

Woman Information Panel		WM	
This module is to be administered to all women age 15 through 49 (See Column HL6 of HH Listing Module). Fill in one form for each eligible woman.			
WM0	District No.	<input type="text"/> <input type="text"/>	
WM1	Cluster No.	<input type="text"/> <input type="text"/> <input type="text"/>	
WM2	HH No.	<input type="text"/> <input type="text"/>	
WM3	Woman Name	<input type="text"/>	
WM4	Woman Line No.	<input type="text"/> <input type="text"/>	
WM5	Enumerator Name & No.	<input type="text"/> <input type="text"/> <input type="text"/>	
WM6	Day/Month/Year of interview	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
WM7	Result of interview for woman	Completed 1 Not at home..... 2 Refused..... 3 Partly completed..... 4 Incapacitated..... 5 Other (Specify) <input type="text"/> 6	
#	Question	Options	Skip
WM8	In what month and year were you born?	Date of birth: Month <input type="text"/> <input type="text"/> DK Month.....98 Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK Year9998	
WM9	How old were you at your last birthday?	Age in completed years <input type="text"/> <input type="text"/>	
WM10	Have you ever attended school?	Yes 1 No 2	2⇒WM14
WM11	What is the highest level of school you attended: primary, secondary, or higher?	Primary..... 1 Secondary..... 2 Higher..... 3 Non-standard curriculum 6	
WM12	What is the highest Class/Form you completed at that level?	Class/Form..... <input type="text"/> <input type="text"/>	
WM13	Check WM11: <input type="checkbox"/> Secondary or higher ⇒ Next Module. <input type="checkbox"/> Primary or non-standard curriculum ⇒ Continue to WM14		
WM14	Now I would like you to read this sentence to me. Show sentences the following to respondent.	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	

CHICHEWA

- Mwana akuwerenga bukhu.
- Chaka chino mvula inabwera mochedwa.
- Makolo ayenera kusamalira ana awo.

TUMBUKA

- Mwana wakuberenga buku
- Chaka chino vula yangwiza mwakuchedwa
- Bapapi bakwenera kupwelera banabawo

ENGLISH

- The child is reading a book.
- The rains came late this year.
- Parents must take for their children.

15) Child Mortality Module			CM
#	Question	Options	Skip
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	2⇒CM7
CM3	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes 1 No 2	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	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? If "No" probe by asking: Any baby who ever breathed or cried or showed other signs of life but did not survive – even if he or she lived only a few minutes or hours?	Yes 1 No 2	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 _____ births during you life. Is this correct? <input type="checkbox"/> Yes ⇒ Continue to CM11. <input type="checkbox"/> No ⇒ Check responses and make corrections before proceeding to CM11.		
CM11	Check CM9 <input type="checkbox"/> One or more births ⇒ BH1 of Birth History Module. <input type="checkbox"/> No births ⇒ BH13 of Birth History Module.		

16) Birth History Module

BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. Record names of all the births in BH1. Record twins and triplets on separate lines.

#	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
	What name was given to your (First/next) baby?	Were any of these births twins?	Is (name) a boy or girl?	In what month and year was (Name) born? Probe: What is his/her birthday?	Is (Name) still alive?	If Alive: How old was (Name) at his/her last birthday? (Record age in completed years)	If Alive: Is (Name) living with you?	If Alive: Record HH line number of child (Record '00' if child not listed in HH)	If Dead: How old was (Name) when he/she died? How many months old was (Name)? Record days if less than 1 month; months if less than 2 years; or years	Were there any other live births between (Name of previous birth) and (Name)
01		Sing.....1 Mult.....2	Boy.....1 Girl 2 Boy.....1 Girl.....2	Month <input type="text"/> Year <input type="text"/>	Yes.....1 No.....2 ⇒ BH9	<input type="text"/> <input type="text"/>	Yes.....1 No.....2	<input type="text"/> <input type="text"/> ⇒ next line	Days.....1 <input type="text"/> Months.....2 <input type="text"/> Year.....3 <input type="text"/>	
02		Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month <input type="text"/> Year <input type="text"/>	Yes.....1 No.....2 ⇒ BH9	<input type="text"/> <input type="text"/>	Yes.....1 No.....2	<input type="text"/> <input type="text"/> ⇒ BH 10	Days.....1 <input type="text"/> Months.....2 <input type="text"/> Year.....3 <input type="text"/>	Yes.....1 No.....2

16) Birth History Module

BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. Record names of all the births in BH1. Record twins and triplets on separate lines.

BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
03	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇒ BH9	<input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2
04	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇒ BH9	<input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2
05	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇒ BH9	<input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2
06	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇒ BH9	<input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2

16) Birth History Module

BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. Record names of all the births in BH1. Record twins and triplets on separate lines.

BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
07	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇒ BH9	<input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2
08	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇒ BH9	<input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2
09	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇒ BH9	<input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2
10	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇒ BH9	<input type="checkbox"/>	Yes.....1 No.....2	<input type="checkbox"/> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2

16) Birth History Module

BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. Record names of all the births in BH1. Record twins and triplets on separate lines.

BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
11	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇨ BH9	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2 ⇨ BH10	<input type="checkbox"/> <input type="checkbox"/>	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2
12	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes.....1 No.....2 ⇨ BH9	<input type="checkbox"/> <input type="checkbox"/>	Yes.....1 No.....2 ⇨ BH10	<input type="checkbox"/> <input type="checkbox"/>	Days.....1 Months.....2 Year.....3	Yes.....1 No.....2

16) Birth History Module		BH	
BH11	Have you had any live births since the birth of (Name of last birth)?	Yes 1 No 2	
BH12	Compare CM9 with number of births in history above and mark: <input type="checkbox"/> Numbers are different ⇒ Probe and reconcile <input type="checkbox"/> Numbers are same <u>For each birth, Check:</u> Year of birth is recorded <input type="checkbox"/> For each living child: Current age is recorded <input type="checkbox"/> For each dead child: Age of death is recorded <input type="checkbox"/> For age at death 12 months or 1 year: <input type="checkbox"/> Probe to determine exact number of months		
BH13	Some pregnancies end before full term as a miscarriage or an abortion, while others may result in a stillbirth. Have you had a miscarriage or abortion?	Yes 1 No 2	2⇒ BH15
BH14	In all how many pregnancies did you have that ended in a miscarriage or an abortion	Miscarriages/abortions <input type="checkbox"/> <input type="checkbox"/> DK 98	
BH15	Have you had a stillbirth?	Yes 1 No 2	2⇒ CM12
BH16	In all how many pregnancies did you have that ended in a stillbirth?	Stillbirths..... <input type="checkbox"/> <input type="checkbox"/> DK 98	
BH17	Check BH4 of last birth: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)? If child has died, take special care when referring to this child by name in the following modules. <input type="checkbox"/> No live birth in last 2 years. ⇒ MARRIAGE/UNION module. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue to CM13 Name of child _____		
BH18	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	

17) Tetanus Toxoid (TT) Module			TT
#	Question	Options	Skip
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.			
TT1	Do you have a card or other document with your own immunisations listed? 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	
TT2	When you were pregnant with your last child, did you receive any injection to prevent him or her from getting tetanus, which is convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?	Yes 1 No 2 DK 8	2⇒TT5 8⇒TT5
TT3	If yes: How many times did you receive this anti-tetanus injection during your last pregnancy?	No. of times <input type="text"/> <input type="text"/> DK 98	98⇒TT5
TT4	How many TT doses during last pregnancy were reported in TT3?	At least 2 TT inj. during last preg..... 1 Fewer than 2 TT inj. during last preg..... 2	1 ⇒ NM
TT5	Did you receive any tetanus toxoid injection at any time before your last pregnancy?	Yes 1 No 2 DK 8	2⇒NM 8⇒NM
TT6	How many times did you receive it?	No. of times <input type="text"/> <input type="text"/>	
TT7	In what month and year did you receive the last anti-tetanus injection before that last pregnancy? Skip to next module only if year of injection is given. Otherwise, continue with TT8.	Month..... <input type="text"/> <input type="text"/> DK month 98 Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998	⇒ NM ⇒ TT8
TT8	How many years ago did you receive the last anti-tetanus injection before that last pregnancy?	Years ago..... <input type="text"/> <input type="text"/>	

18) Maternal and Newborn Health (MNH) Module

MN

#	Question	Options	Skip
<p>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.</p>			
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 (Red).	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.	<u>Health professional:</u> Doctor/Clinical Officer..... A Nurse/Midwife..... B <u>Other person:</u> Traditional birth attendant..... F Community health worker..... G Relative/friend H Other (<i>specify</i>) <input type="text"/> X No one..... Y	Y⇒MN6A
MN2A	How many times did you receive antenatal care during this pregnancy?	No. of times <input type="text"/> <input type="text"/> DK 98	
MN2B	During this pregnancy, were you given or did you buy any iron tablets? Show Tablets.	Yes 1 No 2 DK 8	2⇒MN3 8⇒MN3
MN2C	During the whole pregnancy, for how many days did you take the tablets? If the answer is not numeric, probe for approximate number of days.	No. of days <input type="text"/> <input type="text"/> <input type="text"/> DK 998	
MN3	As part of your antenatal care, were any of the following done at least once?		Y N
MN3A	Were you weighted?	Weight	1 2
MN3B	Was your blood pressure measured?	Blood pressure	1 2
MN3C	Did you give a urine sample?	Urine sample	1 2
MN3D	Did you give a blood sample?	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 AIDS virus?	Yes 1 No 2 DK 8	
MN5	I don't want to know the results, but were you tested for HIV and AIDS as part of your antenatal care?	Yes 1 No 2 DK 8	2⇒MN6A 8⇒MN6A
MN6	I don't want to know the results, but did you get the results of the test?	Yes 1 No 2 DK 8	
MN6A	During this pregnancy, did you take any medicine in order to prevent you from getting malaria?	Yes 1 No 2 DK 8	2⇒MN6E 8⇒MN6E
MN6B	Which medicines did you take to prevent malaria? Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to the respondent.	SP/Fansidar A Chloroquine..... B Others (<i>Specify</i>) <input type="text"/> X DK Z	
MN6C	Check MN6B for medicine taken: <input type="checkbox"/> SP/Fansidar taken ⇒ Continue to MN6D. <input type="checkbox"/> SP/Fansidar not taken ⇒ MN6E.		
MN6D	How many times did you take SP/Fansidar during this pregnancy to prevent malaria?	Number of times..... <input type="text"/> <input type="text"/>	

18) Maternal and Newborn Health (MNH) Module			MN
MN6E	Did you sleep under a mosquito net last night?	Yes 1 No 2 DK 8	2⇒MN7 8⇒MN7
MN6F	How long ago did your household obtain the mosquito net? If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.	Months ago <input type="text"/> <input type="text"/> More than 24 months ago 95 Not sure 98	
MN6G	When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes 1 No 2 DK/not sure 8	
MN6H	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes?	Yes 1 No 2 DK 8	2⇒MN7 8⇒MN7
MN6I	How long ago was the net last soaked or dipped? If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.	Months ago <input type="text"/> <input type="text"/> More than 24 months ago 95 DK 98	
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/Clinical Officer A Nurse/Midwife B Other person: Traditional birth attendant F Community health worker G Relative/friend H Other (<i>specify</i>) X No one Y	
MN8	Where did you give birth to (Name)? 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) <input type="text"/>	<u>Home</u> Your home 11 Other home 12 <u>Public sector</u> Govt. hospital 21 Govt. clinic/health center 22 CHAM 23 Other public (<i>specify</i>) <input type="text"/> 26 <u>Private Medical Sector</u> Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) <input type="text"/> 36 Other (<i>specify</i>) <input type="text"/> 96	
MN8A	After (Name) was born, did a health professional or a traditional birth attendant check on your health?	Yes 1 No 2 DK 8	2⇒MN8D8 ⇒MN8D
MN8B	How many days or weeks after delivery did the first check take place? Record '00' days if same day.	Days after delivery 1 <input type="text"/> <input type="text"/> Weeks after delivery 2 <input type="text"/> <input type="text"/> Don't Know 998	

18) Maternal and Newborn Health (MNH) Module			MN
MN8C	Who checked on your health at that time? Probe for most qualified person	Health professional: Doctor/Clinical Officer..... 11 Nurse/Midwife..... 12 Other person: Traditional birth attendant.....21 Community health worker.....22 Other (<i>specify</i>) <input type="text"/> 96	
MN8D	Check MN8 for place of birth: <input type="checkbox"/> <input type="checkbox"/> Place of birth is home (Code 11 or 12) ⇒ Continue to MN8E. <input type="checkbox"/> <input type="checkbox"/> Otherwise ⇒ MN9		
MN8E	In the two months after (Name) was born, did any health care provider or a traditional birth attendant check on his/her health?	Yes1 No2 DK8	2⇒MN9 8⇒MN9
MN8F	How many hours, days or weeks after the birth of (Name) did the first check take place? If less than one day, record hours. If than on week, record days.	Hours after birth 1 <input type="checkbox"/> <input type="checkbox"/> Days after birth..... 2 <input type="checkbox"/> <input type="checkbox"/> Weeks after birth 3 <input type="checkbox"/> <input type="checkbox"/> Don't Know 998	
MN8G	Who checked on (Name)'s health at that time? Probe for most qualified person.	Health professional: Doctor/Clinical Officer..... 11 Nurse/Midwife..... 12 Other person: Traditional birth attendant.....21 Community health worker.....22 Other (<i>specify</i>) <input type="text"/> 96	
MN8H	Where did this first check of (Name) take place? Probe to identify the type of source and circle the appropriate code. If unable to determine if a hospital, health centre or clinic is public or private medical, write the name of the place. (Name of place) <input type="text"/>	Home Your home.....11 Other home.....12 Public sector Govt. hospital.....21 Govt. clinic/health center22 CHAM.....23 Other public (<i>specify</i>) <input type="text"/> 26 Private Medical Sector Private hospital.....31 Private clinic32 Private maternity home.....33 Other private medical (<i>specify</i>) <input type="text"/> 36 Other (<i>specify</i>) <input type="text"/> 96	
MN9	When your last child (Name) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large1 Larger than average2 Average3 Smaller than average4 Very small5 DK8	
MN10	Was (Name) weighed at birth?	Yes1 No2 DK8	2⇒MN12 8⇒MN12
MN11	How much did (Name) weigh? Record weight from health card, if available.	Card1 (Kg.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recall2 (Kg.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK9998	

18) Maternal and Newborn Health (MNH) Module			MN
MN12	Did you ever breastfeed (Name)?	Yes 1 No 2	2⇒ MN14
MN13	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 <input type="text"/> <input type="text"/> or Days..... 2 <input type="text"/> <input type="text"/> Don't know/remember..... 998	
MN14	Have you used soap yesterday or today?	Yes 1 No 2 Do not have soap 3	2⇒ NM 3⇒ NM
MN15	When you used soap today or yesterday, what did you use it for? If for washing my hands are mentioned, probe what was the occasion, but do not read the answers. (Do not read the answers, ask to be specific, encourage "what else" until nothing further is mentioned and check all that apply)	Washing cloths..... A Washing my body..... B Washing my children..... C Washing child's bottoms..... D Washing my children's hands..... E Washing hands after defecating..... F Washing hands after cleaning child..... G Washing hands before feeding child..... H Washing hands before preparing food..... I Washing hands before eating..... J Other (<i>Specify</i>)..... X	

19) Marriage/Union Module - Woman			MA
#	Question	Options	Skip
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⇒MA3
MA2	How old was your husband/partner on his last birthday?	Age in years <input type="text"/> <input type="text"/> DK 98	⇒MA5 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	3⇒NM
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?	Month <input type="text"/> <input type="text"/> DK month 98 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998	
MA7	Check MA6: <input type="checkbox"/> Both Month and year of marriage known? ⇒ Next Module. <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue to MA8.		
MA8	How old were you when you started living with your first husband/partner?	Age in years <input type="text"/> <input type="text"/>	

20) Contraception Module - Woman			CP
#	Question	Options	Skip
CP1	I would like to talk with you about another subject – family planning – and your reproductive health. Are you pregnant now?	Yes, currently pregnant..... 1 No 2 Unsure or DK..... 8	1⇒ NM
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	2⇒ NM
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 IUD D Injections..... E Implants F Condom..... G Female condom H Diaphragm..... I Foam/jelly J Lactational amenorrhoea method (LAM)..... K Periodic abstinence..... L Withdrawal..... M Other (<i>specify</i>) <input type="text"/> X	

21) Sexual Behaviour Module - Woman			SB
#	Question	Options	Skip
Check for the presence of others. Before continuing, ensure privacy.			
Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. The information you supply will remain strictly confidential.			
SB1	How old were you when you first had sexual intercourse (if ever)?	Never had intercourse00 Age in years <input type="text"/> <input type="text"/> First time when started living with (first) husband/partner95	00⇒NM
SB2	When was the last time you had sexual intercourse? 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.	Days ago 1 <input type="text"/> <input type="text"/> Weeks ago 2 <input type="text"/> <input type="text"/> Months ago 3 <input type="text"/> <input type="text"/> Years ago 4 <input type="text"/> <input type="text"/>	4⇒ NM
SB3	The last time you had sexual intercourse, was a condom used?	Yes 1 No 2	
SB4	What is your relationship to the man with whom you last had sexual intercourse? If man is 'boyfriend' or 'fiancée', ask: Was your boyfriend/fiancée living with you when you last had sex? If 'yes', circle 1; 'no', circle 2.	Spouse/Cohabiting partner 1 Man is boyfriend/fiancée 2 Other friend 3 Casual acquaintance 4 Other (<i>specify</i>) 6	1⇒SB6
SB5	How old is this person (at the time of sexual encounter)? If response is DK, probe: About how old is this person?	Age of sexual partner <input type="text"/> <input type="text"/> DK98	
SB6	Have you had sex with any other man in the last 12 months?	Yes 1 No 2	2⇒ NM
SB7	The last time you had sexual intercourse with this other man, was a condom used?	Yes 1 No 2	
SB8	What is your relationship to this man? If man is 'boyfriend' or 'fiancée', ask: Was your boyfriend/fiancée living with you when you last had sex? If 'yes', circle 1. If 'no', circle 2.	Spouse/Cohabiting partner 1 Man is boyfriend/fiancée 2 Other friend 3 Casual acquaintance 4 Other (<i>specify</i>) 6	1⇒SB10
SB9	How old is this person (at the time of sexual encounter)? If response is DK, probe: About how old is this person?	Age of sexual partner <input type="text"/> <input type="text"/> DK98	
SB10	Other than these two men, have you had sex with any other man in the last 12 months?	Yes 1 No 2	2⇒ NM
SB11	In total, with how many different men have you had sex in the last 12 months?	No. of partners <input type="text"/> <input type="text"/>	

22) HIV and AIDS Module - Woman					HA
#	Question	Options			Skip
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 No 2			2⇒ NM
HA2	Can people protect themselves from getting infected with the AIDS virus 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 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 reduce their chance of getting infected with the AIDS virus by not having sex at all?	Yes 1 No 2 DK 8			
HA7	Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes 1 No 2 DK 8			
HA7A	Can people get the AIDS virus 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 AIDS virus?	Yes 1 No 2 DK 8			
HA9	Can the AIDS virus be transmitted from a mother to a baby?		Yes	No	DK
HA9A	During pregnancy?	During pregnancy	1	2	8
HA9B	During delivery?	During delivery	1	2	8
HA9C	By breastfeeding?	By breastfeeding	1	2	8
HA10	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			
HA11	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			
HA12	If a member of your family became infected with the AIDS virus, 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 AIDS virus, would you be willing to care for him or her in your HH?	Yes 1 No 2 DK/not sure/depends..... 8			
HA14	Check MN5: Tested for HIV during antenatal care? <input type="checkbox"/> Yes ⇒ HA18A. <input type="checkbox"/> No ⇒ Continue to HA15.				

22) HIV and AIDS Module - Woman		HA	
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	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	1⇒NM 2⇒NM 3⇒NM
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	1⇒NM 2⇒NM
HA18A	If tested for HIV during antenatal care: Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have the AIDS virus?	Yes 1 No 2	

23) MATERNAL MORTALITY MODULE

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, including those who are living with you, those living elsewhere and those who have died.

#	Question										Options				Skip	
	How many children did your mother give birth to, including you?										No. of births to natural mother					
	Check MM1: <input type="checkbox"/> Two or more births ⇒ Continue to MM3. <input type="checkbox"/> Only one birth (Respondent only) ⇒ End															
	How many of these births did your mother have before you were born?										No. of preceding births					
Sl. No.	MM4 What was the name given to your older (next oldest) brother or sister?	MM5 Is (Name) male or female? 1.Male 2.Female	MM6 Is (Name) still alive? 1.Yes 2.No⇒MM8 8.DK⇒Next Line	MM7 How old is (Name)? Record age & Go to Next Line	MM8 How many years ago did (Name) die?	MM9 How old was (Name) when he/she died? If male or died before age 12 years, Go to Next Line	MM10 Was (Name) pregnant when she died? 1.Yes⇒MM13 2.No	MM11 Did (Name) die during birth? 1.Yes⇒MM13 2.No	MM12 Did (Name) die within two months after the end of a pregnancy or childbirth? 1.Yes 2.No	MM13 How many live born children did (Name) give birth to during her lifetime (before this pregnancy)?						
#	Name	M	F	Y	N	DK	Age	Years	Age	Y	N	Y	N	Y	N	Live Births
1		1	2	1	2	8				1	2	1	2	1	2	
2		1	2	1	2	8				1	2	1	2	1	2	
3		1	2	1	2	8				1	2	1	2	1	2	
4		1	2	1	2	8				1	2	1	2	1	2	
5		1	2	1	2	8				1	2	1	2	1	2	
6		1	2	1	2	8				1	2	1	2	1	2	
7		1	2	1	2	8				1	2	1	2	1	2	
MM14	Check MM10, MM11 and MM12 for all sisters: Just to make sure I have this right, you told me that your sister(s) <input type="text"/> (Name) died when she was (pregnant/delivering/just delivered). Is that correct? <input type="checkbox"/> Yes ⇒ End. <input type="checkbox"/> No ⇒ Correct the MMR Module															