

## VIET NAM

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WMA. Province/ City name and number: Name .....	_____	WMB. District name and number: Name .....
WMC. Commune/ Ward name and number: .....		
WM1. EA name and number: Name .....	_____	WM2. Household number: _____
WM3. Woman's name: Name .....	_____	WM4. Woman's line number: _____
WM5. Interviewer name and number: Name .....	_____	WM6. Day / Month / Year of interview: _____ / _____ / _____

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

WE ARE FROM GENERAL STATISTICS OFFICE. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete WM7. Discuss this result with your team leader.

*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

Completed .....	01
Not at home .....	02
Refused .....	03
Partly completed .....	04
Incapacitated .....	05
Other (specify) .....	96

WM8. Field edited by (Name and number): Name .....	_____	WM9. Data entry clerk (Name and number): Name .....
WM10. Record the time.		Hour and minutes ..... : _____

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?  <i>Record response in Solar calendar only. If needed use the Lunar-Solar conversion table.</i>	Date of birth Month..... DK month..... 98  Year ..... DK year..... 9998	
WB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years).....	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes..... 1 No..... 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool..... 0 Primary..... 1 Lower Secondary..... 2 Upper Secondary..... 3 Professional School..... 4  College/ University & above ..... 5	0⇒WB7  4⇒Next module 5⇒Next module
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 full grade at this level, enter "00"</i>	Grade.....	
WB6. Check WB4:	<input type="checkbox"/> Lower Secondary or higher. ⇒ Go to Next Module  <input type="checkbox"/> Primary ⇒ Continue with WB7	
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all..... 1 Able to read only parts of sentence..... 2 Able to read whole sentence..... 3  No sentence in required language..... 4 <i>(specify language)</i>  Blind / mute, visually / speech impaired ..... 5	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes..... 1 No..... 2	2⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?  I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.  <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day ..... 98 DK day..... 98  Month..... 98 DK month..... 98  Year ..... ⇒CM4 DK year..... 9998	
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth .....	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes..... 1 No..... 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons at home .....  Daughters at home.....	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes..... 1 No..... 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons elsewhere.....  Daughters elsewhere.....	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?  <i>If "No" probe by asking:</i> 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..... 1 No..... 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?  <i>If none, record '00'.</i>	Boys dead.....  Girls dead .....	
CM10. Sum answers to CM5, CM7, and CM9.	Sum .....	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL ( <i>total number in CM10</i> ) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?	<input type="checkbox"/> Yes. Check below: <input type="checkbox"/> No live births ⇒ Go to ILLNESS SYMPTOMS Module <input type="checkbox"/> One or more live births ⇒ Continue with CM12 <input type="checkbox"/> No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12	

CM12. 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.	Date of last birth
	Day ..... 98
	DK day..... 98
	Month.....
	Year .....

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2008/2009

No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.

One or more live births in last 2 years. ⇒ Ask for the name of the child

Name of child \_\_\_\_\_

If child has died, take special care when referring to this child by name in the following modules.

Continue with the next module.

DESIRE FOR LAST BIRTH		DB
This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.		
DB1. WHEN YOU GOT PREGNANT WITH ( <i>name</i> ), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1	1⇒Next Module
	No..... 2	
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1	2⇒Next Module
	No more..... 2	
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 ____	
	Years ..... 2 ____	
	DK..... 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____.</i>  <i>Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes..... 1 No..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?	Health professional: Doctor ..... A Nurse / Midwife..... B Elementary midwife/nurse ..... C Other person Traditional birth attendant..... F Village health worker ..... G Other (specify)..... X													
<i>Probe:</i> ANYONE ELSE?														
<i>Probe for the type of person seen and circle all answers given.</i>														
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... DK..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] WAS YOUR BLOOD PRESSURE MEASURED?</td> <td>Blood pressure ..... 1</td> <td>2</td> </tr> <tr> <td>[B] DID YOU GIVE A URINE SAMPLE?</td> <td>Urine sample ..... 1</td> <td>2</td> </tr> <tr> <td>[C] DID YOU GIVE A BLOOD SAMPLE?</td> <td>Blood sample..... 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure ..... 1	2	[B] DID YOU GIVE A URINE SAMPLE?	Urine sample ..... 1	2	[C] DID YOU GIVE A BLOOD SAMPLE?	Blood sample..... 1	2	
	Yes	No												
[A] WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure ..... 1	2												
[B] DID YOU GIVE A URINE SAMPLE?	Urine sample ..... 1	2												
[C] DID YOU GIVE A BLOOD SAMPLE?	Blood sample..... 1	2												
MN5. DO YOU HAVE A CARD WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK..... 8													
MAY I SEE IT PLEASE?														
<i>If a card is presented, use it to assist with answers to the following questions.</i>														
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS TOXOID, THAT IS CONVULSIONS AFTER BIRTH?	Yes..... 1 No..... 2 DK..... 8	2⇒MN9 8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?	Number of times ..... DK..... 8	8⇒MN9												
<i>If 7 or more times, record '7'.</i>														
MN8. How many tetanus injections during last pregnancy were reported in MN7?														
<input type="checkbox"/> Two or more tetanus injections during last pregnancy. ⇒ Go to MN17														
<input type="checkbox"/> One tetanus injection during last pregnancy. ⇒ Continue with MN9														
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes..... 1 No..... 2 DK..... 8	2⇒MN17 8⇒MN17												
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Number of times ..... DK..... 8	8⇒MN17												
<i>If 7 or more times, record '7'.</i>														
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago .....													

<p><b>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</b></p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Elementary midwife/ nurse ..... C</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Village health worker ..... G</p> <p>Relative / Friend ..... H</p> <p>Other (specify) _____ X</p> <p>No one ..... Y</p>	
<p><b>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home ..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21</p> <p>Commune health centre ..... 22</p> <p>Policlinic ..... 25</p> <p>Sectoral hospital (army, police) ..... 24</p> <p>Other public (specify) _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital ..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternal hospital ..... 33</p> <p>Other private medical (specify) _____ 36</p> <p>Other (specify) _____ 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p><b>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? (THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?)</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</b></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><b>MN21. WAS (name) WEIGHED AT BIRTH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p><b>MN22. HOW MUCH DID (name) WEIGH?</b></p> <p><i>Record weight from immunization handbook or Certificate of Hospital Discharge after Delivery, if available.</i></p>	<p>From handbook ..... 1 (kg) _ . _ _ _</p> <p>From recall ..... 2 (kg) _ . _ _ _</p> <p>DK ..... 99998</p>	
<p><b>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>MN24. DID YOU EVER BREASTFEED (name)?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒Next Module</p>
<p><b>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</b></p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately ..... 000</p> <p>Hours ..... 1 _ _</p> <p>Days ..... 2 _ _</p> <p>Don't know / remember ..... 998</p>	
<p><b>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒Next Module</p>

<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk) ..... A                  Plain water ..... B                  Sugar or glucose water ..... C                  Gripe water ..... D                  Sugar-salt-water solution ..... E                  Fruit juice ..... F                  Infant formula ..... G                  Tea / Infusions ..... H                  Honey ..... I                  Rice soup ..... J                    Other (<i>specify</i>) _____ X</p>
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**ILLNESS SYMPTOMS** **IS**

IS1. Check Household Listing, column HL9

*Is the respondent the mother or caretaker of any child under age 5?*

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module.

<p>IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do NOT prompt with any suggestions</i></p>	<p>Child not able to drink or breastfeed ..... A                  Child becomes sicker ..... B                  Child develops a fever ..... C                  Child has fast breathing ..... D                  Child has difficult breathing ..... E                  Child has blood in stool ..... F                  Child is drinking poorly ..... G                  Child is vomiting ..... H                  Child choked ..... I                    Other (<i>specify</i>) _____ X                    Other (<i>specify</i>) _____ Y                    Other (<i>specify</i>) _____ Z</p>
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CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.  ARE YOU PREGNANT NOW?	Yes, currently pregnant.....	1
	No.....	2
	Unsure or DK.....	8
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.  ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes.....	1
	No.....	2
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?  <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization.....	A
	Male sterilization.....	B
	IUD.....	C
	Injectables.....	D
	Implants.....	E
	Pill/F	
	Male condom.....	G
	Female condom.....	H
	Diaphragm.....	I
	Foam / Jelly.....	J
	Lactational amenorrhoea method (LAM).....	K
Periodic abstinence / Rhythm.....	L	
Withdrawal.....	M	
Other (specify).....	X	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant?		
<input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2		
<input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes.....	1
	No.....	2
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later.....	1
	No more.....	2
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child.....	1
	No more / None.....	2
	Undecided / Don't know.....	8
UN5. Check CP3. Currently using "Female sterilization"?		
<input type="checkbox"/> Yes ⇒ Go to UN13		
<input type="checkbox"/> No ⇒ Continue with UN6		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child.....	1
	No more / None.....	2
	Says she cannot get pregnant.....	3
	Undecided / Don't know.....	8



	Months.....	1	___
	Years .....	2	___
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Soon / Now .....	993	
	Says she cannot get pregnant.....	994	
	After marriage.....	995	
	Other.....	996	994⇒UN11
	Don't know.....	998	
UN8. Check CP1. Currently pregnant?			
	<input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13		
	<input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		
UN9. Check CP2. Currently using a method?			
	<input type="checkbox"/> Yes ⇒ Go to UN13		
	<input type="checkbox"/> No ⇒ Continue with UN10		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes.....	1	1 ⇒UN13
	No .....	2	
	DK.....	8	8 ⇒UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	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 (specify).....	X	
	Don't know.....	Z	
UN12. Check UN11. "Never menstruated" mentioned?			
	<input type="checkbox"/> Mentioned ⇒ Go to Next Module		
	<input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	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:				
		Yes	No	DK
[A]	IF SHE GOES OUT WITHOUT TELLING HIM?			
	Goes out without telling .....	1	2	8
[B]	IF SHE NEGLECTS THE CHILDREN?			
	Neglects children .....	1	2	8
[C]	IF SHE ARGUES WITH HIM?			
	Argues with him .....	1	2	8
[D]	IF SHE REFUSES TO HAVE SEX WITH HIM?			
	Refuses sex .....	1	2	8
[E]	IF SHE BURNS THE FOOD?			
	Burns food .....	1	2	8

MARRIAGE/UNION		MA		
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man..... 2 No, not in union..... 3			3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?	Age in years..... __ __ DK..... 98			
MA3. 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
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number..... __ __ DK..... 98			⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married..... 1 Yes, formerly lived with a man..... 2 No 3			3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced..... 2 Separated..... 3			
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once..... 2			
MA8. 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
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years..... __ __			

SEXUAL BEHAVIOUR		SB
<b>Check for the presence of others. Before continuing, ensure privacy.</b>		
SB1. Now I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.	Never had intercourse .....	00
THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.	Age in years.....	__ __
HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	First time when started living with (first) husband/partner .....	95
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes.....	1
	No.....	2
	DK / Don't remember.....	8
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?	Days ago .....	1 __ __
	Weeks ago.....	2 __ __
<i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Months ago.....	3 __ __
	Years ago .....	4 __ __
		4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes.....	1
	No.....	2
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?	Husband .....	1
<i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i>	Cohabiting partner.....	2
	Boyfriend .....	3
	Casual acquaintance.....	4
<i>If 'boyfriend', then ask:</i>	Other (specify).....	6
WERE YOU LIVING TOGETHER AS IF MARRIED?		6⇒SB7
<i>If 'yes', circle '2'. If 'no', circle '3'.</i>		4⇒SB7
SB6. Check MA1:		
<input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8		
<input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON?	Age of sexual partner .....	__ __
<i>If response is DK, probe:</i>	DK.....	98
ABOUT HOW OLD IS THIS PERSON?		
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes.....	1
	No.....	2
		2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes.....	1
	No.....	2
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?	Husband .....	1
<i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i>	Cohabiting partner.....	2
	Boyfriend .....	3
	Casual acquaintance.....	4
<i>If 'boyfriend' then ask:</i>	Other (specify).....	6
WERE YOU LIVING TOGETHER AS IF MARRIED?		6⇒SB12
<i>If 'yes', circle '2'. If 'no', circle '3'.</i>		4⇒SB12



HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV/AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes.....	1		
	No.....	2		
	DK / Not sure / Depends.....	8		
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV/AIDS VIRUS?	Yes.....	1		
	No.....	2		
	DK / Not sure / Depends.....	8		
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....	1		
	No.....	2		
	DK / Not sure / Depends.....	8		
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes.....	1		
	No.....	2		
	DK / Not sure / Depends.....	8		
HA13. Check CM13: Any live birth in last 2 years?				
	<input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24			
	<input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14			
HA14. Check MN1: Received antenatal care?				
	<input type="checkbox"/> Received antenatal care ⇒ Continue with HA15			
	<input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24			
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),			Y	N
				DK
WERE YOU GIVEN ANY INFORMATION ABOUT:				
[A] BABIES GETTING THE HIV/AIDS VIRUS FROM THEIR MOTHER?	AIDS from mother.....	1	2	8
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE HIV/AIDS VIRUS?	Things to do.....	1	2	8
[C] GETTING TESTED FOR THE HIV/AIDS VIRUS?	Tested for AIDS.....	1	2	8
WERE YOU:				
[D] OFFERED A TEST FOR THE HIV/AIDS VIRUS?	Offered a test.....	1	2	8
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes.....	1		
	No.....	2		2⇒HA19
	DK.....	8		8⇒HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....	1		
	No.....	2		2⇒HA22
	DK.....	8		8⇒HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.	Yes.....	1		1⇒HA22
	No.....	2		2⇒HA22
AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	DK.....	8		8⇒HA22
HA19. Check MN17: Birth delivered by health professional (A, B or C)?				
	<input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20			
	<input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24			
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes.....	1		
	No.....	2		2⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....	1		
	No.....	2		

HA22. HAVE YOU BEEN TESTED FOR THE HIV/AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes.....	1	1⇒HA25
	No.....	2	
HA23. When was the most recent time you were tested for the HIV/AIDS virus?	Less than 12 months ago.....	1	1⇒WM11
	12-23 months ago.....	2	2⇒WM11
	2 or more years ago.....	3	3⇒WM11
HA24. I don't want to know the results, but have you ever been tested to see if you have the HIV/AIDS virus?	Yes.....	1	2⇒HA27
	No.....	2	
HA25. 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	
HA26. I don't want to know the results, but did you get the results of the test?	Yes.....	1	1⇒WM11
	No.....	2	2⇒WM11
	DK.....	8	8⇒WM11
HA27. Do you know of a place where people can go to get tested for the HIV/AIDS virus?	Yes.....	1	
	No.....	2	

WM11. *Record the time.* Hour and minutes ..... : ..

WM12. *Check Household Listing Form, column HL9.*  
*Is the respondent the mother or caretaker of any child age 0-4 living in this household?*

*Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

*No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.*

**Interviewer's Observations**

**Field Editor's Observations**

**Team Leader's Observations**

