## PART 2: QUESTIONNAIRE FOR WOMAN OF REPRODUCTIVE AGE

This part is to be administered to all women age 15 through 49 (see column HL6 of Section 1B). Fill in one column for each eligible woman. The name and line number of the woman is taken from Section 1B PART 2, SECTION A: WOMAN INFORMATION AND EDUCATION **WM** Woman No.: ..... Woman No.: ..... Name: ..... Name: ..... WM8. In what day, month and year were [NAME] born? Interviewer checks with question ..... HL5A. Don't know day or month ......98 Don't know year......9998. WM9. How old were [NAME] at the last birthday? (Age in completed years) WM10. Have [NAME] ever attended school? Yes ...... 1 No ...... 2 ⇒ WM14 WM11. What is the highest level of school {NAME} attended? Pre-school ...... 0 ⇒ WM13 Primary ...... 1 Lower secondary ......2 Upper secondary ......3 Non-standard curriculum .......4 ⇒ WM13 Short-term vocational ......5 Long term vocational .....6 Higher......7 ⇒ WM13 DK ...... 8 ⇒ WM13 WM12. What is the highest grade that [NAME] completed? (record school grade) WM13. Check the response of question WM11, if the response code is: 2, 3, 6, 7 ⇒ Section 2B If the response code of WM11 =5 (Short-term vocational) and response code of WM12 >4 (completed grade 5 or higher grade) ⇒ section 2B WM14. Now I would like you to read the following sentence to me. Interviewer show the respondent the relevant sentences. If respondent can not read the whole sentence, probe: Can you read part of the sentence to me? Cannot read at all .....1 Able to read only parts of sentence..2 Language Language Able to read whole sentence ........... 3 No sentence in required language (specify language) ......4 Blind/mute, visually/speech impaired ... 5

NEXT SECTION ⇒

PART 2, SECTION B: CHILD MORTALITY	(CM)	
This section is adminstrated to all women age 15-49. All questions refer to live births only. Interviewer speak the introduction printe	ed in the sided pape	r
	Woman No.:	
CM1. Now I would like to ask about all the births you have had in your life. Have you ever given birth?  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?  Yes		
CM2A. 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. If month and year of first birth is given   CM3 If don't know day/month/year, record 98/98/9998		
CM2B. How many years ago did you have your first birth? (completed years).		
CM3. Do you have any children to whom you have given birth who are now living with you? ?  Yes1  No		
CM4A. Out of these, how many sons live with you?		
CM4B. Out of these, how many daughters live with you?		
CM5. Do you have any children to whom you have given birth who are alive but do not live with you??  Yes		
CM6A. Out of these, how many sons who are alive but do not live with you?		
CM6B. Out of these, how many daughters who are alive but do not live with you?		
CM7. Have you ever given birth to a child who was born alive but later died?  Yes1  No		
CM8A. How many boys have died?		
CM8B. How many daughters have died?		
CM9. Sum answers from CM4A, CM4B, CM6A, CM6B, CM8A νμ CM8B		
CM10. Is this correct that you have had in total [TOTAL NUMBER] births du If "No"   ○ Check responses and make corrections	ring your life?	
CM11. Of these [TOTAL NUMBER] births you have had, when did you deliver the last one (even if he or she has died)?  if day is not known, record 98	/_ / /	/ /
CM12. Interviewer check CM11: Did this woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?		
If child has died, take special care when referring to this child by name in the next sections Yes	Name	Name
No2⇒Section 2E CM13. At the time you became pregnant with [NAME], did you want to		
become pregnant then, did you want to wait until later, or did you want no (more) children at all? Then1		
Later		

PART 2, SECTION C: TETANUS TOXOID		TT
This section is to be admistrated to all women age 15- 49 who had live births	during 2 years befo	re the interview.
•	Woman No.:	Woman No.:
	Name:	Name:
TT1. Do you have a card or other document with your own		
immunizations listed?		
Yes (card seen) 1		
Yes (card not seen) 2		
No 3		
DK 8		
(If card is seen, use it to check the answers to the following questions)		
TT2. When you were pregnant with your last child, did you receive any		
injection to prevent tetanus (an injection at the top of the arm or		
shoulder)?		
Yes1		
No		
DK		
TT3. How many times did you receive this anti-tetanus injection		
during your last pregnancy?		
(If donot know, enter 98 ⇒TT5)		· TT00
TT4. Interviewer check How many anti-tetanus doses during last pregna 2 doses and above ⇒ SECTION 2D	ncy were reported	in 113?
Under 2 doses ⇒ TT5		
TT5. Did you receive any anti-tetanus injection at any time before your		
last pregnancy?		
Yes1		
No		
DK8 ⇒ Section 2D		
TT6. During this period, how many times did you receive anti-tetanus		
injection?		
(If number of times is not known, enter 98)		
TT7. In what month and year did you receive the last anti-tetanus		
injection before that last pregnancy?	1	1
If do not know month, enter 98		
If do not know year, enter 9998		
If year is given ⇒ Section 2D		
TT8. How many years ago did you receive the last anti-tetanus		
injection before that last pregnancy?		
NEXT SECTION ⇒		
DADE 2 SECTION D. MATERNAL AND NEWDORN HEAL	T11	BANI

PART 2, SECTION D: MATERNAL AND NEWBORN HEAL	_TH	MN
This section is to be administrated to all women age 15-49 who had live births during the last 2 years before the		
interview date. Check answer of CM12 in SECTION 2B and enter the name	of the last born child	1
Use the name of this child in the following questions		
	Woman No.:	
	Name:	
	Child No.:	
	Name:	Name:
MN1. In the first two months after your last birth [the birth of NAME], did you receive a Vitamin A dose like this? (show 200,000 IU capsule)		
Yes1 No2 DK8		
MN2. Did you see anyone for antenatal care for this pregnancy?  If "Yes": Whom did you see? Anyone else?  Probe and circle answer(s) given		
DoctorA	Α	Α
Nurse, midwifeB	В	В
Health personnel with unknown qualification C	С	С
Traditional birth attendantD	D	D

Relative, friend	Woman No.: Name:  E F G	Woman No.: Name:  E F G
Other (specify)	E F	E F
Other (specify)	F	F
No one		· · · · · · · · · · · · · · · · · · ·
MN3. During the antenatal visits for the pregnancy, did you have [] done at least once? Yes		
done at least once? Yes		
Yes		
No		
MN3A. Weight  MN3B. Blood pressure  MN3C. Urine sample  MN3D. Blood sample  MN3E. Ultra-sound scan  MN4. During any of the antenatal visits for the pregnancy, were you		
MN3A. Weight  MN3B. Blood pressure  MN3C. Urine sample  MN3D. Blood sample  MN3E. Ultra-sound scan  MN4. During any of the antenatal visits for the pregnancy, were you		
MN3B. Blood pressure  MN3C. Urine sample  MN3D. Blood sample  MN3E. Ultra-sound scan  MN4. During any of the antenatal visits for the pregnancy, were you		
MN3C. Urine sample  MN3D. Blood sample  MN3E. Ultra-sound scan  MN4. During any of the antenatal visits for the pregnancy, were you		
MN3D. Blood sample  MN3E. Ultra-sound scan  MN4. During any of the antenatal visits for the pregnancy, were you		
MN3D. Blood sample  MN3E. Ultra-sound scan  MN4. During any of the antenatal visits for the pregnancy, were you		
MN3E. Ultra-sound scan  MN4. During any of the antenatal visits for the pregnancy, were you		
MN4. During any of the antenatal visits for the pregnancy, were you		
niven any information and account of the CIR/AIROS		
given any information or counseled about HIV/AIDS?		
Yes1		
No2		
DK8		
MN5. I don't want to know the results, but were you tested for		
HIV/AIDS as part of your antenatal care? ?		
Yes1		
No2⇒MN6A		
DK8⇒MN6A		
MN6. I don't want to know the results, but did you get the results of		
the test?		
Yes1		
No2		
DK8		
MN6A. During this pregnancy, did you take any medicine in order to		
prevent you from getting malaria??		
Yes		
No	_	_
DK8⇒MN7		
MN6B. Which medicines did you take to prevent malaria?		
Circle all medicines taken. If type of medicine is not determined, show		
typical anti-malarial to respondent	Λ	۸
SP/FansidarA	<u>А</u> В	A
Chloroquine B		В
OtherX	X	X
DKZ		Z
MN6C. Interviewer check MN6B for medicine taken. If SP/Fansidar has not be	een taken <b>⇒MN7</b>	1
MN6D. During this pregnancy, how many times did you take SP/fansidar to prevent malaria?		
MN7. Who assisted with the delivery of your last born child [NAME]?  Probe and circle all answers given		
DoctorA	Α	Α
Nurse, midwifeB	^ B	В
Health personnel with unknown	С	С
qualification	D	D
Traditional birth attendant	E E	E
Relative, friendE	X	
Other (specify)X  None one	Y Y	X Y

PART 2, SECTION D: MATERNAL AND NEWBORN HEALTH (CONT.) MN		
	Woman No.:	Woman No.:
	Name:	Name:
MN8. Where did you give birth to [NAME] ?		
Your home		
Other home12		
Govt hospital 21		
Govt. hospital		
Govt.maternal hospital23		
Commune health center		
Other public (specify)25		
Other public (specify)25		
Private hospital31		
Private clinic		
Private maternal hospital		
Other private		
Other private		
Other (specify)96		
MN9. When your last child [NAME] was born, was he/she very large,		
larger than average, average, smaller than average, or very		
small??		
Very large1		
Larger than average2		
Average		
Smaller than average4		
Very small5		
DK8		
MN10. Was [NAME] weighed at birth?		
Yes1		
No		
DK8 <b>⇒ MN12</b>		
MN11. How many grams did [NAME] weigh at birth?		
Record from health card or birth certificate, if avaiable		
If do not know, enter 9998 ⇒MN12)		
MN11A. Record from health card or recall?		
Health card1		
Recall2		
MN12. Did you ever breastfeed [NAME]?		
Yes1		
No2⇒Section 2E		
MN13. How long after birth did you first put [NAME] to the breast?		
(minute, hour, day)		
- Immediately:0⇔Section 2E		
- No breastfeeding:997⇒Section 2E		
- DK:998⇒Section 2E		
MN13A. Time unit has been used?		
- Minute 1		
- Hour2		
- Day3		

NEXT SECTION ⇒

PART 2, SECTION E: MARRIAGE/IN UNION		MA
This section is to be administrated to all women age 15-49		
	Woman No.:	Woman No.:
	Name:	Name:
MA1. Are you currently married or in union?		
Yes, currently married/in union1		
No2 <b>⇒MA3</b> MA2. How old was your husband/partner on his last birthday? (age		
MA2. How old was your husband/partner on his last birthday? (age		
in completed years)		
If don't know, enter 98		
MA3. Have you ever been married or in union?		
Yes, formerly married/in union 1		
No2 ⇒ Section 2G		
MA4. What is your marital status now?		
Widowed 1		
Divorced2		
Separated3		
MA5. Have you been married or in union only once or more than once?		
Only once 1		
More than once2⇒MA6B		
MA6A. In what month and year were you married/in union?	,	,
Do not know month, enter 98	'	L - '
Do not know year, enter 9998		
Know both month and year ⇒ SECTION 2F		
Do not know either month or year ⇒ MA8		
MA6B. In what month and year were you <u>first</u> married or in union?	,	,
Do not know month, enter 98	'	'
Do not know year, enter 9998		
Know both month and year ⇒ SECTION 2F Do not know either month or year ⇒ <b>MA8</b>		
MA8. How old were you when you started living with your first		
husband/partner? (age in completed years)		
ilusballu/partiler: (age ili completed years)		

NEXT SECTION ⇒

PART 2, SECTION F: CO	NTRACEPTION		СР
Administrate CP0 to all women age	15-49		
The next questions in this section are	only to be administrated to women	age 15-49 who are current	tly married or in union
		Woman No.:	Woman No.:
		Name:	Name:
CP0. Interviewer check MA1 of the			
Currently married/in union	1		
No	2 ⇒ SECTION 2G		
CP1. Are you pregnant now?			
Yes, currently pregnant	1⇒ SECTION 2G		
No	2		
DK or unsure	8		
CP2. Are you and your husband or	urrently using any method to		
delay or avoid getting pregnant?			
Yes	1		
No	2 ⇒ Section 2G		
CP3. Which method are you and y	our husband using?		
Do not prompt. Circle all answers give	/en		
Female sterilization	A	A	A
Male sterilization	B	В	В
Pill	C	С	С
IUD	D	D	D
Injection	E	Е	E
Implants	F	F	F
Condom	G	G	G
Female condom	H	Н	Н
Diaphragm		I	
Foam/jelly	J	J	J
Lactational amenorrhoea method	dK	K	K
Periodic abstinence		L	L
Withdrawal	M	M	l M
Other (specify)	X	X	X

NEXT SECTION ⇒

PART 2, SECTION G: HIV/AIDS KNOWLEDGE		HA
This section is to be administrated to all women age 15-49		
	Woman No.: Name:	Woman No.: Name:
HA1. Now I would like to talk with you about disease, particularly		
HIV virus and AIDS disease. Have you ever heard of the virus HIV		
or an illness called AIDS?		
Yes1		
No2 ⇒SECTION 2H		
Now I would like to ask some questions about how to protect yourse including sensitive questions related to sexual matters. However, the		
to understand the attitude and knowledge of Vietnamese women on		
answers to the following questions:	J	
HA2. Can people protect themselves from getting HIV/AIDS by		
having one sexual partner who is not infected and also does not		
have sex with other partners?		
Yes1		
No2		
DK or unsure8		
HA3. Can people get infected with the AIDS virus because of		
witchcraft or other supernatural means?		
Yes1		
No 2		
DK 8		
HA4. Can people reduce their chance of getting HIV/AIDS by using		
a condom every time they have sex?		
Yes 1		
No 2		
DK 8		
HA5. Can people get HIV/AIDS from mosquito bites?		
Yes1		
No2		
DK8		
HA6. Can people reduce their chance of getting HIV/AIDS by not		
having sex at all?		
Yes 1		
No2		
DK		
HA7. Can people get HIV/AIDS by sharing food with a person who has HIV/AIDS?		
Yes1		
No2		
DK8		
HA7A. Can people get HIV/AIDS by getting injections with a needle		
that was already used by someone else?		
Yes1		
No		
DK8		
HA8. Is it possible for a healthy-looking person to have HIV/AIDS?		
Yes		
No2		
DK8		
HA9A. Can the HIV virus be transmitted from a mother to a baby		
during pregnancy?		
Yes 1		
No2		
DK8		
HA9B. Can the HIV virus be transmitted from a mother to a baby		
during delivery?		
Yes1		
No2		
DK8		

PART 2, SECTION G: HIV/AIDS KNOWLEDGE	НА	(CONT.)
	Woman No.:	Woman No.:
	Name:	Name:
HA9c. Can the HIV virus be transmitted from a mother to a baby by		
breast feeding?		
Yes1		
No2		
DK8		
HA10. In your opinion, if a female teacher has HIV/AIDS still		
looking healthy, should she be allowed to continue teaching in school?		
Yes		
No2		
DK/ Not sure/Depend8		
HA11. Would you buy fresh vegetables from a shopkeeper or		
vendor if you knew that this person is living with HIV/AIDS?		
Yes1		
No2		
DK/ Not sure/Depend8		
HA12. If a member of a family became infected with HIV/AIDS,		
would this family remain such information a secret?		
Yes1		
No2		
DK/ Not sure/Depend8		
HA13 If you were living in a family whose member has become	l —	
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/Depend8		
HA14. Interviewer check MN5 to see whether this woman has been		
tested for HIV during antenatal care.		
Yes1⇒HA18A		
No2		
HA15. I do not want to know the results, but have you ever been		
tested to see if you have HIV virus?		
Yes1		
No2 ⇒ HA18		
HA16. I do not want you to tell me the results of the test, but have you been told the results?		
Yes1		
No2		
HA17. Did you, yourself, ask for the test, was it offered to you and		
you accepted, or was it required?		
Ask for1 ⇒ SECTION 2H		
Offered and accepted2⇔SECTION2H		
Required3⇒SECTION 2H		
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 HIV virus?		
Yes1 ⇒Section 2H		
No2 ⇒ Section 2H		
HA18a. 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 HIV virus??		
Yes1 No2		

PART 2, SECTION H: ATTITUDE TOWARD DOMESTIC V	/IOLENCE	DV
This section is to be administrated to all women age 15-49		
	Woman No.:	Woman No.:
	Name:	Name:
DV1. In your opinion, do you find acceptable for the husband to hit or beat his wife in the following situations []?  Yes		
No		
1A. If she goes out with out telling him?		
1B. If she neglects the children?		
1C. If she argues with him?		
1D. If she refuses sex with him?		
1E. If she burns the food?		

WHEN COMPLETING INTERVIEWS WITH ALL WOMEN AGE 15-49 IN THE HOUSEHOLD, MOVE TO PART 3  $\Rightarrow$