

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>WM0A.</b> Province/ City's name and number: Name _____	<b>WM0B.</b> District's name and number: Name _____	
<b>WM0C.</b> Commune/ Ward name and number: _____		
<b>WM1.</b> EA's name and number: Name _____	<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: _____ / _____ / 201_____	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>MY NAME IS [...]. WE ARE FROM THE GENERAL STATISTICS OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 50 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 50 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
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<b>WM8.</b> Field editor's name and number: Name _____	<b>WM9.</b> Main data entry clerk's name and number: Name _____
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<b>WM10.</b> Record the time.	Hour and minutes ..... : ..	
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<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:</i> HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?  <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 ..... 0 Primary ..... 1 Lower Secondary ..... 2 Upper Secondary ..... 3 Professional School ..... 4 College/ University & above ..... 5	0 ⇒ WB7  4 ⇒ Next Module 5 ⇒ Next Module
<b>WB5.</b> WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If grade 1 is not completed at this level, enter "00"</i>	Grade .....	
<b>WB6.</b> Check WB4: <input type="checkbox"/> Lower or upper secondary ⇒ Go to Next Module <input type="checkbox"/> Primary (WB4=1) ⇒ Continue with WB7		
<b>WB7.</b> 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 / visually impaired ..... 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
<b>MT0.</b> DO YOU OWN A MOBILE PHONE OR USE ONE AS IF IT YOURS?	Yes..... 1 No ..... 2	
<b>MT1.</b> Check WB7: <input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ Continue with MT1A <input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT1A <input type="checkbox"/> Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3		
<b>MT1A.</b> Check MT0: <input type="checkbox"/> Yes ⇒ Continue with MT1B <input type="checkbox"/> No ⇒ Continue with MT2		
<b>MT1B.</b> HAVE YOU EVER USED YOUR MOBILE PHONE TO READ OR WRITE SMS MESSAGES?	Yes..... 1 No ..... 2	2⇒MT2
<b>MT1C.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU READ OR WRITE SMS MESSAGES: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all..... 4	
<b>MT2.</b> HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all..... 4	
<b>MT3.</b> DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all..... 4	
<b>MT4.</b> HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all..... 4	
<b>MT5.</b> Check WB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module		
<b>MT6.</b> HAVE YOU EVER USED A COMPUTER?	Yes..... 1 No ..... 2	2⇒MT9
<b>MT7.</b> HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes..... 1 No ..... 2	2⇒MT9
<b>MT8.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all..... 4	
<b>MT9.</b> HAVE YOU EVER USED THE INTERNET?	Yes..... 1 No ..... 2	2⇒Next Module
<b>MT10.</b> IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?  <i>If necessary, probe for use from any location, with any device.</i>	Yes..... 1 No ..... 2	2⇒ Next Module
<b>MT11.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all..... 4	

FERTILITY/BIRTH HISTORY		CM
<b>CM1.</b> 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
<b>CM4.</b> 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
<b>CM5.</b> HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons at home..... __ __  Daughters at home ..... __ __	
<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?	Yes ..... 1 No ..... 2	2⇒CM8
<b>CM7.</b> 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 ..... __ __	
<b>CM8.</b> HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?  <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>	Yes ..... 1 No ..... 2	2⇒CM10
<b>CM9.</b> HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?  <i>If none, record '00'.</i>	Boys dead..... __ __  Girls dead ..... __ __	
<b>CM10.</b> <i>Sum answers to CM5, CM7, and CM9.</i>	Sum ..... __ __	
<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? <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes. Check below: <ul style="list-style-type: none"> <li><input type="checkbox"/> No live births ⇒ Go to ILLNESS SYMPTOMS Module</li> <li><input type="checkbox"/> One or more live births ⇒ Continue with the BIRTH HISTORY module</li> </ul> </li> <li><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module</li> </ul>		

**BIRTH HISTORY**

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

**BH**

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (name) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from FL1)  Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED?  If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name) AND (previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?
			B	G	Month	Year					Y	N	Age	
		1 Single 2 Multiple	1 Boy 2 Girl				1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Days ..... 1 Months ..... 2 Years ..... 3	1 Yes 2 No		
01		1 2	1 2				1 2 ⇒ BH9		1 2	Next Line ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
02		1 2	1 2				1 2 ⇒ BH9		1 2	⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
03		1 2	1 2				1 2 ⇒ BH9		1 2	⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
04		1 2	1 2				1 2 ⇒ BH9		1 2	⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
05		1 2	1 2				1 2 ⇒ BH9		1 2	⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
06		1 2	1 2				1 2 ⇒ BH9		1 2	⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		
07		1 2	1 2				1 2 ⇒ BH9		1 2	⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth		

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?	BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
08		1 2	1 2	— — — — —	1 2 ⇨ BH9	— — — — —	1 2	— — — — —	1 2 Add Next Birth	
09		1 2	1 2	— — — — —	1 2 ⇨ BH9	— — — — —	1 2	— — — — —	1 2 Add Next Birth	
10		1 2	1 2	— — — — —	1 2 ⇨ BH9	— — — — —	1 2	— — — — —	1 2 Add Next Birth	
11		1 2	1 2	— — — — —	1 2 ⇨ BH9	— — — — —	1 2	— — — — —	1 2 Add Next Birth	
12		1 2	1 2	— — — — —	1 2 ⇨ BH9	— — — — —	1 2	— — — — —	1 2 Add Next Birth	
13		1 2	1 2	— — — — —	1 2 ⇨ BH9	— — — — —	1 2	— — — — —	1 2 Add Next Birth	
14		1 2	1 2	— — — — —	1 2 ⇨ BH9	— — — — —	1 2	— — — — —	1 2 Add Next Birth	
<b>BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH History Module)?</b>										
Yes.....1 No .....2										
1 ⇨ Record birth(s) in Birth History										

**CM12A.** Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:

- Numbers are same ⇒ Continue with CM13
- Numbers are different ⇒ Probe and reconcile

**CM13.** Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2011/2012** (if the month of interview and the month of birth are the same, and the year of birth is **2011/2012**, consider this as a birth within the last 2 years)

- No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.
- One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module

Name of last-born child \_\_\_\_\_

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

<b>DESIRE FOR LAST BIRTH</b>		<b>DB</b>
<p><i>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.</i></p>		
<p><b>DB1.</b> WHEN YOU GOT PREGNANT WITH (name), 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⇒MN4E															
<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  Other person Traditional birth attendant ..... F Village 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?  [D] WERE YOU ADVISED TO TAKE IRON FOLIC SUPPLEMENTS (OR IRON TABLETS OR MULTIPLE MICRO-NUTRIENT (MMN) SUPPLEMENTS)?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">Yes</td> <td style="text-align:right;">No</td> </tr> <tr> <td>Blood pressure .....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>Urine sample .....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>Blood sample .....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>Iron Folic Supplements .....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	Iron Folic Supplements .....	1	2	
	Yes	No															
Blood pressure .....	1	2															
Urine sample .....	1	2															
Blood sample .....	1	2															
Iron Folic Supplements .....	1	2															
<b>MN4E.</b> DURING THIS PREGNANCY, DID YOU TAKE ANY IRON FOLIC SUPPLEMENTS (OR IRON TABLETS OR MULTIPLE MICRO-NUTRIENT (MMN) SUPPLEMENTS) SUCH AS THESE?  <i>Show sample pictures</i>	Yes ..... 1 No ..... 2	2⇒MN5															
<b>MN4F.</b> DURING THIS WHOLE PREGNANCY, FOR HOW MANY MONTHS DID YOU TAKE THE TABLETS (SUPPLEMENTS)?  <i>If a range is given, record the minimum number of months mentioned. If less than 1 month record '0'.</i>	Number of months ..... 0 ___  DK ..... 98																



<p><b>MN5.</b> DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>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          Yes (card not seen) ..... 2          No ..... 3          DK ..... 8</p>	
<p><b>MN6.</b> WHEN YOU WERE PREGNANT WITH (<i>name</i>), 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          No ..... 2          DK ..... 8</p>	<p>2⇒MN9          8⇒MN9</p>
<p><b>MN7.</b> HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (<i>name</i>)?</p>	<p>Number of times .....          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 (<i>name</i>), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes ..... 1          No ..... 2          DK ..... 8</p>	<p>2⇒MN17          8⇒MN17</p>
<p><b>MN10.</b> HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times .....          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 (<i>name</i>)?</p> <p><i>If less than 1 year, record '00'.</i></p>	<p>Years ago ..... _ _</p>	
<p><b>MN17.</b> WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)?</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:          Doctor ..... A          Nurse/midwife ..... B</p> <p>Other person          Traditional birth attendant ..... F          Village health worker ..... G          Relative / Friend ..... H</p> <p>Other (<i>specify</i>) ..... X          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>Government hospital ..... 21</p> <p>Commune health centre ..... 22</p> <p>Sectoral hospital (army, police) ..... 24</p> <p>Policlinic ..... 25</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>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>2⇒MN20</p>
<p><b>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</b></p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before ..... 1</p> <p>After ..... 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>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. 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.</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. 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>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>	<p>2⇒Next Module</p>
<p><b>MN27.</b> WHAT WAS <i>(name)</i> GIVEN TO DRINK?</p> <p><i>Probe:</i> 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>Rice soup ..... J</p> <p>Other (<i>specify</i>) ..... X</p>	

**POST-NATAL HEALTH CHECKS**

**PN**

*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>PN1.</b> Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p><b>PN2.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours ..... 1 __ __</p> <p>Days ..... 2 __ __</p> <p>Weeks ..... 3 __ __</p> <p>DK / Don't remember ..... 998</p>	
<p><b>PN3.</b> I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>PN4.</b> AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>PN5.</b> NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p><b>PN6.</b> Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN10</p>		

<p><b>PN7.</b> YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes .....1 No .....2</p>	
<p><b>PN8.</b> AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes .....1 No .....2</p>	
<p><b>PN9.</b> AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes .....1 No .....2</p>	<p>1⇒PN11 2⇒PN18</p>
<p><b>PN10.</b> I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes .....1 No .....2</p>	<p>2⇒PN19</p>
<p><b>PN11.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once .....1 More than once .....2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p><b>PN12A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p><b>PN12B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours .....1 ___</p> <p>Days .....2 ___</p> <p>Weeks.....3 ___</p> <p>DK / Don't remember .....998</p>	

<p><b>PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?</b></p>	<p>Health professional          Doctor ..... A          Nurse / Midwife ..... B</p> <p>Other person          Traditional birth attendant ..... F          Village health worker ..... G          Relative / Friend ..... H</p> <p>Other (specify) _____ X</p>	
<p><b>PN14. WHERE DID THIS CHECK TAKE PLACE?</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          Your home ..... 11          Other home ..... 12</p> <p>Public sector          Government hospital ..... 21          Commune health centre ..... 22          Sectoral hospital (army, police) ..... 24          Polyclinic ..... 25          Other public (specify) _____ 26</p> <p>Private Medical Sector          Private hospital ..... 31          Private clinic ..... 32          Private maternity home ..... 33          Other private              medical (specify) _____ 36</p> <p>Other (specify) _____ 96</p>	
<p><b>PN15. Check MN18: Was the child delivered in a health facility?</b></p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p><b>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON YOUR HEALTH?</b></p>	<p>Yes ..... 1          No ..... 2</p>	<p>1 ⇒ PN20          2 ⇒ Next Module</p>
<p><b>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</b></p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN19</p>		
<p><b>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?</b></p>	<p>Yes ..... 1          No ..... 2</p>	<p>1 ⇒ PN20          2 ⇒ Next Module</p>

<p><b>PN19.</b> AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes .....1 No .....2</p>	<p>2⇒Next Module</p>
<p><b>PN20.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once .....1 More than once .....2</p>	<p>1⇒PN21A 2⇒PN21B</p>
<p><b>PN21A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p><b>PN21B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours .....1 ___</p> <p>Days .....2 ___</p> <p>Weeks .....3 ___</p> <p>DK / Don't remember .....998</p>	
<p><b>PN22.</b> WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional Doctor ..... A Nurse / Midwife ..... B</p> <p>Other person Traditional birth attendant ..... F Village health worker ..... G Relative / Friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p>	
<p><b>PN23.</b> WHERE DID THIS CHECK TAKE PLACE?</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>(<i>Name of place</i>)</p>	<p>Home Your home .....11 Other home .....12</p> <p>Public sector Government hospital .....21 Commune health centre .....22 Sectoral hospital (army, police) .....24 Policlinic .....25 Other public (<i>specify</i>) .....26</p> <p>Private Medical Sector Private hospital .....31 Private clinic .....32 Private maternity home .....33 Other private medical (<i>specify</i>) .....36</p> <p>Other (<i>specify</i>) .....96</p>	

**ILLNESS SYMPTOMS**

**IS**

**IS1.** Check List of Household Members, columns HL7B and HL15

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

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module.

**IS2.** SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?

*Probe:*  
ANY OTHER SYMPTOMS?

*Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.*

*Circle all symptoms mentioned, but do not prompt with any suggestions*

- Child not able to drink or breastfeed.....A
- Child becomes sicker .....B
- Child develops a fever.....C
- Child has fast breathing .....D
- Child has difficulty breathing .....E
- Child has blood in stool .....F
- Child is drinking poorly .....G
- Child vomiting .....H
- Child choked .....I

Other (specify) \_\_\_\_\_ X

Other (specify) \_\_\_\_\_ Y

Other (specify) \_\_\_\_\_ Z

**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

1⇒CP2A

**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

1⇒CP3

**CP2A.** HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?

- Yes ..... 1
- No ..... 2

1⇒Next Module  
2⇒Next Module

**CP3.** WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?

*Do not prompt.*  
*If more than one method is mentioned, circle each one.*

- 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
- Periodic abstinence / Rhythm .....L
- Withdrawal .....M

Other (specify) \_\_\_\_\_ X

MICS.WM.19



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>  <i>If the respondent gives more than one answer, circle each one.</i>	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 amenorrhoeic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I  Other (specify) _____ 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>  <i>Record the answer using the same unit stated by the respondent</i>	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**

<p><b>DV1.</b> 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>		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?	Burned the food.....	1	2	8
[F] IF SHE DOES NOT COMPLETE HER HOUSE WORK TO HIS SATISFACTION?	Incompleted house works.....	1	2	8
[G] IF SHE IS DOUBTED ABOUT HER BEING FAITHFUL?	Doubted of her faithful .....	1	2	8
[H]IF SHE IS DISCLOSED THAT SHE WAS UNFAITHFUL ?	Disclosed about her unfaithful ..	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?	Date of (first) marriage Month ..... __ __ DK month ..... 98	⇒Next Module
<b>MA8B.</b> IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Year ..... __ __ __ __ DK year ..... 9998	
<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 TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1 No ..... 2 DK..... 8	2 ⇒ Next Module																
<b>HA2.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV 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 HIV 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 HIV VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No ..... 2 DK..... 8																	
<b>HA5.</b> CAN PEOPLE GET THE HIV VIRUS FROM MOSQUITO BITES?	Yes..... 1 No ..... 2 DK..... 8																	
<b>HA6.</b> CAN PEOPLE GET THE HIV 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 HIV VIRUS?	Yes..... 1 No ..... 2 DK..... 8																	
<b>HA8.</b> CAN THE VIRUS THAT CAUSES HIV BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</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>During delivery.....</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>By breastfeeding.....</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>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK															
During pregnancy.....	1	2	8															
During delivery.....	1	2	8															
By breastfeeding.....	1	2	8															
<b>HA9.</b> IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
<b>HA9A.</b> IN YOUR OPINION, SHOULD A CHILD THAT HAS THE HIV VIRUS, BUT IS NOT SICK BE ALLOWED TO CONTINUE GOING TO HIS/HER SCHOOL?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
<b>HA9B.</b> IN YOUR OPINION, SHOULD A CHILD WHOSE MOTHER OR FATHER HAS THE HIV VIRUS, BE ALLOWED TO CONTINUE GOING TO HIS/HER 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 HIV VIRUS?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	

<b>HA11.</b> IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV 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 HIV, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes .....1 No .....2  DK / Not sure / Depends .....8																					
<b>HA13.</b> Check CMI3: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CMI3="No" or blank) ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
<b>HA14.</b> Check MNI: Received antenatal care? <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 (name), WERE YOU GIVEN ANY INFORMATION ABOUT:  [A] BABIES GETTING THE HIV VIRUS FROM THEIR MOTHER?  [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE HIV VIRUS?  [C] GETTING TESTED FOR THE HIV VIRUS?  WERE YOU: [D] OFFERED A TEST FOR THE HIV VIRUS?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test .....</td> <td>1</td> <td>2</td> <td>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	
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Offered a test .....	1	2	8																			
<b>HA16.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV 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 MNI7: Birth delivered by health professional (A, B or C)? <input type="checkbox"/> Yes, birth delivered by health professional (MNI7 = A, B or C) ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional (MNI7 = else) ⇒ Go to HA24																						

<b>HA20.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV 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 HIV 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 HIV VIRUS?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	1 ⇒Next Module 2 ⇒Next Module 3 ⇒Next Module
<b>HA24.</b> I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE HIV 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 ⇒Next Module 2 ⇒Next Module 8 ⇒Next Module
<b>HA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE HIV VIRUS?	Yes..... 1 No ..... 2	

<b>WM11.</b> Record the time.	Hour and minutes..... ____ : ____	
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**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 cover page (WM7, 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 cover page

THANK YOU VERY MUCH FOR ANSWERING THE QUESTIONS. COULD YOU PLEASE GIVE US YOUR TELEPHONE NUMBER IN CASE WE MIGHT NEED SOME MORE INFORMATION?

WE DO NOT USE OR SHARE YOUR NUMBER FOR ANY OTHER PURPOSES.

Telephone number: \_\_\_\_\_

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**