

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

1.WM. WOMEN'S INFORMATION PANEL

No.	Questions	Answers' code	step
	This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman. Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.		
WM1	Cluster number: <input type="text"/> <input type="text"/> <input type="text"/>	
WM2	Household number: <input type="text"/> <input type="text"/>	
WM3	Woman's Name:	
WM4	Woman's Line Number: <input type="text"/> <input type="text"/>	
WM5	Interviewer name and number: <input type="text"/> <input type="text"/>	
WM6	Day/Month/Year of interview: / / (Year/Month/Day)	
WM7	Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	
WM8	In what month and year were you born?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998 Month <input type="text"/> <input type="text"/> DK 98	WM9
WM9	How old were you at your last birthday?	Age (in completed years) <input type="text"/> <input type="text"/> DK 98	
WM10	Have you ever attended school?	Yes 1 No 2	WM14
WM11	What is the highest level of school you attended: primary, secondary, or higher?	General educational school 1 Vocational 2 Institute, college 3 University 4 Religious school 5 Non-standard curriculum 6 DK 8	
WM12	What is the highest grade you completed at that level?	Grade <input type="text"/> <input type="text"/>	
WM13	Check WM11: Completed general educational school grade 5-10 or higher.	Yes 1 No 2	CM1
WM14	Now I would like you to read this sentence to me. Show sentences to respondent. If respondent cannot read whole sentence, probe: Can you read part of the sentence to me? Example sentences for literacy test: 1. The child is reading a book 2. The rains came late this year. 3. Parents must care for their children 4. Farming is hard work.	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 (specify language) Blind/mute, visually/speech impaired 5	

2. CM. CHILD MORTALITY MODULE			
No.	Questions	Answers' code	step
	This module is to be administered to all women age 15-49. All questions refer only to LIVE births.		
CM1	Now i would like to ask about all the births you have had during your life. Have you ever given birth?	Yes 1 No 2	Module MA
CM2a	What was the date of your first birth?	Date of first birth Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998 Month <input type="text"/> <input type="text"/> DK 998 Day <input type="text"/> <input type="text"/> DK 98	CM2b CM3
CM2b	How many years ago did you have your first birth?	Completed years since first birth <input type="text"/> <input type="text"/>	
CM3	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes 1 No 2	CM5
CM4	How many sons live with you? How many daughters live with you?	Sons at home <input type="text"/> <input type="text"/> Daughters at home <input type="text"/> <input type="text"/>	
CM5	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes 1 No 2	CM7
CM6	How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere <input type="text"/> <input type="text"/> Daughters elsewhere <input type="text"/> <input type="text"/>	
CM7	Have you ever given birth to a boy or girl who was born alive but later died?	Yes 1 No 2	CM9
CM8	How many boys have died? How many girls have died?	Boys dead <input type="text"/> <input type="text"/> Girls dead <input type="text"/> <input type="text"/>	
CM9	Sum answers to CM4, CM6, and CM8.	Sum <input type="text"/> <input type="text"/>	
CM10	Just to make sure that I have this right, you have had in total (total number) births during your life. Is this correct?	Yes 1 No 2	Check answer
CM11	Of these (total number) births you have had, when did you deliver the last one (even if he or she has died)? If day is not known, enter '98' in space for day. / / (Year/Month/Day)	
CM12	Check CM11: Did the woman's last birth occur within the last 2 years, that is, after the day ... month ..., 2003. /If child has died, take special care when referring to this child by name in the following modules/	No live birth in last 2 years. 1 Yes, live birth in last 2 years. 2	Module MA
CM13	At the time you became pregnant with (name), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then 1 Later 2 No more 3	

Appendix VI

3. MN. MATERNAL AND NEWBORN HEALTH MODULE

No.	Questions	Answers' code	step															
	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 CM12 and record name of last-born child here (Use this child's name in the following questions, where indicated)	----- /Name of child/																
MN1	In the first two months after your last birth [the birth of name], did you receive a Vitamin A dose like this? Show 200,000 IU capsule or dispenser.	Yes ----- 1 No ----- 2 DK ----- 8																
MN2	Did you see anyone for antenatal care for this pregnancy? If yes: Whom did you see? Anyone else? Probe for the type of person seen and circle all answers given.	Health professional: Doctor ----- A Nurse/midwife ----- B Feldshers ----- C Other person: Traditional birth attendant ----- F Community health worker ----- G Relative/friend ----- H Other (specify) ----- X No one ----- Y	→ MN7															
MN3	As part of your antenatal care, were any of the following done at least once?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Were you weighed?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Was your blood pressure measured</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Did you give a urine sample?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Did you give a blood sample?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Were you weighed?	1	2	Was your blood pressure measured	1	2	Did you give a urine sample?	1	2	Did you give a blood sample?	1	2	
	Yes	No																
Were you weighed?	1	2																
Was your blood pressure measured	1	2																
Did you give a urine sample?	1	2																
Did you give a blood sample?	1	2																
MN4	During any of the antenatal visits for the pregnancy, were you given any information or counseled about AIDS or the HIV?	Yes ----- 1 No ----- 2 DK ----- 8																
MN5	I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	Yes ----- 1 No ----- 2 DK ----- 8	→ MN7															
MN6	I don't want to know the results, but did you get the results of the test?	Yes ----- 1 No ----- 2 DK ----- 8																
MN7	Who assisted with the delivery of your last child (name)? Anyone else? Probe for the type of person assisting and circle all answers given.	Health professional: Doctor ----- A Nurse/midwife ----- B Feldshers ----- C Other person: Traditional birth attendant ----- F Community health worker ----- G Relative/friend ----- H Other (specify) ----- X																

3. MN. MATERNAL AND NEWBORN HEALTH MODULE, CONTINUE

No.	Questions	Answers' code	step
MN8	Where did you give birth to <i>(name)</i> ? If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. (Name of place)	Home Your home 11 Other's home 12 Public sector Govt. hospital 21 Maternity home 22 Private Medical Sector Hospital 31 Maternity home 32 Other (<i>specify</i>) 96	
MN9	When your last child <i>(name)</i> was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN10	Was <i>(name)</i> weighed at birth?	Yes 1 No 2 DK 8	MN12
MN11	How much did <i>(name)</i> weigh? Record weight from recall, if health card not available.	From card 1 kg From recall 2 kg DK 99998	
MN12	Did you ever breastfeed <i>(name)</i> ?	Yes 1 No 2	Module MA
MN13	How long after birth did you first put <i>(name)</i> to the breast? If immediately, record '000' If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days	Immediately 000 Hours 1. <input type="text"/> <input type="text"/> Day 2. <input type="text"/> <input type="text"/> Don't know/remember 998	
MN13B	How long had you breastfed exclusively <i>(name)</i> ? (Without any water, juice, tea etc.)	Months <input type="text"/>	

4. MA.MARRIAGE/UNION MODULE

No.	Questions	Answers' code	step
MA1	Are you currently married or living together with a man as if married?	Yes, officially married 1 Yes, unofficially married 2 No, not in union 3	MA3
MA2	How old was your husband/partner on his last birthday?	Age in years <input type="text"/> <input type="text"/> DK 98	MA5
MA3	Have you ever been married or lived together with a man?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	MA8a
MA4	What is your marital status now: are you widowed, divorced or separated?	Widowed 1 Divorced 2 Separated 3	
MA5	Have you been married or lived with a man only once or more than once?	Only once 1 More than once 2	
MA6	In what month and year did you first marry or start living with a man as if married?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998 Month <input type="text"/> <input type="text"/> DK 98	
MA7	Check MA6	Both month and year of marriage/union known? Either month or year of marriage/union not known?	MA8a
MA8	How old were you when you started living with your first husband/partner?	Age in years <input type="text"/> <input type="text"/>	
MA8a	How old were you when you first had sexual intercourse (if ever)?	Never had intercourse 00 Age in years <input type="text"/> <input type="text"/>	Module DV

5. CP. CONTRACEPTION MODULE

No.	Questions	Answers' code	step
	I would like to talk with you about another subject - family planning - and your reproductive health.		
CP1	Are you pregnant now?	Yes 1 No 2 DK 8	CP2
CP1a	Did you want this pregnancy?	Yes 1 Planned later 2 No 3	CP4B
CP2	Some people 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	CP4A
CP3	Which method are you using? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization A Male sterilization B Pill C Implants D Injections E IUD F Male condom G Female condom H Diaphragm I Foam/jelly J Lactational amenorrhoea method (LAM) K Periodic abstinence L Withdrawal M Other (specify) X	

5. CP. CONTRACEPTION MODULE, CONTINUE

No.	Questions	Answers' code	step
CP4	A. Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? B. If currently pregnant: AFTER THE CHILD you are now expecting, would you like to have another child, or would you prefer not to have any (more) children?	Have (a/another) child 1	CP4D Module DV CP4D
		No more/none 2	
		Says she cannot get pregnant 3	
		Undecided/don't know 8	
CP4C	How long would you like to wait before the birth of (a/another) child? (If Years are given then circle 1 and write years If Months are given then circle 2 and write months)	Years 1 --	Module DV
		Months 2 --	
		Soon/now 993	
		Says she cannot get pregnant 994	
		After marriage 995	
		Other 996	
		Don't know 998	
CP4D	Check CPI: Currently pregnant	Yes 1	Module DV CP4E
		No 2	
		DK 8	
CP4E	Do you think you are physically able to get pregnant at this time?	Yes 1	
		No 2	
		DK 8	

6. DV. ATTITUDES TOWARD DOMESTIC VIOLENCE

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
	1A. Goes out without telling	1	2	8
	1B. Neglects children	1	2	8
	1C. Argues	1	2	8
	1D. Refuses sex	1	2	8
	1E. Burns food	1	2	8

7. HA. HIV/AIDS MODULE

HA1	Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes 1	HA19
		No 2	
HA2	Can people protect themselves from getting infected with the HIV by having one sex partner who is not infected and also has no other partners?	Yes 1	
		No 2	
		DK 8	
HA3	Can people get infected with the HIV because of witchcraft or other supernatural means?	Yes 1	
		No 2	
		DK 8	
HA4	Can people reduce their chance of getting the HIV by using a condom every time they have sex?	Yes 1	
		No 2	
		DK 8	
HA5	Can people get the HIV from mosquito bites?	Yes 1	
		No 2	
		DK 8	
HA6	Can people reduce their chance of getting infected with the HIV by not having sex at all?	Yes 1	
		No 2	
		DK 8	
HA7	Can people get the HIV by sharing food with a person who has AIDS?	Yes 1	
		No 2	
		DK 8	

Appendix VI

7. HA. HIV/AIDS MODULE, continue			
No.	Questions	Answers' code	step
HA7a	Can people get the HIV by getting injections with a needle that was already used by someone else?	Yes 1 No 2 DK 8	
HA8	Is it possible for a healthy-looking person to have the HIV?	Yes 1 No 2 DK 8	
HA9	Can the HIV be transmitted from a mother to a baby?	Yes No DK During pregnancy 1 2 8 During delivery 1 2 8 By breastfeeding 1 2 8	
HA10	If a female teacher has the HIV but is not sick, should she be allowed to continue teaching in school?	Yes 1 No 2 DK/not sure/depends 8	
HA11	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV?	Yes 1 No 2 DK/not sure/depends 8	
HA12	If a member of your family became infected with the HIV, would you want it to remain a secret?	Yes 1 No 2 DK/not sure/depends 8	
HA13	If a member of your family became sick with the HIV, would you be willing to care for him or her in your household?	Yes 1 No 2 DK/not sure/depends 8	
HA14	Check MN5: Tested for HIV during antenatal care?	Yes 1 No 2 DK 8	→ HA18
HA15	I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes aids?	Yes 1 No 2	→ HA18
HA16	I do not want you to tell me the results of the test, but have you been told the results?	Yes 1 No 2	
HA17	Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test 1 Offered and accepted 2 Required 3	→ HA19
HA18	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?	Yes 1 No 2	
HA19	<p>Check HL 6.</p> <p>Is there another eligible woman in the household?</p> <p><input type="checkbox"/> Yes → Go to Women's questionnaire</p> <p><input type="checkbox"/> No → Go to Under 5 Child questionnaire</p>		