

Appendix F2: Questionnaire for Individual Women



QUESTIONNAIRE FOR INDIVIDUAL WOMEN Sudan Multiple Indicator Survey 2014

WOMAN'S INFORMATION PANEL		WM
<p><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></p>		
WM0 State code	___ ___	
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

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM THE CENTRAL BUREAU OF STATISTICS. 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 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in WM7. Discuss this result with your supervisor.</p>	

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
----------------------------------	---

WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____
--	---

WM10. Record the time.	Morning 1	
	Afternoon 2	
	Hour and minutes : ..	

WOMAN'S BACKGROUND		WB
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 KHALWA OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU ATTAINED?	KHALWA00 PRESCHOOL01 PRELIMINARY02 PRIMARY 03 BASIC04 VOCATIONAL TRAINING05 INTERMEDIATE06 SECONDARY07 HIGH SCHOOL (3 YEARS)08 HIGH SCHOOL...(4 YEARS)09 INTERMEDIATE DIPLOMA10 UNIVERSITY11 POST GRADUATE12	00⇒WB7 01⇒WB7 12⇒NEXT MODULE
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00".</i>	Grade	
WB6. Check WB4:		
<input type="checkbox"/> Vocational training or higher (WB4=05, 06, 07, 08,09,10,11) ⇒ Go to Next Module.		
<input type="checkbox"/> Primary (WB4=02, 03 or 04) ⇒ Continue with WB7.		

<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?</p>	<p>Cannot read at all 1</p> <p>Able to read only parts of sentence 2</p> <p>Able to read whole sentence 3</p> <p>No sentence in required language _____ 4 <i>(specify language)</i></p> <p>Blind / visually impaired 5</p>	
--	--	--

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married 1 Not currently married 2	2⇒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 CURRENTLY?	Number __ __ DK 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married 1 No 2	2⇒FGM module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	1⇒MA8A 2⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of (first) marriage Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND?	Age in years __ __	

FERTILITY/BIRTH HISTORY		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 No 2	2⇒CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	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 No 2	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 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record "00".</i>	Boys dead __ __ Girls dead __ __	
CM10. <i>Sum answers to CM5, CM7, and CM9.</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?		
<input type="checkbox"/> <i>Yes. Check below:</i>		
<input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module.</i>		
<input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module.</i>		
<input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module.</i>		

BIRTH HISTORY

BH

Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. IS (name) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS (name) STILL ALIVE?		BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>		BH7. IS (name) LIVING WITH YOU?		BH8. <i>Record household line number of child (from HLI)</i> <i>Record "00" if child is not listed.</i>		BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
		1 Single 2 Multiple		1 Boy 2 Girl		Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N		
01		1	2	1	2	___	___	1	2	___	___	1	2	___	Days 1 Months 2 Years 3				
								⇒ BH9					⇒ Next Line						
02		1	2	1	2	___	___	1	2	___	___	1	2	___	Days 1 Months 2 Years 3		1	2	
								⇒ BH9					⇒ BH10						
03		1	2	1	2	___	___	1	2	___	___	1	2	___	Days 1 Months 2 Years 3		1	2	
								⇒ BH9					⇒ BH10						
04		1	2	1	2	___	___	1	2	___	___	1	2	___	Days 1 Months 2 Years 3		1	2	
								⇒ BH9					⇒ BH10						
05		1	2	1	2	___	___	1	2	___	___	1	2	___	Days 1 Months 2 Years 3		1	2	
								⇒ BH9					⇒ BH10						
06		1	2	1	2	___	___	1	2	___	___	1	2	___	Days 1 Months 2 Years 3		1	2	
								⇒ BH9					⇒ BH10						
07		1	2	1	2	___	___	1	2	___	___	1	2	___	Days 1 Months 2 Years 3		1	2	
								⇒ BH9					⇒ BH10						

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. IS (name) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?		BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?		BH7. IS (name) LIVING WITH YOU?		BH8. Record household line number of child (from HLI) Record "00" if child is not listed.		BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? Record days if less than 1 month; record months if less than 2 years; or years		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?		
		S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N			
08		1	2	1	2	___	___	1	2 ⇓ BH9	___	___	1	2	___	⇓ BH10	Days 1 Months 2 Years 3	___	___	1	2
09		1	2	1	2	___	___	1	2 ⇓ BH9	___	___	1	2	___	⇓ BH10	Days 1 Months 2 Years 3	___	___	1	2
10		1	2	1	2	___	___	1	2 ⇓ BH9	___	___	1	2	___	⇓ BH10	Days 1 Months 2 Years 3	___	___	1	2
11		1	2	1	2	___	___	1	2 ⇓ BH9	___	___	1	2	___	⇓ BH10	Days 1 Months 2 Years 3	___	___	1	2
12		1	2	1	2	___	___	1	2 ⇓ BH9	___	___	1	2	___	⇓ BH10	Days 1 Months 2 Years 3	___	___	1	2
13		1	2	1	2	___	___	1	2 ⇓ BH9	___	___	1	2	___	⇓ BH10	Days 1 Months 2 Years 3	___	___	1	2
14		1	2	1	2	___	___	1	2 ⇓ BH9	___	___	1	2	___	⇓ BH10	Days 1 Months 2 Years 3	___	___	1	2

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. IS (name) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS (name) STILL ALIVE?		BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?		BH7. IS (name) LIVING WITH YOU?		BH8. <i>Record household line number of child (from HLI)</i>		BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
		1 Single 2 Multiple	S M	1 Boy 2 Girl	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N					
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?										Yes 1 No 2		1⇒Record birth(s) in Birth History							

CM12A. Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:

- Numbers are same ⇒ Continue with CM13.
- Numbers are different ⇒ Probe and reconcile.

CM13. Check BH4 in BIRTH HISTORY Module: 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)

- No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.
- One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module.

Name of last-born child _____

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

DESIRE FOR LAST BIRTH

DB

*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.*

<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												
<p><i>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 _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse midwife B Health visitor C Certified midwife D Medical assistant E Other person Traditional birth attendant/Daya habil F Community health worker G Other (specify) X													
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? <i>Record the answer as stated by respondent.</i>	Weeks 1 __ __ Months 2 0 __ DK 998													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <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>	Number of times __ __ DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table style="width:100%; border:none;"> <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												
MN4D. WHILE YOU WERE RECEIVING ANTENATAL CARE, WAS THE TYPE OF YOUR DELIVERY DISCUSSED (NORMAL OF CAESAREAN SECTION) WITH YOU?	Yes 1 No 2													
MN4E. WHILE YOU WERE RECEIVING ANTENATAL CARE, WAS THE PLACE OF YOUR DELIVERY DISCUSSED WITH YOU?	Yes 1 No 2													
MN4F. DURING YOUR PREGNANCY WITH (name) DID YOU USE IRON OR FEFOL TABLETS OR SYRUP LIKE THESE? <i>Show the tablets</i>	Yes 1 No 2 DK 8													
MN5. DO YOU HAVE AN IMMUNIZATION CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8													

MN18A. WHAT WAS THE MODE OF DELIVERY OF <i>(name)</i> ?	Vaginal delivery 1 Assisted delivery (vacuum or forceps)..... 2 Caesarean section.....3	1⇒MN20 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	
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 (Post-natal health checks)
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 / Don't remember 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 (Post-natal health checks)
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 / herbal Infusions H Honey..... I 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 31-32) ⇒ 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 / Don't remember 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 of 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
No 2
1⇒PN11
2⇒PN16

PN6. Check MN17: Did a health professional, traditional birth attendant, or community 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 community health worker (A-G not circled in MN17) ⇒ Go to PN10.

<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 (name)'S HEALTH AT THAT TIME?</p>	<p>Health professional DoctorA Nurse midwifeB Health visitorC Certified midwife.....D Medical assistantE</p> <p>Other person Traditional birth attendant /Dayat habel .F Community health worker G</p> <p>Other (<i>specify</i>) _____ X</p>	
<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>(<i>Name of place</i>)</p>	<p>Home Respondent's home 11 Other home 12</p> <p>Public sector Government hospital 21 Government clinic / health centre 22 Government health post..... 23 Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector Private hospital..... 31 Private clinic 32</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 No..... 2</p>	<p>1⇒PN20 2⇒Next Module (Illness symptoms)</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community 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 community 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 No..... 2</p>	<p>1⇒PN20 2⇒Next Module (Illness symptoms)</p>

<p>PN19. AFTER THE BIRTH OF (<i>name</i>), 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 No..... 2</p>	<p>2⇒Next Module (Illness symptoms)</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once 2</p>	<p>1⇒PN21A 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 __ __ Days 2 __ __ Weeks 3 __ __ DK / Don't remember 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional Doctor.....A Nurse midwifeB Health visitorC Certified midwife.....D Medical assistant.....E</p> <p>Other person Traditional birth attendant (Dayat habel).F Community health worker G</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 Respondent's home 11 Other home 12</p> <p>Public sector Government hospital 21 Government clinic / health centre 22 Government health post..... 23 Other public (<i>specify</i>) 26</p> <p>Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>)..... 96</p>	

IS1. Check List of Household Members, columns HL7B and 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

- Other (specify) _____ X
- Other (specify) _____ Y
- Other (specify) _____ Z

CONTRACEPTION

CP

CP0: Check MA1: respondent is currently married?

No, ⇒ Go to FGM module

Yes, currently married ⇒ Continue with CP1

<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 (Unmet need)</p> <p>2⇒Next Module (Unmet need)</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></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>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence / Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>)..... X</p>	

UNMET NEED		UN
UN1. Check CPI: Currently pregnant? <input type="checkbox"/> <i>Yes, currently pregnant</i> ⇒ Continue with UN2. <input type="checkbox"/> <i>No, unsure or DK</i> ⇒ Go to UN6.		
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
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 CPI: Currently pregnant? <input type="checkbox"/> <i>Yes, currently pregnant</i> ⇒ Go to UN13. <input type="checkbox"/> <i>No, unsure or DK</i> ⇒ Continue with UN9.		

UN9. Check CP2: Currently using a method? <input type="checkbox"/> <i>Yes</i> ⇒ <i>Go to UN13.</i> <input type="checkbox"/> <i>No</i> ⇒ <i>Continue with UN10.</i>		
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 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"/> <i>Mentioned</i> ⇒ <i>Go to Next Module.</i> <input type="checkbox"/> <i>Not mentioned</i> ⇒ <i>Continue with UN13.</i>		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? <i>Record the answer using the same unit stated by the respondent.</i>	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	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No..... 2	2⇒Next Module (Domestic violence)
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 No..... 2	2⇒FG8C
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 No..... 2 DK 8	1⇒FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No..... 2 DK 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED? <i>If necessary, probe: Was it sealed?</i>	Yes 1 No..... 2 DK 8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>If the respondent does not know the exact age, probe to get an estimate</i>	Age at circumcision __ __ DK / Don't remember / Not sure 98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor..... 11 Nurse Midwife 12 Health visitor 13 Certified midwife..... 14 Medical assistant..... 15 Other health professional (<i>specify</i>) 16 Traditional persons Traditional birth attendant 22 Other traditional (<i>specify</i>) 26 DK 98	
FG8A. Check MA1 and MA5: Is the respondent currently married or ever married? <input type="checkbox"/> No ⇒ Go to FG22 <input type="checkbox"/> Yes ⇒ Continue with FG8B		
FG8B. DID YOU PERFORM RE CIRCUMCISION (ADAL) ?	Yes 1 No..... 2 DK 8	
FG8C. Check MA1 and MA5: Is the respondent currently married or ever married? <input type="checkbox"/> No ⇒ Go to FG22 <input type="checkbox"/> Yes ⇒ Continue with FG9		
FG9. Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here	Total number of living daughters __ __	

FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (total number in FG9) LIVING DAUGHTERS. IS THIS CORRECT?

- Yes
- One or more living daughters ⇒ Continue with FG11
- Does not have any living daughters ⇒ Go to FG22
- No ⇒ Check responses to CMI – CM10 and make corrections as necessary, until FG10 = Yes

FG11. Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.

The total number of daughters in FG12 should be equal to the number in FG9.

If more than 4 daughters, use additional questionnaires.

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12. Name of daughter	_____	_____	_____	_____
FG13. HOW OLD IS (name)?	Age ____	Age ____	Age ____	Age ____
FG14. IS (name) YOUNGER THAN 15 YEARS OF AGE?	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter in an additional questionnaire. If no more daughters, go to FG22.</i>
FG15. IS (name) CIRCUMCISED?	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter in an additional questionnaire. If no more daughters, go to FG22.</i>
FG16. HOW OLD WAS (name) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i>	Age ____ DK..... 98	Age ____ DK..... 98	Age ____ DK..... 98	Age ____ DK..... 98

FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor 11 Nurse midwife. 12 Health visitor... 13 Certified midwife 14 Medical assistant 15 Other health professional (specify) ____ 16 Traditional persons Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98	Health professional Doctor 11 Nurse midwife. 12 Health visitor... 13 Certified midwife 14 Medical assistant 15 Other health professional (specify) ____ 16 Traditional persons Traditional birth attendant 22 Other traditional (specify) ____ 26 DK..... 98	Health professional Doctor 11 Nurse midwife. 12 Health visitor... 13 Certified midwife 14 Medical assistant 15 Other health professional (specify) ____ 16 Traditional persons Traditional birth attendant 22 Other traditional (specify) ____ 26 DK..... 98	Health professional Doctor 11 Nurse midwife. 12 Health visitor... 13 Certified midwife 14 Medical assistant 15 Other health professional (specify) ____ 16 Traditional persons Traditional birth attendant 22 Other traditional (specify) ____ 26 DK..... 98
FG21.	<i>Go back to FG13 for next daughter. If no more daughters, continue with FG22.</i>	<i>Go back to FG13 for next daughter. If no more daughters, continue with FG22.</i>	<i>Go back to FG13 for next daughter. If no more daughters, continue with FG22.</i>	<i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, continue with FG22.</i>
				Tick here if additional questionnaire used. <input type="checkbox"/>

FG22 DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED	Continued 1 Discontinued..... 2 Depends 3 DK..... 8	
FG23 WHAT DO YOU NAME GIRL WHO IS NOT CIRCUMCISED ?	Not circumcised 1 Intact (Salema)..... 2 Not sanitized/unclean (Ma mutahara) 3 Other (specify) _____ 8	

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

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 DK 8	2⇒WM11																
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 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: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">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															
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																	

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24.</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14.</p>		
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15.</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24.</p>		
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<p style="text-align: right;">Y N DK</p> <p>AIDS from mother 1 2 8</p> <p>Things to do 1 2 8</p> <p>Tested for AIDS..... 1 2 8</p> <p>Offered a test 1 2 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</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒HA19</p> <p>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</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA19. Check MN17: Birth delivered by health professional (A, B, C, D or E)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B, C, D or E) ⇒ Continue with HA20.</p> <p><input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ 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</p> <p>No 2</p>	<p>2⇒HA24</p>
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒HA25</p>

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..... 1	1⇒WM11
	12-23 months ago 2	2⇒WM11
	2 or more years ago 3	3⇒WM11
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	2⇒HA27
	No 2	
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	1⇒WM11
	No 2	2⇒WM11
	DK 8	8⇒WM11
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1	
	No 2	

WM11. RECORD THE TIME.	Morning 1	
	Afternoon 2	
	Hour and minutes __ : __	

WM11A.
Indicate to the respondent that you will need to take a blood sample for anaemia and explain that the results will be provided to her immediately.

Ask the respondent for permission?

Yes, permission is given

No, permission is not given

WM12. Check List of Household Members, columns HL7 and HL15:
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

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.*

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.*

MID UPPER ARM CIRCUMFERENCE(MUAC)		MU
After questionnaires for all women and children are complete, then measurer takes the MUAC measures from the respondent (women and children)		
MU1. Measurer's name and number:	Name _____	
MU2. Mid upper arm circumference (MUAC)	Circumference (cm) _____	
	Circumference not measured 999.9	

HAEMOGLOBIN TESTING (ANAEMIA)		HT
After questionnaires for all women and children are complete, the measurer measures draws a sample of blood for testing the Haemoglobin.		
HT1. Check WM11A: Permission given?		
<input type="checkbox"/> Yes ⇒ Continue with HT2. <input type="checkbox"/> No ⇒ Go to HT4.		
HT2. Result of the HB measurement	HB measured 1 Women not present..... 2 Other (specify) _____ 6	2⇒HT4 6⇒HT4
HT3. HB measurements _____	
HT4. Is there another woman in the household who is eligible for the blood test?		
<input type="checkbox"/> Yes ⇒ Go to the Haemoglobin testing module in the next woman questionnaire. <input type="checkbox"/> No ⇒ End the testing procedure.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

