who also has no other partners? 1-Yes 2-No 9-DK	<input type="checkbox"/>	10	Can the AIDS virus be transmitted from a mother to a child during pregnancy? 1-Yes 2-No 9-DK	<input type="checkbox"/>
4	Do you think a person can get infected with the AIDS virus through supernatural means?*** 1-Yes 2-No 9-DK	<input type="checkbox"/>	11	Can the AIDS virus be transmitted from a mother to a child at delivery? 1-Yes 2-No 9-DK	<input type="checkbox"/>
5	Can people protect themselves from the AIDS virus by using a condom correctly every time they have sex? 1-Yes 2-No 9-DK	<input type="checkbox"/>	12	Can the AIDS virus be transmitted from a mother to a child through breast milk? 1-Yes 2-No 9-DK	<input type="checkbox"/>
6	Can a person get the AIDS virus from mosquito bites? 1-Yes 2-No 9-DK	<input type="checkbox"/>	13	If a teacher has the AIDS virus but is not sick, should he or she be allowed to continue teaching in school? 1-Yes 2-No 9-DK	<input type="checkbox"/>
7	Can people protect themselves from getting infected with the AIDS virus by not having sex at all? 1-Yes 2-No 9-DK	<input type="checkbox"/>	14	If you knew that a shopkeeper or food seller had AIDS or the virus that causes it, would you buy food from him or her? 1-Yes 2-No 9-DK	<input type="checkbox"/>
8	Is it possible for a healthy-looking person to have the AIDS virus? 1-Yes 2-No 9-DK	<input type="checkbox"/>	15	I am not going to ask you about your HIV status (USE TERM UNDERSTOOD LOCALLY), but we are interested to know how much demand there is in your community for HIV testing and counselling. So, I would like to ask you: I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS? 1-Yes 2-No ⇒ Q.17	<input type="checkbox"/>

16	I do not want you to tell me the results of the test, but have you been told the results? 1-Yes 2-No	<input type="checkbox"/>	4	Have you taken vitamin D from 2 months age? 1-Yes 2-No 9-DK	<input type="checkbox"/>
17	At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus? 1-Yes 2-No	<input type="checkbox"/>	5	Did your child sleep badly or wince? (Q5-Q12 will ask mother/ caretaker who had child under 3 years) 1-Yes 2-No 9-DK	<input type="checkbox"/>
18	Is the woman a caretaker of any children under five years of age? <input type="checkbox"/> Yes. ⇒ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker. <input type="checkbox"/> No. ⇒ CONTINUE WITH Q.19		6	Is the babies fontanel big & adage soft? 1-Yes 2-No 9-DK	<input type="checkbox"/>
19	Does another eligible woman reside in the household? <input type="checkbox"/> Yes. ⇒ End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the next eligible woman. <input type="checkbox"/> No. ⇒ End the interview with this woman by thanking her for her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page		7	Have the teeth appeared in time? 1-Yes 2-No 9-DK	<input type="checkbox"/>
VD . DEFICIENCY 'D' VITAMIN MODULE			8	Is the baby bandy legged? 1-Yes 2-No 9-DK	<input type="checkbox"/>
This module is to be administered to all women who had delivered in last two years See Instructions for Interviewers for further discussion of these questions.			9	Is the baby got narrow chest? 1-Yes 2-No 9-DK	<input type="checkbox"/>
1	Did you have a deficiency vitamin "D"? 1-Yes 2-No 9-DK	<input type="checkbox"/>	10	Is the baby's back curved? 1-Yes 2-No 9-DK	<input type="checkbox"/>
2	Did you got vitamin D during the pregnant period? 1-Yes 2-No 9-DK	<input type="checkbox"/>	11	Is baby stomach enlarged? 1-Yes 2-No 9-DK	<input type="checkbox"/>
3	Did you delivered before the time 1-Yes 2-No 9-DK	<input type="checkbox"/>	12	Is baby head sweated ? 1-Yes 2-No 9-DK	<input type="checkbox"/>