

| WOMAN'S INFORMATION PANEL | | WM |
|--|---|-----------|
| <i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i> | | |
| WM1. Cluster number: _____ | WM2. Household number: _____ | |
| WM3. Woman's name: Name _____ | WM4. Woman's line number: _____ | |
| WM5. Interviewer's name and number: Name _____ | WM6. Day/Month/Year of interview: _____ / _____ / 2014 DD MM YYYY | |

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| <p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM SINDH BUREAU OF STATISTICS, PLANNING & DEVELOPMENT DEPARTMENT GOVERNMENT OF SINDH. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> | <p>IF GREETING AT THE BEGINNING OF THE HOUSEHOLD QUESTIONNAIRE HAS ALREADY BEEN READ TO THIS WOMAN, THEN READ THE FOLLOWING:</p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> |
| <p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</i></p> | |

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| WM7. Result of woman's interview | Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) 96 |
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| WM8. Field editor's name and number: Name _____ | WM9. Main data entry operator's name and number: Name _____ |
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| WM10. Record the time. | HOUR AND MINUTES ____ : ____ |
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| WOMAN'S BACKGROUND | | WB |
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| WB1. IN WHAT MONTH AND YEAR WERE YOU BORN? | Date of birth Month ____ DK month 98 Year ____ DK year 9998 | |
| WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i> | Age (in completed years) ____ | |
| WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL? | Yes 1 No 2 | 2⇒WB7 |
| WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED? <i>If grade 1 is not completed, enter "00".</i> | **Grade ____ | |
| WB6. Check WB5: <input type="checkbox"/> Grade is 9 or more(WB5=9 or more) ⇒ Go to Next Module <input type="checkbox"/> Grade is 8 or less(WB5=8 or less) ⇒ Continue with WB7 | | |
| WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME? | 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 <i>(specify language)</i> Blind/visually impaired 5 | |

** Codes for WB5:
Grade: 00 = Less than 1 year completed | 01 – 05 = Primary | 06 – 08 = Middle
09 – 10 = Secondary | 11 – 12 = Higher Secondary | 13-19 = Higher

MT1. Check WB7:

- Question left blank (Respondent has grade 9 or more) ⇒ Continue with MT2
- Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2
- Cannot read at all or Blind/visually impaired (codes 1 or 5) ⇒ Go to MT3

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| MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day | 1 |
| | At least once a week | 2 |
| | Less than once a week | 3 |
| | Not at all | 4 |

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| MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day | 1 |
| | At least once a week | 2 |
| | Less than once a week | 3 |
| | Not at all | 4 |

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| MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day | 1 |
| | At least once a week | 2 |
| | Less than once a week | 3 |
| | Not at all | 4 |

MT5. Check WB2: Age of respondent?

- Age 15-24 ⇒ Continue with MT6
- Age 25-49 ⇒ Go to Next Module

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| MT6. HAVE YOU EVER USED A COMPUTER? | Yes | 1 | 2 ⇒ MT9 |
| | No | 2 | |

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| MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS? | Yes | 1 | 2 ⇒ MT9 |
| | No | 2 | |

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| MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day | 1 |
| | At least once a week | 2 |
| | Less than once a week | 3 |
| | Not at all | 4 |

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| MT9. HAVE YOU EVER USED THE INTERNET? | Yes | 1 | 2 ⇒ Next Module |
| | No | 2 | |

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| MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i> | Yes | 1 | 2 ⇒ Next Module |
| | No | 2 | |

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| MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day | 1 |
| | At least once a week | 2 |
| | Less than once a week | 3 |
| | Not at all | 4 |

4 ⇒ Next Module

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| MT12. DURING THE LAST ONE MONTH, HOW OFTEN DO YOU USE SOCIAL MEDIA (FACEBOOK, TWITTER ETC.) ON INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day | 1 |
| | At least once a week | 2 |
| | Less than once a week | 3 |
| | Not at all | 4 |

| MARRIAGE | | MA |
|---|---|--------------------|
| MA1. ARE YOU CURRENTLY MARRIED? | Yes, currently married 1 No.....3 | 3⇒MA5 |
| MA2. HOW OLD IS YOUR HUSBAND? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY? | Age in years__ __ DK..... 98 | |
| MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES? | Yes 1 No.....2 | 2⇒MA7 |
| MA4. HOW MANY OTHER WIVES DOES HE HAVE? | Number.....__ __ DK..... 98 | ⇒MA7 98⇒MA7 |
| MA5. HAVE YOU EVER BEEN MARRIED? | Yes, formerly married 1 No..... 3 | 3⇒Go to DV Module |
| MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED? | Widowed..... 1 Divorced2 Separated.....3 | |
| MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE? | Only once 1 More than once2 | 1 ⇒MA8A 2 ⇒MA8B |
| MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY? MA8B. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY, I MEAN START LIVING WITH YOUR FIRST HUSBAND? | Date of (first) marriage Month__ __ DK month 98 Year__ __ __ __ DK year9998 | ⇒Next Module |
| MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND? | Age in years__ __ | |

| FERTILITY | | CM |
|--|---|--------|
| CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? | Yes.....1 No2 | 2⇒CM8 |
| CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR THE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i> | Date of first birth Month..... __ __ DK month.....98 Year __ __ __ __ DK year9998 | ⇒CM4 |
| CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH? | Completed years since first birth __ __ | |
| CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU? | Yes.....1 No2 | 2⇒CM6 |
| CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i> | Sons at home __ __ Daughters at home __ __ | |
| CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU? | Yes.....1 No2 | 2⇒CM8 |
| CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i> | Sons elsewhere __ __ Daughters elsewhere..... __ __ | |
| CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <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> | Yes.....1 No2 | 2⇒CM10 |
| CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i> | Boys dead..... __ __ Girls dead __ __ | |

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| CM10. Sum answers to CM5, CM7, and CM9. <i>(Total number of children)</i> | Sum__ __ | |
| CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL <i>(total number in CM10)</i> LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <p> <input type="checkbox"/> <i>Yes. Check below:</i> <ul style="list-style-type: none"> <input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module</i> <input type="checkbox"/> <i>One or more live births ⇒ Continue with CM12</i> <input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</i> </p> | | |
| CM12. OF THESE <i>(total number in CM10)</i> BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? <p> Month and year must be recorded. </p> | Date of last birth <p> Month.....__ __ </p> Year__ __ __ __ | |
| CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in 2012 (if the month of interview and the month of birth are the same, and the year of birth is 2012 , consider this as a birth within the last 2 years) <p> <input type="checkbox"/> <i>No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.</i> </p> <input type="checkbox"/> <i>One or more live births in last 2 years. ⇒ Ask for the name of the last-born child</i> <p style="text-align: center;"> Name of last-born child _____ </p> <p> <i>If child has died, take special care when referring to this child by name in the following modules.</i> </p> <p> <i>Continue with Next Module.</i> </p> | | |

DESIRE FOR LAST BIRTH

DB

*This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.*

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| <p>DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p> | <p>Yes 1 No 2</p> | <p>1⇒Next Module</p> |
| <p>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p> | <p>Later 1 No more..... 2</p> | <p>2⇒Next Module</p> |
| <p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i></p> | <p>Months..... 1 __ __ Years 2 __ __ DK..... 998</p> | |

MATERNAL AND NEWBORN HEALTH

MN

*This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.*

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|---|--|------------------------|-----|----|---------------------|---|---|-------------------|---|---|--------------------|---|---|--|
| <p>MN1. DID YOU SEE 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 SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p> | <p>Health professional Doctor..... A Nurse/midwife B Community midwife..... C Lady Health Visitor..... D Other person Traditional/ skilled birth attendant F Lady health worker..... G Relative / Friends H Other (specify)..... X</p> | | | | | | | | | | | | | |
| <p>MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>Record the answer as stated by respondent.</i></p> | <p>Weeks 1 __ __ Months 2 0 __ DK 998</p> | | | | | | | | | | | | | |
| <p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p> <p><i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i></p> | <p>Number of times..... __ __ 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? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?</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> </table> | | Yes | No | Blood pressure..... | 1 | 2 | Urine sample..... | 1 | 2 | Blood sample | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | |
| Blood pressure..... | 1 | 2 | | | | | | | | | | | | |
| Urine sample..... | 1 | 2 | | | | | | | | | | | | |
| Blood sample | 1 | 2 | | | | | | | | | | | | |
| <p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>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 (card seen) 1 Yes (card 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, THAT IS CONVULSIONS AFTER BIRTH?</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)?</p> | <p>Number of times __ DK 8</p> | <p>8⇒MN9</p> | | | | | | | | | | | | |

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| MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN17 <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9 | | |
| MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY? | Yes..... 1 No 2 DK 8 | 2⇒MN17 8⇒MN17 |
| MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i> | Number of times DK 8 | 8⇒MN17 |
| MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If less than 1 year, record '00'.</i> | Years ago | |
| MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i> | Health professional Doctor..... A Nurse/midwife B Community midwife..... C Lady Health Visitor..... D Other person Traditional birth attendant F Lady health worker..... G Relative / Friend..... H Other (specify)..... X No one Y | |
| MN18. WHERE DID YOU GIVE BIRTH TO (name)? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place) | Home Respondent's home 11 Other home 12 Public sector Government hospital 21 MCH centre/BHU 22 Other public (specify) 26 Private Medical Sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private (specify) 36 Other (specify) 96 | 11⇒MN20 12⇒MN20 96⇒MN20 |
| MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT? | Yes 1 No 2 | 2⇒MN20 |
| MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED? | Before 1 After 2 | |

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| MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL? | Very large..... 1 Larger than average 2 Average..... 3 Smaller than average..... 4 Very small 5 DK 8 | |
| MN21. WAS (<i>name</i>) WEIGHED AT BIRTH? | Yes 1 No 2 DK 8 | 2⇒MN23 8⇒MN23 |
| MN22. HOW MUCH DID (<i>name</i>) WEIGH? <i>If a card is available, record weight from card.</i> | From card..... 1 (kg) __ . ____ From recall 2 (kg) __ . ____ DK 99998 | |
| MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)? | Yes 1 No 2 | |
| MN24. DID YOU EVER BREASTFEED (<i>name</i>)? | Yes 1 No 2 | 2⇒Next Module |
| MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i> | Immediately..... 000 Hours 1 ____ Days 2 ____ DK 998 | |
| MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK? | Yes 1 No 2 | 2⇒Next Module |
| MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE? | Milk (other than breast milk) A Plain water B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Fruit juice F Infant formula G Tea H Honey I Ghutti J Other (<i>specify</i>) X | |

POST-NATAL HEALTH CHECKS

PN

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.*

PN1. Check MN18: Was the child delivered in a health facility?

- Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2
- No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name*).

YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

*If less than one day, record hours.
If less than one week, record days.
Otherwise, record weeks.*

Hours 1 ___
Days 2 ___
Weeks 3 ___
DK 998

PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK.

BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?

Yes 1
No 2

PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?

Yes 1
No 2

PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*).

DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*)?

Yes 1 1 ⇒ PN11
No 2 2 ⇒ PN16

PN6. Check MN17: Did a health professional, traditional birth attendant, or Lady health worker assist with the delivery?

- Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN7
- No, delivery not assisted by a health professional, traditional birth attendant, or Lady health worker (A- G) not circled in MN17) ⇒ Go to PN10

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| <p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p> | <p>Yes..... 1 No 2</p> | |
| <p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p> | <p>Yes..... 1 No 2</p> | |
| <p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p> | <p>Yes..... 1 No 2</p> | <p>1⇒PN11 2⇒PN18</p> |
| <p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p> | <p>Yes..... 1 No 2</p> | <p>2⇒PN19</p> |
| <p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p> | <p>Once 1 More than once 2</p> | <p>1⇒PN12A 2⇒PN12B</p> |
| <p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p> | <p>Hours 1 __ __ Days..... 2 __ __ Weeks 3 __ __ DK / Don’t remember 998</p> | |
| <p>PN13. WHO CHECKED ON (<i>name</i>)’S HEALTH AT THAT TIME?</p> | <p>Health professional Doctor..... A Nurse/midwife B Community midwife..... C Lady Health Visitor..... D Other person Traditional birth attendant F Lady health worker..... G Relative / Friend..... H Other (<i>specify</i>)..... X</p> | |

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| <p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government clinic/MCH centre/BHU 22</p> <p>Other public (<i>specify</i>) 26</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p> | |
| <p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p> | | |
| <p>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> | <p>Yes 1</p> <p>No 2</p> | <p>1 ⇒ PN20</p> <p>2 ⇒ Next Module</p> |
| <p>PN17. Check MN17: Did a health professional, traditional birth attendant, or Lady health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or Lady health worker (MN17=A-G) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or Lady health worker (A-G not circled in MN17) ⇒ Go to PN19</p> | | |
| <p>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> | <p>Yes 1</p> <p>No 2</p> | <p>1 ⇒ PN20</p> <p>2 ⇒ Next Module</p> |
| <p>PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p> | <p>Yes 1</p> <p>No 2</p> | <p>2 ⇒ Next Module</p> |
| <p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p> | <p>Once 1</p> <p>More than once 2</p> | <p>1 ⇒ PN21A</p> <p>2 ⇒ PN21B</p> |

| | | |
|---|---|--|
| <p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p> | <p>Hours 1 __ __</p> <p>Days 2 __ __</p> <p>Weeks 3 __ __</p> <p>DK / Don't remember 998</p> | |
| <p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p> | <p>Health professional:</p> <p>Doctor..... A</p> <p>Nurse/midwife B</p> <p>Community midwife..... C</p> <p>Lady Health Visitor..... D</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Lady health worker..... G</p> <p>Relative / Friend..... H</p> <p>Other (<i>specify</i>)..... X</p> | |
| <p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 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>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital..... 21</p> <p>Government clinic/MCH centre/BHU 22</p> <p>Other public (<i>specify</i>) 26</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Private clinic..... 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>)..... 96</p> | |

IS1. *Check List of Household Members, column HL7Band HL15*

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 A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?

Probe:
ANY OTHER SYMPTOMS?

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

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever C
- Child has fast breathing..... D
- Child has difficulty breathing E
- Child has blood in stool F
- Child is drinking poorly G
- Child weeping continuously.....H
- Child vomiting.....I
- Child has too many /frequent stools.....J
- Other (*specify*) _____ X
- Other (*specify*) _____ Y
- Other (*specify*) _____ Z

VISIT FROM LADY HEALTH WORKER

LH

| | | |
|--|---|---|
| <p>LH1. IS THERE A LADY HEALTH WORKER IN YOUR AREA? FOR EXAMPLE A LADY WHO VISITS DOOR TO DOOR AND PROVIDES HEALTH INFORMATION AND OTHER SERVICES.</p> | <p>Yes1 No2 DK..... 8</p> | <p>2 ⇒ Next Module 8 ⇒ Next Module</p> |
| <p>LH2. WHAT KIND OF SERVICES DOES A LADY HEALTH WORKER PROVIDE?</p> <p><i>Probe:</i> ANY OTHER SERVICE?</p> <p>Keep asking for more services until the respondent cannot recall any additional service.</p> <p>CIRCLE ALL SERVICES MENTIONED, BUT DO <u>NOT</u> PROMPT WITH ANY SUGGESTIONS</p> | <p>Provides ORS (nimkol), Vitamins, MedicinesA Growth monitoring of under 5 Child.....B Education/Advice on general health care including hygiene and sanitation C Education/Advice on Family Planning methods..... D Administration Polio drops.....E Education/Advice on routine immunizationF Education/advice on pregnancy (antenatal and post natal care)..... G Education/advice on Breastfeeding..... H</p> <p>Other (<i>please specify</i>)..... X Other (<i>please specify</i>)..... Y DK.....Z</p> | |
| <p>LH3. HAS THIS HOUSEHOLD BEEN VISITED BY LADY HEALTH WORKER DURING THE PAST THREE MONTHS?</p> | <p>Yes 1 No 2 DK..... 8</p> | |

CONTRACEPTION

CP

CP0. Check MA1. Currently married?

- Yes, currently married ⇒ Continue with CP1
- No ⇒ Go to ATTITUDES TOWARDS DOMESTIC VIOLENCE module

| | | |
|--|---|---|
| <p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p> | <p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK 8</p> | <p>1 ⇒ CP2A</p> |
| <p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p> | <p>Yes 1</p> <p>No 2</p> | <p>1 ⇒ CP3</p> |
| <p>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p> | <p>Yes 1</p> <p>No 2</p> | <p>1 ⇒ Next Module</p> <p>2 ⇒ Next Module</p> |
| <p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</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>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam/ Jelly J</p> <p>Periodic abstinence/Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p> | |

| UNMET NEED | | UN |
|--|--|---------------------------------|
| UN1. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5 | | |
| 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? | Yes 1 No 2 | 1 ⇒ UN4 |
| UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN? | Later 1 No more 2 | |
| UN4. 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 another child 1 No more / None 2 Undecided / DK 8 | 1 ⇒ UN7 2 ⇒ UN13 8 ⇒ UN13 |
| UN5. Check CP3. Currently using "Female sterilization"? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6 | | |
| UN6. NOW I WOULD LIKE TO ASK YOU 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 / DK 8 | 2 ⇒ UN9 3 ⇒ UN11 8 ⇒ UN9 |
| UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i> | Months 1 ___ Years 2 ___ Does not want to wait (soon/now) 993 Says she cannot get pregnant 994 Other 996 DK 998 | 994 ⇒ UN11 |
| UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9 | | |

| | | |
|--|--|----------|
| 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 | 1 ⇒ UN13 |
| | No 2 | |
| | DK..... 8 | 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 amenorrhic F | |
| | Breastfeeding..... G | |
| | Too old H | |
| | Fatalistic..... I | |
| Other (<i>specify</i>) X | | |
| DK..... Z | | |
| UN12. Check UN11. “Never menstruated” mentioned? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13 | | |
| UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? Record the answer using the same unit stated by the respondent | Days ago..... 1 ___ | |
| | Weeks ago..... 2 ___ | |
| | Months ago 3 ___ | |
| | Years ago..... 4 ___ | |
| | In menopause / Has had hysterectomy 994 | |
| | Before last birth..... 995 | |
| Never menstruated 996 | | |

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

| | | Yes | No | DK |
|---|---------------------------------|-----|----|----|
| [A] IF SHE GOES OUT WITHOUT TELLING HIM? | Goes out without telling | 1 | 2 | 8 |
| [B] IF SHE NEGLECTS THE CHILDREN? | Neglects children | 1 | 2 | 8 |
| [C] IF SHE ARGUES WITH HIM? | Argues with him | 1 | 2 | 8 |
| [D] IF SHE REFUSES TO HAVE SEX WITH HIM? | Refuses sex..... | 1 | 2 | 8 |
| [E] IF SHE BURNS THE FOOD? | Burns food | 1 | 2 | 8 |
| [F] IF SHE DOES NOT PERFORM HOUSEHOLD CHORES | Does not perform HH chores | 1 | 2 | 8 |
| [G] IF SHE USES MOBILE/PHONE, FACEBOOK, TWITTER, TV, INTERNET OR ANY OTHER ENTERTAINMENT CHANNEL? | Use of media | 1 | 2 | 8 |

| HIV/AIDS | | HA | | | | | | | | | | | | | | | | |
|---|---|-----------------|-----|----|----|-----------------------|---|---|---|----------------------|---|---|---|-----------------------|---|---|---|--|
| <p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF HIV OR AN ILLNESS CALLED AIDS?</p> | <p>Yes 1</p> <p>No..... 2</p> | 2 ⇒ Next Module | | | | | | | | | | | | | | | | |
| <p>HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV VIRUS (AIDS) BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</p> | <p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | |
| <p>HA3. CAN PEOPLE GET THE HIV VIRUS (AIDS) 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 HIV VIRUS (AIDS) 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 HIV VIRUS (AIDS) FROM MOSQUITO BITES?</p> | <p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | |
| <p>HA6. CAN PEOPLE GET THE HIV VIRUS (AIDS) BY SHARING FOOD WITH A PERSON WHO HAS THE HIV VIRUS (AIDS)?</p> | <p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | |
| <p>HA6A. CAN PEOPLE GET THE HIV VIRUS (AIDS) THROUGH SHARING NEEDLES AND SYRINGES WITH A PERSON WHO HAS THE HIV VIRUS (AIDS)?</p> | <p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | |
| <p>HA6B. CAN PEOPLE GET THE HIV VIRUS (AIDS) THROUGH AN UNSCREENED BLOOD TRANSFUSION?</p> | <p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | |
| <p>HA6C. CAN PEOPLE GET THE HIV VIRUS (AIDS) THROUGH NON STERILIZED SURGICAL AND DENTAL INSTRUMENTS?</p> | <p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | |
| <p>HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV VIRUS (AIDS)?</p> | <p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | |
| <p>HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</p> <p>[A] DURING PREGNANCY?</p> <p>[B] DURING DELIVERY?</p> <p>[C] BY BREASTFEEDING?</p> | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Yes | No | DK | During pregnancy..... | 1 | 2 | 8 | During delivery..... | 1 | 2 | 8 | By breastfeeding..... | 1 | 2 | 8 | |
| | Yes | No | DK | | | | | | | | | | | | | | | |
| During pregnancy..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| During delivery..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| By breastfeeding..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| <p>HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV VIRUS (AIDS) BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?</p> | <p>Yes 1</p> <p>No..... 2</p> <p>DK/Not sure/Depends 8</p> | | | | | | | | | | | | | | | | | |

| | | |
|---|---|--|
| HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV VIRUS (AIDS)? | Yes 1 No..... 2 DK/Not sure/Depends 8 | |
| HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV VIRUS (AIDS), 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 | |

HEPATITIS

HE

| | | |
|--|--|--------------------------|
| <p>HE1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER ILLNESS.</p> <p>HAVE YOU EVER HEARD OF AN ILLNESS CALLED HEPATITIS B OR C?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒Next Module</p> |
| <p>HE2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HEPATITIS B OR C BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | |
| <p>HE3. CAN A PERSON BECOME INFECTED WITH HEPATITIS B OR C THROUGH AN UNSCREENED BLOOD TRANSFUSION?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | |
| <p>HE4. CAN A PERSON BECOME INFECTED WITH HEPATITIS B OR C THROUGH SHARING NEEDLES / SYRINGES OR THE USE OF UNSTERILIZED SURGICAL AND DENTAL INSTRUMENTS?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | |

| TOBACCO USE | | TA |
|---|--|--------|
| TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS? | Yes.....1 No2 | 2⇒TA6 |
| TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME? | Never smoked a whole cigarette 00 Age..... ____ | 00⇒TA6 |
| TA3. DO YOU CURRENTLY SMOKE CIGARETTES? | Yes.....1 No2 | 2⇒TA6 |
| TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE? | Number of cigarettes..... ____ | |
| TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i> | Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30 | |
| TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, PAN BEERI OR PIPE? | Yes.....1 No2 | 2⇒TA10 |
| TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS? | Yes.....1 No2 | 2⇒TA10 |
| TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i> | Cigars A Water pipe B Pipe..... D Pan Beeri E Other (<i>specify</i>) X | |
| TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i> | Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30 | |
| TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, PAAN WITH TOBACCO, GUTKA, NASWAR, MAWA TUMBAKU, NAAS AND MAINPURI? | Yes.....1 No2 | 2⇒WM11 |
| TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS? | Yes.....1 No2 | 2⇒WM11 |

| | | |
|--|---|--|
| <p>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p> | <p>Chewing tobacco.....A Paan with tobacco.....D Gutka.....E Naswar.....F MawaTumbaku.....G NaasH MainpuriI</p> <p>Other (<i>specify</i>).....X</p> | |
| <p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i></p> | <p>Number of days 0 ____</p> <p>10 days or more but less than a month 10</p> <p>Everyday / Almost every day 30</p> | |

| | | |
|--------------------------------------|--------------------------------------|--|
| <p>WM11. Record the time.</p> | <p>Hour and minutes : ____</p> | |
|--------------------------------------|--------------------------------------|--|

| | |
|--|--|
| <p>WM12. Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.</p> | |
|--|--|

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations