



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		WM
<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>		
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 AND POPULATION. 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 20-30 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: BASIC, SECONDARY, OR HIGHER?	Basic 1 Secondary..... 2 Higher 3	
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 MA Next Module</i>		
<input type="checkbox"/> <i>Basic . ⇒ 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.</i> 2. <i>The rains came late this year.</i> 3. <i>Parents must care for their children.</i> 4. <i>Farming is hard work.</i>	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in specific language _____ 4 <i>(specify language other than Arabic)</i> Blind/mute, visually/speech impaired 5	

MARRIAGE MODULE		MA
MA1. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	MARRIED / SEPARATED1 DIVORCED.....2 WIDOWED3	} MA5
MA2. HOW OLD IS YOUR HUSBAND?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW98	
MA5. HAVE YOU BEEN MARRIED ONCE OR MORE THAN ONCE?	ONCE1 MORE THAN ONCE2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY ?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR9998	
MA7. HOW OLD WERE YOU AT YOUR FIRST MARRIAGE?	AGE IN YEARS <input type="text"/> <input type="text"/>	
MA7A. YOUR FIRST HUSBAND WAS A RELATIVE?	YES1 NO2	2⇒ CM
MA7B. WHAT IS YOUR RELATIONSHIP TO YOUR FIRST HUSBAND?	COUSIN 1 ST DEGREE (FATHER SIDE).. 1 COUSIN 1 ST DEGREE (MOTHER SIDE) . 2 COUSIN SECOND DEGREE3 OTHER RELATIVE4 RELATIVES BECAUSE OF MARRIAGE..5	

REPRODUCTION AND CHILD SURVIVAL MODULE	CM
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NOW I WOULD LIKE TO ASK YOU ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE.		
<p>CM1. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If "No" probe by asking:</i></p> <p>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?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒ CP1
<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</p> <p>No..... 2</p>	2⇒CM5
<p>CM4. HOW MANY SONS LIVE WITH YOU? AND HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none record '00'</i></p>	<p>CM4A. Number of Sons at home: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>CM4B. Number of Daughters at home: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH AND WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒CM7
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? AND HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none record '00'</i></p>	<p>CM6A. Number of Sons elsewhere: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>CM6B. Number of Daughters elsewhere: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR A GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i></p> <p>ANY BABY WHO CRIED OR SHOWED ANY SIGN OF LIFE BUT ONLY SURVIVED A FEW HOURS OR DAYS?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒ CM9
<p>CM8. IN ALL, HOW MANY BOYS HAVE DIED? AND HOW MANY GIRLS HAVE DIED?</p> <p><i>If none record '00'</i></p>	<p>CM8A. Number of Boys dead: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>CM8B. Number of Girls dead: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
<p>CM9. SUM ANSWERS TO CM4, CM6, AND CM8.</p>	<p>SUM ___</p>	

<p>CM10. Check CM4, CM6, CM8 Sum and check</p>
<p>TO CHECK THE NUMBERS THAT YOU HAVE EVER GIVEN BIRTH, YOU HAVE GIVEN BIRTH TO __ CHILDREN? IF YES; CONTINUE IF NO: PROBE</p>
<p>CM4: YOU HAVE __ BOYS AND __ GIRLS LIVING WITH YOU, IS THIS CORRECT? CM6: YOU HAVE __ BOYS AND __ GIRLS WHO ARE NOT LIVING WITH YOU, IS THIS CORRECT? CM8: YOU HAVE __ BOYS AND __ GIRLS WHO DIED AFTER THEY WERE BORN ALIVE, IS THIS CORRECT?</p> <p><input type="checkbox"/> IF YES TO ALL: CONTINUE TO NEXT MODULE (BH) <input type="checkbox"/> IF NO: CHECK THAT THE TOTALS ARE CORRECT THEN CONTINUE TO NEXT MODULE (BH)</p>

LIVE BIRTH HISTORY TABLE

BH

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

RECORD NAMES OF ALL BIRTHS; IF NAME NOT GIVEN, RECORD 'X'. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

BH1		BH2		BH3		BH4		BH5		BH6		BH7		BH8		BH9	
<i>Live birth Line No.</i>	<i>Name</i> All children, whether alive or dead:	WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE		IS (name) MALE OR FEMALE? 1 MALE 2 FEMALE		IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If they don't know write "98" for months and "9998" for year</i>		IS (name) STILL ALIVE? 1 YES 2 NO BH9		<i>If alive:</i> HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>		<i>If alive:</i> IS (name) LIVING WITH YOU? 1 YES 2 NO		<i>If alive:</i> Record household line number of child (from HL1). Write "00" if child is not listed on household listing form (HL)		HOW OLD WAS (name) WHEN HE/SHE DIED? <i>Record age at death.</i> <i>If less than 1 month, record days.</i> <i>If less than 2 years, record months.</i>	
LINE	NAME	S	M	M	F	MONTH & YEAR		Y	N	AGE	Y	N	HH LINE NO.	AGE AT DEATH			
01	1ST CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____	1.DAYS: _____ DK DAYS.....98	2.MONTHS: _____ DK MONTHS.....98	3.YEARS: _____ DK YEARS.....98	
02	2ND CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____	1.DAYS: _____ DK DAYS.....98	2.MONTHS: _____ DK MONTHS.....98	3.YEARS: _____ DK YEARS.....98	
03	3RD CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____	1.DAYS: _____ DK DAYS.....98	2.MONTHS: _____ DK MONTHS.....98	3.YEARS: _____ DK YEARS.....98	
04	4TH CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____	1.DAYS: _____ DK DAYS.....98	2.MONTHS: _____ DK MONTHS.....98	3.YEARS: _____ DK YEARS.....98	
05	5TH CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____	1.DAYS: _____ DK DAYS.....98	2.MONTHS: _____ DK MONTHS.....98	3.YEARS: _____ DK YEARS.....98	

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BH1		BH2		BH3		BH4		BH5		BH6		BH7		BH8		BH9	
<i>Live birth Line No.</i>	<i>Name</i> All children, whether alive or dead:	WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE		Is (name) MALE OR FEMALE ? 1 MALE 2 FEMALE		IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If they don't know write "98" for months and "9998" for year</i>		Is (name) STILL ALIVE? 1 YES 2 NO BH9		If alive: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>		If alive: Is (name) LIVING WITH YOU? 1 YES 2 NO		If alive: Record household line number of child (from HL1). Write "00" if child is not listed on household listing form (HL)		HOW OLD WAS (name) WHEN HE/SHE DIED? <i>Record age at death.</i> <i>If less than 1 month, record days.</i> <i>If less than 2 years, record months.</i>	
LINE	NAME	S	M	M	F	MONTH & YEAR		Y	N	AGE	Y	N	HH LINE NO.	AGE AT DEATH			
06	6TH CHILD —	1	2	1	2	M	_ _ Y _ _ _ _	1	2	_ _	1	2	_ _	1.DAYS: _ _ DK DAYS.....98	2.MONTHS: _ _ DK MONTHS.....98	3.YEARS: _ _ DK YEARS.....98	
07	7TH CHILD —	1	2	1	2	M	~ _ _ Y ~ _ _ _ _	1	2	~ _ _	1	2	~ _ _	1.DAYS: _ _ DK DAYS.....98	2.MONTHS: _ _ DK MONTHS.....98	3.YEARS: _ _ DK YEARS.....98	
08	8TH CHILD —	1	2	1	2	M	~ _ _ Y ~ _ _ _ _	1	2	~ _ _	1	2	~ _ _	1.DAYS: _ _ DK DAYS.....98	2.MONTHS: _ _ DK MONTHS.....98	3.YEARS: _ _ DK YEARS.....98	
09	9TH CHILD —	1	2	1	2	M	~ _ _ Y ~ _ _ _ _	1	2	~ _ _	1	2	~ _ _	1.DAYS: _ _ DK DAYS.....98	2.MONTHS: _ _ DK MONTHS.....98	3.YEARS: _ _ DK YEARS.....98	
10	10TH CHILD —	1	2	1	2	M	~ _ _ Y ~ _ _ _ _	1	2	~ _ _	1	2	~ _ _	1.DAYS: _ _ DK DAYS.....98	2.MONTHS: _ _ DK MONTHS.....98	3.YEARS: _ _ DK YEARS.....98	

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BH1		BH2		BH3		BH4		BH5		BH6		BH7		BH8		BH9	
Live birth Line No.	Name All children, whether alive or dead:	WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE		IS (name) MALE OR FEMALE? 1 MALE 2 FEMALE		IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If they don't know write "98" for months and "9998" for year</i>		IS (name) STILL ALIVE? 1 YES 2 NO [☒] BH9		<i>If alive:</i> HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>		<i>If alive:</i> IS (name) LIVING WITH YOU? 1 YES 2 NO		<i>If alive:</i> Record household line number of child (from HL1). Write "00" if child is not listed on household listing form (HL)		HOW OLD WAS (name) WHEN HE/SHE DIED? <i>Record age at death.</i> <i>If less than 1 month, record days.</i> <i>If less than 2 years, record months.</i>	
LINE	NAME	S	M	M	F	MONTH & YEAR		Y	N	AGE		Y	N	HH LINE NO.	AGE AT DEATH		
11	11TH CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____		1.DAYS: _____ DK DAYS.....98 2.MONTHS: _____ DK MONTHS.....98 3.YEARS: _____ DK YEARS.....98		
12	12TH CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____		1.DAYS: _____ DK DAYS.....98 2.MONTHS: _____ DK MONTHS.....98 3.YEARS: _____ DK YEARS.....98		
13	13TH CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____		1.DAYS: _____ DK DAYS.....98 2.MONTHS: _____ DK MONTHS.....98 3.YEARS: _____ DK YEARS.....98		
14	14TH CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____		1.DAYS: _____ DK DAYS.....98 2.MONTHS: _____ DK MONTHS.....98 3.YEARS: _____ DK YEARS.....98		
15	15TH CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____		1.DAYS: _____ DK DAYS.....98 2.MONTHS: _____ DK MONTHS.....98 3.YEARS: _____ DK YEARS.....98		
16	16TH CHILD —	1	2	1	2	M	_____	1	2	_____	1	2	_____		1.DAYS: _____ DK DAYS.....98 2.MONTHS: _____ DK MONTHS.....98 3.YEARS: _____ DK YEARS.....98		

<p>BH10. Interviewers:</p> <p><i>Record date of birth of the last child in the BH table.</i></p>	<p>Date/ Month /Year of birth of the last child</p> <p>___/___/_____</p>	
<p>BH11. Interviewers:</p> <p><i>Check BH10: Since the last 2 years from the interview (day/month/year), has she given any births?</i></p> <p><i>If she had still birth, mention the name of the child when you administer the following questions.</i></p> <p><input type="checkbox"/> No, there was no live birth in the last 2 years</p> <p><input type="checkbox"/> Yes, there was live birth in the last 2 years</p>		<p>No⇒Go to CP module</p>
<p>BH12. WHEN YOU WERE PREGNANT, DID YOU WISH TO BE PREGNANT THEN, OR WANTED TO WAIT FOR SOME TIME, OR YOU DID NOT WANT TO HAVE ANY MORE CHILDREN?</p>	<p>Wanted then 1</p> <p>Later on 2</p> <p>Did not want at all..... 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(MN)</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
<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>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes 1 No 2 DK..... 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse B Midwife C Other person Traditional birth attendant..... F Community health worker..... G Relative/friend..... H</p> <p>Other (<i>specify</i>) X No one Y</p>	Y⇒MN7															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE? MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<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> </tr> </thead> <tbody> <tr> <td>Weight</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Weight	1	2	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	
	Yes	No															
Weight	1	2															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample.....	1	2															
<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 No 2 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 No 2 DK..... 8</p>	2⇒MN7 8⇒MN7															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No 2 DK..... 8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>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: Doctor A Nurse B Midwife C Other person Traditional birth attendant..... F Community health worker..... G Relative/friend..... H</p> <p>Other (<i>specify</i>) X No one Y</p>																

<p>MN8. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home</p> <p>Your home11</p> <p>Other home.....12</p> <p>Public sector</p> <p>Govt. hospital.....21</p> <p>Govt. clinic/health center22</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital31</p> <p>Private clinic32</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>MN9. WHEN YOUR LAST CHILD <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large1</p> <p>Larger than average2</p> <p>Average3</p> <p>Smaller than average4</p> <p>Very small.....5</p> <p>DK.....8</p>	
<p>MN10. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card1 (kilograms) __ . ____</p> <p>From recall.....2 (kilograms) __ . ____</p> <p>DK.....99998</p>	
<p>MN12. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately000</p> <p>Hours 1 ____</p> <p><i>or</i></p> <p>Days 2 ____</p> <p>Don't know/remember998</p>	

CONTRACEPTION AND UNMET NEED		CP
To be administered to all eligible women who are currently married age 15-49		
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	2⇒CP2 8⇒CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u> , DID YOU WANT TO WAIT UNTIL <u>LATER</u> , OR DID YOU NOT WANT TO HAVE ANY MORE CHILDREN?	Then 1 Later 2 Not want more children 3	1⇒CP4B 2⇒CP4B 3⇒CP4B
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⇒CP4A
CP3. WHICH METHOD ARE YOU USING? <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	
CP3A. FROM WHERE DID YOU GET THE CURRENT FAMILY PLANNING METHOD LAST TIME? <i>If the currently used method is continued breastfeeding, withdrawal, abstinence or others, ask as follows;</i> WHO INSTRUCTED THE METHOD FIRST TIME?	Public sector Govt. hospital..... 11 Govt. health centre 12 Maternal and child care unit/health unit. 13 Other public (<i>specify</i>) _____ 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Health worker 24 Other private medical (<i>specify</i>) _____ 26 Other source Husband 31 Relative/friend 32 Shop 33 Traditional shop 34 Other (<i>specify</i>) 96 Don't know 98	

<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> APART FROM THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child 1</p> <p>No more/none 2</p> <p>Says she cannot get pregnant..... 3</p> <p>Undecided/don't know 8</p>	<p>2⇒CP4D 3⇒NEXT MODULE 8⇒CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months 1 ___</p> <p>Years 2 ___</p> <p>Soon/now..... 9 93</p> <p>Says she cannot get pregnant..... 9 94</p> <p>Other..... 9 96</p> <p>Don't know..... 9 98</p>	
<p>CP4D. Check CP1:</p> <p><input type="checkbox"/> Currently pregnant? ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not currently pregnant or unsure? ⇒ Continue with CP4E</p>		
<p>CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	

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?	Yes1 No2	2⇒ NEXT MODULE
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes1 No2 DK.....8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes1 No2 DK.....8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes1 No2 DK.....8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes1 No2 DK.....8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes1 No2 DK.....8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes1 No2 DK.....8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes1 No2 DK.....8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy1 2 8	
HA9B. DURING DELIVERY?	During delivery.....1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1 No2 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?	Yes1 No2 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?	Yes1 No2 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?	Yes1 No2 DK/not sure/depends.....8	
HA14. Check MN5: Tested for HIV during antenatal care?		
<input type="checkbox"/> Yes. ⇒ Go to HA18A		
<input type="checkbox"/> No. ⇒ Continue with HA15		
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?	Yes1 No2	2⇒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,	Asked for the test1	

<p>WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Offered and accepted2 Required3</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>Yes1 No2</p>	
<p>HA18A. IF YOU HAVE BEEN TESTED FOR HIV DURING PREGNANCY, DO YOU KNOW A PLACE OTHER THAN MATERNAL CARE CLINIC WHERE YOU CAN GO TO GET A TEST FOR HIV?</p>	<p>Yes1 No2 DK.....8</p>	
<p>HA19. <i>Check column (HL8) in Household Questionnaire</i></p> <p><input type="checkbox"/> <i>Women either a mother or a caretaker for a child/children under 5 (living with her) ⇒ Go to questionnaire for children under 5</i></p> <p><input type="checkbox"/> <i>Women not mother nor caretaker for child/children under 5 ⇒ Continue with HA19A</i></p>		
<p>HA19A. <i>Check column (HL6) in Household Questionnaire</i></p> <p><input type="checkbox"/> <i>There are other eligible women in the household ⇒ Complete questionnaire for individual women</i></p> <p><input type="checkbox"/> <i>There is no eligible women in the household ⇒ Finish interview</i></p>		

Follow instructions in your Interviewer's Manual.