

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 a separate questionnaire for each eligible woman</i>		
WM1. Cluster number: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	WM2. Household number: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
WM3. Woman's name: Name _____	WM4. Woman's line number: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
WM5. Interviewer name and number: Name: _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	WM6. Day/Month/Year of interview: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	

*Repeat greeting if not already read to this woman:*

WE ARE FROM THE **CENTRAL STATISTICAL OFFICE**. 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 **40 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 40 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 ⇒ 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 <b>Other (specify) _____ 96</b>
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WM8. Field edited by (Name and number): Name: _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	WM9. Data entry clerk (Name and number): Name: _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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CHILD MORTALITY		CM
<i>This module is to be administered to all women age 15-49.</i>		
CM0. NOW I WOULD LIKE TO ASK ABOUT ALL THE PREGNANCIES YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER BEEN PREGNANT?  <i>If "No" probe by asking:</i> I MEAN, EVER BEEN PREGNANT EVEN IF THE PREGNANCY ENDED WITH A MISCARRIAGE OR STILL BIRTH?	Yes ..... 1 No ..... 2	2⇒ ILLNESS SYMPTOMS Module
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?	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?	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> 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?	Yes ..... 1 No ..... 2	2⇒ CM10
CM9. HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?	Boys dead ..... __ __  Girls dead ..... __ __	
<b>CM10.</b> Sum answers to CM5, CM7, and CM9.	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 BH13</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 BH13</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 lines. If there are more than 14 live 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?		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. 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?
				Month	Year					Y	N	Unit	
01		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Days ..... 1 Months ..... 2 Years ..... 3	— — —	— — —	1 2 Add Next Birth
02		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Days ..... 1 Months ..... 2 Years ..... 3	— — — ⇒ BH10	— — —	1 2 Add Next Birth
03		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Days ..... 1 Months ..... 2 Years ..... 3	— — — ⇒ BH10	— — —	1 2 Add Next Birth
04		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Days ..... 1 Months ..... 2 Years ..... 3	— — — ⇒ BH10	— — —	1 2 Add Next Birth
05		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Days ..... 1 Months ..... 2 Years ..... 3	— — — ⇒ BH10	— — —	1 2 Add Next Birth
06		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Days ..... 1 Months ..... 2 Years ..... 3	— — — ⇒ BH10	— — —	1 2 Add Next Birth
07		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Days ..... 1 Months ..... 2 Years ..... 3	— — — ⇒ BH10	— — —	1 2 Add 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?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. Is (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?  <i>Record age in completed years.</i>	BH7. Is (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HLI)  <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED?  <b>If "1 year", probe:</b> 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?  1 Yes 2 No
			B	G	Month	Year					Y	N	Unit	
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)?											Yes..... 1	1	1 → Record Birth(s) in Birth History	
											No..... 2	2		

<b>CM12. Compare number in CM10 with number of births in the Birth History above and check:</b> <input type="checkbox"/> Numbers are same ⇒ Continue with BH13 <input type="checkbox"/> Numbers are different ⇒ Probe and reconcile		
<b>BH13. SOME PREGNANCIES END BEFORE FULL TERM. THE EXPULSION OF A FETUS (BABY) FROM THE WOMB HAPPENS AS A RESULT OF AN ACCIDENT OR DELIBERATELY BEFORE IT IS ABLE TO SURVIVE INDEPENDENTLY.</b>  HAVE YOU EVER HAD SUCH A PREGNANCY THAT MISCARRIED OR ABORTED?	Yes ..... 1  No ..... 2	2⇒ BH16
<b>BH14. HOW MANY PREGNANCIES DID YOU HAVE THAT ENDED IN MISCARRIAGE OR ABORTION?</b>	Number of miscarriages/abortions ..... __ __  None ..... 00 DK..... 98	00⇒ BH16 98⇒ BH16
<b>BH15. WHEN DID THE LAST MISCARRIAGE OR ABORTION HAPPEN?</b>	Month..... __ __  DK month..... 98  Year ..... __ __ __ __  DK year..... 9998	
<b>BH16. SOMETIMES A BABY IS BORN WITHOUT SHOWING SIGNS OF LIFE.</b>  HAVE YOU EVER HAD A PREGNANCY THAT ENDED IN A STILLBIRTH?	Yes ..... 1  No ..... 2	2⇒BH19
<b>BH17. HOW MANY PREGNANCIES HAVE YOU HAD THAT ENDED IN A STILLBIRTH?</b>	Number of still births..... __ __  DK..... 98	98⇒BH19
<b>BH18. WHEN DID YOUR LAST STILLBIRTH HAPPEN?</b>	Month..... __ __  DK month..... 98  Year ..... __ __ __ __  DK year..... 9998	
<b>BH19. SOMETIMES, AFTER A DIFFICULT CHILD BIRTH, A WOMAN CAN EXPERIENCE A CONSTANT LEAKAGE OF URINE OR STOOL FROM HER VAGINA DURING THE DAY OR NIGHT.</b>  HAVE YOU EVER HEARD ABOUT THIS CONDITION/ PROBLEM?	Yes ..... 1  No ..... 2	2⇒CM13
<b>BH20. I HAVE NO INTEREST IN A NAME, BUT DO YOU KNOW OF SOMEONE WHO HAS SUFFERED FROM THIS CONDITION?</b>	Yes ..... 1  No ..... 2	
<b>BH21. HAVE YOU EVER SUFFERED FROM OR ARE YOU SUFFERING FROM THIS CONDITION?</b>	Yes ..... 1  No ..... 2	2⇒CM13
<b>BH22. WOULD YOU LIKE TO BE REFERRED FOR MEDICAL CONDITION?</b>  <i>If yes, use the referral card.</i>	Yes ..... 1  No ..... 2	

**CM13.** Check BH4 in BIRTH HISTORY: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2008**

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

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 women with a live birth in the 2 years preceding date of interview.*

**Check child mortality/birth history 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 women with a live birth in the 2 years preceding date of interview. Check child mortality/birth history 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</p> <p>Other person Traditional birth attendant ..... F Community Health Worker/RHM ..... G</p> <p>Other (specify) ..... X</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times ..... _ _</p> <p>DK ..... 98</p>													
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0" style="width: 100%;"> <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?</p> <p>MAY I SEE IT PLEASE?</p> <p><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>													
<p>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?</p>	<p>Yes.....1 No .....2 DK .....8</p>	<p>2⇒MN9 8⇒MN9</p>												
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times ..... _</p> <p>DK .....8</p>	<p>8⇒MN9</p>												

MN8. How many tetanus injections during last pregnancy were reported in MN7?

At least two tetanus injections during last pregnancy. ⇒ Go to MN12

Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9

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

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Home</p> <p>Your home ..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. health centre ..... 22</p> <p>Govt. Clinic/PHU ..... 23</p> <p>Govt. outreach site ..... 24</p> <p><b>Other public <i>(specify)</i> _____ 26</b></p> <p>Private Medical Sector</p> <p>Private hospital ..... 31</p> <p>Private clinic ..... 32</p> <p>Other private <b>medical <i>(specify)</i> _____ 36</b></p> <p>On the way ..... 41</p> <p><b>Other <i>(specify)</i> _____ 96</b></p>	<p>11⇒MN19A</p> <p>12⇒MN19A</p> <p>96⇒MN19A</p>
<p>MN19. WAS <i>(name)</i> 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. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH TO <i>(name)</i> DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Check the respondent's card and show Vit. A capsule to the woman</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p>MN20. WHEN <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large ..... 1</p> <p>Larger than average ..... 2</p> <p>Average ..... 3</p> <p>Smaller than average ..... 4</p> <p>Very small ..... 5</p> <p>DK ..... 8</p>	
<p>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kg) ____ . ____</p> <p>From recall ..... 2 (kg) ____ . ____</p> <p>DK ..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒Next Module</p>

<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. 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>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk) ..... A</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>Medicine ..... J</p> <p>Other (<i>specify</i>) ..... X</p>	

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 difficulty breathing..... E
- Child has blood in stool..... F
- Child is drinking poorly..... G
- Child has diarrhoea..... H
- Other (specify) \_\_\_\_\_ X**
- Other (specify) \_\_\_\_\_ Y**
- Other (specify) \_\_\_\_\_ Z**

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>Check CM0.</p> <p><i>If yes in CM0, ask:</i> ARE YOU PREGNANT NOW?</p> <p><i>If no in CM0, circle '2' in CP1 and continue with CP2</i></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>	1⇒CP3
<p>CP2A WHAT IS THE <b>MAIN</b> REASON THAT YOU ARE NOT USING ANY METHOD TO DELAY OR AVOID PREGNANCY</p>	<p>Religious beliefs.....01</p> <p>Partner refuses .....02</p> <p>Can't afford/expensive .....03</p> <p>Side effects .....04</p> <p>Not sexually active.....05</p> <p>Do not wish to avoid pregnancy .....06</p> <p>Other (<i>specify</i>) .....96</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p> <p>3⇒Next Module</p> <p>4⇒Next Module</p> <p>5⇒Next Module</p> <p>6⇒Next Module</p> <p>96⇒Next Module</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt.</p> <p>If more than one method is mentioned, circle each one.</p>	<p>Female sterilization..... A</p> <p>Male sterilization/Vasectomy ..... B</p> <p>IUCD ..... 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>	

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 After marriage ..... 995 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>Do not prompt. If more than one method is mentioned, circle each one.</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>Tubal ligation ..... J</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 /</p> <p>Has had hysterectomy..... 994</p> <p>Before last birth ..... 995</p> <p>Never menstruated ..... 996</p>	



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: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years ..... __ __ DK ..... 98	
MA2A IS YOUR PARTNER/HUSBAND LIVING WITH YOU IN THIS HOUSEHOLD OR IS HE STAYING ELSEWHERE?  <i>If yes, record the line number of partner/husband from HLI.</i>	Line number of partner/husband..... __ __ Staying elsewhere..... 00	
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/ living together Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒MA10
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... __ __	
MA10. Check MA1. "Currently married (MA1 = 1)?  <input type="checkbox"/> Yes. ⇒ Go to MA11 <input type="checkbox"/> Else ⇒ Go to Next Module		
MA11. WHAT TYPE OF MARRIAGE?  <i>If both, WHAT TYPE OF MARRIAGE CERTIFICATE DO YOU HAVE?</i>	Swazi ..... 1 Civil ..... 2  Other ( <i>specify</i> ) ..... 6	

**Check for the presence of others. Before continuing, ensure privacy.**

<p>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.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse ..... 00</p> <p>Age in years ..... _ _</p> <p>First time when started living with (first) husband/partner ..... 95</p>	<p>00⇒Next Module</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Don't remember ..... 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><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></p>	<p>Days ago ..... 1 _ _</p> <p>Weeks ago ..... 2 _ _</p> <p>Months ago ..... 3 _ _</p> <p>Years ago ..... 4 _ _</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</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</p> <p>Cohabiting partner ..... 2</p> <p>Boyfriend ..... 3</p> <p>Casual acquaintance ..... 4</p> <p><b>Other (specify) _____ 6</b></p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>
<p>SB6. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</p>		
<p>SB7. 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>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒SB15</p>
<p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

<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><b>Other (specify) _____ 6</b></p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner ..... __ __ DK ..... 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1 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 ..... __ __ DK ..... 98</p>	

**ATTITUDES TOWARD DOMESTIC ISSUES (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:

- [A] IF SHE GOES OUT WITHOUT TELLING HIM?
- [B] IF SHE NEGLECTS THE CHILDREN?
- [C] IF SHE ARGUES WITH HIM?
- [D] IF SHE REFUSES TO HAVE SEX WITH HIM?
- [E] IF SHE BURNS THE FOOD?
- [F] IF SHE REFUSES TO ACCEPT STEP CHILDREN?
- [G] IF SHE SLEEPS WITH ANOTHER MAN?
- [H] IF SHE INITIATES SEX?
- [I] IF SHE REFUSES TO GIVE FOOD?

	Yes	No	DK
Goes out without telling .....	1	2	8
Neglects children .....	1	2	8
Argues .....	1	2	8
Refuses sex.....	1	2	8
Burns food .....	1	2	8
Refuses step children.....	1	2	8
Sleeps with another man.....	1	2	8
Initiates sex .....	1	2	8
Refuses to give food .....	1	2	8

DV2. *Check MA1:*

- Married or living with a man as if married. ⇒ Continue with DV3
- Not married and not living with a man as if married ⇒ Go to Next Module

DV3. HAS YOUR HUSBAND)/PARTNER EVER BEEN ANNOYED OR ANGERED BY THINGS YOU HAVE DONE?

Yes .....	1
No.....	2

2⇒ Next Module

DV4. IN SUCH OCCASIONS, HAS YOUR HUSBAND/PARTNER **EVER** HIT OR BEATEN YOU?

Yes .....	1
No.....	2

2⇒ Next Module

DV5. HAS THIS HAPPENED IN THE LAST 12 MONTHS?

Yes .....	1
No.....	2
Not sure.....	8

DV6. FOR WHAT REASON(S) WERE YOU EVER HIT OR BEATEN BY YOUR HUSBAND/PARTNER?

ANY OTHER REASON?

RECORD ALL REASONS MENTIONED.

Goes out without telling him .....	A
Argued with him .....	B
Refuses to have sex with him .....	C
Insulted him .....	D
Did not give him (enough) money .....	E
Beat the child.....	F
Husband/ partner was drunk .....	G
Involvement with another man .....	H
Other ( <i>specify</i> ).....	X

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⇒Next Module																
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 AIDS?	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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
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																	

HA12A. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ORAL SEX	Yes..... 1 No ..... 2  DK / Not sure / Depends..... 8	
HA12B. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ANAL SEX	Yes..... 1 No ..... 2  DK / Not sure / Depends..... 8	
HA12C. IN YOUR OPINION CAN HIV AIDS BE CURED?	Yes..... 1 No ..... 2  DK / Not sure / Depends..... 8	2⇒HA13
HA12D. IN YOUR OPINION CAN A MAN INFECTED WITH THE AIDS VIRUS BE CURED THROUGH HAVING SEX WITH A VIRGIN?	Yes..... 1 No ..... 2  DK / Not sure / Depends..... 8	
HA13. Check CM13: Any live birth in last 2 years?  <input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24  <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14		
HA14. Check MN1: Received antenatal care?  <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15  <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24		
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS VIRUS?  WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?  [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?  [C] GETTING TESTED FOR THE AIDS VIRUS?  WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?		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
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

<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. <i>Check MN17: Birth delivered by health professional (A or B)?</i></p> <p><input type="checkbox"/> <i>Yes, birth delivered by health professional ⇒ Continue with HA20</i></p> <p><input type="checkbox"/> <i>No, birth not delivered by health professional ⇒ Go to HA24</i></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⇒Next Module</p> <p>2⇒ Next Module</p> <p>3⇒ Next Module</p>
<p>HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒HA27</p>

<p>HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p>	<p>Less than 12 months ago..... 1  12-23 months ago ..... 2  2 or more years ago ..... 3</p>	
<p>HA25A. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test ..... 1  Offered and accepted ..... 2  Required..... 3</p>	
<p>HA25B. WHERE DID YOU GO FOR THE TEST?</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 style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Govt. hospital ..... 11  Govt. health centre ..... 12  Govt. clinic/PHU ..... 13  Govt. VCT Centre ..... 14  <b>Other public (specify) _____ 16</b></p> <p>Private Medical Sector</p> <p>Private hospital..... 21  Private clinic ..... 22  <b>Other private medical (specify) _____ 26</b></p> <p>Other sources</p> <p>NGO VCT Centre ..... 31  Mission hospital..... 32</p> <p><b>Other (specify) _____ 96</b></p> <p>DK ..... 98</p>	
<p>HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>	<p>1⇒ Next Module  2⇒ Next Module  8⇒ Next Module</p>
<p>HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?</p>	<p>Yes ..... 1  No..... 2</p>	



OTHER SEXUALLY TRANSMITTED INFECTIONS		SW
SW1. (APART FROM AIDS,) HAVE YOU HEARD ABOUT (OTHER) INFECTIONS THAT CAN BE TRANSMITTED THROUGH SEXUAL CONTACT?	Yes.....1 No .....2	2⇒ SW4
SW2. IF A WOMAN HAS A SEXUALLY TRANSMITTED INFECTION/DISEASE, WHAT SIGNS OR SYMPTOMS MIGHT SHE HAVE?  ANY OTHER SYMPTOMS?  <i>Record all symptoms mentioned.</i>	Abdominal pain.....A Genital discharge/dripping.....B Foul smelling discharge.....C Burning pain on urination.....D Redness/inflammation in genital area.....E Swelling in genital area.....F Genital sores/ulcers.....G Genital warts.....H Genital itching.....I Blood in urine.....J Loss of weight.....K Hard to get pregnant/have a child.....L  Other (specify).....W  Other (specify).....X  No symptoms.....Y Don't know.....Z	
SW3. IF A MAN HAS A SEXUALLY TRANSMITTED INFECTION/DISEASE, WHAT SIGNS OR SYMPTOMS MIGHT HE HAVE?  ANY OTHER SYMPTOMS?  <i>Record all symptoms mentioned.</i>	Abdominal pain.....A Genital discharge/dripping.....B Foul smelling discharge.....C Burning pain on urination.....D Redness/inflammation in genital area.....E Swelling in genital area.....F Genital sores/ulcers.....G Genital warts.....H Genital itching.....I Blood in urine.....J Loss of weight.....K Impotence.....L  Other (specify).....W  Other (specify).....X  No symptoms.....Y Don't know.....Z	

<p>SW4. Check SB1: Ever had sex?</p> <p><input type="checkbox"/> Yes. ⇒ Go to SW5.</p> <p><input type="checkbox"/> No. ⇒ WM11</p>		
<p>SW5. Check SW1: Has heard about infection transmitted through sexual contact?</p> <p><input type="checkbox"/> Yes. ⇒ Go to SW6.</p> <p><input type="checkbox"/> No. ⇒ Go to SW7.</p>		
<p><b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY</b></p>		
<p>SW6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN THE LAST 12 MONTHS.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A DISEASE, WHICH YOU GOT THROUGH SEXUAL CONTACT?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	
<p>SW7. SOMETIMES, WOMEN EXPERIENCE A BAD SMELLING ABNORMAL GENITAL DISCHARGE.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A BAD SMELLING ABNORMAL GENITAL DISCHARGE?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	
<p>SW8. SOMETIMES WOMEN HAVE A GENITAL SORE OR ULCER.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	
<p>SW9. Check SW6/SW7/SW8: Has had an infection or a symptom of sexually transmitted disease? (that is a yes in SW6 or SW7 or SW8)</p> <p><input type="checkbox"/> Yes. ⇒Go to SW10.</p> <p><input type="checkbox"/> No. ⇒Go to WM11</p>		
<p>SW10. THE LAST TIME YOU HAD PROBLEM(S) FROM (SW6 or SW7 or SW8), DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?</p>	<p>Yes.....1</p> <p>No .....2</p>	<p>1⇒SW12</p>
<p>SW11. WHAT WAS THE MAIN REASON FOR NOT SEEKING ADVICE OR TREATMENT?</p>	<p>Not necessary.....1</p> <p>Expensive .....2</p> <p>Religious prohibition .....3</p> <p>Fear of being ridiculed/ stigmatized ..... 4</p> <p><b>Other (specify) _____ 6</b></p>	<p>1⇒SW13</p> <p>2⇒SW13</p>

<p>SW12. WHERE DID YOU GO?</p> <p>ANY OTHER PLACE?</p> <p><i>Record all sources mentioned.</i></p> <p><i>Probe to identify each type of source and circle the appropriate code(s).</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>Public sector</p> <p>Govt. hospital ..... A</p> <p>Govt. health centre ..... B</p> <p>Govt. clinic/PHU ..... C</p> <p>Rural Health Motivator ..... D</p> <p>Govt. outreach site ..... E</p> <p><b>Other public (specify) _____ F</b></p> <p>Private medical sector</p> <p>Private hospital ..... G</p> <p>Private clinic ..... H</p> <p>Private physician ..... I</p> <p>Private pharmacy ..... J</p> <p><b>Other private medical (specify) _____ K</b></p> <p>Other source</p> <p>FLAS ..... L</p> <p>TASC ..... M</p> <p>Relative or friend ..... N</p> <p>Shop ..... O</p> <p>Traditional practitioner ..... P</p> <p>Street vendor ..... Q</p> <p><b>Other (specify) _____ X</b></p>	
<p>SW13. WHEN YOU HAD PROBLEM(S) FROM (SW6 or SW7 or SW8) DID YOU INFORM THE PERSON(S) WITH WHOM YOU WERE HAVING SEX?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>Some/ not all ..... 3</p> <p>Did not have a partner ..... 4</p>	

<p>WM11. Record the time.</p>	<p>Hour and minutes ..... : .....</p>	
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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 QUESTIONNAIRE FOR CHILDREN UNDER FIVE 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 children under-5 in the household.</p>
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**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**