



## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

SITUATION OF WOMEN AND CHILDREN IN THAILAND, 2558

Thailand

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
<b>WM1.</b> Cluster number: _____	<b>WM2.</b> Household number: _____	
<b>WM3.</b> Woman's name: Name _____	<b>WM4.</b> Woman's line number: _____	
<b>WM5.</b> Interviewer's name and number: Name _____	<b>WM6.</b> Day / Month / Year of interview: _____ / _____ / 2 0 1 _	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p><b>WE ARE FROM NATIONAL STATISTICAL OFFICE.</b>            WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT <b>15</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in WM7. Discuss this result with your supervisor.</p>	

<b>WM7.</b> Result of woman's interview	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other (specify) _____ 96
---	---

<b>WM10.</b> Record the time.	Hour and minutes .....__ __ : __ __	
-------------------------------	-------------------------------------	--

<b>WOMAN'S BACKGROUND</b>		<b>WB</b>
<b>WB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month.....__ __ DK month.....98  Year .....__ __ __ __ DK year.....9998	
<b>WB2.</b> 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) .....__ __	
<b>WB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒WB7
<b>WB4.</b> WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool .....00 Primary .....01 Secondary .....02 Associate / Commercial college degree ....03 Diploma .....04 Bachelor degree .....05 Master degree .....06 Doctoral degree .....07	00⇒WB7
<b>WB5.</b> WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If the first grade at this level is not completed, enter "00".</i>	Grade .....__ __	
<b>WB6.</b> Check WB4:		
<input type="checkbox"/> Secondary through doctoral degree (WB4=02 to 07) ⇒ Go to Next Module.		
<input type="checkbox"/> Primary (WB4=01) ⇒ Continue with WB7.		

<p><b>WB7.</b> NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all ..... 1</p> <p>Able to read only parts of sentence ..... 2</p> <p>Able to read whole sentence ..... 3</p> <p>No sentence in required language _____ 4 <i>(specify language)</i></p> <p>Blind / visually impaired ..... 5</p>	
--	--	--

FERTILITY		CM
<p><b>CM1.</b> NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p>	Yes ..... 1 No ..... 2	2⇒CM8
<p><b>CM2.</b> WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR THE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i></p>	Date of first birth  Month..... __ __ DK month..... 98  Year ..... __ __ __ __ DK year..... 9998	⇒CM4
<p><b>CM3.</b> HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	Completed years since first birth..... __ __	
<p><b>CM4.</b> DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	Yes ..... 1 No ..... 2	2⇒CM6
<p><b>CM5.</b> HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record "00".</i></p>	Sons at home ..... __ __  Daughters at home..... __ __	
<p><b>CM6.</b> DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	Yes ..... 1 No ..... 2	2⇒CM8
<p><b>CM7.</b> HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record "00".</i></p>	Sons elsewhere..... __ __  Daughters elsewhere ..... __ __	

<p><b>CM8.</b> HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><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?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒CM10</p>
<p><b>CM9.</b> HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record “00”.</i></p>	<p>Boys dead ..... __ __ Girls dead ..... __ __</p>	
<p><b>CM10.</b> Sum answers to CM5, CM7, and CM9.</p>	<p>Sum ..... __ __</p>	
<p><b>CM11.</b> JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>No live births ⇒ Go to CONTRACEPTION Module.</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>One or more live births ⇒ Continue with CM12.</i></p> <p><input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12.</i></p>		
<p><b>CM12.</b> OF THESE (<i>total number in CM10</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.</p>	<p>Date of last birth</p> <p>Month ..... __ __ Year ..... __ __ __ __</p>	
<p><b>CM13.</b> Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in <b>2013</b> (if the month of interview and the month of birth are the same, and the year of birth is <b>2013</b>, consider this as a birth within the last 2 years).</p> <p><input type="checkbox"/> <i>No live birth in last 2 years. ⇒ Go to CONTRACEPTION Module.</i></p> <p><input type="checkbox"/> <i>One or more live births in last 2 years. ⇒ Ask for the name of the last-born child-</i></p> <p style="padding-left: 40px;">Name of last-born 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 Next Module.</i></p>		

**DESIRE FOR LAST BIRTH**

**DB**

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.*

*Record name of last-born child from CM13 here \_\_\_\_\_.*

*Use this child's name in the following questions, where indicated.*

<p><b>DB1.</b> WHEN YOU GOT PREGNANT WITH <i>(name)</i>, DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1⇒Next Module</p>
<p><b>DB2.</b> DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later ..... 1</p> <p>No more ..... 2</p>	<p>2⇒Next Module</p>
<p><b>DB3.</b> HOW MUCH LONGER DID YOU WANT TO WAIT?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Months ..... 1 __ __</p> <p>Years ..... 2 __ __</p> <p>DK ..... 998</p>	

**MATERNAL AND NEWBORN HEALTH**
**MN**

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.*

*Record name of last-born child from CM13 here \_\_\_\_\_.*

*Use this child's name in the following questions, where indicated.*

<b>MN1.</b> DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5												
<b>MN2.</b> 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 Health centre staff/nurse's aide ..... D Other person Community health worker ..... G Other (specify) _____ X													
<b>MN2A.</b> HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?  <i>Record the answer as stated by respondent.</i>	Weeks ..... 1 __ __ Months ..... 2 0 __ DK ..... 998													
<b>MN3.</b> HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?  <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	Number of times ..... __ __ DK ..... 98													
<b>MN4.</b> 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												

<p><b>MN5.</b> DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? 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</p> <p>Yes (card not seen) ..... 2</p> <p>No ..... 3</p> <p>DK..... 8</p>	<p>2⇒MN6</p> <p>3⇒MN6</p> <p>8⇒MN6</p>																																																																																																							
<p><b>MN5A.</b> Check card and record the details for blood test below.</p> <p>[A] STIs (VDRL) 1<sup>st</sup> time, test taken</p> <p>[B] STIs (VDRL) 2<sup>nd</sup> time test taken</p> <p>[C] Screening of Thalassemia (Wife)</p> <p>[D] Screening of Thalassemia (Husband)</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1<sup>st</sup> VDRL test taken .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">↓</td> <td></td> </tr> <tr> <td style="text-align: center;"> <table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> </td> <td></td> <td></td> </tr> <tr> <td>2<sup>nd</sup> VDRL test taken .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">↓</td> <td></td> </tr> <tr> <td style="text-align: center;"> <table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> </td> <td></td> <td></td> </tr> <tr> <td>Thalassemia test OF/DCIP/MCV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">↓</td> <td></td> </tr> <tr> <td style="text-align: center;"> <table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> </td> <td></td> <td></td> </tr> <tr> <td>Thalassemia test OF/DCIP/MCV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">↓</td> <td></td> </tr> <tr> <td style="text-align: center;"> <table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> </td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1 <sup>st</sup> VDRL test taken .....	1	2		↓		<table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y			2 <sup>nd</sup> VDRL test taken .....	1	2		↓		<table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y			Thalassemia test OF/DCIP/MCV.....	1	2		↓		<table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y			Thalassemia test OF/DCIP/MCV.....	1	2		↓		<table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y			
	Yes	No																																																																																																							
1 <sup>st</sup> VDRL test taken .....	1	2																																																																																																							
	↓																																																																																																								
<table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y																																																																																									
D	D	M	M	Y	Y	Y	Y																																																																																																		
2 <sup>nd</sup> VDRL test taken .....	1	2																																																																																																							
	↓																																																																																																								
<table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y																																																																																									
D	D	M	M	Y	Y	Y	Y																																																																																																		
Thalassemia test OF/DCIP/MCV.....	1	2																																																																																																							
	↓																																																																																																								
<table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y																																																																																									
D	D	M	M	Y	Y	Y	Y																																																																																																		
Thalassemia test OF/DCIP/MCV.....	1	2																																																																																																							
	↓																																																																																																								
<table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y																																																																																									
D	D	M	M	Y	Y	Y	Y																																																																																																		
<p><b>MN6.</b> 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</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒MN9</p> <p>8⇒MN9</p>																																																																																																							
<p><b>MN7.</b> HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p>	<p>Number of times ..... _</p> <p>DK..... 8</p>	<p>8⇒MN9</p>																																																																																																							
<p><b>MN8.</b> 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 MN17.</p> <p><input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9.</p>																																																																																																									
<p><b>MN9.</b> DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), 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><b>MN10.</b> HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE 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⇒MN17</p>																																																																																																							
<p><b>MN11.</b> HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</p> <p><i>If less than 1 year, record '00'.</i></p>	<p>Years ago ..... _ _</p>																																																																																																								





<p><b>MN22.</b> HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>From card ..... 1 (kg) __ . ____</p> <p>From recall..... 2 (kg) __ . ____</p> <p>DK.....99998</p>	
<p><b>MN23.</b> HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>MN24.</b> DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒ MN28
<p><b>MN25.</b> 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>DK / Don't remember .....998</p>	
<p><b>MN26.</b> 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⇒MN28
<p><b>MN27.</b> 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>	
<p><b>MN28.</b> IN THE FIRST 42 DAYS AFTER THE DELIVERY OF (<i>name</i>), DID YOU RECEIVE ANY POST-NATAL HEALTH CHECKS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒ Next module
<p><b>MN29.</b> HOW MANY TIMES DID YOU RECEIVE THESE CHECKS WITHIN 42 DAYS OF DELIVERY?</p> <p><i>If 7 or more times, record '7'</i></p> <p><i>If Unsure or DK, record '8'</i></p>	<p>Number of times .....__</p>	

CONTRACEPTION		CP
<p><b>CP1.</b> 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⇒CP2A
<p><b>CP2.</b> COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU OR YOUR PARTNER 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><b>CP2A1.</b> WHAT IS THE REASON THAT YOU OR YOUR PARTNER CURRENTLY NOT DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Not married ..... 01</p> <p>Fertility-related reasons</p> <p>Not having sex ..... 02</p> <p>Infrequent sex ..... 03</p> <p>Menopausal/hysterectomy ..... 04</p> <p>Can't get pregnant ..... 05</p> <p>Not menstruated since last birth ..... 06</p> <p>Breast feeding ..... 07</p> <p>Up to God/Fatalistic ..... 08</p> <p>Wanted to have child ..... 09</p> <p>Opposition to Use</p> <p>Respondent opposed ..... 10</p> <p>Husband/Partner opposed ..... 11</p> <p>Others opposed ..... 12</p> <p>Religious prohibition ..... 13</p> <p>Lack of knowledge</p> <p>Knows no method ..... 14</p> <p>Knows no source ..... 15</p> <p>Method-related reasons</p> <p>Side effects/Health concerns ..... 16</p> <p>Lack of access/Too far ..... 17</p> <p>Cost too much ..... 18</p> <p>Preferred method not available ..... 19</p> <p>No method available ..... 20</p> <p>Inconvenient to use ..... 21</p> <p>Interferes with body's normal processes ..... 22</p> <p>Un-anticipated sex ..... 23</p> <p>Other (<i>specify</i>) ..... 96</p> <p>DK ..... 98</p>	

<p><b>CP2A.</b> HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1⇒ Next Module</p> <p>2⇒ Next Module</p>
<p><b>CP3.</b> WHAT ARE YOU OR YOUR PARTNER DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><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 ..... I</p> <p>Foam / Jelly ..... J</p> <p>Periodic abstinence / Rhythm ..... L</p> <p>Withdrawal ..... M</p> <p>Contraceptive patch ..... N</p> <p>Other (<i>specify</i>) ..... X</p>	

UNMET NEED		UN
<b>UN1. Check CP1: Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2. <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5.		
<b>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?</b>	Yes ..... 1 No ..... 2	1⇒UN4
<b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</b>	Later ..... 1 No more ..... 2	
<b>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?</b>	Have another child ..... 1 No more / None..... 2 Undecided / DK..... 8	1⇒UN7 2⇒UN13 8⇒UN13
<b>UN5. Check CP3: Currently using “Female sterilization”?</b> <input type="checkbox"/> Yes ⇒ Go to UN13. <input type="checkbox"/> No ⇒ Continue with UN6.		
<b>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?</b>	Have (a/another) child ..... 1 No more / None..... 2 Says she cannot get pregnant ..... 3 Undecided / DK..... 8	2⇒UN9 3⇒UN11 8⇒UN9
<b>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</b>  <i>Record the answer as stated by respondent.</i>	Months ..... 1 __ __ Years..... 2 __ __ Does not want to wait (soon/now)..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 DK ..... 998	994⇒UN11
<b>UN8. Check CP1: Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13. <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9.		

<b>UN9. Check CP2: Currently using a method?</b> <input type="checkbox"/> Yes ⇒ Go to UN13. <input type="checkbox"/> No ⇒ Continue with UN10.		
<b>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</b>	Yes ..... 1 No ..... 2 DK ..... 8	1 ⇒ UN13 8 ⇒ UN13
<b>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</b>	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 amenorrheic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I Other ( <i>specify</i> ) ..... X DK ..... Z	
<b>UN12. Check UN11: "Never menstruated" mentioned?</b> <input type="checkbox"/> Mentioned ⇒ Go to Next Module. <input type="checkbox"/> Not mentioned ⇒ Continue with UN13.		
<b>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</b>  Record the answer using the same unit stated by the respondent.	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	

**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:

- [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?

	Yes	No	DK
Goes out without telling .....	1	2	8
Neglects children .....	1	2	8
Argues with him .....	1	2	8
Refuses sex .....	1	2	8
Burns food .....	1	2	8

MARRIAGE/UNION		MA
<b>MA1.</b> 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
<b>MA2.</b> HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... __ __  DK ..... 98	
<b>MA3.</b> 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
<b>MA4.</b> HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ..... __ __  DK ..... 98	⇒MA7 98⇒MA7
<b>MA5.</b> 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
<b>MA6.</b> WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced..... 2 Separated ..... 3	
<b>MA7.</b> HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once ..... 2	1⇒MA8A 2⇒MA8B
<b>MA8A.</b> IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?  <b>MA8B.</b> IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒Next Module
<b>MA9.</b> HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR ( <u>FIRST</u> ) HUSBAND/PARTNER?	Age in years ..... __ __	



HIV/AIDS				HA
<b>HA1.</b> 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  No ..... 2			2⇒HA28
<b>HA2.</b> 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			
<b>HA3.</b> CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No ..... 2  DK..... 8			
<b>HA4.</b> 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			
<b>HA5.</b> CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No ..... 2  DK..... 8			
<b>HA6.</b> CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No ..... 2  DK..... 8			
<b>HA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No ..... 2  DK..... 8			
<b>HA8.</b> CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:				
[A] DURING PREGNANCY?	Yes No DK During pregnancy ..... 1 2 8			
[B] DURING DELIVERY?	During delivery ..... 1 2 8			
[C] BY BREASTFEEDING?	By breastfeeding ..... 1 2 8			

<b>HA9.</b> 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																					
<b>HA10.</b> 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																					
<b>HA11.</b> 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																					
<b>HA12.</b> 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																					
<b>HA12A.</b> DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?	Yes..... 1 No ..... 2  DK / Not sure / Depends..... 8																					
<b>HA13. Check CM13: Any live birth in last 2 years?</b> <input type="checkbox"/> No live birth in last 2 years (CM13= "No" or blank) ⇒ Go to HA24. <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14.																						
<b>HA14. Check MN1: Received antenatal care?</b> <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15. <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24.																						
<b>HA15.</b> DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH ( <i>name</i> ),  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?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Things to do .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Tested for AIDS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Offered a test .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother .....	1	2	8	Things to do .....	1	2	8	Tested for AIDS .....	1	2	8	Offered a test .....	1	2	8	
	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																			

<b>HA16.</b> 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
<b>HA17.</b> 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
<b>HA18.</b> REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.  AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes..... 1 No ..... 2 DK..... 8	1⇒HA22 2⇒HA22 8⇒HA22
<b>HA19.</b> Check MN17: Birth delivered by health professional (A, B or D)?  <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or D) ⇒ Continue with HA20.  <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24.		
<b>HA20.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes..... 1 No ..... 2	2⇒HA24
<b>HA21.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No ..... 2	
<b>HA22.</b> HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No ..... 2	1⇒HA25
<b>HA23.</b> 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⇒HA28 2⇒ HA28 3⇒ HA28
<b>HA24.</b> 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

<b>HA25.</b> 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	
<b>HA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK ..... 8	1⇒ HA28 2⇒ HA28 8⇒ HA28
<b>HA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	
<b>HA28.</b> CHECK AGE IS BETWEEN 15-24 (WB2= 15-24) AND EVER ATTENDED SCHOOL (WB3=1) <input type="checkbox"/> YES => CONTINUE WITH HA29 <input type="checkbox"/> NO => SKIP TO WM11		
<b>HA29.</b> "DID YOU STUDY SEXUALITY EDUCATION IN SCHOOL?" "SEXUALITY EDUCATION ON TOPICS SUCH AS BIRTH CONTROL, SAFE SEX, TEEN PREGNANCY, REPRODUCTIVE TRACT INFECTIONS AND GOOD HEALTH"	Yes ..... 1 No ..... 2	2⇒WM11
<b>HA30.</b> "WHAT LEVEL DID YOU FIRST HAVE SEXUALITY EDUCATION?"	Primary ..... 1 Lower Secondary ..... 2 Upper Secondary ..... 3 Vocational ..... 4 Diploma ..... 5 DK/Unsure ..... 8	

**WM11.** Record the time.

Hour and minutes ..... \_\_\_\_ : \_\_\_\_

**WM12.** Check List of Household Members, columns HL7B and HL15:

*Is the respondent the mother or caretaker of any child age 0-4 living in this household?*

- Yes* ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then 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 and proceed to complete the result of woman's interview (WM7) on the cover page.

**Interviewer's Observations**

**Supervisor's Observations**