

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 MOPIC. 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 **20 - 30** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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 **20 - 30** 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.

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.*

WM7. Result of woman's interview	Completed01 Not at home02 Refused03 Partly completed04 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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ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check WB7: <input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MT5. Check WB2: Age of respondent 15-24 years? <input type="checkbox"/> Yes, age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No..... 2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No..... 2	2⇒MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No..... 2	2⇒Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No..... 2	2⇒Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married 1 No, not in marriage 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe: HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?</i>	Age in years __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes 1 No 2	2⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number __ __ DK 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married 1 No 3	3⇒Illness Symptoms 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 MORE THAN ONCE?	Only once 1 More than once 2	
MA8. 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 STARTED LIVING WITH YOUR FIRST HUSBAND?	Age in years __ __	

CHILD MORTALITY		CM
<p><i>This module is to be administered to all ever-married women</i> <i>All questions refer only to LIVE births.</i></p>		
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 line. 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?		BH7. IS (name) LIVING WITH YOU?		BH8. Record household line number of child (from HL1) Record "00" if child is not listed.		BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (name)? <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?		
		S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	1	2	Y	N		
01		1	2	1	2			1	2			1	2			Days 1 Months 2 Years 3					
02		1	2	1	2			1	2			1	2			Days 1 Months 2 Years 3				1 Add Birth	2 Next Birth
03		1	2	1	2			1	2			1	2			Days 1 Months 2 Years 3				1 Add Birth	2 Next Birth
04		1	2	1	2			1	2			1	2			Days 1 Months 2 Years 3				1 Add Birth	2 Next Birth
05		1	2	1	2			1	2			1	2			Days 1 Months 2 Years 3				1 Add Birth	2 Next Birth
06		1	2	1	2			1	2			1	2			Days 1 Months 2 Years 3				1 Add Birth	2 Next Birth
07		1	2	1	2			1	2			1	2			Days 1 Months 2 Years 3				1 Add Birth	2 Next Birth

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?	BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HLL) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? 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? 1 Yes 2 No	
Line	Name	S M	B G	Month	Year	Age	Y N	Line No	Unit	Number	Y N
08		1 2	1 2				1 2		Days 1 Months..... 2 Years 3		1 2 Add Next Birth
09		1 2	1 2				1 2		Days 1 Months..... 2 Years 3		1 2 Add Next Birth
10		1 2	1 2				1 2		Days 1 Months..... 2 Years 3		1 2 Add Next Birth
11		1 2	1 2				1 2		Days 1 Months..... 2 Years 3		1 2 Add Next Birth
12		1 2	1 2				1 2		Days 1 Months..... 2 Years 3		1 2 Add Next Birth
13		1 2	1 2				1 2		Days 1 Months..... 2 Years 3		1 2 Add Next Birth
14		1 2	1 2				1 2		Days 1 Months..... 2 Years 3		1 2 Add Next Birth
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in Birth History)?											1 ⇨ Record Birth(s) in Birth History
Yes.....											1
No.....											2

CM12. Compare number in CM10 with number of births in the Birth History above and check:

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

CM13. Check BH4 in BIRTH HISTORY: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2009

- 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 child _____

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

DESIRE FOR LAST BIRTH		DB
<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.</i></p> <p><i>Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), 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

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 mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1 No 2</p>	<p>2⇒MN5</p>												
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant..... F Community health worker.....G Other (specify) _____ X</p>													
<p>MN2A. WHERE DID YOU MAINLY RECEIVE THE ANTENATAL CARE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home Home 11 Other Home 12</p> <p>Public sector Govt. hospital 21 Govt. clinic / health centre 22 Govt. health post..... 23 Other public (specify) _____ 24</p> <p>Private Medical Sector Private hospital 31 Private clinic..... 32 Private maternity home 33 Other private medical (specify) _____ 34 Other (specify) _____ 96</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Number of times..... _ _</p> <p>DK..... 98</p>													
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?, 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?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample.....	1	2												
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED (SUCH AS A CHILD HEALTH DAYS CARD)? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen)..... 1 Yes (card not seen)..... 2 No 3 DK..... 8</p>													

MN6. WHEN YOU WERE PREGNANT WITH <i>(name)</i> , 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 <i>(name)</i> ? <i>If 7 or more times, record '7'.</i>	Number of times..... DK..... 8	8⇒MN9
MN8. <i>How many tetanus injections during last pregnancy were reported in MN7?</i>		
<input type="checkbox"/> <i>At least two tetanus injections during last pregnancy. ⇒ Go to MN12</i> <input type="checkbox"/> <i>Only one tetanus injection during last pregnancy. ⇒ Continue with MN9</i>		
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i> , EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes..... 1 No 2 DK..... 8	2⇒MN12 8⇒MN12
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>	Number of times..... DK..... 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i> ?	Years ago.....	
MN12. <i>Check MN1 for presence of antenatal care during pregnancy with (name)?:</i>		
<input type="checkbox"/> <i>Yes, antenatal care received. ⇒ Continue with MN13</i> <input type="checkbox"/> <i>No antenatal care received ⇒ Go to MN17</i>		
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?	Yes..... 1 No 2 DK..... 8	2⇒MN17 8⇒MN17
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>	SP / Fansidar A Chloroquine..... B Other (<i>specify</i>) X DK..... Z	
MN15. <i>Check MN14 for medicine taken:</i>		
<input type="checkbox"/> <i>SP / Fansidar taken. ⇒ Continue with MN16</i> <input type="checkbox"/> <i>SP / Fansidar not taken. ⇒ Go to MN17</i>		
MN16. DURING YOUR PREGNANCY WITH <i>(name)</i> ? HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times..... DK..... 98	

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>Record weight from health card, if available.</i>	From card..... 1 (kg) __ . ____ From recall 2 (kg) __ . ____ DK..... 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes..... 1 No 2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes..... 1 No 2	2⇒Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately 000 Hours 1 ____ Days..... 2 ____ Don't know / remember..... 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK? <i>If No probe: NOT EVEN WATER, HONEY, PORRIDGE, SOUP, SUGAR WATER, OR ANYTHING ELSE?</i>	Yes..... 1 No 2	2⇒Next Module
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe: ANYTHING ELSE?</i>	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	

ILLNESS SYMPTOMS

IS

IS1. *Check Household Listing, column HL9*

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 YOUR CHILD 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 difficult 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: Is respondent currently married?

Yes (MA1 = 1). ⇒ Continue with CP1.

No (MA1 = 3). ⇒ Go to FGM/C Module.

<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	<p>1⇒Next Module</p>
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒CP4</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables..... D</p> <p>Implants E</p> <p>Pill..... F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam / Jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence/Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	<p>⇒ Next Module</p>
<p>CP4. WHAT IS THE <u>MAIN</u> REASON FOR NOT USING ANY METHOD TO DELAY OR AVOID A PREGNANCY?</p>	<p>Religious 1</p> <p>Husband against 2</p> <p>Other family members against 3</p> <p>Contraceptives not available 4</p> <p>Desire for child 5</p> <p>Other (<i>specify</i>) 6</p> <p>DK..... 8</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?	Yes1 No.....2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later1 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 / None2 Undecided / Don't know8	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) child1 No more / None2 Says she cannot get pregnant3 Undecided / Don't know8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months.....1 __ __ Years2 __ __ Soon / Now993 Says she cannot get pregnant994 Other996 Don't know998	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>Yes1</p> <p>No2</p> <p>DK8</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 amenorrhea 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 ago4 ___</p> <p>In menopause /</p> <p> Has had hysterectomy994</p> <p> Before last birth995</p> <p> Never menstruated996</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 OR NICKED SLIGHTLY (SUNI). HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes 1 No 2	2⇒Next Module
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED OR UNDERGONE SUNI?	Yes 1 No 2	2⇒FG8
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 using your calendar of events and other information available to you</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	
FG8A. Check if woman was ever married:	<input type="checkbox"/> MA5=3 (Never married) ⇒ Skip to FG22 <input type="checkbox"/> MA5=1 or MA5=No answer (formerly or currently married) ⇒ 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 (<i>total number in FG9</i>) LIVING DAUGHTERS. IS THIS CORRECT? <input type="checkbox"/> Yes <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 – CM12 and BH1 – BH10 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. If no more daughters, go to FG22</i>
FG15. IS (name) CIRCUMCISED OR HAS UNDERGONE SUNI?	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. If no more daughters, go to FG22</i>
FG16. HOW OLD WAS (name) WHEN THIS OCCURRED? <i>If the respondent does not know the exact age, probe to get an estimate using your calendar of events and other information available to you</i>	Age..... ____ DK..... 98	Age..... ____ DK..... 98	Age..... ____ DK..... 98	Age..... ____ DK..... 98
FG17. 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 ⇒FG19 No 2 DK..... 8	Yes..... 1 ⇒FG19 No 2 DK..... 8	Yes..... 1 ⇒FG19 No 2 DK..... 8	Yes..... 1 ⇒FG19 No 2 DK..... 8
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8	Yes..... 1 No 2 DK..... 8

FG19. WAS HER GENITAL AREA SEWN CLOSED? <i>If necessary, probe: WAS IT SEALED?</i>	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor..... 11 Nurse/midwife 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' .. 21 Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98	Health professional Doctor..... 11 Nurse/midwife 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' .. 21 Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' .. 21 Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' .. 21 Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98
FG21.	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22</i>
				<i>Tick here if additional questionnaire used</i> <input type="checkbox"/>

FG22. DO YOU THINK THE PRACTICE OF CIRCUMCISION SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued 1 Discontinued..... 2 Depends 3 DK 8	
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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

HIV/AIDS	HA		
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes.....1 No.....2		2⇒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?		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. ⇒ 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</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>Things to do.....</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>Tested for AIDS.....</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>Offered a test.....</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>		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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<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 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>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>																				
<p>HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?</p>	<p>Less than 12 months ago..... 1</p> <p>12-23 months ago..... 2</p> <p>2 or more years ago..... 3</p>	<p>1⇒WM11</p> <p>2⇒WM11</p> <p>3⇒WM11</p>																				

HA24. I DO NOT 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 DO NOT 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. Record the time.	Hour and minutes ____ : ____	
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<p>WM12. Is the respondent the mother or caretaker of any child age 0-4 living in this household? Check household listing, column HL9.</p> <p><input type="checkbox"/> Yes. ⇒ Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or child under-5 in the household.</p>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations