



REPUBLIC OF ZIMBABWE

MULTIPLE INDICATOR MONITORING SURVEY (MIMS)

2009

WOMAN'S QUESTIONNAIRE

PROVINCE: E. A. NUMBER: HHOLD:

INDIVIDUAL WOMEN QUESTIONNAIRE

IDENTIFICATION PANEL		WM
<p><i>THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15 THROUGH 49 (SEE COLUMN HL6 OF HH LISTING).</i></p> <p>FILL IN ONE FORM FOR EACH ELIGIBLE WOMAN</p> <p><i>FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND THE NAME AND LINE NUMBER OF THE WOMAN IN THE SPACE BELOW.</i></p> <p><i>FILL IN YOUR NAME, NUMBER AND THE DATE.</i></p>		
WM1. CLUSTER NUMBER: <input style="width: 100px;" type="text"/>	WM2. HOUSEHOLD NUMBER: <input style="width: 100px;" type="text"/>	
WM3. WOMAN'S NAME: <input style="width: 100%; height: 20px;" type="text"/>	WM4. WOMAN'S LINE NUMBER: <input style="width: 50px;" type="text"/>	
WM5. INTERVIEWER NAME AND NUMBER: <input style="width: 100%; height: 20px;" type="text"/>	WM6. DAY/MONTH/YEAR OF INTERVIEW: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

Good! My name is and I am working for Central Statistical Office (CSO). We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

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.

WM7. RESULT OF WOMAN'S INTERVIEW	COMPLETED 1 NOT AT HOME..... 2 REFUSED 3 PARTLY COMPLETED 4 INCAPACITATED 5 OTHER (<i>specify</i>) 6
<p>INTERVIEWER/EDITOR/SUPERVISOR NOTES: USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC.</p>	
WM7A. Was questionnaire administered in privacy?	Yes.....1 No 2
WM7B. FIELD EDITOR (NAME AND NUMBER): Name <input style="width: 100px;" type="text"/>	WM7C. FIELD SUPERVISOR (NAME AND NUMBER): Name: <input style="width: 100px;" type="text"/>

WM7D. RECORD THE TIME THE INTERVIEW LASTED	Hour and minutes: [][] : [][]	
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?	Pre-school 00 Primary 10 Secondary 20 Higher 30 Non-formal education 96 DK 98	00 ⇒ WM14 96 ⇒ WM14 98 ⇒ WM14
WM12. What is the highest grade you completed at that level? <i>IF LESS THAN 1 GRADE, ENTER 00</i>	Grade [][]	
<p>WM13. CHECK WM11:</p> <p><input type="checkbox"/> SECONDARY OR HIGHER. ⇒ GO TO WM14A</p> <p><input type="checkbox"/> PRESCHOOL, PRIMARY OR NON-FORMAL EDUCATION. ⇒ CONTINUE WITH WM14</p>		
<p>WM14. Now I would like you to read this sentence to me.</p> <p><i>SHOW SENTENCES TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</i></p> <p>Can you read part of the sentence to me?</p> <p><i>Example sentences for literacy test:</i></p> <ol style="list-style-type: none"> 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> 	<p>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</p>	
<p>WM14A. How long have you been living in (NAME OF CURRENT RESIDENCE)?</p> <p><i>IF LESS THAN ONE MONTH, RECORD '00' MONTHS</i></p>	<p>Months 1 [][]</p> <p>Years 2 [][]</p> <p>Always 3</p> <p>Visitor 4</p>	<p>3 ⇒ WM14C 4 ⇒ WM14C</p>

<p>WM14B. Just before you moved here, where did you live? <i>RECORD NAME AND CODE TYPE OF AREA.</i> <i>PROBE: Is that a city, town or communal land or resettlement area?</i></p> <p>_____</p> <p style="text-align: center;">Name of place</p>	<p>City 1 Town 2 Communal land 3 Resettlement area 4 Other rural area 5 Abroad 6</p>	
<p>WM14C. In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?</p>	<p>Number of trips 1 <input type="text"/> <input type="text"/> None 00</p>	<p>3⇒NEXT MODULE</p>
<p>WM14D. In the last 12 months, have you been away from your home community for more than one month at a time?</p>	<p>Yes 1 No 2</p>	

MODULE 1: CHILD MORTALITY		CM
<p><i>THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15-49.</i></p> <p>ALL QUESTIONS REFER ONLY TO LIVE BIRTHS.</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> 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 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</p> <p>Day <input type="text"/> <input type="text"/></p> <p>DK day 98</p> <p>Month <input type="text"/> <input type="text"/></p> <p>DK month 98</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>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..... <input type="text"/> <input type="text"/></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? <i>(IF NONE, WRITE 00)</i></p>	<p>Sons at home <input type="text"/> <input type="text"/></p> <p>Daughters at home <input type="text"/> <input type="text"/></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? <i>(IF NONE, WRITE 00)</i></p>	<p>Sons elsewhere <input type="text"/> <input type="text"/></p> <p>Daughters elsewhere <input type="text"/> <input type="text"/></p>	
<p>CM7. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>IF NO, PROBE: Any baby who cried or showed signs of life but, did not survive?</i></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 <input type="text"/> <input type="text"/></p> <p>Girls dead <input type="text"/> <input type="text"/></p>	
<p>CM9. SUM ANSWERS TO CM4, CM6, AND CM8.</p>	<p>Sum <input type="text"/> <input type="text"/></p>	

CM10. Just to make sure that I have this right, you have had in total (number in CM9) births during your life.
Is this correct?

YES. ⇒ GO TO BHI

NO. ⇒ CHECK RESPONSES AND MAKE CORRECTIONS BEFORE PROCEEDING TO BHI

MODULE 1: BIRTH HISTORY **BH**

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

#	BH1	BH2		BH3		BH4		BH5		BH6	BH7		BH8	BH9			BH10	
	What name was given to your (first/ next) baby?	sin	mul	B	G	MONTH	YEAR	y	n	How old was (name) at his/her last birthday?	RECORD AGE IN COMPLETED YEARS	y	n	RECORD HH LINE NUMBER OF CHILD	RECORD '00' IF CHILD NOT LISTED IN HH	IF DEAD: How old was (name) when he/she died? How many months old was (name)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS	y	n
01		1	2	1	2	___ / ___	___	1	2	___	___	1	2	⇒ next line		Days 1 Month..... 2 Year 3		
02		1	2	1	2	___ / ___	___	1	2	___	___	1	2	⇒ BH10		Days 1 Month..... 2 Year 3	1	2
03		1	2	1	2	___ / ___	___	1	2	___	___	1	2	⇒ BH10		Days 1 Month..... 2 Year 3	1	2
04		1	2	1	2	___ / ___	___	1	2	___	___	1	2	⇒ BH10		Days 1 Month..... 2 Year 3	1	2
05		1	2	1	2	___ / ___	___	1	2	___	___	1	2	⇒ BH10		Days 1 Month..... 2 Year 3	1	2
06		1	2	1	2	___ / ___	___	1	2	___	___	1	2	⇒ BH10		Days 1 Month..... 2 Year 3	1	2
07		1	2	1	2	___ / ___	___	1	2	___	___	1	2	⇒ BH10		Days 1 Month..... 2 Year 3	1	2
08		1	2	1	2	___ / ___	___	1	2	___	___	1	2			Days 1 Month..... 2	1	2

MODULE 1: BIRTH HISTORY											BH									
Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.																				
RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.																				
#	BH1	BH2		BH3		BH4		BH5		BH6		BH7		BH8		BH9		BH10		
	What name was given to your (first/ next) baby?	Were any of these births twins?		Is (name) a boy or girl?		In what month and year was (name) born? <i>PROBE:</i> What is his/her birthday?		Is (name) still alive?		How old was (name) at his/her last birthday? <i>RECORD AGE IN COMPLETED YEARS</i>		Is (name) living with you?		RECORD HH LINE NUMBER OF CHILD RECORD '00' IF CHILD NOT LISTED IN HH		<i>IF DEAD:</i> How old was (name) when he/she died? How many months old was (name)? <i>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS</i>		Were there any other live births between (name of previous birth) and (name)?		
		sin	mul	B	G	MONTH	YEAR	y	n			y	n					y	n	
09		1	2	1	2	___ / ___	___	1	2	___	___	1	2	___	___		Year 3		1	2
																	Days 1			
																	Month..... 2			
																	Year 3		Add	NEXT
10		1	2	1	2	___ / ___	___	1	2	___	___	1	2	___	___		Days 1		1	2
																	Month..... 2			
																	Year 3		Add	NEXT
11		1	2	1	2	___ / ___	___	1	2	___	___	1	2	___	___		Days 1		1	2
																	Month..... 2			
																	Year 3		Add	NEXT
12		1	2	1	2	___ / ___	___	1	2	___	___	1	2	___	___		Days 1		1	2
																	Month..... 2			
																	Year 3		Add	NEXT
13		1	2	1	2	___ / ___	___	1	2	___	___	1	2	___	___		Days 1		1	2
																	Month..... 2			
																	Year 3		Add	NEXT
14		1	2	1	2	___ / ___	___	1	2	___	___	1	2	___	___		Days 1		1	2
																	Month..... 2			
																	Year 3		Add	NEXT
15		1	2	1	2	___ / ___	___	1	2	___	___	1	2	___	___		Days 1		1	2
																	Month..... 2			
																	Year 3		Add	NEXT

MODULE 1: BIRTH HISTORY **BH**

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

#	BH1 What name was given to your (first/ next) baby?	BH2 Were any of these births twins? sin mul	BH3 Is (name) a boy or girl? B G	BH4 In what month and year was (name) born? <i>PROBE:</i> What is his/her birthday?	BH5 Is (name) still alive? y n	BH6 How old was (name) at his/her last birthday? <i>RECORD AGE IN COMPLETED YEARS</i>	BH7 Is (name) living with you? y n	BH8 RECORD HH LINE NUMBER OF CHILD RECORD '00' IF CHILD NOT LISTED IN HH	BH9 <i>IF DEAD:</i> How old was (name) when he/she died? How many months old was (name)? <i>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS</i>	BH10 Were there any other live births between (name of previous birth) and (name)? y n

BH11	Have you had any live births since the birth of (name of last birth)? <i>IF YES, RECORD BIRTH(S)</i>	Yes.....1 No2
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BH12	COMPARE CM9 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: <input type="checkbox"/> NUMBERS ARE DIFFERENT ⇒ <i>PROBE AND RECONCILE</i> <input type="checkbox"/> NUMBERS ARE SAME	<u>Check:</u> FOR ALL BIRTHS: Year of birth is recorded..... <input type="checkbox"/> FOR EACH LIVING CHILD: Current age is recorded..... <input type="checkbox"/> FOR EACH DEAD CHILD: Age at death is recorded..... <input type="checkbox"/> FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: Probe to..... <input type="checkbox"/> <i>determine exact number of months</i>
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MODULE 1: BIRTH HISTORY **BH**

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

#	BH1 What name was given to your (first/ next) baby?	BH2 Were any of these births twins? sin mul	BH3 Is (name) a boy or girl? B G	BH4 In what month and year was (name) born? <i>PROBE:</i> What is his/her birthday? MONTH / YEAR	BH5 Is (name) still alive? y n	BH6 How old was (name) at his/her last birthday? <i>RECORD AGE IN COMPLETED YEARS</i>	BH7 Is (name) living with you? y n	BH8 RECORD HH LINE NUMBER OF CHILD RECORD '00' IF CHILD NOT LISTED IN HH	BH9 <i>IF DEAD:</i> How old was (name) when he/she died? How many months old was (name)? <i>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS</i>	BH10 Were there any other live births between (name of previous birth) and (name)? y n
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BH13. CHECK BH4: DID THE WOMAN'S LAST BIRTH OCCUR WITHIN THE LAST 2 YEARS, THAT IS, SINCE (DAY AND MONTH OF INTERVIEW) IN 2007?

IF CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES.

- NO LIVE BIRTH IN LAST 2 YEARS. ⇒ GO TO MARRIAGE/UNION MODULE.
- YES, LIVE BIRTH IN LAST 2 YEARS. ⇒ RECORD NAME OF LAST BORN CHILD AND CONTINUE WITH BH14

Name of child _____

BH14. At the time you became pregnant with (name), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then..... 1
	Later..... 2
	No more..... 3

MODULE 2: TETANUS TOXOID (TT)		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? <i>IF A CARD IS PRESENTED, USE IT TO ASSIST WITH ANSWERS TO THE FOLLOWING QUESTIONS.</i>	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK 8	
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 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/>	
TT7. In what month and year did you receive the last anti-tetanus injection before that last pregnancy? <i>SKIP TO NEXT MODULE ONLY IF YEAR OF INJECTION IS GIVEN. OTHERWISE, CONTINUE WITH TT8.</i>	Month <input type="text"/> <input type="text"/> DK month 98 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998	⇒NEXT MODULE ↓TT8
TT8. How many years ago did you receive the last anti-tetanus injection before that last pregnancy?	Years ago <input type="text"/> <input type="text"/>	

MODULE 3: 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 BH13 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 NAME], did you receive a Vitamin A dose like this?</p> <p><i>SHOW 200,000 IU CAPSULES.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>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:</p> <p>Doctor A</p> <p>Nurse/midwife B</p> <p>Auxiliary midwife C</p> <p>Other person</p> <p>Trained Traditional birth attendant E</p> <p>Untrained Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative/friend H</p> <p>Other (specify) _____ X</p> <p>No one Y</p>	<p>Y⇒MN6A</p>
<p>MN2A. How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>Months <input type="text"/> <input type="text"/></p> <p>Don't Know 98</p>	
<p>MN2BB. How many times did you receive antenatal care during this pregnancy?</p>	<p>Number of times <input type="text"/> <input type="text"/></p> <p>Don't Know 98</p>	
<p>MN3. As part of your antenatal care, were any of the following done at least once?</p>	<p style="text-align: right;">Yes No</p> <p>MN3A. Were you weighed? Weight 1 2</p> <p>MN3B. Was your blood pressure measured? Blood pressure 1 2</p> <p>MN3C. Did you give a urine sample? Urine sample 1 2</p> <p>MN3D. Was your blood sample taken? Blood sample 1 2</p>	
<p>MN4. During any of the antenatal visits for the pregnancy, were you given any information or counseled about HIV/AIDS?</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⇒MN6A</p> <p>8⇒MN6A</p>

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MN6. I don't want to know the results, but did you get the results of the test?	Yes 1 No 2 DK 8	
MN6A. During this pregnancy, did you take any medicine in order to prevent you from getting malaria?	Yes 1 No 2 DK 8	2⇒MN6H 8⇒MN6H
MN6B. Which medicines did you take to prevent malaria? <i>CIRCLE ALL MEDICINES TAKEN. IF TYPE OF MEDICINE IS NOT DETERMINED, SHOW TYPICAL ANTI-MALARIA TO RESPONDENT.</i>	SP/Fansidar A Chloroquine B Other (<i>specify</i>) X DK Z	
MN6C. CHECK MN6B FOR MEDICINE TAKEN: <input type="checkbox"/> SP/FANSIDAR TAKEN. ⇒ CONTINUE WITH MN6D <input type="checkbox"/> SP/FANSIDAR NOT TAKEN. ⇒ GO TO MN6H		
MN6D. How many times did you take SP/Fansidar during this pregnancy to prevent malaria?	Number of times..... <input type="text"/> <input type="text"/>	
MN6E. Was it taken in presence of health worker?	Yes 1 No 2	
MN6H. During pregnancy did you sleep in treated net?	Yes 1 No 2	
MN7. Who assisted with the delivery of your last child (<i>NAME</i>)? Anyone else? <i>PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.</i>	Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Trained Traditional birth attendant E Untrained Traditional birth attendant F Community health worker G Relative/friend H Other (<i>specify</i>) X No one Y	
MN8. Where did you give birth to (<i>NAME</i>)? <i>IF PLACE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</i> _____ (<i>NAME OF PLACE</i>)	Home Your home 11 Other home 12 Public sector Govt. hospital/polyclinic 21 Govt. clinic/health centre 22 Other public (<i>specify</i>) 26 Private Medical Sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private (<i>specify</i>) 36 Mission facility 41 Other (<i>specify</i>) 96	

CENTRAL STATISTICS OFFICE

<p>MN9. In your opinion 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 (kgs) <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> From recall 2 (kgs) <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> or Days 2 <input type="text"/> <input type="text"/> Don't know/remember..... 998</p>	

MODULE 4: 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⇒MA3
MA2. How old was your husband/partner on his last birthday?	Age in years <input type="text"/> <input type="text"/> DK 98	
MA2A. Besides yourself, does your husband/partner have any other wives?	Yes, 1 No..... 2 DK 98	2⇒MA5 98⇒MA5
MA2B. How many other wives does he have?	Number <input type="text"/> <input type="text"/> 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 <u>first</u> marry or start living with a man as if married?	Month <input type="text"/> <input type="text"/> DK month 98 Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/>	

MODULE 5: CONTRACEPTION		CP
<p>CP1. I would like to talk with you about another subject – family planning – and your reproductive health.</p> <p>Are you pregnant now?</p>	<p>Yes, currently pregnant..... 1</p> <p>No..... 2</p> <p>Unsure or DK 8</p>	<p>1⇒ NEXT MODULE</p>
<p>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?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>CP3. Which method(s) are you using?</p> <p><i>DO NOT PROMPT.</i> <i>IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE EACH ONE.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>Pill C</p> <p>IUD D</p> <p>Injections E</p> <p>Implants..... F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam/jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence..... L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) _____ X</p>	

MODULE 6: ATTITUDE TOWARDS 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
DV1A. If she goes out with out telling him?	Goes out without telling.....	1	2	8
DV1B. If she neglects the children?	Neglects children.....	1	2	8
DV1C. If she argues with him?	Argues.....	1	2	8
DV1D. If she refuses sex with him?	Refuses sex	1	2	8
DV1E. If she burns the food?	Burns food.....	1	2	8
DV2. Are you aware of the domestic violence Act?	Yes			1
	No			2

MODULE 7: HIV/AIDS (WOMEN AGE 15-49)		HA
HA1. Now I would like to talk with you about something else.	Yes..... 1	2⇒ END INTERVIEW
Have you ever heard of the virus HIV or an illness called AIDS?	No..... 2	
HA2. Can people protect themselves from getting infected with the HIV/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 HIV/AIDS virus because of witchcraft or other supernatural means?	Yes..... 1 No..... 2 DK..... 8	
HA4. Can people reduce their chance(s) of getting the HIV/AIDS virus by using a condom every time they have sex?	Yes..... 1 No..... 2 DK..... 8	
HA5. Can people get the HIV/AIDS virus from mosquito bites?	Yes..... 1 No..... 2 DK..... 8	
HA6. Can people reduce their chance(s) of getting infected with the HIV/AIDS virus by not having sex at all?	Yes..... 1 No..... 2 DK..... 8	
HA7. Can people get the HIV/AIDS virus by sharing food with a person who has AIDS?	Yes..... 1 No..... 2 DK..... 8	
HA7A. Can people get the HIV/AIDS virus by getting injections with a needle that was already used by someone else?	Yes..... 1 No..... 2 DK..... 8	
HA8. Is it possible for a healthy-looking person to have the HIV/AIDS virus?	Yes..... 1 No..... 2 DK..... 8	
HA9. Can the HIV/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 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	
HA10A. If a male teacher has the HIV/AIDS virus but is not sick, should he be allowed to continue teaching in school?	Yes..... 1 No..... 2 DK/not sure/depends..... 8	

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HA11. 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	
HA12. If a member of your family became infected with the HIV/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 HIV/AIDS virus, would you be willing to care for him or her in your household?	Yes 1 No..... 2 DK/not sure/depends 8	
HA14. <i>CHECK MN5: TESTED FOR HIV DURING ANTENATAL CARE?</i>		
<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?	Yes 1 No..... 2	2⇒HA18
HA15A. When was the last time you were tested?	Less than 12 months..... 1 12-23 months 2 2 years or more 3	
HA16. I do not want you to tell me the results of the test, but have you been told the results?	Yes 1 No..... 2	
HA17. Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test 1 Offered and accepted 2 Required..... 3	2⇒ END INTERVIEW
HA18. At this time, do you know of a place where you can go to get such a test to see if you have the HIV/AIDS virus?	Yes 1 No..... 2	2⇒ END INTERVIEW
HA18A. <i>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 HIV/AIDS virus?</i>	Yes 1 No..... 2	

FOLLOW INSTRUCTONS IN YOUR INTERVIEWER'S MANUAL