

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each woman age 15-49.</i></p>		
WM1. Cluster number (as per survey) _____	WM2. Household number (as per survey) _____	
WM3. Woman's name: Name _____	WM4. Woman's line number (copy from HL1) _____	
WM5. Enumerator's name and number: Nam _____ code _____	WM6. Date of interview: _____ / _____ / <u>2</u> <u>0</u> <u>1</u> <u>1</u> D D M M Y Y Y Y	
WM7. Result of woman's interview	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated (Not capable).....05 Other (<i>specify</i>) _____ 96	
WM8. Field editor Name _____ Code _____	WM9. Data entry operator Name _____ Code _____	
WM10. <i>Record the time.</i>	Hour and minutes : _____	

WOMAN'S BACKGROUND		WB
<p>WB1. IN WHAT MONTH AND YEAR WERE YOU BORN? IF MONTH IS UNKNOWN CIRCLE 98 AND IF YEAR IS UNKNOWN THEN CODE 9998</p>	<p>Date of birth Month.....__ __ DK month.....98</p> <p>Year__ __ __ __ DK year.....9998</p>	
<p>WB2. HOW OLD ARE YOU?</p> <p><i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i></p> <p><i>(Compare and correct WB1 and/or WB2 if inconsistent)</i></p>	<p>Age (in completed years)__ __</p>	
<p>WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?</p>	<p>Yes1 No2</p>	2⇒WB7
<p>WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?</p>	<p>Preschool.....0 Primary.....1 Middle2 Matriculation.....3 Above Matriculation.....4</p>	0⇒WB7
<p>WB5. WHAT IS THE HIGHEST CLASS YOU COMPLETED AT THAT LEVEL?</p> <p><i>If less than 1 class, enter "00"</i></p>	<p>Class.....__ __</p>	
<p>WB6. Check WB4:</p> <p><input type="checkbox"/> Middle or higher. ⇒ Go to Next Module</p> <p><input type="checkbox"/> Primary ⇒ Continue with WB7</p>		
<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME IN URDU / ENGLISH? IF CARD IS NOT AVAILABLE IN THE LANGUAGE OF RESPONDENT THEN CIRCLE 4 AND CIRCLE THE NAME OF LANGUAGE</p>	<p>Cannot read at all1 Able to read only parts of sentence.....2 Able to read whole sentence3</p> <p>No sentence in Respondent Language..... 4</p> <p>Blind / mute5</p>	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes (currently married)..... 1 No..... 3	1⇒MA8
MA5. HAVE YOU EVER BEEN MARRIED?	Yes..... 1 No..... 3	3⇒WM11
MA6. WHAT IS YOUR MARITAL STATUS NOW; ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated..... 3	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY? If month is unknown circle 98 and if year is unknown then code 9998	Date of Marriage Month..... ____ ____ DK Month 98 Year..... ____ ____ ____ DK Year..... 9998	⇒CM1
MA9. WHAT WAS YOUR AGE AT MARRIAGE?	Age in completed years ____ ____	

CHILD MORTALITY

CM

All questions refer only to LIVE births which were born by women age 15-49 years and who were ever married.

<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>Yes 1 No 2</p>	<p>2⇒CM8</p>
<p>CM2. 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.</p> <p><i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i></p>	<p>Date of first birth Day 98 DK day 98</p> <p>Month 98 DK month 98</p> <p>Year 9998 DK year 9998</p>	<p>⇒CM4</p>
<p>CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth 98</p>	
<p>CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes 1 No 2</p>	<p>2⇒CM6</p>
<p>CM5. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>(if no son or daughter then write '00).</i></p>	<p>No. of Sons 98</p> <p>No. of Daughters 98</p>	
<p>CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1 No 2</p>	<p>2⇒CM8</p>
<p>CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>(if no son or daughter then write '00)</i></p>	<p>No. of Sons elsewhere 98</p> <p>No. of Daughters elsewhere 98</p>	
<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>(If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS)?</i></p>	<p>Yes 1 No 2</p>	<p>2⇒CM10</p>
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>(if no son or daughter then write '00).</i></p>	<p>No. of Boys dead 98</p> <p>No. of Girls dead 98</p>	
<p>CM10. Sum answers to CM5, CM7, and CM9.</p>	<p>Sum of all children 98</p>	
<p>CM11. JUST TO MAKE SURE THAT I AM CORRECT THAT, YOU HAVE HAD IN TOTAL ----- (total number in CM10) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p>		

No live births ⇒ Go to *ILLNESS SYMPTOMS (IS) Module*

One or more live births ⇒ Continue with *CM12*

No ⇒ Check responses to *CM1-CM10* and make corrections as necessary before proceeding to *CM12*

CM12. OF THESE (total number in *CM10*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

(Month and year must be recorded).

Date of last birth

Day _ _

DK day.....98

Month _ _

Year _ _ _ _

CM13. Check *CM12*: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2009**

No live birth in last 2 years. ⇒ Go to *ILLNESS SYMPTOMS (IS) Module*.

One or more live births in last 2 years. ⇒ Ask for the name of the last child

Name of last child _____

If child has died and was not given name then take special care while getting information about this child.

DESIRE FOR LAST BIRTH**DB**

This module is to be administered to all eligible (15-49) women with a live birth in the 2 years preceding date of interview.

Check child mortality module CM13 and record name of last-born child here _____

Use this child's name in the following questions.

DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒MN1
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more children 2	2⇒MN1
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years 2 __ __ DK..... 998	

This module is to be administered to all eligible women (15-49) with a live birth in the 2 years preceding date of interview.

Check child mortality module CM13 and record name of last-born child here _____

Use this child's name in the following question.

<p>MN1. DID YOU CONSULT WITH ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒MN5</p>															
<p>MN2. WHOM DID YOU CONSULT?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of persons seen and circle all answers given.</i></p> <p><i>(More than one answers are possible)</i></p>	<p>Health professional: DoctorA Nurse / MidwifeB LHVC LHW.....D</p> <p>Other person Traditional birth attendant (TBA).....F Relatives/Friends G</p> <p>Other (<i>specify</i>) _____ X</p>																
<p>MN3. IN THIS PREGNANCY HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE?</p>	<p>Number of times..... _ _</p> <p>DK 98</p>																
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p> <p>[D] WERE YOU WEIGHED?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Blood pressure</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Blood sample</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Weighed</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	Weighed	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample	1	2															
Weighed	1	2															
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>IF YES MAY I SEE IT PLEASE?</p> <p><i>(If a card is presented, use it to assist with answers to the following questions).</i></p>	<p>Yes (seen)..... 1 Yes (not seen)..... 2 No..... 3 DK 8</p>																
<p>MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒MN9 8⇒MN9</p>															
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i></p>	<p>Number of times..... _</p> <p>DK 8</p>	<p>8⇒MN9</p>															
<p>MN8. How many tetanus injections during last pregnancy were recorded in MN7?</p> <p><input type="checkbox"/> <i>At least two tetanus injections during last pregnancy. ⇒ Go to MN17</i></p> <p><input type="checkbox"/> <i>Less than two tetanus injections during last pregnancy. ⇒ Continue with MN9</i></p>																	

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i>, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒MN17 8⇒MN17</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times DK 8</p>	<p>8⇒MN17</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p>	<p>Years ago.....</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>(Probe for the type of person assisting and circle all answers given).</i></p> <p><i>(If respondent says no one assisted, probe to determine whether any adults were present at the delivery).</i></p>	<p>Health professional: DoctorA Nurse / MidwifeB LHVC LHW.....D</p> <p>Other person Traditional birth attendantF Relatives/FriendsG</p> <p>Other (<i>specify</i>)X No one.....Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>(Probe to identify the type of place of delivery)</i></p> <p><i>If the respondent is unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>At Home Your home..... 11 Others home 12</p> <p>Public health facility Govt. hospital 21 Govt. Mother & Child Health centre 22 Other public facility (<i>specify</i>) 26</p> <p>Private Medical Facility Private hospital..... 31 Private clinic 32 Private Mother & Child Health centre ... 33 Other private facility (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	<p>11⇒MN19A 12⇒MN19A 96⇒MN19A</p>

<p>MN19. WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1 No 2</p>	
<p>MN19A. WHOM DID YOU SEE AFTER THE BIRTH TO (<i>name</i>)? (MORE THAN ONE ANSWER'S ARE POSSIBLE)</p>	<p>Health professional: Doctor A Nurse / Midwife B LHV C LHW D Other person Traditional birth attendant F Relatives/Friends G Other (<i>specify</i>) X No one Y</p>	
<p>MN20. WHEN (<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>MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒MN23 8⇒MN23</p>
<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i></p>	<p>From card 1 (kg) _ . _ _ _ From recall 2 (kg) _ . _ _ _ DK 99998</p>	
<p>MN23. WAS YOUR MENSTRUAL PERIOD STARTED AFTER THE BIRTH OF (<i>name</i>)</p>	<p>Yes 1 No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes 1 No 2</p>	<p>2⇒MN27A</p>

<p>MN25. 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 after birth..... 000</p> <p>Hours1 ___ ___</p> <p>Days2 ___ ___</p> <p>Don't know/ remember.....998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒MN27A
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p>(MORE THAN ONE ANSWER'S ARE POSSIBLE)</p>	<p>Milk (other than breast milk).....A</p> <p>Plain water.....B</p> <p>Sugar or glucose water C</p> <p>Gripe water..... D</p> <p>Sugar-salt-water solution E</p> <p>Fruit juice.....F</p> <p>Infant formula G</p> <p>Tea / other drinks H</p> <p>Honey I</p> <p>Other (<i>specify</i>) X</p>	
<p>MN27A. HAS THIS HOUSEHOLD BEEN VISITED BY A LADY HEALTH WORKER DURING THE PAST MONTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	2⇒IS1 8⇒IS1
<p>MN27B. . IF YES, WHAT DID SHE PROVIDE? (MULTIPLE RESPONSES POSSIBLE)</p>	<p>ORS vitamins, medicinesA</p> <p>Weighed child.....B</p> <p>Useful Information / Advice.....C</p> <p>Other (Specify)X</p> <p>DKZ</p>	

ILLNESS SYMPTOMS

IS

IS1. Check Household Listing, column HL9

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:

ANY OTHER?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

(Circle all symptoms mentioned, but do NOT prompt with any suggestions)

(More than one answer's are possible)

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever C
- Child has fast breathing D
- Child has difficult breathing E
- Child has blood in stool F
- Child is drinking poorly G

Other (*specify*) _____ X

Other (*specify*) _____ Y

Other (*specify*) _____ Z

CONTRACEPTION		CP
<i>THIS MODULE IS TO BE ADMINISTERED TO ALL CURRENTLY MARRIED WOMEN AGED 15-49 YEARS</i>		
<p>CP1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	<p>2⇒ CP2</p> <p>2⇒ CP2</p>
<p>CP1A. COUPLES USE VARIOUS METHODS TO DELAY OR AVOID A PREGNANCY: HAVE YOU OR YOUR HUSBAND EVER USED ANY FAMILY PLANNING METHOD TO DELAY OR AVOID A PREGNANCY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1⇒UN1</p> <p>2⇒UN1</p> <p>8⇒UN1</p>
<p>CP2. COUPLES USE VARIOUS METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒CP3</p>
<p>CP2A. HAVE YOU OR YOUR HUSBAND EVER USED ANY FAMILY PLANNING METHOD TO DELAY OR AVOID A PREGNANCY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1⇒UN1</p> <p>2⇒UN1</p> <p>8⇒UN1</p>
<p>CP3. WHICH METHOD ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>(Do not prompt. Try to ask the respondent Circle every method reported)</p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill F</p> <p>Condom G</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	

UNMET NEED		UN
<p>UN1. <i>Check CP1. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, If currently pregnant then continue with UN2</p> <p><input type="checkbox"/> If No or unsure / DK then Go to UN5</p>		
<p>UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒UN4</p>
<p>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY MORE CHILDREN?</p>	<p>Later 1</p> <p>No more children..... 2</p>	
<p>UN4. NOW I WOULD LIKE TO ASK 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?</p>	<p>Yes another child 1</p> <p>No, No more child 2</p> <p>Undecided / Don't know 8</p>	<p>1⇒UN7</p> <p>2⇒UN13</p> <p>8⇒UN13</p>
<p>UN5. <i>Check CP3. Currently using "Male / Female sterilization"?</i></p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p>		
<p>UN6. NOW I WOULD LIKE TO ASK YOU QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Yes (a/another) child..... 1</p> <p>No, No more child 2</p> <p>Cannot get pregnant 3</p> <p>Undecided / Don't know 8</p>	<p>2⇒UN9</p> <p>3⇒UN11</p> <p>8⇒UN9</p>
<p>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months 1 ___</p> <p>Years..... 2 ___</p> <p>Soon / Now 993</p> <p>Cannot get pregnant 994</p> <p>Other (specify) 996</p> <p>Don't know 998</p>	<p>994⇒UN11</p>
<p>UN8. <i>Check CP1. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with U9</p>		

UN9. Check CP2. Currently using a method?		
<input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No..... 2 DK..... 8	1 ⇒UN13 8 ⇒UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrheic F Breastfeeding G Too old H Fatalistic I Other (<i>specify</i>) X Don't know Z	
UN12. Check UN11. "Never menstruated" mentioned?		
<input type="checkbox"/> Mentioned ⇒ Go to HA1 <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago 1 ___ ___ Weeks ago 2 ___ ___ Months ago 3 ___ ___ Years ago..... 4 ___ ___ In menopause 994 Before last birth..... 995 Never menstruated 996	

HIV/AIDS		HA
FOR ALL EVER MARRIED WOMEN AGED 15-49 YEARS		
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK..... 8	2⇒WM11
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY LIVING WITH UNINFECTED HUSBAND WHO HAS NO OTHER WIFE?	Yes 1 No 2 DK..... 8	
HA3. CAN PEOPLE GET 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 GET THE AIDS VIRUS BY EATING FOOD IN THE SAME PLATE WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK..... 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK..... 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		
	Yes No DK	
[A] DURING PREGNANCY?	During pregnancy 1 2 8	
[B] DURING DELIVERY?	During delivery 1 2 8	
[C] BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA9. IN YOUR OPINION, 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	
HA10. 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	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8	

WM11. Record the time.	Hour and minutes :	
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WM12. Check Household Listing Form, column HL9.
 Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.

No ⇒ End the interview with this respondent by thanking her for her cooperation.
 Check for the presence of any other eligible woman, man or child under-5 in the household.

FIELD EDITOR'S OBSERVATIONS

Question No.	Comments	Action by Enumerator

Team Supervisor's Observations