



## 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 Incapacitated ..... 5 Other ( <i>specify</i> ) ..... 6	

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

WE ARE FROM MINISTRY OF HEALTH . WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. 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, OR HIGHER?	Primary ..... 1 Secondary ..... 2 Higher ..... 3 Vocational school/Rural training center ..... 6	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade ..... _ _	
WM13. <i>Check WM11:</i>		
<input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i>		
<input type="checkbox"/> <i>Primary or Vocational school. ⇒ Continue with WM14</i>		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentences to respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME?</i>  <i>Example sentences for literacy test:</i>  1. <i>The child is reading a book. Pikinini ia i stap ridim wan buk</i>  2. <i>The rains came late this year. Ren i bin kam let long yia ia</i>  3. <i>Parents must care for their children. Ol papa mo mama oli mas lukaotgud long pikinini blong olgeta</i>  4. <i>Gardening is hard work. Blong mekem garen hem i hadwok tumas</i>  <u>OR IN FRENCH</u>  1. <i>L'enfant lit un livre.</i> 2. <i>Les pluies sont en retard cette année.</i> 3. <i>Les parents doivent prendre soin de leurs enfants</i> 4. <i>Le travail des champs est dur. .</i>	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 Know only the local dialect ..... 6	

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i></p>		
<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 IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth Day ..... __ __ DK day ..... 98</p> <p>Month ..... __ __ DK month ..... 98</p> <p>Year ..... __ __ __ __ DK year ..... 9998</p>	<p>⇒CM3 ⇓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth ..... __ __</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home ..... __ __ Daughters at home ..... __ __</p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead ..... __ __ Girls dead ..... __ __</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum..... __ __</p>	

<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>If day is not known, enter '98' in space for day.</p>	<p>Date of last birth</p> <p>Day/Month/Year ..... _ _ / _ _ / _ _ _ _</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 2005)?</p> <p>If child has died, take special care when referring to this child by name in the following modules.</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>	

TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
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	
<i>If a card is presented, use it to assist with answers to the following questions.</i>		
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes ..... 1  No..... 2  DK ..... 8	2⇒TT5  8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times..... __ __  DK ..... 98	98⇒TT5
TT4. <i>How many TT doses during last pregnancy were reported in TT3?</i>		
<input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ Go to Next Module</i>		
<input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</i>		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes ..... 1  No..... 2  DK ..... 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times..... __ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒NEXT MODULE ↓TT8
<i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>		
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago..... __ __	

MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</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:</p> <p>Hospital (Doctor) ..... A</p> <p>Health centre(Nurse practitioner/midwife)B</p> <p>Dispensary (Nurse) ..... C</p> <p>Mobile clinic (Nurse)..... D</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Aid post (Village health worker:8wk training) ..... G</p> <p>Relative/friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one..... Y</p>	<p>Y⇒MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weight .....	1	2	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
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Weight .....	1	2															
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Urine sample .....	1	2															
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<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN7</p> <p>8⇒MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>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(Health center) ..... B</p> <p>Nurse (Dispensary) ..... C</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Village health worker(Aid post) ..... G</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>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</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>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>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  Larger than average..... 2  Average..... 3  Smaller than average..... 4  Very small ..... 5  DK..... 8</p>	
<p>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1  No..... 2  DK..... 8</p>	<p>2⇒MN12  8⇒MN12</p>
<p>MN11. HOW MUCH DID (<i>name</i>) WEIGH?  <i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kilograms) __ . ____  From recall..... 2 (kilograms) __ . ____  DK..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1  No..... 2</p>	<p>2⇒ NEXT  MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?  <i>If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.</i></p>	<p>Immediately..... 000  Hours..... 1 __ __  or  Days..... 2 __ __  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	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No ..... 3	3⇒NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU 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 ..... __ __	

### SECURITY OF TENURE AND DURABILITY OF HOUSING

ST1. DO YOU FEEL SECURE FROM EVICTION FROM THIS DWELLING?	Yes ..... 1 No ..... 2 DK ..... 8	
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CONTRACEPTION MODULE		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.  ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No..... 2 Unsure or DK ..... 8	1⇒ CP4
CP2. SOME PEOPLE 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	2⇒ NEXT MODULE
CP3. WHICH METHOD ARE YOU USING CURRENTLY?  <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization ..... A Male sterilization ..... B Pill ..... C IUD ..... D Injections..... E Implants..... F Condom..... G Female condom ..... H Diaphragm ..... I Foam/jelly..... J Lactational amenorrhoea method (LAM) ..... K Periodic abstinence..... L Withdrawal ..... M  Other ( <i>specify</i> ) ..... X	⇒ NEXT MODULE
CP4. DID YOU SLEPT UNDER A BEDNET LAST NIGHT?	Yes ..... 1 No..... 2	2⇒ NEXT MODULE
CP5. IF YES, WAS IT A LONG LASTING NET OR OTHER NET?	Longlasting net..... 1 Other net ..... 2	

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes ..... 1 No..... 2	2⇒ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes ..... 1 No..... 2 DK ..... 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No..... 2 DK ..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No..... 2 DK ..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No..... 2 DK ..... 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes ..... 1 No..... 2 DK ..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ..... 1 No..... 2 DK ..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No..... 2 DK ..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy..... 1 2 8	
HA9B. DURING DELIVERY?	During delivery ..... 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding ..... 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No..... 2 DK/not sure/depends ..... 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No..... 2 DK/not sure/depends ..... 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No..... 2 DK/not sure/depends ..... 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes ..... 1 No..... 2 DK/not sure/depends ..... 8	

<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>DK ..... 8</p>	<p>2⇒HA18</p> <p>8⇒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>	

NUTRITION WOMEN		NW
NW1. IS SHE A NUTRITION WOMAN?	Yes .....1 No.....2	2⇒NEXT MODULE
NW2. LAB TECHNICIAN'S NAME AND ID _____	NW3. DAY/MONTH/YEAR OF SAMPLE COLLECTION ____/____/____	
NW4. LABEL NUMBER FOR WOMAN	STICK HERE .....⇒	
NW5. RESULT OF WOMAN'S NUTRITION DATA COLLECTION	Completed ..... 1 Not at home..... 2 Refused ..... 3 Partly completed ..... 4 Others (Specify) ..... 6	
NW6. WOMAN'S WEIGHT	Kilograms (kg).....	
NW7. WOMAN'S HEIGHT	Height (cm).....	
NW8. URINE SAMPLE	Collected: Yes ..... 1 No.....2	2⇒NW9
NW8A. IF YES, 2 CRYOVIALS PREPARED?	Yes .....1 No.....2	
NW8B. IS THE WOMAN PREGNANT?	Yes .....1 No.....2	
NW9. HEMOGLOBIN RESULT  NOTE: IF HB <7G/DL, PLEASE REPEAT NOTE: IF HB VALUE IS LOW, PLEASE REFER TO CLINIC	Collected: Yes ..... 1 No.....2 If yes, Hb count .....	2⇒NW10
NW10. MALARIA SLIDES PREPARED	Yes ..... 1 No.....2	2⇒NW11
NW10A. RESULT OF MALARIA TEST  [NOTE: TO BE COMPLETED AFTER SLIDES ARE REACHING PORT VILA/ MELBORNE ]	Pf .....1 Pfg .....2 Pv .....3 MPNS ..... 0	

NW11. SALT SAMPLE GIVEN TO THE LAB TECHNICIAN BY ENUMERATOR	Yes.....1 No.....2	2⇒NEXT MODULE
NW12. SALT LABEL ENUMERATORS STICK LABEL HERE ⇨		
NW12A. SALT IODINE LEVEL	___ .__ mg/kg	
NW8C. URINARY IODINE CONCENTRATION	___ .__ mcg/l	

**Note:**

Options of question NW10A were changed to include exact response of MP test and the questionnaire was updated accordingly. While, NW12A and NW8C were included to accommodate the lab results of salt iodine and urinary iodine respectively.