



## INDIVIDUAL WOMEN QUESTIONNAIRE

WOMEN'S INFORMATION PANEL		WM
<p><b><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing in the HH Questionnaire). Fill one form for each eligible woman. Fill 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.</i></b></p>		
WM1. EA Name : _____ Cluster Number        _____	WM2. Household number:        ____ ____ ____	
WM3. Woman's Name: _____ _____	WM4. Woman's Line Number:        ____ ____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interviewed ____ / ____ / ____	
WM7. Result of women's interview	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Incapacitated ..... 4 Partly completed ..... 5  Other (specify) 6	
<p><b><i>Repeat greeting if not already read to this woman:</i></b>            WE ARE FROM (NBS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL <b>BE FOR A SHORT PERIOD</b>. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND <b>ALL WOMEN AGED 15 – 49 IN THE HOUSEHOLD</b>. MAY I START NOW?</p> <p><b><i>If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.</i></b></p>		
WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ..... ____ ____ DK month ..... 98  Year ..... ____ ____ DK year ..... 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) ..... ____	

WOMEN'S INFORMATION PANEL		WM
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes ..... 1 No..... 2	2⇒WM14
WM11 WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	LEVEL Pre School.....0 Primary ..... 1 Secondary ..... 2 Higher..... 3 Non-Formal Education ..... 6 DK.....8	
WM12 WHAT IS THE HIGHEST GRADE COMPLETED AT THAT LEVEL?  (ENTER THE GRADE IN THE SPACE PROVIDED USING THE FOOT NOTE)	Grade _____	
<b>WM13 Check WM11:</b> <input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Primary or non-standard curriculum. ⇒ Continue with WM14</i>		
WM14 NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Write out any of the sample sentences to respondent either in English or local language. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME? <i>Example sentences for literacy test:</i> 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  know sentence in required language <sup>4</sup> (specify language)  Blind/mute, visually/speech impaired..... 5	

**Foot Note:**

**Grades for Codes in WM 12:**

**Pre-School**

Kindergarten - 01  
Nursery 1 - 02  
Nursery 2 - 03

**Primary**

Primary 1 - 04  
Primary 2 - 05  
Primary 3 - 06  
Primary 4 - 07  
Primary 5 - 08  
Primary 6 - 09

**Secondary**

JSS 1 - 10  
JSS 2 - 11  
JSS 3 - 12  
SS 1 - 13  
SS 2 - 14  
SS 3 - 15

**Higher**

NCE/AL/OND - 16  
B.Sc./HND - 17  
Post Graduate - 18

*This module is to be administered to all women age 15-49.  
All questions refer only to LIVE births.*

<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><b>If “No” probe by asking:</b> 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?</p>	<p>Yes.....1</p> <p>No .....2</p>	<p><b>2⇒ MARRIAGE / UNION MODULE</b></p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><b>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</b></p>	<p><b>Date of first birth</b></p> <p>Day .....__ __</p> <p>DK day.....98</p> <p>Month.....__ __</p> <p>DK month.....98</p> <p>Year .....__ __ __ __</p> <p>DK year.....9998</p>	<p>⇒<b>CM3</b></p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth .....__ __</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes.....1</p> <p>No .....2</p>	<p><b>2⇒CM5</b></p>
<p><b>CM4.</b> HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home .....__ __</p> <p>Daughters at home .....__ __</p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO</p>	<p>Yes.....1</p> <p>No .....2</p>	<p><b>2⇒CM7</b></p>

CHILD MORTALITY MODULE		CM
NOT LIVE WITH YOU?		
<b>CM6.</b> HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere ..... — —  Daughters elsewhere..... — —	
<b>CM7.</b> HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes.....1 No .....2	<b>2⇒CM9</b>

CHILD MORTALITY MODULE		CM
<b>CM8.</b> HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?	Boys dead..... — —  Girls dead ..... — —	
<b>CM9.</b> Sum answers to <b>CM4</b> , <b>CM6</b> , and <b>CM8</b> .  <b>(i.e. Sum = CM4 + CM6 + CM8)</b>	Sum..... — —	
<b>CM10.</b> JUST TO MAKE SURE THAT I HEARD YOU RIGHT, YOU HAVE HAD IN TOTAL ( <i>total number</i> ) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?		
<input type="checkbox"/> <b>Yes.</b> ⇒ Go to <b>CM11</b>		
<input type="checkbox"/> <b>No.</b> ⇒ Check responses and make corrections before proceeding to <b>CM11</b>		

<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>If day is not known, enter '98' in space for day.</p>	<p>Date of last birth</p> <p>Day/Month/Year..... _ _ / _ _ / _ _ _ _</p>	
<p><b>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2007)?</b></p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to Marriage/ Union Module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13</p> <p style="text-align: center;"><b>Name of child</b> _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then .....1</p> <p>Later .....2</p> <p>No more .....3</p>	

<b>TETANUS TOXOID (TT) MODULE</b>		<b>TT</b>
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p>		
<p>TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) .....1</p> <p>Yes (card not seen) .....2</p> <p>No .....3</p> <p>DK.....8</p>	
<p>TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS FITS AFTER BIRTH (AN ANTI-TETANUS</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	<p><b>2⇒TT5</b></p> <p><b>8⇒TT5</b></p>

SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?		
TT3. <b>If yes:</b> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times ..... DK.....98	98⇒TT5
<p>TT4. How many TT doses during last pregnancy were reported in TT3?</p> <p><input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ Go to Next Module</p> <p><input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</p>		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes.....1 No .....2 DK.....8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times ..... .....	
<p>TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?</p> <p><b>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</b></p>	Month..... DK month.....98 Year ..... DK year.....9998	⇒NEXT MODULE
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago ..... .....	

MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><b><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview</i></b></p> <p><b><i>Check child mortality module CM12 and record name of last-born child here _____.</i></b>  <b><i>Use this child's name in the following questions, where indicated.</i></b></p>																	
<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><b><i>Show 200,000 IU capsule or dispenser.</i></b></p>	<p>Yes..... 1  No ..... 2  DK ..... 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><b><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></b></p> <p><b><i>Probe for the type of person seen and circle all answers given.</i></b></p>	<p>Health professional:  Doctor ..... A  Nurse/midwife ..... B  Auxiliary midwife/MCH Aide..... C</p> <p>Other person  Traditional birth attendant ..... F  Community health worker ..... G  Relative/friend ..... H</p> <p>Other (<i>specify</i>) X</p> <p>No one ..... Y</p>	<p><b>Y⇒MN7</b></p>															
<p>MN2A. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times _____  DK ..... 8</p>																
<p>MN2B. HOW MANY MONTHS PREGNANT WERE YOU AT YOUR FIRST ANTENATAL CARE VISIT FOR THIS PREGNANCY</p>	<p>Months _____  DK ..... 8</p>																
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weight.....	1	2	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample .....	1	2	
	Yes	No															
Weight.....	1	2															
Blood pressure.....	1	2															
Urine sample.....	1	2															
Blood sample .....	1	2															

MATERNAL AND NEWBORN HEALTH MODULE		MN
MN3D. DID YOU GIVE A BLOOD SAMPLE?		
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/AIDS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No ..... 2 DK ..... 8	2⇒MN7 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	
MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes..... 1 No ..... 2 DK ..... 8	2⇒MN7 8⇒MN7
MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?  <b>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</b>	Anti-malarial: Sulphadoxine Pyremethamine..... A Chloroquine..... B Amodiaquine ..... C Quinine..... D Artemisinin-based combinations..... E Other anti-malarial (specify) H  Other medications: Analgesics/Pain Relievers ..... P  Other (specify) X DK ..... Z	
<b>MN6c. Check MN6B for medicine taken:</b> <input type="checkbox"/> <b>Sulphadoxine Pyremethamine taken. ⇒ Continue with MN6D</b> <input type="checkbox"/> <b>Sulphadoxine Pyremethamine not taken. ⇒ Go to MN7</b>		
MN6D. HOW MANY TIMES DID YOU TAKE <b>SULPHADOXINE PYREMETHAMINE</b> DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times ..... _ _	



MATERNAL AND NEWBORN HEALTH MODULE		MN
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?  ANYONE ELSE?  <b>Probe for the type of person assisting and circle all answers given.</b></p>	<p>Health professional:            Doctor ..... A            Nurse/midwife ..... B            Auxiliary midwife/ MCH Aide..... C            Other person            Traditional birth attendant ..... F            Community health worker ..... G            Relative/friend ..... H             Other (<i>specify</i>) X            No one ..... Y</p>	
<p>MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?  <b>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.</b></p> <p><b>Name of Place</b> _____  <b>Address</b> _____</p>	<p>Home            Your home ..... 11            Other home ..... 12             Public sector            Govt. hospital ..... 21            Govt. clinic/health center ..... 22            Other public (<i>specify</i>) 26             Private Medical Sector            Private hospital ..... 31            Private clinic ..... 32            Private maternity home ..... 33            Other private medical (<i>specify</i>)36             Other (<i>specify</i>) 96</p>	
<p>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?</p>	<p>Very large..... 1            Larger than average ..... 2            Average..... 3            Smaller than average..... 4            Very small ..... 5             DK ..... 8</p>	
<p>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes..... 1            No ..... 2             DK ..... 8</p>	<p><b>2⇒MN12</b>  <b>8⇒MN12</b></p>
<p>MN11. HOW MUCH DID (<i>name</i>) WEIGH?  <i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kilograms) __ . __ __ __            From recall..... 2 (kilograms) __ . __ __ __            DK ..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes..... 1            No ..... 2</p>	<p><b>2⇒ NEXT MODULE</b></p>

<b>MATERNAL AND NEWBORN HEALTH MODULE</b>		<b>MN</b>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours ..... 1 ___</p> <p>or</p> <p>Days..... 2 ___</p> <p>Don't know/remember..... 998</p>	
<p>MN13A. AFTER (NAME) WAS BORN DID ANY HEALTH PROFESSIONAL CHECK ON YOUR HEALTH?</p>	<p>YES.....1</p> <p>NO .....2</p> <p>DK ..... 8</p>	
<p>MN13B. HOW MANY DAYS OR WEEKS AFTER THE DELIVERY OF (NAME) DID THE FIRST CHECK-UP MADE</p>	<p>Days after delivery     ___ ___</p> <p>Weeks after delivery     ___ ___</p> <p>DK.....98</p>	

<b>MARRIAGE/UNION MODULE</b>		<b>MA</b>
<p>MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?</p>	<p>Yes, currently married ..... 1</p> <p>Yes, living with a man.....2</p> <p>No, not in union .....3</p>	<b>3⇒MA3</b>
<p>MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</p>	<p>Age in years.....__ __</p> <p>DK.....98</p>	<b>⇒MA5</b> <b>98⇒MA5</b>
<p>MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?</p>	<p>Yes, formerly married ..... 1</p> <p>Yes, formerly lived with a man .....2</p> <p>No ..... 3</p>	<b>3⇒NEXT MODULE</b>
<p>MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?</p>	<p>Widowed.....1</p> <p>Divorced .....2</p> <p>Separated .....3</p>	
<p>MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?</p>	<p>Only once ..... 1</p> <p>More than once.....2</p>	
<p>MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF</p>	<p>Month.....__ __</p>	

MARRIED?	DK month.....98 Year ..... DK year.....9998	
<b>MA7. Check MA6:</b>		
<input type="checkbox"/> <b>Both month and year of marriage/union known? ⇒ Go to Next Module</b> <input type="checkbox"/> <b>Either month or year of marriage/union not known? ⇒ Continue with MA8</b>		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....	

<b>CONTRACEPTION AND UNMET NEED</b>		<b>CP</b>
<i>This module is to be administered to all <b>women age 15 through 49</b></i>		
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING/CHILD SPACING – AND YOUR REPRODUCTIVE HEALTH.  ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK 8	<b>2⇒CP2</b> <b>8⇒CP2</b>
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u> , DID YOU WANT TO WAIT UNTIL <u>LATER</u> , OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?	Then 1 Later 2 Not want more children 3	<b>1⇒CP4B</b> <b>2⇒CP4B</b> <b>3⇒CP4B</b>
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	<b>2⇒CP4A</b>
CP3. WHICH METHOD ARE YOU USING?  <b>Do not prompt.</b> <b>If more than one method is mentioned, circle each one.</b>	Female sterilization A Male sterilization B Pill C IUD D Injections E Implants F Male Condom G Female condomH Diaphragm I Foam/jelly J Lactational Amenorrhoea Method (LAM) K Periodic abstinence L Withdrawal M	

	Other ( <i>specify</i> ) X	
CP4A. 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?	Have (a/another) child 1 No more/none 2 Says she cannot get pregnant 3 Undecided/don't know 8	2⇒CP4D 3⇒NEXT MODULE 8⇒CP4D
CP4B. <b>If currently pregnant:</b> 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 (a/another) child 1 No more/none 2 Undecided/don't know 8	2⇒CP4D
<b>CONTRACEPTION AND UNMET NEED</b>		<b>CP</b>
CP4C. 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⇒NEXT MODULE
<b>CP4D. Check CP1:</b> <input type="checkbox"/> <b>Currently pregnant?</b> ⇒ <b>Go to Next Module</b> <input type="checkbox"/> <b>NOT CURRENTLY PREGNANT OR UNSURE?</b> ⇒ <b>CONTINUE WITH CP4E</b>		
CP4E. DO YOU THINK YOU ARE ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1⇒NEXT MODULE 8⇒NEXT MODULE
CP4F. STATE THE <b>MAIN</b> REASON	Currently using family planning.....1 Primary Infertility.....2 Secondary Infertility.....3 Premature Menopause.....4 Cosmetic purpose/Looks.....5 Social .....6 Economic .....7 Other ( <i>specify</i> ) 8	

*THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15 THROUGH 49*

<p>FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?</p>	<p>Yes.....1 No .....2</p>	<p><b>1⇒FG3</b></p>
<p>FG2. IN A NUMBER OF COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?</p>	<p>Yes.....1 No .....2</p>	<p><b>2⇒NEXT MODULE</b></p>
<p>FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?</p>	<p>Yes.....1 No .....2</p>	<p><b>2⇒FG8</b></p>
<p>FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THIS TIME.  WAS ANY FLESH REMOVED FROM THE GENITAL AREA?</p>	<p>Yes.....1 No .....2 DK.....8</p>	<p><b>1⇒FG7</b></p>
<p>FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?</p>	<p>Yes.....1 No .....2 DK.....8</p>	
<p>FG6. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?</p>	<p>Yes.....1 No .....2 DK.....8</p>	
<p>FG7. WHO CIRCUMCISED YOU?</p>	<p>Traditional persons Traditional 'circumciser' .....11 Traditional birth attendant.....12 Other traditional (<i>specify</i>) ..... 16  Health professional Doctor .....21 Nurse/midwife .....22 Other health professional (<i>specify</i>) .....26 DK.....98</p>	

FG8. The following questions apply only to women who have at least one living daughter.  
Check CM4 and CM6, Child Mortality Module: Woman has living daughter?

Yes. ⇒ Continue with FG9

No. ⇒ Go to FG16

FG9. HAVE ANY OF YOUR DAUGHTERS BEEN CIRCUMCISED?  IF YES, HOW MANY?	Number of daughters circumcised: ..... __ __  No daughters circumcised..... 00	<b>00⇒FG16</b>
FG10. TO WHICH OF YOUR DAUGHTERS DID THIS HAPPEN MOST RECENTLY?  <b>Record the daughter's name.</b>	Name of daughter: _____	
FG11. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO ( <i>name</i> ) AT THAT TIME.  WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes ..... 1 No ..... 2 DK ..... 8	<b>1⇒FG13</b>
FG12. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes ..... 1 No ..... 2 DK ..... 8	
FG13. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes ..... 1 No ..... 2 DK ..... 8	
FG14. HOW OLD WAS ( <i>name</i> ) WHEN THIS OCCURRED?  <b>If the respondent does not know the age, probe to get an estimate.</b>	Daughter's age at circumcision ..... __ __ DK ..... 98	
FG15. WHO DID THE CIRCUMCISION?	Traditional persons Traditional 'circumciser' ..... 11 Traditional birth attendant ..... 12 Other traditional ( <i>specify</i> ) ..... 16 Health professional Doctor ..... 21 Nurse/midwife ..... 22 Other health professional ( <i>specify</i> ) ..... 26 DK ..... 98	
FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued ..... 1 Discontinued ..... 2 Depends ..... 3 DK ..... 8	

<b>HIV/AIDS MODULE</b>	<b>HA</b>
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<b><i>This module is to be administered to all women age 15 through 49</i></b>	
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<p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes.....1</p> <p>No .....2</p>	<b>2⇒ NEXT MODULE</b>
<p>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?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	
<p>HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	
<p>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	
<p>HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	
<p>HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	
<p>HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	
<p>HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	

HIV/AIDS MODULE		HA
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HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No.....2 DK.....8	

HIV/AIDS MODULE		HA
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 HOUSEHOLD?	Yes.....1 No.....2 DK/not sure/depends.....8	



<b>HA14. Check MN5: Tested for HIV during antenatal care?</b> <input type="checkbox"/> Yes. ⇒ Go to HA18A <input type="checkbox"/> No. ⇒ Continue with HA15		
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	<b>2⇒HA18</b>
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	<b>1⇒NEXT MODULE</b> <b>2⇒NEXT MODULE</b> <b>3⇒NEXT MODULE</b>
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 HIV?	Yes.....1 No .....2	<b>1⇒NEXT MODULE</b> <b>2⇒NEXT MODULE</b>
HA18A. <b>If tested for HIV during antenatal care:</b> 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	

**Follow instructions in your Interviewer’s Manual.**

SEXUAL BEHAVIOUR MODULE		SB
<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.</b>		
<b>SB0. Check WM11: Age of respondent is between 15 and 24?</b> <input type="checkbox"/> Age 25-49. ⇒ END THIS INTERVIEW <input type="checkbox"/> Age 15-24. ⇒ Continue with SB1		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES.	Never had intercourse .....00 Age in years.....__ __	<b>00⇒END INTERVIEW</b>

SEXUAL BEHAVIOUR MODULE		SB
<p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?</p>	<p>First time when started living with (first) husband/partner .....95</p>	
<p>SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><b>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.</b></p>	<p>Days ago .....1 __ __</p> <p>Weeks ago.....2 __ __</p> <p>Months ago.....3 __ __</p> <p>Years ago .....4 __ __</p>	<p>4⇒END INTERVIEW</p>
<p>SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p>SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><b>If man is 'boyfriend' or 'fiancée', ask:</b></p> <p>WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX?</p> <p><b>If 'yes', circle 1 .If 'no', circle 2.</b></p>	<p>Spouse / cohabiting partner .....1</p> <p>Man is boyfriend / fiancé .....2</p> <p>Other friend.....3</p> <p>Casual acquaintance.....4</p> <p>Other (<i>specify</i>).....6</p>	<p>1⇒SB6</p>
<p>SB5. HOW OLD IS THIS PERSON?</p> <p><b>If response is DK, probe:</b></p> <p>ABOUT THE AGE OF THIS PERSON?</p>	<p>Age of sexual partner ..... __ __</p> <p>DK.....98</p>	
<p>SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?</p>	<p>Yes.....1</p> <p>No .....2</p>	<p>2⇒END INTERVIEW</p>
<p>SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p>SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN?</p> <p><b>If man is 'boyfriend' or 'fiancée', ask:</b></p> <p>WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX?</p> <p><b>If 'yes', circle 1. If 'no', circle 2.</b></p>	<p>Spouse / cohabiting partner .....1</p> <p>Man is boyfriend / fiancé .....2</p> <p>Other friend.....3</p> <p>Casual acquaintance.....4</p> <p>Other (<i>specify</i>).....6</p>	<p>1⇒SB10</p>

SEXUAL BEHAVIOUR MODULE		SB
SB9. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner .....__ __  DK.....98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes.....1 No .....2	<b>2⇒ END            INTERVIEW</b>
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners.....__ __	