



### QUESTIONNAIRE FOR INDIVIDUAL WOMEN

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 Other (specify) _____ 6	
WM7 . Name and number of Editor: Name _____	Date edited and signature: _____	

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

WE ARE FROM NIS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. 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).....	

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes ..... 1 No..... 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, SECONDARY PROFESSIONAL, OR HIGHER?	Primary..... 1 Secondary ..... 2 Secondary professional training ..... 3 Higher..... 4	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade ..... _ _	
<p>WM13. <i>Check WM11:</i></p> <p><input type="checkbox"/> <i>Secondary, secondary professional or higher. ⇒ Go to Next Module</i></p> <p><input type="checkbox"/> <i>Primary ⇒ Continue with WM14</i></p>		
<p>WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentences to 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><i>Example sentences for literacy test:</i></p> <ol style="list-style-type: none"> <li>1. <i>I love my children.</i></li> <li>2. <i>A new theatre was built in our city recently.</i></li> <li>3. <i>My children do their homework independently.</i></li> <li>4. <i>Each person has to plant at least one tree during lifetime.</i></li> </ol>	<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/mute, visually/speech impaired..... 5</p>	

**CHILD MORTALITY MODULE**

**CM**

*This module is to be administered to all women age 15-49.  
All questions refer only to LIVE births.*

<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><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></p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒ MARRIAGE /UNION MODULE</p>
<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 ID DEAD OR WAS FATHERED BY A MAN YOU ARE NOT LIVING WITH NOW.</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. <i>Sum answers to CM4, CM6, and CM8.</i></p>	<p>Sum..... __ __</p>	
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM11</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>		

<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. SOMETIMES PREGNANCY IS NOT COMPLETED WITH A LIVE BIRTH. IN OTHER WORDS, PREGNANCY MAY BE TERMINATED BY ABORTION, MISCARRIAGE OR STILLBIRTH. NOW I WANT TO ASK YOU ABOUT EACH OF THESE SEPARATELY. HOW MANY ABORTIONS DID YOU HAVE?</p> <p><i>IF NO ABORTIONS, RECORD "00"</i></p>	<p>Total abortions.....__ __</p>	
<p>CM11B. HOW MANY MISCARRIAGES?</p> <p><i>IF NO, RECORD "00"</i></p>	<p>Total miscarriages.....__ __</p>	
<p>CM11C. HOW MANY STILLBIRTHS?</p> <p><i>IF NO, 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 (day and month of interview in 2004)?</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>	

<b>MATERNAL AND NEWBORN HEALTH MODULE</b>		<b>MN</b>																											
<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 _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																													
<p><b>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>NAME</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</b></p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>																												
<p><b>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</b></p> <p>If yes: WHOM DID YOU SEE? 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</p> <p>Relative/friend .....H</p> <p>Other (<i>specify</i>) ..... X  No one.....Y</p>	Y⇒MN6A																											
<p><b>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</b></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 THE TYPE OF BLOOD DETERMINED?  MN3F. DID YOU HAVE A GYNACOLOGICAL CHECK?  MN3G. WAS YOUR PREGNANCY TERM CALCULATED?  MN3H. DID YOU HAVE AN ULTRASOUND?</p>	<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>Weight.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</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> <tr> <td>Blood type.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Gynecological check.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pregnancy term.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Ultrasound.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Weight.....	1	2	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	Blood type.....	1	2	Gynecological check.....	1	2	Pregnancy term.....	1	2	Ultrasound.....	1	2	
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<p><b>MN4A. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN OR PURCHASED ANY IRON TABS OR SYROPE?</b></p>	<p>Yes, given ..... 1  Yes, purchased ..... 2  No..... 3  DK ..... 8</p>																												
<p><b>MN4B. DURING THE PREGNANCY HOW MANY DAYS DID YOU TAKE IRON TABS?</b></p>	<p>Number of days..... 8</p>																												
<p><b>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</b></p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>																												
<p><b>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</b></p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>	2⇒MN6A 8⇒MN6A																											
<p><b>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</b></p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>																												

<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor..... A</p> <p>Nurse/midwife ..... B</p> <p>Other person</p> <p>Local birth attendant ..... F</p> <p>Relative/friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one..... Y</p>	
<p>MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>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.</i></p> <p>_____</p> <p>(<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. clinic/health center..... 22</p> <p>Other public (<i>specify</i>) ..... 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternity home ..... 33</p> <p>Other private medical (<i>specify</i>) ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p>MN9. WHEN YOUR LAST CHILD (<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>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (grams) __ . __ __ __</p> <p>From recall ..... 2 (grams) __ . __ __ __</p> <p>DK ..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. 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><i>or</i></p> <p>Days ..... 2 __ __</p> <p>Don't know/remember ..... 998</p>	

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	
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	⇒NEXT MODULE
MA3A. Check MA3:		
<input type="checkbox"/> No ⇒ Skip to HIV/AIDS Module <input type="checkbox"/> Yes, was married or Yes, lived with a man ⇒ Continue to MA4		
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 FIRST 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 ..... __ __	

<b>CONTRACEPTION AND UNMET NEED</b>			<b>CP</b>
<b>To be administered only to married women</b>			
I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.			
<p>CP0A. SOME PEOPLE USE VARIOUS METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>WHICH METHODS HAVE YOU HEARD ABOUT?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization</p> <p>Male sterilization</p> <p>Pill</p> <p>IUD</p> <p>Injections</p> <p>Implants</p> <p>Condom</p> <p>Female condom</p> <p>Diaphragm</p> <p>Foam/jelly</p> <p>Lactational amenorrhoea method (LAM)</p> <p>Periodic abstinence</p> <p>Withdrawal</p> <p>Other (<i>specify</i>)</p> <p>None specified</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>H</p> <p>I</p> <p>J</p> <p>K</p> <p>L</p> <p>M</p> <p>X</p> <p>Y</p>	
<p>CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>		2⇒CP4A
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Pill</p> <p>IUD</p> <p>Injections</p> <p>Implants</p> <p>Condom</p> <p>Female condom</p> <p>Diaphragm</p> <p>Foam/jelly</p> <p>Lactational amenorrhoea method (LAM)</p> <p>Periodic abstinence</p> <p>Withdrawal</p> <p>Other (<i>specify</i>)</p>	<p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>H</p> <p>I</p> <p>J</p> <p>K</p> <p>L</p> <p>M</p> <p>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?	Have (a/another) child	1	2⇒CP4D
	No more/none	2	
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?	Says she cannot get pregnant	3	3⇒NEXT MODULE 8⇒CP4D
	Undecided/don't know	8	
CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months	1 __ __	994⇒NEXT MODULE
	Years	2 __ __	
	Soon/now	993	
	Says she cannot get pregnant	994	
	After marriage	995	
	Other	996	
	Don't know	998	
<b>CP4D. Check C1:</b>			
<input type="checkbox"/> <i>Currently pregnant?</i> ⇒ <i>Go to Next Module</i>			
<input type="checkbox"/> <i>Not currently pregnant or unsure?</i> ⇒ <i>Continue with CP4E</i>			
CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes	1	
	No	2	
	DK	8	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV				
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:			Yes	No		
		DK				
DV1A. IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8		
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8		
DV1C. IF SHE ARGUES WITH HIM?	Argues .....	1	2	8		
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex.....	1	2	8		
DV1E. IF SHE BURNS THE FOOD?	Burns food.....	1	2	8		
DV2 Check MA1 in MARRIAGE/UNION Module whether the woman is officially married or lives permanently with a man. <input type="checkbox"/> Yes. ⇒ Continue with DV2A <input type="checkbox"/> No ⇒ Go to Next Module						
		Respondent	Husband/Partner	Respondent with husband/partner	Someone else	Other
DV2A. WHO USUALLY MAKES DECISION ABOUT HEALTHCARE SERVICES PROVIDED TO YOU: MOSTLY YOU, MOSTLY YOUR HUSBAND/PARTNER, YOU WITH YOUR HUSBAND/PARTNER, OR SOMEONE ELSE?	Healthcare needs	1	2	3	4	6
DV2B. WHO USUALLY MAKES DECISION ABOUT MAJOR FAMILY PURCHASES?	Major purchases	1	2	3	4	6
DV2C. WHO USUALLY MAKES DECISION ABOUT EVERYDAY FAMILY PURCHASES?	Everyday purchases	1	2	3	4	6
DV2D. WHO USUALLY MAKES DECISION ABOUT VISITING YOUR FAMILY OR RELATIVES?	Visits to relatives	1	2	3	4	6

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes ..... 1	2⇒ NEXT MODULE
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	No..... 2	
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?		
	Yes No DK	
HA9A. DURING PREGNANCY?	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	

<p>HA14. Check MN5: Tested for HIV during antenatal care?</p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No. ⇒ Continue with HA15</p>		
<p>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?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒HA18</p>
<p>HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test ..... 1</p> <p>Offered and accepted ..... 2</p> <p>Required..... 3</p>	<p>1⇒NEXT MODULE</p> <p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>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?</p> <p>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?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	

Follow instructions in your Interviewer's Manual.

TUBERCULOSIS MODULE		TB
<p>TB1. HAVE YOU EVER HEARD OF AN ILLNESS CALLED TUBERCULOSIS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	2⇒ NEXT MODULE
<p>TB2. IS TUBERCULOSIS CURABLE?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>TB3. HAVE YOU OR YOUR FAMILY MEMBERS EVER HAD TUBERCULOSIS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>TB4. BESIDES YOUR FAMILY MEMBERS, ARE THERE PERSONS YOU CONTACT OFTEN (NEIGHBOURS, COLLEAGUES OR CLOSE FRIENDS) WHICH HAVE BEEN ILL WITH TUBERCULOSIS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	
<p>TB5. WHAT SIGNS AND SYMPTOMS INDICATE THAT A PERSON IS SICK WITH TUBERCULOSIS?</p> <p>OTHERS?</p> <p><i>Record all answers</i></p>	<p>Cough..... A</p> <p>Phlegmy cough ..... B</p> <p>Continuous cough for more than 3 weeks ..C</p> <p>Fever ..... D</p> <p>Bloody sputum ..... E</p> <p>Loss of appetite..... F</p> <p>Night perspirations ..... G</p> <p>Chest pains ..... H</p> <p>Languor/exhaustion ..... I</p> <p>Weight loss ..... J</p> <p>Lethargy/inertia ..... K</p> <p>Other ..... X</p> <p>(specify)</p> <p>No signs/symptoms mentioned..... Y</p>	
<p>TB6. WHAT SIGNS OR SYMPTOMS OF TUBERCULOSIS REQUIRE IMMEDIATE REFERRAL FOR MEDICAL HELP?</p> <p>OTHERS?</p> <p><i>Record all answers</i></p>	<p>Cough..... A</p> <p>Phlegmy cough ..... B</p> <p>Continuous cough for more than 3 weeks ..C</p> <p>Fever ..... D</p> <p>Bloody sputum ..... E</p> <p>Loss of appetite..... F</p> <p>Night perspirations ..... G</p> <p>Chest pains ..... H</p> <p>Languor/exhaustion ..... I</p> <p>Weight loss ..... J</p> <p>Lethargy/inertia ..... K</p> <p>Other ..... X</p> <p>(specify)</p> <p>No signs/symptoms mentioned..... Y</p>	
<p>TB7. WHEN A PERSON FINDS OUT THAT HE/SHE HAS TUBERCULOSIS, HOW SHOULD HE/SHE BE INITIALLY TREATED: IN HOSPITAL, AT HOME, OR BOTH?</p>	<p>In hospital ..... 1</p> <p>At home ..... 2</p> <p>Initially in hospital, then at home ..... 3</p> <p>Other (specify)..... 6</p> <p>DK ..... 8</p>	

<p>TB 8. HOW TUBERCULOSIS IS PERSON-TO-PERSON TRANSMITTED?</p> <p>ANY OTHER WAY?</p> <p><i>Record all answers</i></p>	<p>Through air when coughing ..... A</p> <p>Sharing things ..... B</p> <p>By touching a sick person ..... C</p> <p>Sharing food ..... D</p> <p>Through sex contacts ..... E</p> <p>Mosquito bites ..... F</p> <p>inherited ..... G</p> <p>Other _____ ..... X (specify)</p> <p>DK ..... Z</p>	
<p>TB9. WHERE WOULD YOU GO TO GET HELP IF YOU THINK THAT YOU OR YOUR CHILD HAVE TUBERCULOSIS?</p> <p>OTHER?</p> <p><i>Record all answers</i></p>	<p><i>Public sector</i></p> <p>Hospital ..... A</p> <p>Health center/Polyclinics ..... B</p> <p>Family doctor/Physician ..... C</p> <p>Tuberculosis prophylactic center ..... D</p> <p>Other public _____ ..... E (specify)</p> <p><i>Private sector</i></p> <p>Private hospital/clinic ..... F</p> <p>Private doctor ..... G</p> <p>Other private _____ ..... H (specify)</p> <p>Traditional practitioner ..... I</p> <p>Mullah/priest ..... J</p> <p>Other _____ ..... X (specify)</p> <p>DK ..... Z</p>	
<p>TB10. AFTER TREATMENT OF A MEMBER OF YOUR FAMILY FOR TUBERCULOSIS IN A HOSPITAL, WOULD YOU BE WILLING TO CARE FOR HIM/HER IN YOUR HOUSEHOLD?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>TB10A. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH TUBERCULOSIS, WOULD YOU WANT IT TO REMAIN A SECRET?</p>	<p>Yes, keep it secret ..... 1</p> <p>No ..... 2</p> <p>DK/not sure ..... 8</p>	

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