



QUESTIONNAIRE FOR INDIVIDUAL WOMEN SIERRA LEONE

WOMAN'S INFORMATION PANEL	WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman</i>	
WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman's name: Name _____	WM4. Woman's line number: _____
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / _____

Repeat greeting if not already read to this woman:

WE ARE FROM **Statistics Sierra Leone**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. 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 YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

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 YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

WM7. Result of woman's interview	Completed01 Not at home02 Refused03 Partly completed.....04 Incapacitated05 Other (<i>specify</i>) _____ 96
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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. <i>Record the time.</i>	Hour and minutes : ..	
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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 PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Secondary 2 Higher 3	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade	
WB6. <i>Check WB4:</i> <input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Primary ⇒ Continue with WB7</i>		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. 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 / mute, visually / speech impaired 5	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
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
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 WHOSE 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 Day 98 DK day 98 Month 98 DK month 98 Year 9998 DK year 9998	⇒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 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. Sum answers to CM5, CM7, and CM9.	Sum _ _	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

Yes. Check below:

No births ⇒ Go to *ILLNESS SYMPTOMS Module*

One or more births ⇒ Continue with CM12

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

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

Month and year must be recorded.

Date of last birth

Day__ __

DK day.....98

Month__ __

Year__ __ __ __

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2008**

No live birth in last 2 years. ⇒ Go to *ILLNESS SYMPTOMS 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.

Continue with the next module.

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

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 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>														
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 Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Other (specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>[A] WAS YOUR BLOOD PRESSURE MEASURED?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] DID YOU GIVE A URINE SAMPLE?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] DID YOU GIVE A BLOOD SAMPLE?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	[A] WAS YOUR BLOOD PRESSURE MEASURED?	1	2	[B] DID YOU GIVE A URINE SAMPLE?	1	2	[C] DID YOU GIVE A BLOOD SAMPLE?	1	2	
	Yes	No												
[A] WAS YOUR BLOOD PRESSURE MEASURED?	1	2												
[B] DID YOU GIVE A URINE SAMPLE?	1	2												
[C] DID YOU GIVE A BLOOD SAMPLE?	1	2												
MN5. DO YOU HAVE A 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													
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?	Yes 1 No 2 DK 8	2⇒MN9 8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times DK 8	8⇒MN9												
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 MN12 <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9														

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (<i>name</i>), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒MN12 8⇒MN12</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)? <i>If 7 or more times, record '7'.</i></p>	<p>Number of times DK 8</p>	<p>8⇒MN12</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)?</p>	<p>Years ago</p>	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to MN17</p>		
<p>MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO <u>PREVENT</u> YOU FROM GETTING MALARIA?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒MN17 8⇒MN17</p>
<p>MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>	<p>SP / Fansidar A Chloroquine B Other (<i>specify</i>) X DK Z</p>	
<p>MN15. Check MN14 for medicine taken:</p> <p><input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16</p> <p><input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN17</p>		
<p>MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?</p>	<p>Number of times DK 98</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)? <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></p>	<p>Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative / Friend H Other (<i>specify</i>) X No one Y</p>	

<p>MN18. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>Probe to identify the type of 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>Your home 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Govt. hospital21</p> <p>Govt. clinic / health centre22</p> <p>Govt. health post23</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>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (<i>name</i>) DELIVERED BY CAESEREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small..... 5</p> <p>DK..... 8</p>	
<p>MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kg) __ . __ __ __</p> <p>From recall 2 (kg) __ . __ __ __</p> <p>DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours 1 __ __</p> <p>Days 2 __ __</p> <p>Don't know / remember 998</p>	

<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>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 / Infusions H Honey I Other (<i>specify</i>) _____ X</p>	

ILLNESS SYMPTOMS		IS
<p>IS1. Check Household Listing, column HL9</p> <p>Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with IS2.</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module.</p>		
<p>IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</p> <p>Circle all symptoms mentioned, but do NOT prompt with any suggestions</p>	<p>Child not able to drink or breastfeed A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathing E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>	

CONTRACEPTION		CP
<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>	1⇒Next Module
<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>	2⇒Next Module
<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 sterilizationA</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>Lactational amenorrhoea method (LAM).....K</p> <p>Periodic abstinence/RhythmL</p> <p>Withdrawal..... M</p> <p>Other (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
UN1. <i>Check CP1. Currently pregnant?</i> <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 / Don't know..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. <i>Check CP3. Currently using "Female sterilization"?</i> <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 / Don't know..... 8	2⇒UN9 3⇒UN11 8⇒UN9
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 After marriage 995 Other 996 Don't know 998	994⇒UN11
UN8. <i>Check CP1. Currently pregnant?</i> <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

<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 amenorrhic F</p> <p>Breastfeeding..... G</p> <p>Too old..... H</p> <p>Fatalistic..... I</p> <p>Other (<i>specify</i>) 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 / Has had hysterectomy 994</p> <p>Before last birth..... 995</p> <p>Never menstruated 996</p>	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No 2	1⇒FG3
FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes 1 No 2	2⇒Next Module
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 No 2	2⇒FG9
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 Other health professional (<i>specify</i>) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (<i>specify</i>) 26 DK..... 98	
FG9. <i>Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here</i>	Total number of living daughters __ __	
FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (<i>total number in FG9</i>) LIVING DAUGHTERS. IS THIS CORRECT?		
<input type="checkbox"/> Yes <ul style="list-style-type: none"> <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22 <input type="checkbox"/> No ⇒ Check responses to CM1 – 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?	Yes1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>
FG15. IS (name) CIRCUMCISED?	Yes1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No2 <i>If "No", go to FG13 for next daughter. 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 ____ DK98	Age ____ DK98	Age ____ DK98	Age ____ DK98
FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes1 ⇒FG19 No2 DK8	Yes1 ⇒FG19 No2 DK8	Yes1 ⇒FG19 No2 DK8	Yes 1 ⇒FG19 No2 DK8
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes 1 No2 DK8

<p>FG19. WAS HER GENITAL AREA SEWN CLOSED?</p> <p><i>If necessary, probe:</i> WAS IT SEALED?</p>	<p>Yes 1 No 2 DK 8</p>	<p>Yes 1 No 2 DK 8</p>	<p>Yes 1 No 2 DK 8</p>	<p>Yes 1 No 2 DK 8</p>
<p>FG20. WHO PERFORMED THE CIRCUMCISION?</p>	<p>Health professional Doctor 11 Nurse/midwife. 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant22 Other traditional (specify) ____ 26 DK98</p>	<p>Health professional Doctor 11 Nurse/midwife. 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant22 Other traditional (specify) ____ 26 DK98</p>	<p>Health professional Doctor 11 Nurse/midwife. 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant22 Other traditional (specify) ____ 26 DK98</p>	<p>Health professional Doctor 11 Nurse/midwife. 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant22 Other traditional (specify) ____ 26 DK98</p>
<p>FG21.</p>	<p><i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i></p>	<p><i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i></p>	<p><i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i></p>	<p><i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22</i></p>
				<p><i>Tick here if additional questionnaire used</i> <input type="checkbox"/></p>

<p>FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?</p>	<p>Continued 1 Discontinued 2 Depends 3 DK 8</p>	
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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

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 union3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years.....__ __ DK.....98	
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	
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 No2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number.....__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man2 No3	⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once.....2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before continuing, ensure privacy.		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse 00 Age in years First time when started living with (first) husband/partner 95	00⇒Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago 1 Weeks ago 2 Months ago 3 Years ago 4	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'boyfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Other (<i>specify</i>) 6	3⇒SB7 4⇒SB7 6⇒SB7
SB6. Check MA1: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner DK 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband1 Cohabiting partner2 Boyfriend.....3 Casual acquaintance4</p> <p>Other (<i>specify</i>) _____ 6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)</i> AND <i>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner..... _ _ _ DK..... 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes.....1 No2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... _ _ _</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners _ _ _ DK..... 98</p>	

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		2⇒WM11
	No	2		
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:				
			Yes No DK	
[A] DURING PREGNANCY?	During pregnancy	1	2	8
[B] DURING DELIVERY?	During delivery	1	2	8
[C] BY BREASTFEEDING?	By breastfeeding	1	2	8
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes	1		
	No	2		
	DK / Not sure / Depends	8		
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes	1		
	No	2		
	DK / Not sure / Depends	8		
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes	1		
	No	2		
	DK / Not sure / Depends	8		
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes	1		
	No	2		
	DK / Not sure / Depends	8		

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to HA24.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.</p>																						
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with HA15</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</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>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test.....	1	2	8	
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Offered a test.....	1	2	8																			
<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>Yes1</p> <p>No2</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>Yes1</p> <p>No2</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 COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes1</p> <p>No2</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 or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><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>Yes1</p> <p>No2</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>Yes1</p> <p>No2</p>																					
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes1</p> <p>No2</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 12-23 months ago 2 2 or more years ago 3	1⇒WM11 2⇒WM11 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 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⇒WM11 2⇒WM11 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. <i>Record the time.</i>	Hour and minutes :	
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<p>WM12. <i>Check Household Listing Form, column HL9.</i> <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.</i></p>
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