

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____/____/____	
WM7. Result of women's interview	Completed.....1 Not at home2 Refused3 Partly completed4 Incapacitated5 Other (specify) 6	

Repeat greeting if not already read to this woman:

WE ARE FROM (**country-specific affiliation**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (60) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

*If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview.
Discuss this result with your supervisor for a future revisit.*

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month DK month.....98 Year DK year9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) _____	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes.....1 No.....2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary1 Secondary2 Higher3 Koranic.....4 Non-formal curriculum.....5	3⇒WM14 4⇒WM14 5⇒WM14
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade..... _____	
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentences to respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME?</i> <i>Example sentences for literacy test:</i> 1. <i>The child is reading a book.</i> 2. <i>The rains came late this year.</i> 3. <i>Parents must care for their children.</i> 4. <i>Farming is hard work.</i>	Cannot read at all1 Able to read only parts of sentence2 Able to read whole sentence.....3 Blind/mute, visually/speech impaired.....5	

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married.....1 No, not in marital union.....3	3⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	
MA2A. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES?	Yes.....1 No.....2 DK.....98	2⇒MA5 98⇒MA5
MA2B. HOW MANY OTHER WIVES DOES HE HAVE?	Number..... __ __ DK.....98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married.....1 No.....3	⇒FGM MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED OR DIVORCED?	Widowed.....1 Divorced.....2	
MA5. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once.....1 More than once2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Month.....__ __ DK month.....98 Year.....__ __ __ __ DK year.....9998	
MA7. Check MA6:		
<input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module		
<input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU MARRIED YOUR FIRST HUSBAND?	Age in years.....__ __	

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all ever-married women age 15-49. 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?</p> <p><i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i></p>	<p>Yes.....1 No.....2</p>	2⇒ BH13 IN THE BIRTH HISTORY MODULE
<p>CM3. 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⇒CM5
<p>CM4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home _ _ Daughters at home _ _</p>	
<p>CM5. 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⇒CM7
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere..... _ _ Daughters elsewhere _ _</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes.....1 No.....2</p>	2⇒CM9
<p>CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead _ _ Girls dead _ _</p>	
<p>CM9. <i>Sum answers to CM4, CM6, and CM8.</i></p>	<p>Sum..... _ _</p>	
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM10A</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM10a</p>		
<p>CM10A. Check CM9</p> <p><input type="checkbox"/> One or more births ⇒ Go to birth history module</p> <p><input type="checkbox"/> No births ⇒ Go to BH13 in the birth history module</p>		

BIRTH HISTORY MODULE

BH

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

Record names of all the births in BH1. Record twins and triplets on separate lines

L N	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9			BH10
									If alive		If dead	
WHAT NAME WAS GIVEN TO YOUR (First/next) BABY? (name)	WERE ANY OF THESE BIRTHS TWINS?	IS (name) A BOY OR A GIRL?	IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: What is his/her birthday?	IS (name) STILL ALIVE?	HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years	IS (name) ALIVE WITH YOU?	Record household line number of child (record '00' if child not listed in household)	HOW OLD WAS (name) WHEN HE/SHE DIED? If '1 YR', probe: HOW MANY MONTHS OLD WAS (Name)? Record days if less than 1 month; months if less than two years; or years.				
01	Sing 1	Boy 1	M	Y 1		Y 1		Days 1				
	Multi 2	Girl 2	Y	N 2	Go to BH9	N 2	Go to next birth	Months 2				
02	Sing 1	Boy 1	M	Y 1		Y 1		Days 1		Y 1		
	Multi 2	Girl 2	Y	N 2	Go to BH9	N 2	⇒BH10	Months 2		N 2		
03	Sing 1	Boy 1	M	Y 1		Y 1		Days 1		Y 1		
	Multi 2	Girl 2	Y	N 2	Go to BH9	N 2	⇒BH10	Months 2		N 2		
04	Sing 1	Boy 1	M	Y 1		Y 1		Days 1		Y 1		
	Multi 2	Girl 2	Y	N 2	Go to BH9	N 2	⇒BH10	Months 2		N 2		
05	Sing 1	Boy 1	M	Y 1		Y 1		Days 1		Y 1		
	Multi 2	Girl 2	Y	N 2	Go to BH9	N 2	⇒BH10	Months 2		N 2		
06	Sing 1	Boy 1	M	Y 1		Y 1		Days 1		Y 1		
	Multi 2	Girl 2	Y	N 2	Go to BH9	N 2	⇒BH10	Months 2		N 2		
07	Sing 1	Boy 1	M	Y 1		Y 1		Days 1		Y 1		
	Multi 2	Girl 2	Y	N 2	Go to BH9	N 2	⇒BH10	Months 2		N 2		
08	Sing 1	Boy 1	M	Y 1		Y 1		Days 1		Y 1		
	Multi 2	Girl 2	Y	N 2	Go to BH9	N 2	⇒BH10	Months 2		N 2		

LN	BH1	BH2	BH3	BH4		BH5		BH6	BH7		BH8	BH9			BH10
				IN WHAT MONTH AND YEAR WAS (name) BORN?		IS (name) STILL ALIVE?			If alive		If dead	HOW OLD WAS (name) WHEN HE/SHE DIED?			WHERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name)
WHAT NAME WAS GIVEN TO YOUR (First/next) BABY? (name)	WERE ANY OF THESE BIRTHS TWINS?	IS (name) A BOY OR A GIRL?	Probe: What is his/her birthday?			HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	Record age in completed years	IS (name) LIVIN G WITH YOU?	Record household line number of child (record '00' if child not listed in household)	Record days if less than 1 month; months if less than two years; or years.					
	Sing 1	Boy 1	M	Y	1	Y	1	Y	1	Record	Days 1	Months 2	Years 3	Y 1	
09	Sing 1	Boy 1	M	Y	1	Y	1	Y	1					Y 1	
	Multi 2	Girl 2	Y	N	2	Go to BH9		N	2	⇒BH10				N 2	
10	Sing 1	Boy 1	M	Y	1	Y	1	Y	1					Y 1	
	Multi 2	Girl 2	Y	N	2	Go to BH9		N	2	⇒BH10				N 2	
11	Sing 1	Boy 1	M	Y	1	Y	1	Y	1					Y 1	
	Multi 2	Girl 2	Y	N	2	Go to BH9		N	2	⇒BH10				N 2	
12	Sing 1	Boy 1	M	Y	1	Y	1	Y	1					Y 1	
	Multi 2	Girl 2	Y	N	2	Go to BH9		N	2	⇒BH10				N 2	
13	Sing 1	Boy 1	M	Y	1	Y	1	Y	1					Y 1	
	Multi 2	Girl 2	Y	N	2	Go to BH9		N	2	⇒BH10				N 2	
14	Sing 1	Boy 1	M	Y	1	Y	1	Y	1					Y 1	
	Multi 2	Girl 2	Y	N	2	Go to BH9		N	2	⇒BH10				N 2	
15	Sing 1	Boy 1	M	Y	1	Y	1	Y	1					Y 1	
	Multi 2	Girl 2	Y	N	2	Go to BH9		N	2	⇒BH10				N 2	
16	Sing 1	Boy 1	M	Y	1	Y	1	Y	1					Y 1	
	Multi 2	Girl 2	Y	N	2	Go to BH9		N	2	⇒BH10				N 2	
17	Sing 1	Boy 1	M	Y	1	Y	1	Y	1					Y 1	
	Multi 2	Girl 2	Y	N	2	Go to BH9		N	2	⇒BH10				N 2	

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

BH 11 Have you had any live births since the birth of Name (Name of last birth)? YES.....1 NO.....2																		
BH 11A SUM OF TOTAL BIRTHS ___ ___ ___ TOTAL STILL ALIVE ___ ___ ___ TOTAL LIVING WITH MOTHER ___ ___ ___																		
BH11B. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. ⇒ Go to BH11C <input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to BH11C																		
BH11C. OF THESE (TOTAL NUMBER) BIRTHS, (NUMBER) ARE STILL ALIVE. IS THIS CORRECT? <input type="checkbox"/> Yes. ⇒ Go to BH11D <input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to BH11D																		
BH11D. OF THESE (NUMBER) STILL ALIVE, (NUMBER) ARE LIVING WITH YOU. IS THIS CORRECT? <input type="checkbox"/> Yes. ⇒ Go to BH12 <input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to BH12																		
BH12.:Compare CM9 with number of births in history above and mark: <input type="checkbox"/> Numbers are same <input type="checkbox"/> <input type="checkbox"/> Numbers are different <input type="checkbox"/> ⇒ Probe and reconcile <table style="width:100%; border:none;"> <tr> <td style="width:15%; border:none;">Check</td> <td style="width:45%; border:none;">For each birth:</td> <td style="width:40%; border:none;">Year of birth is recorded.....</td> <td style="width:10%; border:none;"><input type="checkbox"/></td> </tr> <tr> <td border:none"=""></td> <td border:none;"="">For each living child:</td> <td border:none;"="">Current age is recorded.....</td> <td border:none;"=""><input type="checkbox"/></td> </tr> <tr> <td border:none"=""></td> <td border:none;"="">For each dead child:</td> <td border:none;"="">Age of death is recorded.....</td> <td border:none;"=""><input type="checkbox"/></td> </tr> <tr> <td border:none"=""></td> <td border:none;"="">For age at death 12 months or 1 year:</td> <td border:none;"="">Probe to determine exact number of months.....</td> <td border:none;"=""><input type="checkbox"/></td> </tr> </table>			Check	For each birth:	Year of birth is recorded.....	<input type="checkbox"/>		For each living child:	Current age is recorded.....	<input type="checkbox"/>		For each dead child:	Age of death is recorded.....	<input type="checkbox"/>		For age at death 12 months or 1 year:	Probe to determine exact number of months.....	<input type="checkbox"/>
Check	For each birth:	Year of birth is recorded.....	<input type="checkbox"/>															
	For each living child:	Current age is recorded.....	<input type="checkbox"/>															
	For each dead child:	Age of death is recorded.....	<input type="checkbox"/>															
	For age at death 12 months or 1 year:	Probe to determine exact number of months.....	<input type="checkbox"/>															
BH13. SOME PREGNANCIES END BEFORE FULL TERM AS A MISCARRIAGE, WHILE OTHERS MAY RESULT IN A STILLBIRTH. HAVE YOU HAD A MISCARRIAGE?	Yes.....1 No.....2	2⇒ BH15																
BH14. IN ALL HOW MANY PREGNANCIES DID YOU HAVE THAT ENDED IN A MISCARRIAGE? DK.....98																	
BH15. HAVE YOU HAD A STILL BIRTH?	Yes.....1 No.....2	2⇒ BH17																
BH16. IN ALL HOW MANY PREGNANCIES DID YOU HAVE THAT ENDED IN A STILLBIRTH DK.....98																	

TETANUS TOXOID MODULE		TT
<i>This module is to be administered to all ever-married women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <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 No3 DK.....8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes.....1 No.....2 DK.....8	2⇒TT5 8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times DK.....98	98⇒TT5
TT4. <i>How many TT doses during last pregnancy were reported in TT3?</i>		
<input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ Go to Next Module</i>		
<input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</i>		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes.....1 No.....2 DK.....8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times DK.....98	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>	Month..... DK month.....98 Year DK year.....9998	⇒NEXT MODULE ↓TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago..... DK.....9998	

MATERNAL AND NEWBORN HEALTH MODULE		MN
<p><i>This module is to be administered to all ever-married women with a live birth in the 2 years preceding date of interview. Check child birth history and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE WHEN YOU WHERE PREGNANT WITH (name)?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor Gov't doctor A Private doctor.....D Nurse..... B Midwife C</p> <p>Other person Traditional birth attendant.....F Relative/friend.....H</p> <p>Other (specify) X No one..... Y</p>	Y⇒MN4B
MN2A. How many months pregnant were you when you first received antenatal care for this pregnancy?	Month..... DK month.....98	
MN2B. How many times did you receive antenatal care for this pregnancy?	Number of times DK.....98	
MN2C. WHICH TYPE OF HEALTH FACILITY DID YOU GO TO, TO GET THIS ANTENATAL CARE?	Hospital A MCH..... B Midwife C	
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED? Yes No</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<p>Weight.....1 2</p> <p>Blood pressure1 2</p> <p>Urine sample.....1 2</p> <p>Blood sample.....1 2</p>	Go to MN6A
<p>MN4B. What are the reasons for not seeing anyone?</p> <p><i>If more than one reason is mentioned, circle each one.</i></p>	<p><i>Did not feel the need to see anyoneA</i></p> <p><i>Not convinced by the assistance B</i></p> <p><i>Financially not capable to see anyone..... C</i></p> <p><i>Difficulty in reaching the ANC centerD</i></p> <p><i>Non-availability of medicaments E</i></p> <p><i>Other (specify).....X</i></p> <p><i>DK.....Z</i></p>	
MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes.....1 No.....2 DK.....8	2⇒MN6E 8⇒MN6E
<p>MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?</p> <p><i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>	SP/Fansidar.....A Chloroquine.....B	
	Other (specify) X DK.....Z	

MN6C. Check MN6B for medicine taken:	
<input type="checkbox"/> SP/Fansidar taken. ⇒ Continue with MN6D	<input type="checkbox"/> SP/Fansidar not taken. ⇒ Go to MN6E
MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times.....
MN6E. DURING THIS PREGNANCY, DID YOU REGULARLY SLEEP UNDER A MOSQUITO NET?	Yes.....1 No.....2
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (name)? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional: Doctor Gov't doctorA Private doctor.....D Nurse.....B MidwifeC Other person Traditional birth attendant.....F Relative/friend/neighbourH Other (specify)X No one.....Y
MN8A. WAS (NAME) DELIVERED BY CAESARIAN SECTION?	Yes.....1 No2 DK.....98
MN8. WHERE DID YOU GIVE BIRTH TO (name)? <i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i> _____ <i>(Name of place)</i>	Home Your home11 Midwife's home.....13 Other home/relative.....12 Public sector Govt. hospital21 Govt. clinic/health center22 Other public (specify)26 Private Medical Sector Private hospital.....31 Private clinic/midwives clinic32 Other private medical (specify)36 Other (specify)96

<p>MN8B. IF DURING YOUR PREGNANCY YOU NEEDED EMERGENCY OBSTETRIC CARE WHERE WOULD YOU HAVE GONE</p>	<p>Home Your home 11 Midwife's home.....13 Other home/relative.....12 Public sector Govt. hospital21 Govt. clinic/health center22 Other public (specify).....26 Private Medical Sector Private hospital.....31 Private clinic/midwives clinic32 Other private medical (specify)36 Other (specify)96</p>	
<p>MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1 Larger than average.....2 Average.....3 Smaller than average4 Very small.....5 DK.....8</p>	
<p>MN10. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes..... 1 No..... 2 DK.....8</p>	<p>2⇒MN11A 8⇒MN11A</p>
<p>MN11. HOW MUCH DID (name) WEIGH? Record weight from health card, if available.</p>	<p>From card 1 (kilograms) _ . _ _ _ From recall..... 2 (kilograms) _ . _ _ _ DK.....99998</p>	
<p>MN11A. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE 40 DAYS PERIOD AFTER THE DELIVERY OF (name). DID YOU SEE ANYONE FOR A CHECK-UP ON YOUR HEALTH? If 'Yes' ask: WHOM DID YOU SEE? ANYONE ELSE?</p>	<p>Doctor Gov't doctor A Private doctor B Nurse..... C Midwife D Other (specify) X No one..... Y</p>	<p>Y⇒ MN11C</p>
<p>MN11B. WHERE DID YOU RECEIVE YOUR POST-NATAL CHECKUP? Probe for the type of health facility seen and circle all answers</p>	<p>Hospital A MCH..... B Midwife clinic C Doctor's clinic..... D Other X</p>	<p>MN11G</p>

<p>MN11C. WHAT WAS THE MAIN REASON FOR NOT RECEIVING A POST-NATAL CHECKUP?</p>	<p>No complications1 Able to manage from experience2 Unaware of importance of check-up3 Service not available4 Costs too much5 Too busy6 Husband too busy7 Other (specify)96 DK.....8</p>																																											
<p>MN11G. IN THE FIRST 40 DAYS AFTER YOUR LAST BIRTH [THE BIRTH OF name], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes.....1 No.....2 DK.....8</p>																																											
<p>MN12. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes.....1 No.....2</p>	2⇒ MN14A																																										
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately000 Hours1 ___ or Days.....2 ___ Don't know/remember998</p>																																											
<p>Now I would like to talk about some specific health problems related to birth some women have. I will ask you about the time after your last delivery and in the 40 days following it.</p> <p>MN14A. DID YOU HAVE FEVER? MN14B. DID YOU HAVE TROUBLE CONTROLLING YOUR URINE? DID YOU SUFFER FROM ANY OF THE FOLLOWING?</p> <p>MN14C. URINARY TRACT INFECTION? MN14D. MASTITIS? MN14E. OFFENSIVE DISCHARGE? MN14H. TEAR/INJURY TO THE GENITAL AREA? MN14F. WOUND INFECTION? MN14G. HEMORRHAGE? MN14I. POST DELIVERY DEPRESSION?</p> <p>MN14J. DID YOU SUFFER FROM ANY OTHER PROBLEMS? (SPECIFY)</p>	<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>MN14A. FEVER?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN14B. URINE TROUBLE?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>MN14C. UTI?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN14D. MASTITIS?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN14E. DISCHARGE?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN14H. TEAR/INJURY?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN14F. WOUND INFECTION?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN14G. HEMORRHAGE?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN14I. DEPRESSION?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>MN14J OTHER</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	MN14A. FEVER?.....	1	2	MN14B. URINE TROUBLE?.....	1	2				MN14C. UTI?	1	2	MN14D. MASTITIS?	1	2	MN14E. DISCHARGE?	1	2	MN14H. TEAR/INJURY?	1	2	MN14F. WOUND INFECTION?	1	2	MN14G. HEMORRHAGE?	1	2	MN14I. DEPRESSION?	1	2				MN14J OTHER			_____			
	Yes	No																																										
MN14A. FEVER?.....	1	2																																										
MN14B. URINE TROUBLE?.....	1	2																																										
MN14C. UTI?	1	2																																										
MN14D. MASTITIS?	1	2																																										
MN14E. DISCHARGE?	1	2																																										
MN14H. TEAR/INJURY?	1	2																																										
MN14F. WOUND INFECTION?	1	2																																										
MN14G. HEMORRHAGE?	1	2																																										
MN14I. DEPRESSION?	1	2																																										
MN14J OTHER																																												

CONTRACEPTION MODULE		CP
<p>The following questions apply only to currently married women. Check MA1 in the Marriage Module. Woman is currently married?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CP1 <input type="checkbox"/> No. ⇒ Go to Domestic Violence Module</p>		
CP1. NOW I WOULD LIKE TO TALK ABOUT FAMILY HEALTH AND CHILD SPACING ARE YOU PREGNANT NOW?	Yes, currently pregnant.....1 No.....2 Unsure or DK.....8	1⇒ CP4B
CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO SPACE YOUR CHILDREN?	Yes.....1 No.....2	2⇒ CP4A
CP3. WHICH METHOD ARE YOU USING? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Pill.....C IUD.....D Injections.....E Condom.....G Diaphragm.....I Foam/jelly.....J Lactational amenorrhoea method (LAM).....K Periodic abstinence.....L Withdrawal.....M Other (specify) _____ X	K⇒CP4A L⇒CP4A M⇒CP4A X⇒CP4A
CP3A WHERE DID YOU OBTAIN (CURRENT METHOD) THE LAST TIME?	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (specify) _____ 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) _____ 25 Other source inside country Relative or friend 31 Shop 32 Traditional practitioner 33 Other source outside country Relative or friend 41 Shop 42 Other (specify) 96 DK 98	

<p>CP4A. Now I would like to ask 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>CP4B. <i>If currently pregnant:</i> 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 (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>} 2,3 &8 ⇒NEXT MODULE</p>
<p>CP4C. How long would you like to wait before the birth of (a/another) child?</p>	<p>Months.....1 __</p> <p>Years.....2 __</p> <p>Soon/now.....993</p> <p>Says she cannot get pregnant.....994</p> <p>Other.....996</p> <p>Don't know..... 998</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE MODULE		DV																										
<p>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:</p> <p>DV1A. If she goes out without telling him?</p> <p>DV1B. If she neglects the children?</p> <p>DV1C. If she argues with him?</p> <p>DV1D. If she refuses sex with him?</p> <p>DV1E. If she burns the food?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Goes out without telling</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Neglects children.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Argues.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Refuses sex</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Burns food</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Goes out without telling	1	2	8	Neglects children.....	1	2	8	Argues.....	1	2	8	Refuses sex	1	2	8	Burns food	1	2	8			
	Yes	No	DK																									
Goes out without telling	1	2	8																									
Neglects children.....	1	2	8																									
Argues.....	1	2	8																									
Refuses sex	1	2	8																									
Burns food	1	2	8																									

FEMALE GENITAL MUTILATION/CUTTING MODULE		FG
FG3. NOW I WOULD LIKE TO TALK TO YOU ABOUT FEMALE CIRCUMCISION. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes.....1 No.....2	2⇒FG8
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THIS 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 (OR 'SEALED')?	Yes.....1 No.....2 DK.....8	
<p>FG8. The following questions apply only to women who have at least one living daughter. Check CM4 and CM6, Child Mortality Module: Woman has living daughter?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with FG9</p> <p><input type="checkbox"/> No. ⇒ Go to FG16</p>		
FG9. HAVE ANY OF YOUR DAUGHTERS BEEN CIRCUMCISED? IF YES, HOW MANY?	Number of daughters circumcised:__ __ No daughters circumcised.....00	00⇒FG16
FG10. TO WHICH OF YOUR DAUGHTERS DID THIS HAPPEN MOST RECENTLY? <i>Record the daughter's name.</i>	Name of daughter: _____	
FG11. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes.....1 No.....2 DK.....8	1⇒FG13
FG12. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes.....1 No.....2 DK.....8	
FG13. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes.....1 No.....2 DK.....8	
FG14. HOW OLD WAS (name) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i>	Daughter's age at circumcison.....__ __ DK.....98	
FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued.....1 Depends.....3 Discontinued.....2 DK.....8	2⇒NEXT MODULE
FG16A WHAT TYPE OF CIRCUMCISION SHOULD BE CONTINUED?	Pharonic.....1 Intermediate.....2 Sunna.....3 DK.....8	

HIV/AIDS MODULE		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes.....1 No.....2	END THE INTERVIEW																
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes.....1 No.....2 DK.....8																	
HA3. CAN PEOPLE GET INFECTED WITH 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 REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes.....1 No.....2 DK.....8																	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes.....1 No.....2 DK.....8																	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No.....2 DK.....8																	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY? HA9A. DURING PREGNANCY? HA9B. DURING DELIVERY? HA9C. 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															
HA10. 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																	
HA11. 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																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1 No.....2 DK/not sure/depends.....8																	

HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes.....1 No.....2 DK/not sure/depends.....8	
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes.....1 No.....2	2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes.....1 No.....2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test.....1 Offered and accepted.....2 Required.....3	END THE INTERVIEW
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes.....1 No.....2	END THE INTERVIEW