

STATE COMMITTEE ON
STATISTICS OF REPUBLIC
OF TAJIKISTAN



UNICEF OFFICE
IN THE REPUBLIC OF
TAJIKISTAN

2 QUESTIONNAIRE FOR INDIVIDUAL WOMEN 2

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____/____/____	
WM7. Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (<i>specify</i>) 6	
WM7A. Name and line of editor: Name _____	Editing date and signature: _____	

Repeat greeting if not already read to this woman:

WE NOW WOULD LIKE TO TALK TO EACH WOMEN AGE 15-49 YEARS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month DK month 98 Year DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years).....	

<p>CM2A. 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 WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth Day ___ ___ DK day 98</p> <p>Month ___ ___ DK month 98</p> <p>Year ___ ___ ___ ___ DK year 9998</p>	<p>⇒CM3 ⇩CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth ___ ___</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes 1 No 2</p>	<p>2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home ___ ___ Daughters at home ___ ___</p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1 No 2</p>	<p>2⇒CM7</p>
<p>CM6. 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>Sons elsewhere ___ ___ Daughters elsewhere ___ ___</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes 1 No 2</p>	<p>2⇒CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead ___ ___ Girls dead ___ ___</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum ___ ___</p>	

CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

Yes. ⇒ Go to CM11

No. ⇒ Check responses and make corrections before proceeding to CM11

<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>If day is not known, enter '98' in space for day.</i></p>	<p>Date of last birth</p> <p>Day/Month/Year ___ / ___ / _____</p>	
<p>CM11A. WOMEN SOMETIMES HAVE PREGNANCIES WHICH DO NOT END IN A LIVE BORN CHILD. THAT IS, A PREGNANCY CAN BE ENDED EARLY BY AN ABORTION, A MISCARRIAGE, OR A STILLBIRTH.</p> <p>IN TOTAL, HOW MANY ABORTIONS HAVE YOU HAD?</p> <p><i>If none, record '00'</i></p>	<p>Total abortions ___</p>	
<p>CM11B. HOW MANY MISCARRIAGES?</p> <p><i>If none, record '00'</i></p>	<p>Total miscarriages ___</p>	
<p>CM11C. HOW MANY STILLBIRTHS?</p> <p><i>If none, record '00'</i></p>	<p>Total stillbirths ___</p>	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (<i>day and month of interview in 2003</i>)?</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13</p> <p style="text-align: center;"><i>Name of child</i></p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more 3</p>	

MATERNAL AND NEWBORN HEALTH MODULE		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 CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>																													
<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF name], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes 1 No 2 DK..... 8</p>																												
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></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 Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative/friend H Other (<i>specify</i>) X No one Y</p>	Y⇒MN7																											
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE? MN3D. DID YOU GIVE A BLOOD SAMPLE? MN3E. WAS YOUR BLOOD GROUP DETERMINED? MN3F. DID YOU HAVE A GYNAECOLOGICAL EXAM? MN3G. WAS YOUR PREGNANCY TERM ASSESSED? MN3H. DID YOU HAVE AN ULTRASOUND EXAM?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood group determined</td> <td>1</td> <td>2</td> </tr> <tr> <td>Gynaecological exam</td> <td>1</td> <td>2</td> </tr> <tr> <td>Pregnancy term</td> <td>1</td> <td>2</td> </tr> <tr> <td>Ultrasound exam</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weight	1	2	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	Blood group determined	1	2	Gynaecological exam	1	2	Pregnancy term	1	2	Ultrasound exam	1	2	
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Ultrasound exam	1	2																											
<p>MN4A. DURING THIS PREGNANCY, WERE YOU GIVEN OR DID YOU BUY ANY IRON TABLETS?</p>	<p>Yes, were given 1 Yes, did buy..... 2 No 3 DK..... 8</p>	3⇒MN4 8⇒MN4																											
<p>MN4B. DURING THE WHOLE PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE THE IRON TABLETS?</p> <p><i>If answer is not numeric, probe for approximate number of days.</i></p>	<p>No. of days _ _ _</p>																												
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes 1 No 2 DK..... 8</p>																												

<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes1 No2 DK.....8</p>	<p>2⇒MN7 8⇒MN7</p>
<p>MN6. 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>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (NAME)?</p> <p>ANYONE ELSE?</p> <p>PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.</p>	<p>Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative/friend H Other (specify) X No one Y</p>	
<p>MN8. WHERE DID YOU GIVE BIRTH TO (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>(NAME OF PLACE)</p>	<p>Home Your home11 Other home12</p> <p>Public sector Govt. hospital21 Govt. clinic/health center22 Other public (specify)26</p> <p>Private Medical Sector Private hospital31 Private clinic32 Private maternity home33 Other private medical (specify)</p> <p>Other (specify)96</p>	
<p>MN9. WHEN YOUR LAST CHILD (NAME) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large1 Larger than average2 Average3 Smaller than average4 Very small5 DK.....8</p>	
<p>MN10. WAS (NAME) WEIGHED AT BIRTH?</p>	<p>Yes1 No2 DK.....8</p>	<p>2⇒MN12 8⇒MN12</p>
<p>MN11. HOW MUCH DID (NAME) WEIGH?</p> <p>RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.</p>	<p>From card 1 (kilograms) __ . ____</p> <p>From recall 2 (kilograms) __ . ____</p> <p>DK.....99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (NAME)?</p>	<p>Yes1 No2</p>	<p>2⇒ NEXT MODULE</p>

MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (NAME) TO THE BREAST? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	Immediately000	
	Hours 1 __ __ or Days 2 __ __ Don't know/don't remember998	

MARRIAGE/UNION MODULE		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⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years __ __ DK 98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3⇒NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month __ __ DK month 98 Year __ __ __ __ DK year 9998	
MA7. Check MA6: <input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years __ __	

CONTRACEPTION MODULE		CP
I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.		
CP0A. PEOPLE CAN USE THE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. WHICH WAYS OR METHODS HAVE YOU HEARD ABOUT? <i>Do not prompt. If more than one method is mentioned, circle each one</i>	Female sterilizationA Male sterilizationB PillC IUDD InjectionsE Implants.....F Condom.....G Female condomH DiaphragmI Foam/jelly.....J Lactational amenorrhoea method (LAM)K Periodic abstinence.....L WithdrawalM Other (<i>specify</i>)X No any method was mentioned.....Y	
CP1. ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No..... 2 Unsure or DK 8	2⇒CP2 8⇒CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u> , DID YOU WANT TO WAIT UNTIL <u>LATER</u> , OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?	Then 1 Later 2 Not want more children 3	1⇒CP4B 2⇒CP4B 3⇒CP4B
CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No..... 2	2⇒CP4A
CP3. WHICH METHOD ARE YOU USING? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilizationA Male sterilizationB PillC IUDD InjectionsE Implants.....F Condom.....G Female condomH DiaphragmI Foam/jelly.....J Lactational amenorrhoea method (LAM)K Periodic abstinence.....L WithdrawalM Other (<i>specify</i>)X	

<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> 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?</p>	<p>Have (a/another) child..... 1</p> <p>No more/none 2</p> <p>Says she cannot get pregnant 3</p> <p>Undecided/don't know..... 8</p>	<p>2⇒CP4D</p> <p>3⇒NEXT MODULE</p> <p>8⇒CP4D</p>
<p>CP4C. 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>CP4D. <i>Check CP1:</i></p> <p><input type="checkbox"/> <i>Currently pregnant? ⇒ Go to Next Module</i></p> <p><input type="checkbox"/> <i>Not currently pregnant or unsure? ⇒ Continue with CP4E</i></p>		
<p>CP4E. 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>	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV	
<p>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:</p> <p>DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?</p> <p>DV1B. IF SHE NEGLECTS THE CHILDREN?</p> <p>DV1C. IF SHE ARGUES WITH HIM?</p> <p>DV1D. IF SHE REFUSES SEX WITH HIM?</p> <p>DV1E. IF SHE BURNS THE FOOD?</p>	<p style="text-align: right;">YES NO</p> <p>DK</p> <p>Goes out without telling..... 1 2 8</p> <p>Neglects children 1 2 8</p> <p>Argues..... 1 2 8</p> <p>Refuses sex 1 2 8</p> <p>Burns food..... 1 2 8</p>		
<p>DV2 Check in Marriage/Union module question MA1, if women was married/in union.</p> <p><input type="checkbox"/> Yes. ⇒ Go to DV2A</p> <p><input type="checkbox"/> No ⇒ Go to next module</p>			
<p>DV2A. WHO USUALLY MAKES DECISIONS ABOUT HEALTH CARE FOR YOURSELF: MAINLY YOU, MAINLY YOUR HUSBAND/PARTNER, YOU AND YOUR HUSBAND/PARTNER JOINTLY, OR SOMEONE ELSE?</p> <p>DV2B. WHO USUALLY MAKES DECISIONS ABOUT MAKING MAJOR HOUSEHOLD PURCHASES?</p> <p>DV2C. WHO USUALLY MAKES DECISIONS ABOUT MAKING PURCHASES FOR DAILY HOUSEHOLD NEEDS?</p> <p>DV2D. WHO USUALLY MAKES DECISIONS ABOUT VISITS TO YOUR FAMILY OR RELATIVES?</p>	<p style="text-align: center;">Respondent Husband / partner Respondent & husband/partner jointly Someone else Other</p> <p>About health care 1 2 3 4 6</p> <p>About major purchases 1 2 3 4 6</p> <p>About daily purchases 1 2 3 4 6</p> <p>About visits to your family or relatives 1 2 3 4 6</p>		

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes 1 No..... 2	2⇨ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes 1 No..... 2 DK..... 8	
HA3. CAN PEOPLE GET INFECTED WITH 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 REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes 1 No..... 2 DK..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No..... 2 DK..... 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes 1 No..... 2 DK..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No..... 2 DK..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy..... 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA10. 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	
HA11. 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	

HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No..... 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes..... 1 No..... 2 DK/not sure/depends 8	
HA14. <i>Check MN5: Tested for HIV during antenatal care?</i> <input type="checkbox"/> Yes. ⇒ Go to HA18A <input type="checkbox"/> No. ⇒ No or no response to this question Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No..... 2	2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE TEST RESULTS?	Yes..... 1 No..... 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test..... 1 Offered and accepted 2 Required..... 3	1⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No..... 2	
HA18A. If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?		

TUBERCULOSIS MODULE		TB
TB1. HAVE YOU HEARD OF ILLNESS CALLED TB?	Yes 1 No 2	2 → NEXT MODULE
TB2. CAN TUBERCULOSIS BE CURED?	Yes 1 No 2 DK 8	
TB3. HAVE YOU OR HAS ANYONE IN YOURS FAMILY EVER HAD TUBERCULOSIS?	Yes 1 No 2 DK 8	
TB4. OTHER THAN YOUR FAMILY, IS THERE ANYONE WITH WHOM YOU HAVE FREQUENT CONTACT (NEIGHBORS, COLLEAGUES, OR CLOSE FRIENDS) WHO HAS EVER HAD TUBERCULOSIS?	Yes 1 No 2 DK 8	
TB5. WHAT SIGNS OR SYMPTOMS WOULD LEAD YOU TO THINK THAT A PERSON HAS TUBERCULOSIS? <i>Probe: ANY OTHER WAYS?</i> <i>Record all mentioned</i>	Coughing A Coughing with sputum B Coughing more than 3 weeks C Fever D Blood in sputum E Loss of appetite F Night sweating G Pain in chest H Tiredness/fatigue I Weight loss J Lethargy K Other (specify) X No any sign/symptom was mentioned Y	
TB6. WHAT ARE SYMPTOMS OF TUBERCULOSIS WHICH WOULD CONVINCEN YOU TO SEEK MEDICAL ASSISTANCE? OTHER? <i>Record all mentioned</i>	Coughing A Coughing with sputum B Coughing more than 3 weeks C Fever D Blood in sputum E Loss of appetite F Night sweating G Pain in chest H Tiredness/fatigue I Weight loss J Lethargy K Other (specify) X No any sign/symptom was mentioned Y	
TB7. WHEN A PERSON FIRST DISCOVERS THAT HE/SHE HAS TUBERCULOSIS, HOW SHOULD PERSON BE TREATED INITIALLY: HOSPITALIZED, TREATED AT HOME OR BOTH?	Hospitalized 1 Treated at home 2 Initially hospitalized followed by home treatment 3 Other (specify) 6 Don't know 8	

<p>TB 8. HOW DOES TUBERCULOSIS SPREAD FROM ONE PERSON TO ANOTHER?</p> <p><i>Probe: ANY OTHER WAYS?</i></p> <p><i>Record all mentioned</i></p>	<p>Through the air when coughingA Through sharing utensils.....B Through touching a person with TB.....C Through food.....D Through sexual contact.....E Through mosquito bitesF Hereditary G</p> <p>Other (specify)_____X Don't know.....Z</p>	
<p>TB9. WHERE WOULD YOU GO FOR HELP IF YOU THOUGHT YOU OR YOURS CHILD HAD TUBERCULOSIS?</p> <p>OTHER?</p> <p><i>Record all mentioned</i></p>	<p><i>Public sector</i> HospitalA PolyclinicB FGPC TB dispensaryD Other public _____E (specify)</p> <p><i>Private sector</i> Private hospital/clinicF Private doctorG Other private _____H (specify)</p> <p>Traditional practitioner I Mullah/priest..... J</p> <p>Other private _____X (specify)</p> <p>DKZ</p>	
<p>TB10. AFTER A FAMILY MEMBER HAS COMPLETED THE HOSPITAL TREATMENT FOR TUBERCULOSIS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?</p>	<p>Yes 1 No..... 2</p>	
<p>TB10A. IF A MEMBER OF YOUR FAMILY GOT TUBERCULOSIS, WOULD YOU WANT IT TO REMAIN A SECRET OR NOT??</p>	<p>Yes, remain a secret 1 No..... 2</p> <p>DK/not sure/ depends 8</p>	

Follow instructions in your Interviewer's Manual.