



QUESTIONNAIRE FOR INDIVIDUAL WOMEN [THAILAND]

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. EA number from the MICS sample: <div style="text-align: right; margin-top: 10px;">_ _ _ _ _</div> WM1A. Household cluster (from listing): Households with children under 5 years.....1 Households with no children under 5 years....2 <div style="text-align: right; margin-top: 10px;">_ _ _</div>	WM2. Household number: <div style="text-align: right; margin-top: 10px;">_ _ _ _</div>
WM3. Woman's name (copy from HL2 of the Household Listing Form): First – Last name _____	WM4. Woman's ordinal number (copy from HL1 of the Household Listing Form): <div style="text-align: right; margin-top: 10px;">_ _ _</div>
WM5. Interviewer name and number: First – Last name _____ <div style="text-align: right; margin-top: 10px;">_ _ _ _ _</div>	WM6. Day / Month / Year of interview: <div style="text-align: right; margin-top: 10px;">_ _ _ / _ _ _ / 2 0 1 2</div>

NOW I WOULD LIKE TO ASK ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW SHOULD TAKE 20-25 MINUTES. THE INFORMATION WE COLLECT FROM YOU WILL BE KEPT CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE.

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.

WM7. Result of the interview with woman age 15-49 years.	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (specify) _____ 96
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WM10. Record the time.	Hour and minutes _ _ : _ _
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WOMAN'S BACKGROUND		WB
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?	Preschool00 Primary01 Lower Secondary02 Upper Secondary03 Associate/Commercial college degree.....04 Diploma05 Bachelor degree06 Higher07 Doctoral degree.....08	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If the highest grade completed is lower than the highest grade attained, enter "00".</i>	Grade DK.....98	
WB6. Check WB4: <input type="checkbox"/> Lower secondary or higher (WB4 = 02 - 08). ⇒ Go to Next Module <input type="checkbox"/> Primary(WB4 = 01) ⇒ 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 (specify language) Blind/mute, visually/speech impaired 5	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</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⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.	Date of birth Day 98 DK day 98 Month 98 DK month 98 Year 9998 DK year 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth..... _ _	
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 living in this household _ _ Daughters living in this household _ _	
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

<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead _ _</p> <p>Girls dead _ _</p>	
<p>CM10. Sum answers to CM5, CM7, and CM9.</p>	<p>Sum _ _</p>	
<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"/> Yes. Check below:</p> <p style="padding-left: 40px;"><input type="checkbox"/> No live births ⇒ Go to CONTRACEPTION Module (CP1)</p> <p style="padding-left: 40px;"><input type="checkbox"/> One or more live births ⇒ Continue with CM12</p> <p><input type="checkbox"/> No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12.</p>		
<p>CM12. OF THESE (TOTAL NUMBER IN CM10) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>If unknown day, enter "98". Month and year must be recorded.</i></p>	<p>Day _ _</p> <p>Month..... _ _</p> <p>Year..... _ _</p>	
<p>CM13. Check CM12: Last birth occurred within the last 2 years.</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to CONTRACEPTION Module (CP1)</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the last born child and continue with next question</p> <p style="text-align: center;">Name of the last born child _____</p> <p><i>If the last live birth is dead, try to show compassion when referring to that child, and enter the child's name in the following sections.</i></p>		
<p>CM13A. IS (<i>name of last child</i>) HE OR SHE STILL ALIVE?</p> <p>CM13B. WHEN DID (<i>name of last child</i>) HE OR SHE DIE?</p> <p><i>If unknown day, enter "98".</i></p> <p><i>The interviewer must ask month and year of the death of last child.</i></p>	<p>Yes.....1</p> <p>No.....2</p> <p>Day _ _</p> <p>Month..... _ _</p> <p>Year..... _ _</p>	<p>1 ⇒ Next MODULE</p>

DESIRE FOR LAST CHILD		DB
<p><i>This module is to be administered to all 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.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years 2 __ __ DK..... 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all 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 _____.</i></p> <p><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⇒MN4D												
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: Physician A Nurse/Midwife B Other health professional Health centre staff/nurse's aide/midwife's aide E Other personnel Traditional birth attendant (trained or untrained) F Village health volunteer (VHV) G Other (<i>specify</i>) 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 style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>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												
MN4D. DURING THIS PREGNANCY, DID YOUR HUSBAND RECEIVE COUNSELLING AND INFORMATION FROM A HEALTH OFFICIAL ABOUT MATERNAL AND CHILD CARE?	Yes 1 No 2													
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card or any other document 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												

<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH <i>(name)</i>?</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>
<p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12</p> <p><input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</p>		
<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</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒MN17</p> <p>8⇒MN17</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times.....__</p> <p>DK 8</p>	<p>8⇒MN17</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>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</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: PhysicianA Nurse/Midwife.....B</p> <p>Other health professional Health centre staff/nurse's aide/midwife's aide.....E</p> <p>Other personnel Traditional birth attendant (trained or untrained).....F Village health volunteer (VHV)G Relative/friend.....H</p> <p>Other (<i>specify</i>)X No one.....Y</p>	

Appendix G. Questionnaires

<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>(<i>Name of place</i>)</p>	<p>Home Your home 11 Other home 12</p> <p>Govt. health facility Hospital.....21 Maternal and child health hospital.....22 Health centre/Sub-district promotion hospital/Bangkok Health centre23 Other public (<i>specify</i>) _____ 26</p> <p>Private health facility Private hospital.....31 Private clinic32 Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒MN20 12⇒MN20</p> <p>96⇒MN20</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 No 2</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 Larger than average 2 Average 3 Smaller than average 4 Very small..... 5</p> <p>DK 8</p>	
<p>MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes 1 No 2</p> <p>DK 8</p>	<p>2⇒MN23 8⇒MN23</p>
<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, booklet, if available. Record in kilograms.</i></p>	<p>From card/booklet1 (kg) __ . __ __</p> <p>From recall2 (kg) __ . __ __</p> <p>DK 9998</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⇒MN27A</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.</i></p>	<p>Immediately 000</p> <p>Within 24 hours 1 __</p> <p>More than 24 hours: enter the number of 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 No 2</p>	<p>2⇒MN27A</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 Plain water.....B Sugar or glucose water C Water to prevent constipation (Gripe water)D Oral rehydration solutionE Fruit juiceF Infant formula G Tea (other type of brewed beverage)..... H Honey I Other (<i>specify</i>) _____ X</p>	
<p>MN27A. IN THE 2ND WEEK AFTER DELIVERY, DID ANY HEALTH PERSONNEL VISIT AND CHECK YOUR HEALTH AT HOME?</p>	<p>Yes.....1 No2 Not yet the appointment date.....3</p>	
<p>MN27B. IN THE 4TH-6TH WEEK AFTER DELIVERY, DID ANY HEALTH PERSONNEL VISIT AND CHECK YOUR HEALTH AT HOME?</p>	<p>Yes.....1 No2 Not yet the appointment date.....3</p>	
<p>MN27C. IN THE 2ND WEEK AFTER DELIVERY, DID ANY HEALTH PERSONNEL VISIT AND CHECK YOUR LAST CHILD'S HEALTH AT HOME?</p>	<p>Yes.....1 No2 Not yet the appointment date.....3</p>	
<p>MN27D. IN THE 4TH-6TH WEEK AFTER DELIVERY, DID ANY HEALTH PERSONNEL VISIT AND CHECK YOUR LAST CHILD'S HEALTH AT HOME?</p>	<p>Yes.....1 No2 Not yet the appointment date.....3</p>	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes..... 1 No 2 Unsure or DK..... 8	1⇒Next Module
CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes..... 1 No 2	2⇒CP3A
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization..... A Vasectomy B IUD..... C Injectables..... D Implants E Oral contraceptive pill F Male condom G Female condom H Diaphragm I Foam/Jelly J Lactational amenorrhoea method (LAM)..... K Periodic abstinence/Rhythm..... L Withdrawal M Other (<i>specify</i>) X	⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module ⇒Next Module
CP3A. WHAT IS THE MAIN REASON THAT YOU ARE NOT DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Afraid of being harmful to health.....01 The cost of contraception is expensive.....02 Just deliver/Post-abortion.....03 Think of being too old/menopausal.....04 Difficulty to access the service (far, difficulty traveling, etc.).....05 No desirable contraception at the service outlet06 Husband/partner forces to have sex.....07 Not anticipate to have sex.....08 No time to receive the service/busy.....09 Other (specify) 96	
CP3B. IN THE PAST, DID YOU EVER DO SOMETHING OR USE ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes..... 1 No 2	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant?		
<input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK (CP1 = 2, 8) ⇒ 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
UN2A. BEFORE THIS PREGNANCY, DID YOU DO SOMETHING OR USE ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	2⇒UN3
UN2B. WHAT DID YOU DO TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization A Vasectomy B IUD C Injectables D Implants E Oral contraceptive pill F Male condom G Female condom H Diaphragm I Foam/Jelly J Lactational amenorrhoea method (LAM) K Periodic abstinence/Rhythm L Withdrawal M Other (<i>specify</i>) X	
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

<p>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months 1 ___</p> <p>Years..... 2 ___</p> <p>Soon/Now 993</p> <p>Says she cannot get pregnant 994</p> <p>After marriage 995</p> <p>Other 996</p> <p>Don't know 998</p>	<p>994⇒UN11</p>
<p>UN8. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK (CP1 = 2,8) ⇒ Continue with UN9</p>		
<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes (CP2 = 1) ⇒ Go to UN13</p> <p><input type="checkbox"/> No (CP2 = 2) ⇒ 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 amenorrheic 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"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		

<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>(Number of) days ago 1 ___</p> <p>(Number of) weeks ago..... 2 ___</p> <p>(Number of) months ago 3 ___</p> <p>(Number of) years ago 4 ___</p> <p>In menopause/ Has had hysterectomy 994 Before last birth 995 Never menstruated 996</p>	
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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 completed years..... _ _ DK..... 98	
MA2A. BEFORE MARRIAGE, DID YOU EVER RECEIVE INFORMATION OR COUNSELLING ABOUT FAMILY PLANNING FROM A HEALTH SERVICE PROVIDER?	Yes 1 No 2 DK/Unsure 8	
MA2B. BEFORE MARRIAGE, DID YOUR HUSBAND/PARTNER EVER RECEIVE INFORMATION OR COUNSELLING ABOUT FAMILY PLANNING FROM A HEALTH SERVICE PROVIDER?	Yes 1 No 2 DK/Unsure 8	
MA2C. BEFORE MARRIAGE, DID YOU EVER RECEIVE A BLOOD TEST FOR THALASSEMIA? <i>If yes, probe: DOES SHE KNOW THE RESULTS OF THE TEST (Not necessary to ask what the results were)?</i>	Yes, and know the results 1 Yes, but don't know the results 2 No 3 DK/Unsure 8	
MA2D. BEFORE MARRIAGE, DID YOU EVER RECEIVE A BLOOD TEST FOR HIV? <i>If yes, probe: DOES SHE KNOW THE RESULTS OF THE TEST (Not necessary to ask what the results were)?</i>	Yes, and know the results 1 Yes, but don't know the results 2 No 3 DK/Unsure 8	
MA2E. BEFORE MARRIAGE, DID YOUR HUSBAND/PARTNER EVER RECEIVE A BLOOD TEST FOR THALASSEMIA? <i>If yes, probe: DOES SHE KNOW THE RESULTS OF THE TEST (Not necessary to ask what the results were)?</i>	Yes, and know the results 1 Yes, but don't know the results 2 No 3 DK/Unsure 8	
MA2F. BEFORE MARRIAGE, DID YOUR HUSBAND/PARTNER EVER RECEIVE A BLOOD TEST FOR HIV? <i>If yes, probe: DOES SHE KNOW THE RESULTS OF THE TEST (Not necessary to ask what the results were)?</i>	Yes, and know the results 1 Yes, but don't know the results 2 No 3 DK/Unsure 8	1⇒MA7 2⇒MA7 3⇒MA7 8⇒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	

<p>MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?</p>	<p>Date of first marriage Month.....__ __ DK month.....98 Year.....__ __ __ __ DK year.....9998</p>	<p>⇒Next Module</p>
<p>MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?</p>	<p>Age in years.....__ __</p>	

HIV/AIDS				HA
HA1. NOW I WOULD LIKE TO ASK ABOUT THE KNOWLEDGE AND UNDERSTANDING OF HIV/AIDS HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes	1		2⇒ Next Module
	No	2		
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes	1		
	No	2		
	DK	8		
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes	1		
	No	2		
	DK	8		
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes	1		
	No	2		
	DK	8		
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes	1		
	No	2		
	DK	8		
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes	1		
	No	2		
	DK	8		
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes	1		
	No	2		
	DK	8		
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?			Yes No DK	
	During pregnancy	1	2 8	
	During delivery	1	2 8	
	By breastfeeding	1	2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes	1		
	No	2		
	DK/Not sure/Depends	8		
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes	1		
	No	2		
	DK/Not sure/Depends	8		
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes	1		
	No	2		
	DK/Not sure/Depends	8		
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes	1		
	No	2		
	DK/Not sure/Depends	8		

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years (CM13 = N or blank) ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years (CM13 = Y) ⇒ Continue with HA14</p>		
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care (MN1 = 1) ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care (MN1 = 2) ⇒ Go to HA24</p>		
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>),</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>	<p style="text-align: right;">Y N DK</p> <p>AIDS from mother..... 1 2 8</p> <p>Things to do..... 1 2 8</p> <p>Tested for AIDS..... 1 2 8</p> <p>Offered a test..... 1 2 8</p>	
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒HA19</p> <p>8⇒HA19</p>
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA19. Check MN17: Birth delivered by health professional (A or B)?</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 TIMES 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>

Appendix G. Questionnaires

<p>HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?</p>	<p>Less than 12 months ago1 12-23 months ago.....2 2 or more years ago3</p>	<p>1⇒ Next Module 2⇒ Next Module 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>Yes1 No2</p>	<p>2⇒HA27</p>
<p>HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p>	<p>Less than 12 months ago1 12-23 months ago.....2 2 or more years ago3</p>	
<p>HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes1 No2 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>Yes1 No2</p>	

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:		OK	Not OK	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling him	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects the 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 to have sex with him	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns the food	1	2	8

WM11. Record the time.	Hour and minutes : ..	
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WM12. Check Household Listing Form, column HL8.
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, man or child under-5 in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations