

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 MOP&D. 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	Completed .....01 Not at home .....02 Refused .....03 Partly completed .....04 Incapacitated .....05  Other (specify) _____ 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**

<p>MT1. Check WB7:</p> <p><input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3</p>		
<p>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?</p>	<p>Almost every day ..... 1                  At least once a week.....2                  Less than once a week .....3                  Not at all .....4</p>	
<p>MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1                  At least once a week.....2                  Less than once a week .....3                  Not at all .....4</p>	
<p>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?</p>	<p>Almost every day ..... 1                  At least once a week.....2                  Less than once a week .....3                  Not at all .....4</p>	
<p>MT5. Check WB2: Age of respondent 15-24 years?</p> <p><input type="checkbox"/> Yes, age 15-24 ⇒ Continue with MT6</p> <p><input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module</p>		
<p>MT6. HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes ..... 1                  No ..... 2</p>	2⇒MT9
<p>MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1                  No ..... 2</p>	2⇒MT9
<p>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?</p>	<p>Almost every day ..... 1                  At least once a week.....2                  Less than once a week .....3                  Not at all .....4</p>	
<p>MT9. HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes ..... 1                  No ..... 2</p>	2⇒Next Module
<p>MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>	<p>Yes ..... 1                  No ..... 2</p>	2⇒Next Module
<p>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?</p>	<p>Almost every day ..... 1                  At least once a week.....2                  Less than once a week .....3                  Not at all .....4</p>	

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:</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years ..... __ __ DK ..... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes ..... 1 No ..... 2	2⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	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**

*This module is to be administered to all ever-married women  
All questions refer only to LIVE births.*

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. Sum answers to CM5, CM7, and CM9.	Sum ..... ____	
<p>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?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module</i></p> <p><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></p>		

**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 HLL)  <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED?  <i>If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?</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	
01		1	2	1	2					1	2	Days ..... 1 Months..... 2 Years ..... 3		
02		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	Days ..... 1 Months..... 2 Years ..... 3	1 Add Birth	2 Next Birth
04		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	Days ..... 1 Months..... 2 Years ..... 3	1 Add Birth	2 Next Birth
06		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	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 HLI) 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 ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No							
Line	Name	S	M	B	G	Year	Month	Age	Y	N	Line No	Unit	Number	Y	N					
08		1	2	1	2				1	2	—	Days ..... 1 Months ..... 2 Years ..... 3	—	1	2					
09		1	2	1	2				1	2	—	Days ..... 1 Months ..... 2 Years ..... 3	—	1	2					
10		1	2	1	2				1	2	—	Days ..... 1 Months ..... 2 Years ..... 3	—	1	2					
11		1	2	1	2				1	2	—	Days ..... 1 Months ..... 2 Years ..... 3	—	1	2					
12		1	2	1	2				1	2	—	Days ..... 1 Months ..... 2 Years ..... 3	—	1	2					
13		1	2	1	2				1	2	—	Days ..... 1 Months ..... 2 Years ..... 3	—	1	2					
14		1	2	1	2				1	2	—	Days ..... 1 Months ..... 2 Years ..... 3	—	1	2					
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in Birth History)?												Yes.....1			No.....2			1→Record Birth(s) in Birth History		

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**

*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.*

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.*

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													
MN2A. WHERE DID YOU MAINLY RECEIVE THE ANTENATAL CARE?  <i>Probe to identify the type of source.</i>  <i>If unable to determine whether public or private, write the name of the place.</i>  _____ (Name of place)	Home Home ..... 11 Other Home ..... 12  Public sector Govt. hospital ..... 21 Govt. clinic / health centre ..... 22 Govt. health post ..... 23 Other public (specify) _____ 24  Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (specify) _____ 34  Other (specify) _____ 96													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Number of times..... ____  DK..... 98													
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?	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Blood sample .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample .....	1	2												
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>	Yes (card seen)..... 1 Yes (card not seen)..... 2 No ..... 3 DK..... 8													

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. 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"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9		
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. Check MN1 for presence of antenatal care during pregnancy with <i>(name)</i> ?:		
<input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13 <input type="checkbox"/> No antenatal care received ⇒Go to MN17		
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. Check MN14 for medicine taken:		
<input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16 <input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN17		
MN16. DURING YOUR PREGNANCY WITH <i>(name)</i> ?, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times ..... DK .....98	

<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Auxiliary midwife ..... C</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Community health worker ..... G</p> <p>Relative / Friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one ..... Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</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</p> <p>Your home ..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. clinic / health centre ..... 22</p> <p>Govt. health post ..... 23</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⇒MN19A</p> <p>12⇒MN19A</p> <p>96⇒MN19A</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>MN19A. WHO ADVISED YOU ON WHERE TO GIVE BIRTH TO (name)?</p>	<p>Govt. doctor ..... A</p> <p>Govt. health worker ..... B</p> <p>Private Doctor ..... C</p> <p>Husband ..... D</p> <p>Other relatives ..... E</p> <p>Friend(s) ..... F</p> <p>NGO Health worker ..... G</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one / DK ..... Y</p>	
<p>MN20. WHEN (name) 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  No .....2  DK .....8</p>	<p>2⇒MN23  8⇒MN23</p>
<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH?  <i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kg) _ . _ _ _  From recall.....2 (kg) _ . _ _ _  DK .....99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes .....1  No .....2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes .....1  No .....2</p>	<p>2⇒Next Module</p>
<p>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></p>	<p>Immediately .....000  Hours..... 1 _ _  Days ..... 2 _ _  Don't know / remember .....998</p>	
<p>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></p>	<p>Yes .....1  No .....2</p>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?  <i>Probe:  ANYTHING ELSE?</i></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**

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>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization ..... A</p> <p>Male sterilization ..... B</p> <p>IUD ..... C</p> <p>Injectables ..... D</p> <p>Implants ..... E</p> <p>Pill ..... F</p> <p>Male condom ..... G</p> <p>Female condom ..... H</p> <p>Diaphragm ..... I</p> <p>Foam / Jelly ..... J</p> <p>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
<p>UN1. <i>Check CP1. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p>		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	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
<p>UN5. <i>Check CP3. Currently using "Female sterilization"?</i></p> <p><input type="checkbox"/> Yes. ⇒ Go to UN13</p> <p><input type="checkbox"/> No. ⇒ Continue with UN6</p>		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	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 Other ..... 996 Don't know ..... 998	994 ⇒ UN11
<p>UN8. <i>Check CP1. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p>		



<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 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 ago ..... 4 ___</p> <p>In menopause / Has had hysterectomy ..... 994</p> <p>Before last birth ..... 995</p> <p>Never menstruated ..... 996</p>	



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.	Yes..... 1 No ..... 2	2⇒WM11
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	DK..... 8	
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?	Yes No DK 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	Yes..... 1 No ..... 2	

FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	DK / Not sure / Depends ..... 8	
HA13. Check CMI3: Any live birth in last 2 years?		
<input type="checkbox"/> No live birth in last 2 years. ⇒ Go to HA24. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.		
HA14. Check MN1: Received antenatal care?		
<input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with HA15 <input type="checkbox"/> No antenatal care received ⇒ Go to HA24		
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),		
WERE YOU GIVEN ANY INFORMATION ABOUT:	Y N DK	
[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?	AIDS from mother ..... 1 2 8	
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?	Things to do ..... 1 2 8	
[C] GETTING TESTED FOR THE AIDS VIRUS?	Tested for AIDS..... 1 2 8	
WERE YOU:		
[D] OFFERED A TEST FOR THE AIDS VIRUS?	Offered a test ..... 1 2 8	
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No ..... 2 DK ..... 8	2⇒HA19 8⇒HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No ..... 2 DK ..... 8	2⇒HA22 8⇒HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.  AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes..... 1 No ..... 2 DK ..... 8	1⇒HA22 2⇒HA22 8⇒HA22
HA19. Check MN17: Birth delivered by health professional (A, B or C)?		
<input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24		
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?	Yes..... 1 No ..... 2	2⇒HA24

HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No ..... 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No ..... 2	1⇒HA25
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 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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WM12. Is the respondent the mother or caretaker of any child age 0-4 living in this household?  
Check household listing, column HL9.

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

No. ⇒ End the interview with this respondent by thanking her for her cooperation.  
Check for the presence of any other eligible woman or child under-5 in the household.



**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**