MICS

MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2014

WOMAN'S QUESTIONNAIRE

ENGLISH

PROVINCE CODE: ☐ **CLUSTER NO:** ☐☐☐ **HHOLD NO:** ☐☐☐

WOMAN'S INFORMATION PANEL   WM

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.

WM1. Cluster number: __ __ __	**WM2**. Household number: __ __ __
WM3. Woman's name: Name_____	**WM4**. Woman's line number: __ __
WM5.Interviewer's name and number: Name_____ __ __	**WM6**. Day/Month/Year of interview: __ __ /__ __ / 2014

GOOD ………….! MY NAME IS ………………………… AND I AM WORKING FOR THE ZIMBABWE NATIONAL STATISTICS AGENCY (ZIMSTAT). WE ARE WORKING ON A NATIONWIDE SURVEY CONCERNED WITH THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. YOUR HOUSEHOLD WAS SELECTED FOR THE SURVEY. NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **50** MINUTES. WE WOULD VERY MUCH APPRECIATE YOUR PARTICIPATION IN THIS SURVEY. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.	*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:* NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **30** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW? *Yes, permission is given ⇨Go to WM10 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨Circle '03' inWM7.Discuss this result with your supervisor.*

WM7. Result of woman's interview	Completed... 01
	Not at home 02
	Refused... 03
	Partly completed 04
	Incapacitated... 05
	Other (*specify*) _____ 96

WM8A. Team Leader's name and number:	**WM9**. Main data entry clerk's name and number:
Name_____ __ __	Name_____ __ __

WM10. *Record start time of interview.*	Hour and minutes ....__ __ : __ __	

WOMAN'S BACKGROUND		**WB**
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month.......................................__ __ DK month..................................98 Year ....__ __ __ __ DK year.......................................9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent*	Age (in completed years) ....__ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRE-SCHOOL?	Yes ....1 No...2	2⇨WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school ....0 Primary ....1 Secondary ....2 Higher 3	0⇨WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? 10 – Special primary 11 - 17 for primary 20 – Special secondary 21 – 26 for secondary 30 – Attended/currently attending higher education 31- completed higher education *If first grade at this level is not completed at, enter "00".*	Grade ....__ __	

WB6. *Check WB4:*		
☐ *Secondary or higher (WB4=2 or 3)⇨ Go to Next Module*		
☐ *Primary (WB4=1)⇨ Continue with WB7*		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to the respondent.* *If respondent cannot read whole sentence, probe:* 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 *(specify language)* Blind/visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION COMMUNICATION TECHNOLOGY		MT

MT1. *Check WB7:*

☐ *Question left blank (Respondent has secondary or higher education)⇨ Continue with MT2*

☐ *Able to read or no sentence in required language (WB7 = 2, 3 or 4)⇨ Continue with MT2*

☐ *Cannot read at all or blind/visually impaired (WB7 = 1 or 5)⇨ Go to MT3*

MT2. 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	
MT3. DO YOU LISTEN TO THE RADIOALMOST 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	
MT4. 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	
MT6. HAVE YOU EVER USED A COMPUTER?	Yes ....1 No..2	2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ....1 No..2	2⇨MT9
MT8. 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	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes ....1 No..2	2⇨MT12

MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ....1 No...2	2⇨MT12
MT11. 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	
MT12. HAVE YOU EVER USED A MOBILE OR NON-MOBILE PHONE?	Yes ....1 No...2	2⇨Next Module
MT13. IN THE LAST 12 MONTHS, HAVE YOU USED THE MOBILE OR NON-MOBILE PHONE? *If necessary, probe for use from any location, with any device.*	Yes ....1 No...2	2⇨ Next Module
MT14. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE MOBILE OR NON-MOBILE PHONE: 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
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ....1 No..2	2⇨CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE **NOW** LIVING WITH YOU?	Yes ....1 No..2	2⇨CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'.*	Sons at home ....__ __ Daughters at home...............................__ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ....1 No..2	2⇨CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'.*	Sons elsewhere.....................................__ __ Daughters elsewhere ....__ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *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?	Yes ....1 No..2	2⇨CM10

CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead .... __ __ Girls dead .... __ __	
CM10. Sum answers to CM5, CM7, and CM9.	Sum .... __ __	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐*Yes. Check below:*

    ☐*No live births* ⇨ *Go to* ILLNESS SYMPTOMS *Module*

    ☐*One or more live births* ⇨ *Continue with the* BIRTH HISTORY *Module*

☐*No.* ⇨ *Check responses to CM1-CM10 and make corrections as necessary before proceeding to the* BIRTH HISTORY *Module or* ILLNESS SYMPTOMS *Module*

BIRTH HISTORY BH

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 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 if more than 2 years*		**BH10.** WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	SM	BG	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨Next Line	Days .... 1 Months .... 2 Years 3	__ __	
02		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth
03		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth
04		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth

	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 if more than 2 years*	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
BH Line No.										
05		1 2	1 2	__ __ __ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years .... 3 __ __	1 2 Add Next Birth Birth
06		1 2	1 2	__ __ __ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years .... 3 __ __	1 2 Add Next Birth Birth
07		1 2	1 2	__ __ __ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years .... 3 __ __	1 2 Add Next Birth 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 if more than 2 years*		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No	
08		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth	
09		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth	
10		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth	
11		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth	
12		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth	
13		1 2	1 2	__ __	__ __ __ __	1 2 ⇨	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth 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 if more than 2 years*	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
									BH9	
14	2	1 2	1 2	__ __ __ __ __ __	1 2 ⇨ **BH9**	__ __	1 2	__ __ ⇨**BH10**	Days .... 1 Months .... 2 Years .... 3 __ __	1 2 Add Next Birth Birth

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (*name of last birth in BIRTH HISTORY Module*)?	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* **2012** *(if the month of interview and the month of birth are the same, and the year of birth is* **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.

DESIRE FOR LAST BIRTH DB

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.

DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ....1 No 2	1⇨Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ....1 No more...2	2⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? *Record the answer as stated by respondent.*	Months...1 __ __ Years ....2 __ __ DK...998	

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.

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes ....1 No...2	2⇨MN5

MN2. WHOM DID YOU SEE?
 	
 Probe:
 ANYONE ELSE?
 	
 Probe for the type of person seen and circle all answers given.
	Health professional:
	     Doctor .... A
	     Nurse/Midwife... B
	
	 Other person
	     Traditional birth attendant.......................F
	     Village health worker/ City health
	     promoters ....G
	     Other (*specify*) X	

MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? *Record the answer as stated by respondent.*	Weeks ....1 __ __ Months..............................2 0 __ DK 998	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? *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.*	Number of times……………………….. __ __ DK………………………………………98	
MN3A. *Check if more than one person/code is circled in MN2* ☐ *Yes, more than one person/code is circled in MN2, Continue with MN3B* ☐ *No, only one person/code is circled ⇨ Go to MN4*		
MN3B. HOW MANY TIMES DID YOU VISIT EACH OF THEM?	Doctor.. __ __ Nurse/Midwife………………..… __ __ Traditional birth attendant………..… __ __	

	Village health worker/ City health Promoters…………………………… __ __ Other (*specify*)_____ __ __	
MN4. 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?	Yes No [A] Blood pressure........................... 1 2 [B] Urine sample.............................. 1 2 [C] Blood sample............................. 1 2	
MN4A. DID YOU TAKE ANY IRON TABLETS DURING YOUR PREGNANCY WITH (*name*)? *Show iron tablet*	Yes .... 1 No... 2 DK 8	2⇨MN4E 8⇨MN4E
MN4B. FOR HOW LONG DID YOU TAKE THE IRON TABLETS?	Less than 1 month......................................1 One to two months ....2 Two to three months ....3 Three months or more ....4 DK 8	
MN4C. ON AVERAGE, HOW OFTEN DID YOU TAKE THESE IRON TABLETS DURING THIS PREGNANCY?	Daily ....1 Weekly...2 Not often...3 Other (*Specify*)_____6	

MN4D. WHERE DID YOU GET THE IRON TABLETS FROM?
 	
 Probe:
 ANYWHERE ELSE?
 	
 Circle all providers mentioned, but do NOT prompt with any suggestions.
 	
 Probe to identify each type of source.
	Public sector
	    Government hospital ....A
	    Health centre/clinic...................................B
	    Village health worker/ City health
	    promoters C
	 Mobile / Outreach clinic............................. D
	    Council facility ....E
	 Other public (*specify*) .... H
	
	 Private Medical Sector
	    Private hospital..I
	    Private clinic .... J
	    Pharmacy ....K
	    Other private
	        medical (*specify*) _____ O
	
	 Mission Facility...T
	
	 Other (*specify*) _____X	

MN4E. DID YOU TAKE ANY FOLATE TABLETS DURING YOUR PREGNANCY WITH (*name*)? *Show Folate tablet*	Yes ....1 No...2 DK 8	2⇨MN5
MN4F. FOR HOW LONG DID YOU TAKE THE FOLATE TABLETS?	Less than 1 month......................................1 One to two months ....2 Two to three months ....3 Three months or more ....4 DK 8	
MN4G. ON AVERAGE, HOW OFTEN DID YOU TAKE THESE FOLATE TABLETS DURING THIS PREGNANCY?	Daily ....1 Weekly..2 Not often..3 Other (*Specify*) 6	

MN4H. WHERE DID YOU GET THE FOLATE TABLETS FROM? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source.	Public sector 　Government hospital ....A 　Health centre/clinic..................................B 　Village health worker/ City health 　promoters .... C Mobile / Outreach clinic............................ D 　Council facility ....E Other public (*specify*) .... H Private Medical Sector 　Private hospital...I 　Private clinic .... J 　Pharmacy ....K 　Other private 　　medical (*specify*) _____ O Mission Facility..T Other (*specify*) _____X	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen)...1 Yes (card not seen)....................................2 No...3 DK 8	
MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ....1 No...2 DK 8	 2⇨MN9 8⇨MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name)*?	Number of times...__ DK 8	 8⇨MN9

MN8. *How many tetanus injections during last pregnancy were reported in MN7?* ☐ *At least two tetanus injections during last pregnancy.* ⇨ *Go to MN12* ☐ *Only one tetanus injection during last pregnancy.* ⇨ *Continue with MN9*		
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes .... 1 No... 2 DK 8	 2⇨MN12 8⇨MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times .... __ DK 8	 8⇨MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name)* *If less than 1 year, record '00'.*	Years ago .... __ __	
MN12. *Check MN1 for presence of antenatal care during this pregnancy:* ☐ *Yes, antenatal care received.* ⇨ *Continue with MN13* ☐ *No antenatal care received* ⇨*Go to MN17*		
MN13. DURING (ANY OF)YOUR ANTENATAL VISIT(S) FOR THE PREGNANCY WITH (*name*), DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA	Yes .... 1 No... 2 DK 8	 2⇨MN17 8⇨MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?	SP (Fansidar) .... A Chloroquine .... B Coartemether .... C Deltaprim .... D	

Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.	Other (*specify*) _____X DK ....Z	

MN15. *Check MN14 for medicine taken:*
  ☐ *SP (Fansidar) taken.* ⇨ *Continue with MN16*
 	
  ☐ *SP (Fansidar) not taken.* ⇨ *Go to MN17*		

MN16. DURING YOUR PREGNANCY WITH (*name*), HOW MANY TIMES DID YOU TAKE SP (FANSIDAR) IN TOTAL? PLEASE INCLUDE ALL THAT YOU OBTAINED EITHER DURING AN ANTENATAL CARE VISIT, DURING A VISIT TO A HEALTH FACILITY OR FROM ANOTHER SOURCE?	Number of times ....__ __ DK 98	

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)?
 	
Probe:
ANYONE ELSE?
 	
Probe for the type of person assisting and circle all answers given.
 	
If respondent says no one assisted, probe to determine whether any adults were present at the delivery.
 	
Circle all mentioned
	Health professional:
	  Doctor .... A
	  Nurse / Midwife...................................... B
	Other person
	  Traditional Birth Attendant......................F
	  Village health worker/ City health
	  promoters ....G
	  Relative / Friend .... H
	
	Other (*specify*) _____X
	
	No one.. Y	

MN18. WHERE DID YOU GIVE BIRTH TO (*name*)?
 	
Probe to identify the place of delivery.
 	
If unable to determine whether public or private, write the name of the place.
	Home
	  Respondent's home 11
	  Other home 12
	
	Public sector
	  Government hospital 21
		11⇨MN20
		12⇨MN20

_____ *(Name of place)*	Health centre/clinic .... 22 Mobile / Outreach clinic .... 23 Council facility .... 24 Other public (*specify*)_____26 Private Medical Sector Private hospital...................................... 31 Private clinic .... 32 Private maternity home .... 33 Other private medical (*specify*) _____ 36 Mission Facility .... 41 Other (*specify*) _____ 96	96⇨MN20
MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes .... 1 No... 2	2⇨MN20
MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before... 1 After.. 2	
MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large .... 1 Larger than average .... 2 Average .... 3 Smaller than average .... 4 Very small... 5 DK 8	
MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes .... 1 No... 2 DK 8	2⇨MN23 8⇨MN23

MN22.HOW MUCH DID (*name*) WEIGH? *If a card is available, record weight from card.*	From card .... 1 __ . __ __ __ (kg) From recall .... 2 __ . __ __ __ (kg) DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes ....1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes ....1 No 2	2⇨Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately ....000 Hours.. 1 __ __ Days .... 2 __ __ DK/Don't remember 998	

MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes .... 1 No 2	2⇨Next Module
MN27. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE? *Circle all mentioned*	Milk (other than breast milk)........................ A Plain water.. B Sugar or glucose water .... C Gripe water.. D Sugar-salt solution...................................... E Fruit juice...F Infant formula ....G Tea / Infusions.. H Honey ....I Other (*specify*) _____X	

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.

PN1. *Check MN18: Was the child delivered in a health facility?* ☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41)* ⇨ *Continue with PN2* ☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96)* ⇨ *Go to PN6*	

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name*). YOU HAVE SAID THAT YOU GAVE BIRTH AT (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours...1 __ __ Days ....2 __ __ Weeks ....3 __ __ DK / Don't remember...............................998	
PN3. 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. BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?	Yes ....1 No...2	

PN4. 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? DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?	Yes .... 1 No 2	
PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*). DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*).	Yes .... 1 No 2	1⇨PN11 2⇨PN16
PN6. *Check MN17: Did a health professional, traditional birth attendant, or village health worker assist with the delivery?* ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or village health worker/city health promoter (MN17=A-G)* ⇨*Continue with PN7* ☐ *No, delivery not assisted by a health professional, traditional birth attendant, or village health worker/city heath promoter (A-G not circled in MN17)* ⇨ *Go to PN10*		
PN7. YOU HAVE ALREADY SAID THAT (*person or persons in MN17*) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. AFTER THE DELIVERY WAS OVER AND BEFORE (*person or persons in MN17*) LEFT YOU, DID (*person or persons in MN17*) CHECK ON (*name*)'S HEALTH?	Yes .... 1 No 2	

PN8. AND DID (*person or persons in MN17*) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING? BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ....1 No 2	
PN9. AFTER THE (*person or persons in MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*name*)?	Yes ....1 No 2	1⇨PN11 2⇨PN18
PN10. 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 THE BABY IS OK. AFTER (*name*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes ....1 No 2	2⇨PN19
PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ....1 More than once 2	1⇨PN12A 2⇨PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN12B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ....1 __ __ Days ....2 __ __ Weeks ....3 __ __ DK / Don't remember...............................998	

PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME?
 	
Circle all mentioned
	Health professional:
	  Doctor .... A
	  Nurse / Midwife...................................... B
	Other person
	  Traditional Birth Attendant......................F
	  Village health worker/ City health
	  promoters .... G
	  Relative / Friend .... H
	Other (*specify*) _____X	

PN14. WHERE DID THIS CHECK TAKE PLACE?
 	
Probe to identify the place of delivery.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Home
	  Respondent's home 11
	  Other home 12
	
	Public sector
	  Government hospital 21
	  Health centre/clinic 22
	  Mobile / Outreach clinic 23
	  Council facility 24
	  Other public (*specify*)............................ 26
	
	Private Medical Sector
	  Private hospital.................................... 31
	  Private clinic 32
	  Private maternity home 33
	  Other private
	    medical (*specify*) _____ 36
	
	Mission Facility 41
	
	Other (*specify*) _____ 96	

PN15. *Check MN18: Was the child delivered in a health facility?* ☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36or 41) ⇨ Continue with PN16* ☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN17*

PN16. AFTER YOU LEFT (*name or type of facility in MN18*), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes ....1 No 2	1⇨PN20 2⇨Next Module
PN17. *Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?* ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇨Continue with PN18* ☐ *No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇨ Go to PN19*		
PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes ....1 No 2	1⇨PN20 2⇨Next Module
PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ....1 No 2	2⇨Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once..1 More than once 2	1⇨PN21A 2⇨PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN21B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours...1 __ __ Days ....2 __ __ Weeks ....3 __ __ DK / Don't remember...............................998	

PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?
 	
Circle all mentioned
	Health professional:
	   Doctor.. A
	   Nurse / Midwife...................................... B
	Other person
	   Traditional Birth Attendant.......................F
	   Village health worker/City Health
	   Promoters... G
	   Relative / Friend .... H
	Other (*specify*) _____X	

PN23. WHERE DID THIS CHECK TAKE PLACE?
 	
Probe to identify the place of delivery.
 	
If unable to determine whether public or private, write the name of the place.
 	
   _____
   (Name of place)
	Home
	   Respondent's home 11
	   Other home 12
	
	Public sector
	   Government hospital 21
	   Health centre/clinic 22
	   Mobile / Outreach clinic........................ 23
	   Council facility 24
	   Other public (*specify*)............................ 26
	
	Private Medical Sector
	   Private hospital.................................... 31
	   Private clinic 32
	   Private maternity home 33
	   Other private
	      medical (*specify*) _____ 36
	
	Mission Facility 41
	
	Other (*specify*) _____ 96	

ILLNESS SYMPTOMS   IS

IS1. *Check List of Household Members, columnsHL7B 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 <u>not</u> 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/feeding poorly ....G Child has convulsions................................. H Child becomes unconscious ....I Child has diarrhoea .... J 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.	**Modern Methods** Female sterilization .... A Male sterilization .... B IUCD .... C Injectables .... D Implants (jadelle/norplant) .... E Pill .... F Male condom .... G Female condom .... H Diaphragm .... I Foam/ Jelly .... J Lactational amenorrhoea method (LAM) .... K **Traditional Methods** Periodic abstinence/Rhythm .... L Withdrawal .... M Other (*specify*) _____X	

UNMET NEED		**UN**

UN1. *Check CP1. Currently pregnant?*		
☐ Yes, currently pregnant⇨ Continue with UN2		
☐ No, unsure or DK ⇨ Go to UN5		

UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	Yes... 1 No... 2	1⇨UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later.. 1 No more 2	
UN4. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child .... 1 No more / None... 2 Undecided / DK... 8	1⇨UN7 2⇨UN13 8⇨UN13

UN5. *Check CP3. Currently using "Female sterilization"?*		
☐ Yes ⇨ Go to UN13		
☐ No ⇨ Continue with UN6		

UN6. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child................................. 1 No more / None... 2 Says she cannot get pregnant .... 3 Undecided / DK... 8	 2⇨UN9 3⇨UN11 8⇨UN9
UN7. How long would you like to wait before the birth of (a/another) child? *Record the answer as stated by respondent.*	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

UN8. *Check CP1. Currently pregnant?*		
☐ Yes, currently pregnant⇨ Go to UN13		
☐ *No, unsure or DK⇨ Continue with UN9*		

UN9. *Check CP2. Currently using a method?*		
☐ *Yes ⇨ Go to UN13*		
☐ *No ⇨ Continue with UN10*		

UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes.. 1	1 ⇨UN13
	No.. 2	
	DK 8	8 ⇨UN13

UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex ....A	
	Menopausal ....B	
	Never menstruated C	
	Hysterectomy (surgical removal of uterus) ....D	
	Has been trying to get pregnant for 2 years or more without result ....E	
	Postpartum amenorrheic ....F	
	Breastfeeding.. G	
	Too old ....H	
	Fatalistic.. I	
	Other (*specify*)_____ X	
	DK ....Z	

UN12. *Check UN11. "Never menstruated" mentioned?*		
☐ Mentioned ⇨ Go to Next Module		
☐ Not mentioned ⇨ Continue with UN13		

UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago.. 1 __ __	

Record the answer using the same unit stated by the respondent	Weeks ago .... 2 __ __ Months ago .... 3 __ __ Years ago .... 4 __ __ In menopause / Has had hysterectomy .... 994 Before last birth .... 995 Never menstruated 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE   DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	[A] Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	[B] Neglects children	1	2	8
[C] IF SHE ARGUES WITH HIM?	[C] Argues with him	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	[D] Refuses sex	1	2	8
[E] IF SHE BURNS THE FOOD?	[E] Burns food	1	2	8
[F] IF SHE COMMITS INFIDELITY	[F] Commits infidelity	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married .... 1 Yes, living with a man............................... 2 No, not in union 3	3⇨MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? *Probe*: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years... __ __ DK... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes .... 1 No 2	2⇨MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number... __ __ DK... 98	⇨MA7 98⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married .... 1 Yes, formerly lived with a man .... 2 No 3	3 ⇨Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed... 1 Divorced .... 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once .... 1 More than once.. 2	1 ⇨MA8A 2 ⇨MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? **MA8B**. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month.. __ __ DK month.. 98 Year .... __ __ __ __	⇨Next Module

	DK year.. 9998	
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER?	Age in years... __ __	

MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER?	Age in years... __ __	

SEXUAL BEHAVIOUR		**SB**

Check for the presence of others. Before continuing, ensure privacy.

SB1. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. The information you supply will remain strictly confidential. How old were you when you had sexual intercourse for the very first time?	Never had intercourse ....00 Age in years .... __ __ First time when started living with (first) husband/partner 95	00⇨Next Module
SB2. The first time you had sexual intercourse, was a condom used?	Yes ....1 No...2 DK / Don't remember 8	
SB3. When was the last time you had sexual intercourse? *Record answers in days, weeks or months if less than 12 months (one year).* *If 12 months (one year) or more, answer must be recorded in years.*	Days ago ....1 __ __ Weeks ago ....2 __ __ Months ago ....3 __ __ Years ago ....4 __ __	4⇨SB15
SB4. The last time you had sexual intercourse, was a condom used?	Yes ....1 No...2	
SB5. What was your relationship to this person with whom you last had sexual intercourse? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse*	Husband ....1 Cohabiting partner..2 Boyfriend ....3 Casual acquaintance.....................................4 Other (*specify*) _____ 6	3⇨SB7 4⇨SB7 6⇨SB7

If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? *If 'yes', circle '2'. If 'no', circle '3'.*		

SB6. *Check MA1:*

☐ *Currently married or living with a man (MA1 = 1 or 2)* ⇨ *Go to SB8*

☐ *Not married / Not in union (MA1 = 3)* ⇨ *Continue with SB7*

SB7. How old is this person? *If response is DK, probe:* About how old is this person?	Age of sexual partner .... __ __ DK 98	
SB8. Have you had sexual intercourse with any other person in the last 12 months?	Yes .... 1 No.. 2	2⇨SB15
SB9. The last time you had sexual intercourse with this other person, was a condom used?	Yes .... 1 No.. 2	
SB.10 What was your relationship to this person? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'boyfriend' then ask:* Were you living together as if married? *If 'yes', circle '2'. If 'no', circle '3'.*	Husband... 1 Cohabiting partner .... 2 Boyfriend .... 3 Casual acquaintance .... 4 **Other (***specify***)... 6**	3⇨SB12 4⇨SB12 6⇨SB12

SB11. *Check MA1 and MA7:*

☐ *Currently married or living with a man (MA1 = 1 or 2)*

    AND

   Married only once or lived with a man only once (MA7 = 1) ⇨ Go to SB13

☐ *Else ⇨ Continue with SB12*

SB12. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner .... __ __ DK 98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes .... 1 No 2	2⇨SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write '95'.*	Number of partners .... __ __	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write '95'.*	Number of lifetime partners.................. __ __ DK 98	

HIV AND AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes .... 1 No.. 2	2 ⇨Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes .... 1 No.. 2 DK 8	
HA3. CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS	Yes .... 1 No.. 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes .... 1 No.. 2 DK 8	
HA5. CAN PEOPLE GET HIV FROM MOSQUITO BITES?	Yes .... 1 No.. 2 DK 8	
HA6. CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS THEVIRUS?	Yes .... 1 No.. 2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV?	Yes .... 1 No.. 2 DK 8	

HA8. Can the virus that causes aids be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	Yes No DK [A] During pregnancy ....1 2 8 [B] During delivery.....................1 2 8 [C] By breastfeeding..................1 2 8	
HA9. In your opinion, if a female teacher has hiv but is not sick, should she be allowed to continue teaching in school?	Yes .... 1 No.. 2 DK/Not sure/Depends 8	
HA10. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had hiv?	Yes .... 1 No.. 2 DK/Not sure/Depends 8	
HA11. If a member of your family got infected with hiv, would you want it to remain a secret?	Yes .... 1 No.. 2 DK/Not sure/Depends 8	
HA12. If a member of your family became sick with aids, would you be willing to care for her or him in your own household?	Yes .... 1 No.. 2 DK/Not sure/Depends 8	

HA13. *Check CM13: Any live birth in last 2 years?*
☐ *No live birth in last 2 years (CM13="No" or blank) ⇨ Go to HA24*
☐ *One or more live births in last 2 years ⇨ Continue with HA14*

HA14. *Check MN1: Received antenatal care?*
☐ *Received antenatal care ⇨ Continue with HA15*
☐ *Did not receive antenatal care ⇨ Go to HA24*

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT		Y	N	DK
[A] BABIES GETTING THE HIV FROM THEIR MOTHER?	[A] HIV from mother	1	2	8
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING HIV??	[B] Things to do	1	2	8
[C] GETTING TESTED FOR HIV?	[C] Tested for HIV	1	2	8
WERE YOU: [D] OFFERED AN HIV TEST?	[D] Offered a test........................	1	2	8

HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV AS PART OF YOUR ANTENATAL CARE?	Yes .... 1 No... 2 DK 8	2⇨HA19 8⇨HA19
HA17. 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
HA18. 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

HA19. *Check MN17: Birth delivered by health professional (A or B)?*

☐ *Yes, birth delivered by health professional (MN17 = A or B)⇨Continue with HA20*

☐ *No, birth not delivered by health professional (MN17 = else)⇨Go to HA24*

HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes .... 1 No... 2	2⇨HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .... 1 No... 2	
HA22. HAVE YOU BEEN TESTED FOR HIV SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes .... 1 No... 2	1⇨HA25

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR HIV?	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
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV?	Yes ....1 No...2	2⇨HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ....1 12-23 months ago ....2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ....1 No...2 DK...8	1 ⇨Next Module 2 ⇨Next Module 8 ⇨Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR HIV?	Yes ....1 No...2	

	MATERNAL MORTALITY	MM

MM1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BROTHERS AND SISTERS, THAT IS, ALL OF THE CHILDREN BORN TO YOUR NATURAL/BIOLOGICAL MOTHER. PLEASE INCLUDE ALL YOUR SISTERS AND BROTHERS WHO ARE LIVING WITH YOU, THOSE WHO ARE LIVING ELSEWHERE, AND THOSE WHO HAVE DIED.

HOW MANY CHILDREN DID YOUR MOTHER GIVE BIRTH TO, INCLUDING YOURSELF?	Number of births to biological mother ....___ ___

MM2.*Check MM1.*

☐ *Two or more births* ⇨ *Continue with MM3*

☐ *Only one birth (respondent only)* ⇨ *Go to Next Module*

MM3. HOW MANY OF THESE BIRTHS DID YOUR MOTHER HAVE BEFORE YOU WERE BORN?	Number of preceding births..................................___ ___

	[S1] Oldest	[S2] Next oldest	[S3] Next oldest	[S4] Next oldest
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____ __
MM5. IS (*name*) MALE OR FEMALE?	Male.............1 Female 2	Male ....1 Female 2	Male............ 1 Female........ 2	Male ....1 Female 2
MM6. IS (*name*) STILL ALIVE?	Yes ....1 No.................2 ⇨MM8 DK ....8 ⇨[S2]	Yes...............1 No ....2 ⇨MM8 DK ....8 ⇨[S3]	Yes .... 1 No .... 2 ⇨MM8 DK............... 8 ⇨[S4]	Yes ....1 No..............2 ⇨MM8 DK ....8 ⇨[S5]
MM7. HOW OLD IS (*name*)?	___ ___ ⇨Go to [S2]	___ ___ ⇨Go to [S3]	___ ___ ⇨Go to [S4]	___ ___ ⇨Go to [S5]
MM8. HOW MANY YEARS AGO DID (*name*) DIE?	___ ___	___ ___	___ ___	___ ___

MM9. HOW OLD WAS (*name)* WHEN HE/SHE DIED?	__ __	__ __	__ __	__ __
MM9A. *Check MM5 and MM9.* *Is the sibling male OR died before age 12?*	☐*Yes.* ⇨ *Go to [S2]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S3]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S4]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S5]* ☐*No.* ⇨ *Continue with MM10*
MM10. WAS (*name)* PREGNANT WHEN SHE DIED?	Yes ....1 ⇨MM13 No.................2	Yes..............1 ⇨MM13 No 2	Yes ....1 ⇨MM13 No 2	Yes ....1 ⇨MM13 No.............2

MM11. DID (*name*) DIE DURING CHILDBIRTH?	Yes .... 1 ⇨MM13 No 2	Yes ....1 ⇨MM13 No................2	Yes.............. 1 ⇨MM13 No 2	Yes ....1 ⇨MM13 No................2
MM12. DID (*name*) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes .... 1 No 2	Yes ....1 No................2	Yes.............. 1 No 2	Yes ....1 No................2
MM13. HOW MANY LIVE BORN CHILDREN DID (*name*) GIVE BIRTH TO DURING HER LIFETIME?	—— ——	—— ——	—— ——	—— ——
MM14.	*If no more siblings, go to next module*	*If no more siblings, go to next module*	*If no more siblings, go to next module*	*If no more siblings, go to next module*

	[S5] Next oldest	[S6] Next oldest	[S7] Next oldest	[S8] Next oldest
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (*next oldest*) BROTHER OR SISTER?	_____	_____	_____	_____
MM5. IS (*name*) MALE OR FEMALE?	Male .... 1 Female 2	Male .... 1 Female........ 2	Male .... 1 Female 2	Male .... 1 Female........ 2
MM6. IS (*name*) STILL ALIVE?	Yes.............. 1 No .... 2 ⇨MM8 DK .... 8 ⇨[S6]	Yes .... 1 No .... 2 ⇨MM8 DK............... 8 ⇨[S7]	Yes .... 1 No................2 ⇨MM8 DK ....8 ⇨[S8]	Yes.............. 1 No .... 2 ⇨MM8 DK............... 8 ⇨[S9]
MM7. HOW OLD IS (*name*)?	___ ___ ⇨Go to [S6]	___ ___ ⇨Go to [S7]	___ ___ ⇨Go to [S8]	___ ___ ⇨Go to [S9]
MM8. HOW MANY YEARS AGO DID (*name*) DIE	___ ___	___ ___	___ ___	___ ___
MM9. HOW OLD WAS (*name)* WHEN HE/SHE DIED?	___ ___	___ ___	___ ___	___ ___
MM9A. *Check MM5 and MM9.* *Is the sibling male OR died before age 12?*	☐*Yes.* ⇨ *Go to [S6]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S7]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S8]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S9]* ☐*No.* ⇨ *Continue with MM10*
MM10. WAS (*name*) PREGNANT WHEN SHE DIED?	Yes.............. 1 ⇨MM13 No 2	Yes .... 1 ⇨MM13 No 2	Yes .... 1 ⇨MM13 No................2	Yes.............. 1 ⇨MM13 No 2
MM11. DID (*name*) DIE DURING CHILDBIRTH?	Yes.............. 1 ⇨MM13 No 2	Yes .... 1 ⇨MM13 No 2	Yes .... 1 ⇨MM13 No................2	Yes.............. 1 ⇨MM13 No 2

MM12. DID (*name*) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes .... 1 No 2	Yes .... 1 No 2	Yes .... 1 No 2	Yes .... 1 No 2
MM13. HOW MANY LIVE BORN CHILDREN DID (*name*) GIVE BIRTH TO DURING HER LIFETIME?	— —	— —	— —	— —
MM14.	*If no more siblings, go to next module*	*If no more siblings, go to next module*	*If no more siblings, go to next module*	*If no more siblings, go to next module*
				Tick here if additional questionnaire used ☐

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes..1 No 2	2⇨TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ....00 Age ....___ ___	00⇨TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..1 No 2	2⇨TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ....___ ___	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ....0 ___ 10 days or more but less than a month .....10 Everyday / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS, PIPE OR ROLLED TOBACCO?	Yes..1 No 2	2⇨TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes..1 No 2	2⇨TA10

TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Cigars .... A Water pipe .... B Cigarillos ....C Pipe...D Rolled tobacco... E Other (*specify*)_____ X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ....0 ___ 10 days or more but less than a month .....10 Everyday / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes...1 No 2	2 ⇨TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes...1 No 2	2 ⇨TA14
TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco .... A Snuff .... B Dip ....C Other (*specify*)_____ X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?	Number of days ....0 ___ 10 days or more but less than a month 10	

If less than 10 days, record the number of days. *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Everyday / Almost every day 30	

TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes .... 1 No 2	2⇨WM11
TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER ,CIDER , SPIRIT COOLER; ONE GLASS OF WINE; ONE SHOT/TOT OF SPIRITS (INCLUDING BRANDY, VODKA, WHISKEY, CANE SPIRITS, ETC); ONE LITRE OF OPAQUE BEER. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol .... 00 Age .... ___ ___	00⇨WM11
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *If respondent did not drink, circle "00".* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Did not have one drink in last one month .. 00 Number of days .... 0 ___ 10 days or more but less than a month ..... 10 Everyday / Almost every day 30	00⇨WM11
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks .... ___ ___	

WM11. *Record end time.*	Hour and minutes ....__ __ : __ __	

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 result of woman's interview (WM7) on the cover page and 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 result of woman's interview (WM7) on the cover page*

Interviewer's Observations

Team Leader's Observations

Supervisor's Observations