



**QUESTIONNAIRE FOR INDIVIDUAL WOMEN**  
**[SURINAME]**

WOMAN'S INFORMATION PANEL	WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used 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 THE **General Bureau of Statistics**. IN COOPERATION WITH THE MINISTRY OF SOCIAL AFFAIRS AND HOUSING 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 **35** 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 **35** 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 ( <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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MICS4.WM.1

WM10. Record the time.	Hour and minutes..... ____ : ____	
<b>WOMAN'S BACKGROUND</b>		<b>WB</b>
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... ____ DK month ..... 98  Year ..... ____ DK year ..... 9998	
WB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)..... ____	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary school..... 1 Primary Special education (MLK, ZMLK, MYTHYL) ..... 2 Secondary junior education (MULO, LBGO, LTS) ..... 3 Secondary Senior education (HAVO, VWO, IMEO, NATIN) ..... 4 Secondary Special education ..... 5 Higher education ..... 6 Other, not regular ..... 7 DK ..... 8	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "00"</i>	Grade..... ____	
WB6. Check WB4:		
<input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3  No sentence in required language ..... 4 <i>(specify language)</i>  Blind / mute, visually / speech impaired ..... 5	

MICS4.WM2

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check WB7: <input type="checkbox"/> Question left blank (Respondent has secondary or more 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. HOW OFTEN 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 between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6		
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 ⇒ MT12
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 ⇒ MT12
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	
MT12. DO YOU OWN A CELL PHONE THAT WORKS?	Yes ..... 1 No ..... 2	
MT13. DURING THE LAST 7 DAYS, HOW OFTEN DID YOU USE A CELL PHONE TO MAKE AND/OR RECEIVE CALLS? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Not at all ..... 3	

MICS4.WM3

<p>MT14A. DURING THE LAST 7 DAYS, HOW OFTEN DID YOU USE A CELL PHONE TO SEND A TEXT MESSAGE? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, OR NOT AT ALL?</p>	<p>Almost every day..... 1                  At least once a week ..... 2                  Not at all ..... 3</p>	
<p>MT14B. DURING THE LAST 7 DAYS, HOW OFTEN DID YOU USE A CELL PHONE TO RECEIVE A TEXT MESSAGE? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, OR NOT AT ALL?</p>	<p>Almost every day..... 1                  At least once a week ..... 2                  Not at all ..... 3</p>	
<p>MT15. DURING THE LAST 7 DAYS, HOW OFTEN DID YOU USE A CELL PHONE TO ACCESS THE INTERNET? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, OR NOT AT ALL?</p>	<p>Almost every day..... 1                  At least once a week ..... 2                  Not at all ..... 3</p>	

MICS4.WM.4

DESIRE FOR LAST BIRTH		DB
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2⇒ GO TO ILLNESS SYMPTOMS MODULE
CM12. WHEN DID YOU DELIVER YOUR LAST BIRTH (EVEN IF HE OR SHE HAS DIED)?  <i>Month and year must be recorded.</i>	Date of last birth Day ..... DK day ..... 98  Month .....  Year .....	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in <b>2008</b></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the child</p> <p style="text-align: center;">Name of child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with the next module.</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	

MICS4.WM.5

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check Desire for Last Birth module CM13 and record name of last-born child here _____.</i>  <i>Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒ MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G  Other (specify) ..... X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... _ _  DK ..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED?  [B] DID YOU GIVE A URINE SAMPLE  [C] DID YOU GIVE A BLOOD SAMPLE?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <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> </tbody> </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?  MAY I SEE IT PLEASE?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3  DK ..... 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2  DK ..... 8	2⇒ MN9  8⇒ MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times ..... _  DK ..... 8	8⇒ MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN17  <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9														

MICS4.WM.6



<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kg) ___ . ___ ___</p> <p>From recall ..... 2 (kg) ___ . ___ ___</p> <p>DK ..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒Next Module
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately ..... 000</p> <p>Hours ..... 1 ___</p> <p>Days ..... 2 ___</p> <p>Don't know / remember ..... 998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒Next Module
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p>	<p>Milk (other than breast milk) ..... A</p> <p>Plain water ..... B</p> <p>Sugar or glucose water ..... C</p> <p>Gripe water ..... D</p> <p>Sugar-salt-water solution ..... E</p> <p>Fruit juice ..... F</p> <p>Infant formula ..... G</p> <p>Tea / Infusions ..... H</p> <p>Honey ..... I</p> <p>Other (<i>specify</i>) ..... X</p>	



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

MICS4.WM19

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No..... 2</p> <p>Unsure or DK..... 8</p>	1⇒Next Module
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	2⇒Next Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i> <i>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/pessarium/ring.....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>	

MICS4.WM10

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	Yes ..... 1 No ..... 2	1⇒UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later ..... 1 No more ..... 2	
UN4. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child ..... 1 No more / None ..... 2 Undecided / Don't know ..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using "Female sterilization"? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
UN6. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / Don't know ..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. How long would you like to wait before the birth of (a/another) child?	Months ..... 1 ____ Years ..... 2 ____ Soon / Now ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 Don't know ..... 998	994⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

MICS4.WM11

UN9. Check CP2. Currently using a method? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes ..... 1 No ..... 2 DK ..... 8	1 ⇒ UN13  8 ⇒ UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex ..... A Menopausal ..... B Never menstruated ..... C Hysterectomy (surgical removal of uterus) ..... D Has been trying to get pregnant for 2 years or more without result ..... E Postpartum amenorrhic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I Other (specify) ..... X Don't know ..... Z	
UN12. Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago ..... 1 ___ Weeks ago ..... 2 ___ Months ago ..... 3 ___ Years ago ..... 4 ___ In menopause / Has had hysterectomy ..... 994 Before last birth ..... 995 Never menstruated ..... 996	

MICS4.WM12

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV		
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him.....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food.....	1	2	8

MICS4.WM13

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man ..... 2 No, not in union ..... 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... __ __ DK..... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ..... 1 No..... 2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ..... __ __ DK..... 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No..... 3	3 ⇒Next 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 OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... __ __	

MICS4.WM14

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

MICS4.WM15

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

MICS4.WM16



HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒WM11																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8	
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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																	

MICS4.WM17

<p>HA13. Check CM1: Ever given birth?</p> <p><input type="checkbox"/> No ⇒ Go to HA24</p> <p><input type="checkbox"/> Yes ⇒ Continue with the following check</p> <p>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"/> One or more live births in last 2 years ⇒ Continue with HA14</p>																						
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (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 border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother .....	1	2	8	Things to do .....	1	2	8	Tested for AIDS .....	1	2	8	Offered a test .....	1	2	8	
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<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 .....</p> <p>No .....</p> <p>DK .....</p>	<p>1</p> <p>2</p> <p>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 .....</p> <p>No .....</p> <p>DK .....</p>	<p>1</p> <p>2</p> <p>8</p> <p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes .....</p> <p>No .....</p> <p>DK .....</p>	<p>1</p> <p>2</p> <p>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 .....</p> <p>No .....</p>	<p>1</p> <p>2</p> <p>2⇒HA24</p>																				

MICS4.WM18

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 DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2  DK ..... 8	1⇒WM11 2⇒WM11  8⇒WM11
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	

WM11. Record the time.	Hour and minutes..... ____ : ____	
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WM12. Check Household Listing Form, column HL9.  
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

- 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 children under-5 in the household.

MICS4.WM19