


Matrimonial situation and sexual activity module		MA
MA1. are you currently married or living with a man?	Yes, she is married1 Yes, she is in a union2 No, she is not in a union3	3 ⇒ MA3
MA2. how old (in complete years) was your husband/partner on his last birthday?	Age in years..... __ Don't know98	
MA2a. does your husband/partner have any other wives/partners apart from yourself?	Yes.....1 No2 Don't know8	2 ⇒ MA5 8 ⇒ MA5
MA2b. how many other wives does your husband/partner have?	Number..... __ Don't know98	⇒MA5 98 ⇒MA5
MA3. have you ever been married or lived with a man?	Yes, married1 Yes, lived with a man2 No3	3⇒MA8a
MA4. what is your current marital status: are you widowed, divorced or separated?	Widowed.....1 Divorced2 Separated3	
MA5. have you been married or lived with a man once or more than once?	Only once1 More than once.....2	
MA6. in what month and year did you begin living with your first husband/partner?	Month..... __ Don't know the month.....98 Year Don't know the year.....9998	
MA8. how old were you when you began to live with your first husband/partner?	Age in years..... __	⇒SB0
MA8a. have you already had sex?	Yes.....1 No2	2⇒SB0
check whether there are any other people present. guarantee privacy.		
SB0. check WM9, MA1, MA3 e MA8b: is she 15-24 years old, was se ever married or lived with a man, or has she had sex?		
<input type="checkbox"/> <i>If she was never married, never lived with a man and has never had sex go to the DOMESTIC VIOLENCE MODULE;</i> <input type="checkbox"/> <i>If she is 25 or more years old, has been married or lived with a man, or has had sex go to NEXT MODULE</i> <input type="checkbox"/> <i>If she is 15-24 years old, was already married or lived with a man or has had sex continue with SB1.</i>		
SB1. i would now like to talk about your sexual life to understand better some aspects of your family life. The information that you give will remain confidential. how old were you when you first had sex?	Age in years..... __ When she married/started union 95	
SB1a. how many different men have you had sex with?	No, of partners..... __	
SB2. when did you last have sex? Write "years ago" only if the last sexual relation took place one or more years ago. If 12 months or more, the answer should be registered in years.	Days ago1 __ Weeks ago.....2 __ Months ago..... 3 __ Years ago4 __	4⇒ next module

Continue



SB3. did you use a condom the last time you had sex?	Yes.....1 No.....2	
SB4. what is your relation with the man with whom you had your last sexual relation? If the man was "boyfriend" or "fiancé" ask: was your boyfriend/fiancé living with you when you last had sex? If the answer is yes, circle "1". If the answer is no, circle "2"..	Spouse/husband.....1 Boyfriend/fiancé.....2 Lover/friend.....3 Occasional partner/Client.....4 Relative.....5 Other:.....6 <i>(specify)</i>	1⇒SB6
SB4a. was the man with whom you last had sex younger than you, more or less the same age, or older ? If older: do you think he was less than 10 years older than you or more than 10 years older?	Younger1 More or less the same age2 Less than 10 years older3 10 or more years older4 Older, but doesn't know the difference5 Don't know.....8	
SB6. have you had sex with another man in the last 12 months?	Yes.....1 No.....2	2⇒ next module
SB7. the last time you had sex with another man, did you use a condom?	Yes.....1 No.....2	
SB8. what is (was) your relationship with this other man with whom you had sex? If the man was "boyfriend" or "fiancé" ask: was your boyfriend/fiancé living with you when you last had sex? If the answer is yes, circle "1". If the answer is no, circle "2".	Spouse/husband.....1 Boyfriend/fiancé.....2 Lover/friend.....3 Occasional partner/Client.....4 Relative.....5 Other:.....6 <i>(specify)</i>	1⇒SB10
SB8a. was the other man with whom you had sex younger than you, more or less the same age, or older? If older: do you think he was less than 10 years older than you or more than 10 years older?	Younger1 More or less the same age2 Less than 10 years older3 10 or more years older4 Older, but doesn't know the difference5 Don't know8	
SB10. apart from these two men, have you had sex with any other man in the last 12 months?	Yes.....1 No.....2	2⇒next module
SB11. with how many different men have you had sex in the last 12 months?	No. of partners..... __	

Child mortality module		CM
<p><i>This module is to be asked of women aged 15–49 years</i> All the questions refer only to LIVE BIRTHS</p>		
<p>CM0. have you ever been pregnant?</p> <p><i>"If she says no, insist on finding out if she has ever been pregnant or has had an abortion/miscarriage".</i></p>	Yes..... 1 No..... 2	2⇒ contraception module Pág. 13
<p>CM1. now i would like to ask some questions about all your sons and daughters who were born alive. have you ever had a child born alive?</p> <p><i>If the answer is no, ask : was there any baby who cried or showed other signs of life, but only survived a few hours or days?</i></p>	Yes..... 1 No..... 2	2 ⇒ CM5
<p>CM1a. how old were you when you had your first child?</p>	Age in years..... _ _ Don't know..... 98	
<p>CM3. are any of your sons and daughters living with you in this house?</p>	Yes..... 1 No..... 2	2⇒CM5
<p>CM4. how many sons are living with you in this house? how many daughters are living with you in this house?</p> <p>if none, write '00'</p>	Sons at home _ _ Daughters at home _ _	
<p>CM5. are any of your sons and daughters living outside the house?</p>	Yes..... 1 No..... 2	2⇒CM7
<p>CM6. how many sons live outside the house? how many daughters live outside the house?</p> <p>if none, write '00'</p>	Sons outside the house..... _ _ Daughters outside the house..... _ _	
<p>CM7. was any son or daughter born live, but died later?</p> <p>if no, ask: was there any baby who cried or showed other signs of life, but only survived a few hours or days?</p>	Yes..... 1 No..... 2	2⇒CM9
<p>CM8. How many of your sons have died? How many of your daughters have died?</p> <p>if none, write '00'</p>	Sons who have died _ _ Daughter who have died..... _ _	
<p>CM9. add up the answers to questions CM4, CM6, and CM8, and write the total. if none, write '00'</p>	TOTAL _ _	
<p>CM10. just to see whether i have understood correctly:</p> <p>in all, you had <input type="text"/> children born alive during your life? is that right? Yes <input type="checkbox"/> No <input type="checkbox"/> check and correct CM3–CM9 if necessary.</p> <p style="text-align: right;"></p>		

Birth history

HN0. Now I would like to know the names of all your children, whether they are alive or not, starting with the first, write down the names of all the children in question HN2. Write twins and triplets on separate lines. Ask whether the woman has or had twins or triplets, circle HN3 for reference

O. N.	name	Simpl Múlti	male Fem	month year	yes No	age in years	yes No	order no.	days months years	yes No
01		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	PRÓXIMO NASCIMENTO	1. __ __ __ DAYS MONTHS ANOS	
02		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
03		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
04		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
05		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
06		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
07		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
08		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
09		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
10		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
11		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
12		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
13		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
14		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2
15		1 2	1 2	__ __ MONTH YEAR	1 2 HN10	__ __	1 2	__ __ HN11	1. __ __ __ 2. __ __ __ 3. __ __ __ DAYS MONTHS YEARS	1 2

Continue 

<p>HN12. have you had any other child after the birth of (name of last child)?</p> <p>If she answers "yes", ask and complete the history of births</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>HN13a. Confirm:</p> <p>for each child: has the date of birth been noted (p. HN5)</p> <p>for each live child: has the current age been noted (p. HN7)</p> <p>for each child who died: has the age at death been noted (p. HN10)</p> <p style="text-align: center;">if no child has died, write "0" and proceed to HN14.</p>		
<p>HN13b. for each child who died at age 12 months or 1 year, write down the corresponding name. If none, proceed to hn14.</p>	<p>1. _____</p>	<p>2. _____</p>
<p>HN13c. how many months old was (name) when he/she died? correct hn10 for (name) if necessary</p>		
<p>HN14. check HN5: Was the last time the woman gave birth within the last two years, that is, between (day and month of the interview in 2006) and this date?</p> <p>If a child has died, take special care in the following modules to refer to this child by name;</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ go to contraception module, Pág. 13.</p> <p><input type="checkbox"/> Yes, had live birth(s) in the last 2 years. ⇒ Continue with HN15.</p>		
<p>HN15. when you became pregnant, did you want to be pregnant then, did you want to wait longer, or did you not want to be pregnant at all?</p>	<p>At that moment..... 1</p> <p>later..... 2</p> <p>Not at all 3</p>	

Maternal and newborn health module

MN

This module is to be asked of all women with at least one live birth in the two years prior to the date of the interview. Check questions HN2 and HN5, History of births, of the Child Mortality Module and register in the space provided the name of the last son/daughter born alive which the interviewee had. _____ Use the name of this child in the following questions, or where indicated.

<p>MN2. when you were pregnant with (Name), did you make any antenatal visit?</p> <p><i>If yes: who did you consult? Anyone else?</i></p> <p>Try to find out what type of person was consulted and mark with a circle all the answers given</p>	Health Professional:			⇒MN6A
	Doctor	A		
	Nurse	B		
	Midwife	C		
	Other person			
	Traditional midwife.....	F		
	Community health worker	G		
	Relative/friend.....	H		
	Other.....	X		
	(specify)			
	Nobody	Y		
MN3. when you were pregnant with (Name), in the antenatal visits:		Yes	No	
MN3a. were you weighed?	Weight	1	2	
MN3b. was your blood pressure measured?	Blood pressure	1	2	
MN3c. was your urine tested?	Urine sample	1	2	
MN3d. was your blood tested?	Blood sample	1	2	
MN3e. did they listen to the baby's heartbeat?	Baby's heartbeat	1	2	
MN3f. did they measure your belly?	Belly measured	1	2	
MN3g. did they measure your height?	Height measured	1	2	
MN4. when you were pregnant with (Name), did you receive information on stds and hiv/aids during the antenatal visits?	Yes.....	1		
	No.....	2		
	Don't know.....	8		
MN5. I'm not interested in knowing the result, but did you take any hiv/aids test as part of your antenatal care?	Yes.....	1		2 ⇒ MN6A 8 ⇒ MN6A
	No.....	2		
	Don't know.....	8		
MN6. I'm not interested in knowing the result, but did you receive the results of this test?	Yes.....	1		
	No.....	2		
	Don't know.....	8		
MN6a. during this pregnancy did you take any medication against malaria?	Yes.....	1		2 ⇒ MN7 8 ⇒ MN7
	No.....	2		
	Don't know.....	8		
MN6b. what medicines did you take to prevent malaria?	SP/Fansidar	A		
	Chloroquine	B		
<i>Mark with a circle all the medicines taken. If the type of medicine is not determined, show the interviewee typical antimalarial drugs</i>	Other.....	Y		
	(specify)			
	Don't know.....	Z		
MN6c. during this pregnancy, how many times did you take medicines to prevent malaria? <i>If three or more times, write "3".</i>	No. of times	_		
	Don't know.....	8		
<p>MN7. who assisted the delivery of your last child (Name)? anyone else?</p> <p>Try to find out the type of person who assisted and mark with a circle all the replies given</p>	Health Professional:			
	Doctor.....	A		
	Nurse	B		
	Midwife	C		
	Other person			
	Traditional midwife.....	F		
	Community health worker	G		
	Relative/friend.....	H		
	Other.....	X		
	(specify)			
	Nobody	Y		

Continue 

MN7a. when the contractions began, where did you want (Nome) to be delivered? <i>If a public or private health unit, write the name of the place, and identify the type and whether it is public or private.</i> <hr style="width: 50%; margin-left: 0;"/> <p style="text-align: center; margin-left: 0;">(Name of place)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">public sector</td> </tr> <tr> <td>Central hospital.....</td> <td style="text-align: right;">11</td> </tr> <tr> <td>Provincial/General hospital.....</td> <td style="text-align: right;">12</td> </tr> <tr> <td>Rural hospital.....</td> <td style="text-align: right;">13</td> </tr> <tr> <td>Health centre/post</td> <td style="text-align: right;">14</td> </tr> <tr> <td>Mobile brigades</td> <td style="text-align: right;">15</td> </tr> <tr> <td>Other.....</td> <td style="text-align: right;">16</td> </tr> <tr> <td colspan="2" style="text-align: center;">(specify)</td> </tr> <tr> <td colspan="2">private sector</td> </tr> <tr> <td>Hospital</td> <td style="text-align: right;">21</td> </tr> <tr> <td>Clinic.....</td> <td style="text-align: right;">22</td> </tr> <tr> <td>Pharmacy</td> <td style="text-align: right;">23</td> </tr> <tr> <td>Other.....</td> <td style="text-align: right;">26</td> </tr> <tr> <td colspan="2" style="text-align: center;">(specify)</td> </tr> <tr> <td colspan="2">house</td> </tr> <tr> <td>In your own house</td> <td style="text-align: right;">41</td> </tr> <tr> <td>House of traditional midwife</td> <td style="text-align: right;">42</td> </tr> <tr> <td>House of midwife/nurse.....</td> <td style="text-align: right;">43</td> </tr> <tr> <td>Other place.....</td> <td style="text-align: right;">96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(specify)</td> </tr> </table>	public sector		Central hospital.....	11	Provincial/General hospital.....	12	Rural hospital.....	13	Health centre/post	14	Mobile brigades	15	Other.....	16	(specify)		private sector		Hospital	21	Clinic.....	22	Pharmacy	23	Other.....	26	(specify)		house		In your own house	41	House of traditional midwife	42	House of midwife/nurse.....	43	Other place.....	96	(specify)	
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MN7b. was the delivery completed in the place where you wanted to give birth or somewhere else?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>In the same place.....</td> <td style="text-align: right;">1</td> <td rowspan="2" style="vertical-align: middle; text-align: center;">1 ⇒ MN9</td> </tr> <tr> <td>Somewhere else.....</td> <td style="text-align: right;">6</td> </tr> </table>	In the same place.....	1	1 ⇒ MN9	Somewhere else.....	6																																			
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MN8. where was the delivery of (Name) completed? <i>If a public or private health unit, write the name of the place, and identify the type and whether it is public or private.</i> <hr style="width: 50%; margin-left: 0;"/> <p style="text-align: center; margin-left: 0;">(Name of place)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">public sector</td> </tr> <tr> <td>Central hospital.....</td> <td style="text-align: right;">11</td> </tr> <tr> <td>Provincial/General hospital.....</td> <td style="text-align: right;">12</td> </tr> <tr> <td>Rural hospital.....</td> <td style="text-align: right;">13</td> </tr> <tr> <td>Health centre/post</td> <td style="text-align: right;">14</td> </tr> <tr> <td>Mobile brigades</td> <td style="text-align: right;">15</td> </tr> <tr> <td>Other.....</td> <td style="text-align: right;">16</td> </tr> <tr> <td colspan="2" style="text-align: center;">(specify)</td> </tr> <tr> <td colspan="2">private sector</td> </tr> <tr> <td>Hospital</td> <td style="text-align: right;">21</td> </tr> <tr> <td>Clinic.....</td> <td style="text-align: right;">22</td> </tr> <tr> <td>Pharmacy</td> <td style="text-align: right;">23</td> </tr> <tr> <td>Other.....</td> <td style="text-align: right;">26</td> </tr> <tr> <td colspan="2" style="text-align: center;">(specify)</td> </tr> <tr> <td colspan="2">house</td> </tr> <tr> <td>In your own house</td> <td style="text-align: right;">41</td> </tr> <tr> <td>House of traditional midwife</td> <td style="text-align: right;">42</td> </tr> <tr> <td>House of midwife/nurse.....</td> <td style="text-align: right;">43</td> </tr> <tr> <td>Other place.....</td> <td style="text-align: right;">96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(specify)</td> </tr> </table>	public sector		Central hospital.....	11	Provincial/General hospital.....	12	Rural hospital.....	13	Health centre/post	14	Mobile brigades	15	Other.....	16	(specify)		private sector		Hospital	21	Clinic.....	22	Pharmacy	23	Other.....	26	(specify)		house		In your own house	41	House of traditional midwife	42	House of midwife/nurse.....	43	Other place.....	96	(specify)	
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MN9. when your last son/daughter was born (Name) was he/she very large, larger than average, of average size, smaller than average or very small?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Very large</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Larger than average</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Average</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Smaller than average</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Very small</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Don't know.....</td> <td style="text-align: right;">8</td> </tr> </table>	Very large	1	Larger than average	2	Average	3	Smaller than average	4	Very small	5	Don't know.....	8																												
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MN10. was (Name) weighed at birth?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Yes.....</td> <td style="text-align: right;">1</td> <td rowspan="3" style="vertical-align: middle; text-align: center;">2 ⇒ MN12 8 ⇒ MN12</td> </tr> <tr> <td>No.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Don't know.....</td> <td style="text-align: right;">8</td> </tr> </table>	Yes.....	1	2 ⇒ MN12 8 ⇒ MN12	No.....	2	Don't know.....	8																																	
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MN11. how much did (Name) weigh? Copy the weight recorded on the health card, if this is presented.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Copied from the card.....</td> <td style="text-align: right;">1</td> <td style="text-align: center;">. ____ (kilos)</td> </tr> <tr> <td>From memory</td> <td style="text-align: right;">2</td> <td style="text-align: center;">. ____ (kilos)</td> </tr> <tr> <td>Don't know.....</td> <td style="text-align: right;">99998</td> <td></td> </tr> </table>	Copied from the card.....	1	. ____ (kilos)	From memory	2	. ____ (kilos)	Don't know.....	99998																																
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MN11a. check HN6 and HN8; history of births: survival and residence of the child: <input type="checkbox"/> If (name) is still alive and lives with her ⇒ go to MN13G. <input type="checkbox"/> If (name) is not alive or does not live with her ⇒ continue with MN12.																																									

Continue



MN12. did you ever breastfeed (<i>Name</i>)?	Yes.....1 No.....2	2⇒ MN13G
MN13. how long after the birth of (<i>Name</i>) did you begin to breastfeed him/her? If less than an hour, write "00" hours. If less than 24 hours, write the hours, otherwise write the days.	Immediately000 Hours1 _ _ Days2 _ _ Don't know/can't remember.....998	
MN13a. during the first days after the birth, a yellow milk (colostrum) appears. did you give this milk to (<i>Name</i>)?	Yes.....1 No.....2 Don't know.....8	
MN13b. in the first days after the birth, did you give something other than mother's milk to (<i>Name</i>)?	Yes.....1 No.....2 Don't know.....8	2⇒ MN13D 8⇒ MN13D
MN13c. what did you give to (<i>Name</i>)? Anything other than breast milk	Just waterA Sorum with GlucoseB Sugared waterC Fruit juice.....D Baby formulaE Tea.....F HoneyG Other.....X <i>(Especificar)</i>	MN13E
MN13d. for how many months did you give only breast milk to (<i>Name</i>)?	Months..... _ _ Still breastfeeding95 Does not know the month.....98	95⇒ MN13G
MN13e. are you still giving breast milk to (<i>Name</i>)?	Yes.....1 No.....2	1⇒ MN13G
MN13f. for how many months did you give breast milk to (<i>Name</i>)?	Months..... _ _ Does not know the month.....98	
MN13g. in the first two months after the last time you gave birth [the birth of (<i>Name</i>)], did you receive a dose of vitamin A like this? (Show the capsule)	Yes.....1 No.....2 Don't know.....8	
<p>MN13h. check HN4; history of births: sex of the child:</p> <p><input type="checkbox"/> If a girl ⇒ go to next module.</p> <p><input type="checkbox"/> If a boy ⇒ continue with MN13i.</p>		
MN13i. was (<i>Name</i>) circumcised?	Yes.....1 No.....2	

Tetanus toxoid module.		TT
<i>This module is to be asked of all women who gave birth in the last two years prior to the date of the interview.</i>		
TT1. do you have any health card or other document where your own vaccinations are noted? If a card is shown, use it to help answer the following questions.	Yes (the card was seen)1 Yes (the card was not seen)2 No3 Don't know8	
TT2. when you were pregnant with your last child, did you receive any injection so that the child would not catch tetanus, that is, convulsions after birth (an anti-tetanus injection, an injection in the upper arm or shoulder)?	Yes1 No2 Don't know8	2⇒ TT5 8⇒ TT5
TT3. how many times did you receive this injection against tetanus during your last pregnancy?	No of times _ _ Don't know98	98⇒ TT5
TT4 How many doses of TT during the last pregnancy were reported in TT3? <input type="checkbox"/> At least 2 TT injections during the last pregnancy. ⇒ go to next module. <input type="checkbox"/> Less than 2 TT injections during the last pregnancy ⇒ Continue with TT5		
TT5. did you, any time before your latest pregnancy, receive an injection in your arm to prevent tetanus?	Yes1 No2 Don't know8	} Próximo módulo
TT6. how many doses of this injection did you receive?	No. of times _ _	
TT7. in what month and year did you receive your last injection against tetanus prior to your latest pregnancy? <i>Go to the next module, only if the year of the injection is given. If not, continue with TT8.</i>	Month _ _ Does not know the month98 Year _ _ _ _ Does not know the year9998	⇒ Próximo módulo
TT8. how many years ago did you receive your last injection against tetanus prior to your latest pregnancy?	Years ago _ _	

Contraception module		CP
CP1. now i would like to talk to you about another matter – family planning and your reproductive health. are you currently pregnant?	Yes, she is pregnant1 No2 Not sure or doesn't know8	1⇒ next module
CP2. some people use various means or methods to delay or avoid a pregnancy. Are you currently doing anything or using any method to delay or avoid becoming pregnant?	Yes1 No2	2⇒ next module
CP3. what method are you using? <i>Does not say. If mentions more than one method, mark each of them with a circle.</i>	Female sterilization A Male sterilization B Pill C IUD D Injections E Implants F Male condom G Female condom H Diaphragm I Foam/gel J Lactational amenorrhoea K Periodic abstinence L Withdrawal M Other X (Specify)	



Module on attitudes towards domestic violence

DV1. sometimes husbands become annoyed at things their wives do. in your opinion is the husband justified in beating his wife in the following situations:		Yes	No
DV1a. if she goes out without telling him?	Goes out without telling him	1	2
DV1b. if she neglects the children?	Neglects the children	1	2
DV1c. if she argues with him?	Argues with him	1	2
DV1d. if she refuses to have sex with him?	Refuses to have sex with him.....	1	2
DV1e. if she burns the food?	Burns food	1	2

HIV/AIDS module

HA

HA1. now i would like to talk to you about something else. have you ever heard of HIV/AIDS?	Yes..... 1 No..... 2	2⇒ HA19		
HA2. is the only way to reduce the risk of catching HIV/AIDS to have just one uninfected sexual partner and not to have other partners?	Yes..... 1 No..... 2 Don't know..... 8			
HA3. can people be infected with the aids virus because of witchcraft or other supernatural means?	Yes..... 1 No..... 2 Don't know..... 8			
HA4. can people protect themselves against hiv/aids by using condoms during sex?	Yes..... 1 No..... 2 Don't know..... 8			
HA5. can people catch the aids virus from mosquito bites?	Yes..... 1 No..... 2 Don't know..... 8			
HA6. can the risk of catching hiv/aids be completely eliminated by abstaining from sex?	Yes..... 1 No..... 2 Don't know..... 8			
HA7. do you think that people can catch hiv/aids by eating together with an infected person?	Yes..... 1 No..... 2 Don't know..... 8			
HA7a. can people catch hiv/aids from injections with needles already used by other people?	Yes..... 1 No..... 2 Don't know..... 8			
HA8. can a person appear completely healthy (strong, fat, etc.) and still have hiv/aids?	Yes..... 1 No..... 2 Don't know..... 8			
HA9. can hiv/aids be transmitted from mother to child?		Yes	No	DK
HA9a. during pregnancy?	During pregnancy	1	2	8
HA9b. during delivery?	During delivery	1	2	8
HA9c. during breastfeeding?	During breastfeeding	1	2	8
HA10. if a teacher has hiv/aids, but is not ill, can he continue teaching at school?	Yes..... 1 No..... 2 Don't know..... 8			
HA11. if you knew that a vendor of fresh vegetables has hiv/aids, would you buy his products?	Yes..... 1 No..... 2 Don't know..... 8			
HA12. if a person in your family were to catch hiv/aids, would you want it kept secret?	Yes..... 1 No..... 2 Don't know..... 8			
HA13. if a person in your family were to catch hiv/aids, would you be willing to care for him/her in your house?	Yes..... 1 No..... 2 Don't know..... 8			

Continue

<p>HA14. Check MN5: did you take the HIV test during antenatal visits? <input type="checkbox"/> Yes. ⇒ go to HA18A. <input type="checkbox"/> No. ⇒ Continue with HA15.</p>		
<p>HA15. I'm not interested in knowing the result, but have you ever taken an AIDS test?</p>	<p>Yes..... 1 No..... 2</p>	<p>2⇒HA18</p>
<p>HA16. I'm not interested in knowing the result, but did you receive the results of this test?</p>	<p>Yes..... 1 No..... 2</p>	
<p>HA17. the last time you took an AIDS test, was it of your own free will, at somebody's suggestion, or were you obliged to take it</p>	<p>She asked..... 1 At suggestion..... 2 She was obliged 3</p>	<p>} HA19</p>
<p>HA18. where can you take the hiv/aids test? HA18a. If she took the test during antenatal care: apart from the place for antenatal visits, where can you take the test to see if you have the aids virus?</p>	<p>public sector Central hospital..... A Provincial/General hospital..... B Rural hospital..... C Health centre/post D GATV E Other public F (specify)</p> <p>private sector Hospital G Clinic..... H Pharmacy I Other..... J (specify)</p> <p>other place..... X (specify)</p> <p>Don't know..... Z</p>	
<p>HA19. Does the interviewee have a son/daughter under five living with her, or is she responsible for a child under the age of 5? <input type="checkbox"/> Yes ⇒ Fill out the questionnaire for children under five. <input type="checkbox"/> No ⇒ Is there another eligible woman in this household? <input type="checkbox"/> Yes ⇒ fill out the questionnaire for the other woman. <input type="checkbox"/> No ⇒ End the interview with the household, and thank all the participants for their collaboration. Put all the questionnaires for this household together and check that all the identification numbers are included on each page.</p>		



OBSERVATIONS OF THE INTERVIEWER

(TO BE COMPLETED IMMEDIATELY AFTER THE END OF THE INTERVIEW)

COMMENTS ABOUT THE INTERVIEWS:

COMMENTS ABOUT SPECIFIC QUESTIONS:

ANY OTHER COMMENT:

OBSERVATIONS OF THE CONTROLLER

NAME OF THE CONTROLLER: _____ DATE: _____

OBSERVATIONS OF THE SUPERVISOR

NAME OF THE SUPERVISOR: _____ DATE: _____