

State Name:

Segment Number:

Household Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SUDAN HOUSEHOLD HEALTH SURVEY 2  
QUESTIONNAIRE FOR INDIVIDUAL WOMEN**

**WOMAN'S INFORMATION PANEL**

**WM**

*This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of HH listing). Fill in one form for each eligible woman. Fill in the segment and household number, and the name and household line number of the woman in the space below. Fill in your name, number, and the date.*

WM1. CODES..... State Cluster No. - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WM2. HOUSEHOLD NUMBER: <input type="text"/> <input type="text"/>
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WM3. Woman's Name : Name : _____	WM4. Woman's Household Line Number: <input type="text"/> <input type="text"/>
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WM5. Interviewer Name and Number: _____	<input type="text"/> <input type="text"/>
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WM6. Day/Month/Year of interview:   /   /

*Repeat greeting IF NOT ALREADY READ to this woman:*

We are from the Sudan Household Health Survey 2<sup>nd</sup> round which is concerned with family health and socioeconomic indicators. I would like to talk to you about this. The interview will take about (will be decided after the pretest) minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

*May I start now?*

YES, PERMISSION IS GIVEN ⇨ GO TO WM10 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.

No, permission is not given ⇨ Complete WM7. Discuss this result with your supervisor FOR A FUTURE REVISIT

WM7. Result of women's interview:  <i>Circle the appropriate code</i>	Completed..... 1 Not at home..... 2 Refused ..... 3 Partly completed..... 4 Incapacitated ..... 5 Other (SPECIFY)..... 6
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WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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WM10. Record the starting time.	Hour and minutes..... : ____
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State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

WOMAN'S BACKGROUND		WB
<p>WB2. HOW OLD ARE YOU?</p> <p><i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i></p>	<p>Age (in completed years)..... _____</p>	
<p>WB3. HAVE YOU EVER ATTENDED SCHOOL?</p>	<p>Yes ..... 1 No..... 2</p>	2⇒WB7
<p>WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?</p>	<p>Primary ..... 1 Intermediate..... 1a Secondary..... 2 University/Higher institutes..... 3 Adult education..... 4 Khalwa / Sunday Education..... 6</p>	
<p>WB5. IF 1A OR 2 WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?</p> <p><i>If less than 1 grade, enter "00"</i></p>	<p>Grade ..... <input type="text"/> <input type="text"/></p>	
<p>WB6. Check WB4:</p> <p><input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module</p> <p><input type="checkbox"/> All Other answers ⇒ Continue with WB7</p>		
<p>WB 7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME:</p> <p><i>SHOW SENTENCES TO RESPONDENTS. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p> <p><i>EXAMPLE OF SENTENCES FOR LITERACY</i></p> <ol style="list-style-type: none"> <li>1. THE CHILD IS READING A BOOK.</li> <li>2. THE RAINS CAME LATE THIS YEAR.</li> <li>3. PARENTS MUST CARE FOR THEIR CHILDREN.</li> <li>4. FARMING IS HARD WORK.</li> </ol>	<p>Cannot read at all..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3</p> <p>No sentence in required language ..... 4 <i>(specify language)</i></p> <p>Blind / visually / speech impaired..... 5</p>	

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man..... 2 No, not in union..... 3	3⇒MA5
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes..... 1 No..... 2 DK..... 98	⇒MA9 ⇒MA9
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ..... DK..... 98	⇒MA9 98⇒MA9
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married..... 1 Yes, formerly lived with a man..... 2 No..... 3	3 ⇒CP Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced..... 2 Separated..... 3	
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years .....	

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

REPRODUCTION AND CHILD SURVIVAL (CHILD MORTALITY)		CM
<p><i>This Module is to be administered to currently or ever married or in union women in the age group 15-49</i>  <i>All questions refer only to LIVE births.</i></p>		
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH TO A <b>LIVE BABY</b>?            I MEAN THAT THE CHILD HAS SHOWN ANY SIGNS OF LIFE; CRIED, BREATHED OR MOVED HIS/HER LIMBS.</p>	<p>Yes ..... 1            No..... 2</p>	2⇒CP MODULE
<p>CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?            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>	Completed years since first birth.....__ __	
<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>	2⇒CM6
<p>CM5. HOW MANY SONS LIVE WITH YOU?            HOW MANY DAUGHTERS LIVE WITH YOU?  <i>If none, record '00'.</i></p>	<p>Sons at home.....__ __            Daughters at home.....__ __</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>	2⇒CM8

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

<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 none, record '00'.</i></p>	<p>Sons elsewhere..... _____</p> <p>Daughters elsewhere ..... _____</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</p> <p>No..... 2</p>	<p>2⇒CM 10</p>
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead..... _____</p> <p>Girls dead ..... _____</p>	
<p>CM10. Sum answers to CM5, CM7, and CM9.</p>	<p>Sum..... _____</p>	

CM 11 JUST TO MAKE SURE THAT I HAVE THIS RIGHT:

SO YOU HAVE HAD IN TOTAL   ...LIVE BIRTHS (sum CM5, CM7 and CM9).

IF YES ⇒ Continue with CM12

IF No CHECK CM4, CM6, CM8 and ACCORDINGLY CORRECT CM10 and CM11

State Name:            Cluster Number:            Household Number:            Woman's Line Number:

CM12. OF THESE ( <i>total number</i> ) 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 (MARCH-APRIL 2008)*

*No live birth in last 2 years. ⇒ Go to Next Module.*

*Yes, live birth in last 2 years. ⇒ Ask for the name of the child*

*Name of child* \_\_\_\_\_

*If child has died, take special care when referring to this child by name in the following modules.*

State Name:            Cluster Number:            Household Number:            Woman's Line Number:

\_\_\_\_\_

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
<p>DB1. WHEN YOU GOT PREGNANT WITH (name), 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?</p>	<p>Months..... 1 ___ Years..... 2 ___ DK..... 8</p>	

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

LIVE BIRTH HISTORY TABLE									BH			
NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER THE CHILD IS STILL ALIVE OR NOT. I WOULD LIKE TO START WITH THE FIRST ONE YOU HAD.												
<i>Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.</i>												
	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9			
<i>Live birth Line No.</i>	<i>Name</i> ALL CHILDREN, WHETHER ALIVE OR DEAD:	WERE ANY OF THESE BIRTHS TWINS?  1 SINGLE  2 MULTIPLE	IS ( <i>name</i> ) MALE OR FEMALE?  1 MALE  2 FEMALE	IN WHAT MONTH AND YEAR WAS ( <i>name</i> ) BORN?  <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?  <i>If they don't know write "98" for months and "9998" for year</i>	IS ( <i>name</i> ) STILL ALIVE?  1 Yes 2 No BH9	<i>If alive</i> HOW OLD WAS ( <i>name</i> ) ON HIS/HER LAST BIRTHDAY?  <i>Record age in completed years. If less than 1 year record (00)</i>  98 DK	<i>If alive:</i> IS ( <i>name</i> ) LIVING WITH YOU?  1 Yes 2 No	<i>If alive</i> Record household line number of child (from HL1).  <i>Write "00" if child is not listed on household listing form (HL module).</i>	HOW OLD WAS ( <i>name</i> ) WHEN HE/SHE DIED?  <i>Record age at death. If less than 1 month, record days. If less than 2 years, record months. If more than 2 years, record years.</i>			
LINE	NAME	S	M	SEX	MONTH & YEAR	Y	N	AGE	Y	N	HH LINE NO.	AGE AT DEATH
01	_____	<input type="checkbox"/>	<input type="checkbox"/>		MONTH YEAR □□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	DAYS MONTHS YEARS □□□□□□□□
02	_____	<input type="checkbox"/>	<input type="checkbox"/>		MONTH YEAR □□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	DAYS MONTHS YEARS □□□□□□□□
03	_____	<input type="checkbox"/>	<input type="checkbox"/>		MONTH YEAR □□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	DAYS MONTHS YEARS □□□□□□□□



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Line No.	Name	WERE ANY OF THESE BIRTHS TWINS?  1 SINGLE 2 MULTIPLE	IS (name) MALE OR FEMALE?  1 MALE 2 FEMALE	IN WHAT MONTH AND YEAR WAS (name) BORN?  <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?  <i>If they don't know write "98" for months and "9998" for year</i>	IS (name) STILL ALIVE?  1 Yes 2 No BH9	<i>If alive</i> HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <i>Record age in completed years. If less than 1 year record (00)</i>  98 DK	<i>If alive:</i> IS (name) LIVING WITH YOU?  1 Yes 2 No	<i>If alive</i> Record household line number of child (from HL1).  <i>Write "00" if child is not listed on household listing form (HL module).</i>	HOW OLD WAS (name) WHEN HE/SHE DIED?  <i>Record age at death. If less than 1 month, record days. If less than 2 years, record months. If more than 2 years, record years.</i>																			
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				MONTH YEAR					DAYS MONTHS YEARS																			
04	_____	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									<input type="checkbox"/>	<table border="1"> <tr><td> </td><td> </td></tr> </table>			<input type="checkbox"/>	<table border="1"> <tr><td> </td><td> </td></tr> </table> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										
05	_____	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									<input type="checkbox"/>	<table border="1"> <tr><td> </td><td> </td></tr> </table>			<input type="checkbox"/>	<table border="1"> <tr><td> </td><td> </td></tr> </table> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										
06	_____	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									<input type="checkbox"/>	<table border="1"> <tr><td> </td><td> </td></tr> </table>			<input type="checkbox"/>	<table border="1"> <tr><td> </td><td> </td></tr> </table> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										

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LINE	NAME	S	M	SEX	MONTH & YEAR	Y	N	AGE	Y	N	HH LINE NO.	AGE AT DEATH
07	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MONTH YEAR [ ][ ][ ][ ][ ][ ][ ][ ][ ]	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]	DAYS MONTHS YEARS [ ][ ][ ][ ][ ][ ][ ][ ][ ]
08	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MONTH YEAR [ ][ ][ ][ ][ ][ ][ ][ ][ ]	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]	DAYS MONTHS YEARS [ ][ ][ ][ ][ ][ ][ ][ ][ ]
09	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MONTH YEAR [ ][ ][ ][ ][ ][ ][ ][ ][ ]	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]	DAYS MONTHS YEARS [ ][ ][ ][ ][ ][ ][ ][ ][ ]

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

LIVE BIRTH HISTORY TABLE										BH		
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LINE	NAME	S	M	SEX	MONTH & YEAR	Y	N	AGE	Y	N	HH LINE NO.	AGE AT DEATH
10	_____	<input type="checkbox"/>	<input type="checkbox"/>		MONTH YEAR □□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	DAYS MONTHS YEARS □□□□□□□□
11	_____	<input type="checkbox"/>	<input type="checkbox"/>		MONTH YEAR □□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	DAYS MONTHS YEARS □□□□□□□□
12	_____	<input type="checkbox"/>	<input type="checkbox"/>		MONTH YEAR □□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	<input type="checkbox"/>	<input type="checkbox"/>	□□	DAYS MONTHS YEARS □□□□□□□□

CHECK THE TOTAL OF BH1, WHETHER IT IS EQUAL TO CM10  
YES, GO TO THE NEXT MODULE

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

MATERNAL AND NEWBORN HEALTH;		MN
<p><i>This module is to be administered to all women WHO WERE PREGNANT in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><b>Use this child's name in the following questions, where indicated.</b></p>		
<p><b>MN 00. CONFIRMATION QUESTION</b></p> <p><b>HAVE YOU BEEN PREGNANT DURING THE LAST 2 YEARS?</b></p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK.....3</p>	<p>2 ⇒ CP</p> <p>3 ⇒ CP</p>
<p><b>MN 01. HOW MANY PREGNANCIES DID YOU HAVE DURING THE PAST TWO YEARS?</b></p>	<p>The Number of pregnancies: ..... <input type="text"/></p>	
<p><b>MN 02. HOW DID THESE PREGNANCIES END?</b></p> <p><i>Ask for each outcome and record conclusion for each pregnancy reported in MN 01.</i></p> <p><i>Check that total number is equal to the number of pregnancies reported in MN 01. If Different, probe for MN 01 and correct if necessary.</i></p>	<p>MN 02A. LIVE BIRTH: .....A <input type="text"/></p> <p>MN 02B. STILL BIRTH: .....B <input type="text"/></p> <p>MN 02C. MISCARRIAGE:.....C <input type="text"/></p> <p>MN02D. Currently pregnant.....D</p>	<p>1 ⇒ MN 1</p> <p>2 ⇒ MN 1</p> <p>IF D only and/or C only</p> <p>⇒ CP</p>
<p><b>FOR THE NEXT FEW QUESTIONS, I WILL BE ASKING ABOUT YOUR LAST COMPLETED PREGNANCY (LIVE OR STILL BIRTH).</b></p>		
<p><b>MN1. BEFORE YOU GAVE BIRTH TO THIS CHILD, DID YOU SEE ANYONE FOR ANTENATAL CARE?</b></p>	<p>Yes..... 1</p> <p>No.....2</p>	<p>2 ⇒ MN5</p>

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

<p><b>MN2. WHOM DID YOU SEE?</b></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:</p> <p>Doctor..... A Nurse midwife..... B Health Visitor..... C Midwife..... D</p> <p>Other person:</p> <p>Traditional birth attendant..... E Community health worker..... F Relative/Friend..... G Other (<i>specify</i>)..... X</p>	
<p><b>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</b></p>	<p>Number of times.....</p> <p>DK.....98</p>	
<p><b>MN4. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</b></p> <p><b>MN4A. WAS YOUR BLOOD PRESSURE MEASURED?</b></p> <p><b>MN4B. DID YOU GIVE A URINE SAMPLE?</b></p> <p><b>MN4C. DID YOU GIVE A BLOOD SAMPLE?</b></p>	<p><u>MN4A. Blood pressure</u> Yes .....1 No .....2</p> <p><u>MN4B. Urine sample</u> Yes .....1 No .....2</p> <p><u>MN4c. Blood sample</u> Yes .....1 No .....2</p>	
<p><b>MN4D. AS PART OF YOUR ANTENATAL CARE, WAS THE MODE AND/OR PLACE OF DELIVERY DISCUSSED WITH YOU?</b></p>	<p><u>MN4DA. MODE OF DELIVERY (Normal/CS)</u> Yes .....1 No .....2</p> <p><u>MN4DB. PLACE OF DELIVERY</u> Yes .....1 No.....2</p>	
<p><b>MN4E DURING THIS PREGNANCY, DID YOU RECEIVE IRON OR FEFOL TABLETS?</b></p>	<p>Yes.....1 No.....2</p> <p>DK 8</p>	

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

<p><b>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</b></p> <p><b>MAY I SEE IT PLEASE?</b> <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><b>MN6. During this pregnancy, DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</b></p>	<p>Yes.....1          No.....2          DK.....8</p>	<p>2⇒MN9          8⇒MN9</p>
<p><b>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION During this pregnancy?</b></p> <p><i>If 7 or more times, record '7.</i></p>	<p>Number of times.....          DK.....8</p>	<p>8⇒MN9</p>
<p><b>MN8. How many tetanus injections during last pregnancy were reported in MN7?</b></p> <p><input type="checkbox"/> <i>At least two tetanus injections during last pregnancy. ⇒ Go to MN13</i></p> <p><input type="checkbox"/> <i>Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</i></p>		

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

<p><b>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</b></p>	<p>Yes ..... 1          No ..... 2          DK ..... 8</p>	<p>2 ⇒ MN13          8 ⇒ MN13</p>
<p><b>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR LAST PREGNANCY?</b></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times .....          DK ..... 8</p>	<p>8 ⇒ MN13</p>
<p><b>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR LAST PREGNANCY?</b></p>	<p>Years ago .....</p>	
<p><b>MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?</b></p>	<p>Yes ..... 1          No ..... 2          DK ..... 8</p>	<p>2 ⇒ MN16A          8 ⇒ MN16A</p>
<p><b>MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?</b></p> <p><i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p> <p><b>MN15. Check MN14 for medicine taken:</b></p> <p><input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16</p> <p><input type="checkbox"/> SP / FANSIDAR NOT TAKEN. ⇒ GO TO MN16A</p>	<p>SP / Fansidar ..... A          Chloroquine ..... B          Other (specify) ..... X          DK ..... Z</p>	
<p><b>MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP / FANSIDAR?</b></p> <p><i>SHOW FANSIDAR TO RESPONDENT</i></p>	<p>Number of times .....          DK ..... 98</p>	

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

<p><b>MN16</b>WHAT SIGNS AND SYMPTOMS DO YOU KNOW THAT TELLS SOMETHING IS WRONG DURING PREGNANCY, CHILDBIRTH/POSTPARTUM PERIOD THAT WOMAN SHOULD CONTACT HER CAREGIVER OR SEEK HEALTH CARE?</p> <p><i>Probe:</i> ANY OTHER CAUSE?</p> <p><i>Circle all answers given</i></p>	<p><b>High fever.....A</b></p> <p><b>Severe headache/ blurred vision.....B</b></p> <p><b>High blood pressure.....C</b></p> <p><b>Convulsions, fainting.....D</b></p> <p><b>Vaginal bleeding.....E</b></p> <p><b>Decreased or no fetal movements.....F</b></p> <p><b>Green or brown fluid leaking from vagina....G</b></p> <p><b>Foul smelling discharge from the vagina.....H</b></p> <p><b>Difficult breathing.....I</b></p> <p><b>Severe lower abdominal/back pain.....J</b></p> <p><b>Lower Limb pain/redness..... K</b></p> <p><b>DK.....L</b></p> <p><b>Other (Specify).....X</b></p>	
<p><b>MN17. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST COMPLETED PREGNANCY?</b></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:</p> <p>Doctor..... A</p> <p>Health visitor ..... B</p> <p>Nurse midwife..... C</p> <p>Village Midwife..... D</p> <p>Medical Assistant..... E</p> <p>Other person:</p> <p>Traditional birth attendant..... F</p> <p>Community health worker..... G</p> <p>Other (specify) ..... X</p> <p><b>No one ..... Y</b></p>	



State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

<p><b>MN18. WHERE DID YOU GIVE BIRTH TO YOUR LAST CHILD (EITHER LIVE OR STILL BIRTH)?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine the type write the name of the place.</i></p> <p>(Name of place)</p> <p>_____</p>	<p>Home.....1          PHCF (Primary Health Care Facility) .....2          Hospital .....4          Other (specify).....6</p>	
<p><b>MN19. PLEASE TELL ME THE MODE OF DELIVERY OF YOUR LAST CHILD (LIVE OR STILL BIRTH).</b></p>	<p>Vaginal .....1          Forceps/extractor .....2          Caesarian Section.....3          DK.....8</p>	
<p><b>MN19A WHAT ARE THE SIGNS AND SYMPTOMS YOU KNOW, THAT ALERTS A MOTHER TO SEEK HEALTH CARE FOR HER NEWBORN?</b></p> <p><i>Probe:</i>          ANY OTHER CAUSE?</p>	<p>Fever .....A          Convulsions.....B          Jaundice (yellowing of skin).....C          Very sleepy or not able to wake.....D          Not suckling.....E          White spots in mouth or tongue.....F          Vomiting/spitting a lot or shooting out.....G          Diarrhea.....H          Less than six wet diapers per day.....I          skin rash.....K          DK.....L          Other (Specify).....X</p>	
<p><b>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</b></p>	<p>Yes.....1          No.....2</p>	
<p><b>MN23A. IN THE FIRST 6 WEEKS AFTER THE LAST DELIVERY, DID YOU SEE/WERE YOU VISITED BY ANYONE FOR A CHECK-UP ON YOUR HEALTH?</b></p> <p><b><i>If yes: WHOM DID YOU SEE/ WERE YOU VISITED BY?</i></b></p> <p><i>Probe for the type of person and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor.....A          Health visitor .....B          Nurse midwife.....C          Village Midwife .....D          Medical Assistant.....E</p> <p>Other person:</p> <p>Traditional birth attendant.....F          Community health worker.....G          Other (specify).....X</p> <p><b>No one</b> .....Y</p>	

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

<b>MN23B. IN THE FIRST 6 WEEKS AFTER THE LAST DELIVERY, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</b>  <i>Show 200,000 IU capsule or dispenser.</i>	Yes ..... 1 No ..... 2 Don't know ..... 8							
				Pregnancy			Labour / postpartum	
<b>MN23C. AT ANY TIME DURING PREGNANCY, LABOUR OR WITHIN 42 DAYS AFTER DELIVERY OF YOUR LAST COMPLETED PREGNANCY, DID YOU EXPERIENCE ANY OF THE FOLLOWING?</b>  <i>Read aloud each and circle the corresponding answer in the box.</i>  YES 1 NO 2 DK 8		YES	NO	DK	YES	NO	DK	
	MN23C A. Excessive vaginal bleeding	1	2	8	1	2	8	
	MN23C B. High blood pressure	1	2	8	1	2	8	
	MN23C C. Convulsions	1	2	8	1	2	8	
	MN23C D. High Fever	1	2	8	1	2	8	
	MN23C E. Painful Urination	1	2	8	1	2	8	
	MN23C F. Lower Abdominal/Back Pain	1	2	8	1	2	8	
	MN23C G. Foul-smelling vaginal discharge	1	2	8	1	2	8	
	MN23C h. Jaundice	1	2	8	1	2	8	
	MN23C I. Prolonged labour lasting more than 12 hours				1	2	8	
	MN23C J. Swelling, pain and redness in legs				1	2	8	
	MN23C K. Swollen, painful breast				1	2	8	
	MN23C L. Dribbling of urine				1	2	8	

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

CONTRACEPTION MODULE		CP
<p><b>NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING, THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID PREGNANCY. (THIS QUESTION TO BE ASKED TO ALL WOMEN AGE 15 – 49 YEARS)</b></p>		
<p>CP00. SOME PEOPLE USE METHODS TO DELAY OR AVOID PREGNANCY. HAVE YOU EVER HEARD ABOUT THESE METHODS OF FAMILY PLANNING?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2 ⇒ CP02</p>
<p>CP01. WHICH METHODS TO AVOID OR DELAY PREGNANCY THAT YOU KNOW ABOUT?</p> <p><i>List and describe methods. Circle each method known by respondent.</i></p>	<p>CP1A. Condom (male) ..... A            CP1B. Diaphragm/Cervical cap/Female condom B            CP1C. Spermicides/Cream/Jelly/Foam/ Vaginal pills/Suppositories ..... C            CP1D. IUD ..... D            CP1E. Oral hormonal contraceptives (pills) ..... E            CP1F. Hormonal injections ..... F            CP1G. Hormonal implants ..... G            CP1H. Emergency contraception ..... H            CP1I. Lactation amenorrhea method ..... I            CP1J. Withdrawal ..... J            CP1K. Calendar method ..... K            CP1L. Abstinence ..... L            CP1M. Douching ..... M            CP1N. Tubal ligation (female sterilization) ..... N            CP1O. Vasectomy (male sterilization) ..... O            CP1x. Other methods ..... X            CP1Z. DK/difficult answer ..... Z</p>	
<p>CP02. IF NOT MENTIONING CONDOM ASK: HAVE YOU EVER HEARD OF A MALE CONDOM?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2 ⇒ CP05</p>
<p>CP03. DO YOU KNOW OF A PLACE WHERE A PERSON CAN GET CONDOMS?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>CP04. IF YOU WANTED TO, COULD YOU YOURSELF GET A CONDOM?</p>	<p>Yes ..... 1 No ..... 2</p>	

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

<p><b>CPO5: Check Marital/Union Status (MA1).</b>  <i>If MA5 = (NEVER MARRIED/IN UNION) ⇒ FG Module/FG17</i></p> <p><i>If MA5 = FORMERLY MARRIED OR FORMERLY LIVED WITH A MAN ⇒ answer CP06 AND ⇒ FG</i></p> <p><i>If MA1 = CURRENTLY MARRIED OR LIVING WITH MAN ⇒ continue with CP1</i></p>		
<p>FOR EVER MARRIED/IN UNION WOMEN:</p> <p>CP06. HAVE YOU EVER USED ANYTHING OR TRIED IN ANY WAY TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes .....1</p> <p>No .....2</p>	<p>⇒FG</p>
<p>CP1:</p> <p>FOR CURRENTLY MARRIED/IN UNION WOMEN:</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 ⇒ UN</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>2 ⇒ UN</p>

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

<p>CP 3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt.</p> <p>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>Lactation amenorrhoeamethod (LAM) ..... K</p> <p>Periodic abstinence/Rhythm ..... L</p> <p>Withdrawal ..... M</p> <p>Other (<i>specify</i>) _____ X</p>	<p>A ⇒ UN 13</p> <p>B ⇒ UN 13</p>
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State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

UNMET NEED		UN
<p>UN1. Check whether the woman is Currently pregnant or not (CP1 IF CP module filled.)?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ 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. WHEN YOU GOT PREGNANT, 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 ..... 2</p>	
<p>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?</p>	<p>Have another child ..... 1</p> <p>No more / None ..... 2</p> <p>Undecided / Don't know ..... 8</p>	<p>1 ⇒ UN7</p> <p>2 ⇒ UN13</p> <p>8 ⇒ UN13</p>
<p>UN5. Check CP3. Currently using "Female sterilization"?</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 SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child ..... 1</p> <p>No more / None ..... 2</p> <p>Says she cannot get pregnant ..... 3</p> <p>Undecided / Don't know ..... 8</p>	<p>2 ⇒ UN9</p> <p>3 ⇒ UN11</p> <p>8 ⇒ UN9</p>

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

UN7. 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	994⇒UN11
	Other..... 996	
Don't know ..... 998		
UN8. Check CPI. Currently pregnant?		
<input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13		
<input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

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



State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

FEMALE GENITAL MUTILATION/CUTTING		FG
FG9. Check CM5 and CM7, Child Mortality Module: Woman has living daughter?		
<input type="checkbox"/> Yes. ⇒ Continue with FG00 <input type="checkbox"/> No. ⇒ Go to FG17		
FG00. DO YOU INTEND TO CIRCUMCISE YOUR DAUGHTERS WHO ARE NOT YET BEEN CIRCUMCISED; IF ANY?	Yes ..... 1 No..... 2 DK..... 8	
FG17. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued ..... 1 Discontinued ..... 2 Depends ..... 3 DK ..... 8	

State Name:

Cluster Number:

Household Number:

Woman's Line Number:

\_\_\_\_\_

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 .....	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

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

HIV/AIDS	HA		
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	2⇒STI	
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	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 SHARING FOOD WITH A PERSON WHO HAS AIDS?	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: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy..... 1 2 8 During delivery..... 1 2 8 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		

State Name:                      Cluster Number:                      Household Number:                      Woman's Line Number:

<p>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?</p>	<p>Yes..... 1 No..... 2 DK / Not sure / Depends ..... 8</p>	
<p>HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to HA24. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.</p>		
<p>HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with HA15 <input type="checkbox"/> No antenatal care received ⇒ Go to HA24</p>		
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒HA19 8⇒HA19</p>
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒HA22 8⇒HA22</p>
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>1⇒HA22 2⇒HA22 8⇒HA22</p>
<p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING? HA19. Check MN17: Birth delivered by health professional (A, B or C)? <input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>		
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes..... 1 No..... 2</p>	<p>2⇒HA24</p>

State Name: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Woman's Line Number: \_\_\_\_\_

HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No ..... 2	
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	1⇨STI 2⇨STI 3⇨STI
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇨HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK ..... 8	1⇨STI 2⇨STI 8⇨STI
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	

ST11. Check MA1-MA5: <input type="checkbox"/> Never married/in union ⇨ Go to SB <input type="checkbox"/> Currently/ ever married ⇨ Continue with ST12		
ST12. SOMETIMES WOMEN EXPERIENCE A BAD SMELLING ABNORMAL GENITAL DISCHARGE DURING THE LAST 12 MONTHS, HAVE YOU HAD AN ABNORMAL GENITAL DISCHARGE?	Yes ..... 1 No ..... 2	
ST13. SOMETIMES WOMEN HAVE A GENITAL SORE OR ULCER. DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?	Yes ..... 1 No ..... 2	2⇨SB
ST14. THE LAST TIME YOU HAD A GENITAL SORE OR ABNORMAL GENITAL DISCHARGE; DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?	Yes ..... 1 No ..... 2	

State Name:            Cluster Number:    Household Number:    Woman's Line Number:

WM11. <i>Record the time.</i>	Hour and minutes..... ____ : ____	
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<b>FINAL WOMAN'S QUESTIONNAIRE INSTRUCTIONS</b>	<b>FW</b>
<i>WM12. Is the respondent the mother or caretaker of any child age 0-4 living in this household? Check household listing, column HL8.</i>	
<input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this Respondent.</i>	
<input type="checkbox"/> <i>No. ⇒ End the interview with this respondent by thanking her for her cooperation.</i>	
<i>W12A. Do any other eligible women reside in the household? Check household listing column. HH6.</i>	
<input type="checkbox"/> <i>Yes. ⇒ Go to the next WOMAN'S QUESTIONNAIRE to administer the questionnaire to the next eligible woman.</i>	
<input type="checkbox"/> <i>No. ⇒ End the interview by thanking the respondent for her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page on the household questionnaire.</i>	