



QUESTIONNAIRE FOR INDIVIDUAL WOMEN NIGERIA

| WOMAN'S INFORMATION PANEL | | WM |
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| <i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i> | | |
| WM1. Cluster number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | WM2. Household number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | |
| WM3. Woman's name: Name _____ | WM4. Woman's line number: _____ | |
| WM5. Interviewer name and number: Name _____ | WM6. Day / Month / Year of interview: _____ / _____ / _____ | |

Repeat greeting if not already read to this woman:

WE ARE FROM NATIONAL BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **25** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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 **25** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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 ⇒ Complete WM7. Discuss this result with your supervisor.*

| | |
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| WM7. Result of woman's interview | Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (<i>specify</i>)96 |
|----------------------------------|--|

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| WM8. Field edited by (Name and number): Name _____ | WM9. Data entry clerk (Name and number): Name _____ |
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| WM10. Record the time. | 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? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i> | Age (in completed years) __ __ | |
| WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL? | Yes..... 1 No 2 | 2⇒WB7 |
| WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED? | Preschool..... 0 Primary 1 Secondary..... 2 Higher 3 Non formal education..... 4 | 0⇒WB7 4⇒WB7 |
| WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? | Grade __ __ | |
| WB6. <i>Check WB4:</i> <input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Primary ⇒ Continue with WB7</i> | | |
| WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Write out any of the sample sentences to the respondent either in English or local Language. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME? | Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language _____ 4 <i>(specify language)</i> Blind / mute, visually / speech impaired..... 5 | |

| | Pre-School | Primary | Secondary | Higher |
|--------------------------------|---|---|---|---|
| Codes for grades in WB5 | Never complete Nursery 1.....00 Nursery 101 Nursery 202 Nursery 303 | Never complete Primary 1...10 Primary 1 11 Primary 2 12 Primary 3.....13 Primary 4 14 Primary 5.....15 Primary 6.....16 | Never Complete JSS1...20 JSS 1..... 21 JSS 2..... 22 JSS 3.....23 SS 1..... 24 SS 2..... 25 SS 3.....26 | Never Complete NCE 1, AL/OND1/Technical 30 NCE 31, AL / OND 32 Technical..... 33 Never Complete HND1/ BSc.1/PG 40 HND 41 BSc..... 42 Post Graduate 43 |

| CHILD MORTALITY | | CM |
|--|--|--------|
| <i>All questions refer only to LIVE births.</i> | | |
| CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? <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? | Yes..... 1 No 2 | 2⇒CM8 |
| CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? 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. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i> | Date of first birth Day 98 DK day 98 Month 98 DK month 98 Year 9998 DK year 9998 | ⇒CM4 |
| CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH? | Completed years since first birth..... | |
| 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? <i>If none, record '00'.</i> | 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? <i>If none, record '00'.</i> | Sons elsewhere Daughters elsewhere | |
| CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <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? | Yes..... 1 No 2 | 2⇒CM10 |
| CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? | Boys dead..... Girls dead..... | |

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| <p><i>If none, record '00'.</i></p> | | |
| <p>CM10. <i>Sum answers to CM5, CM7, and CM9.</i></p> | <p>Sum _ _</p> | |
| <p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>One or more live births ⇒ Continue with CM12</i></p> <p><input type="checkbox"/> <i>No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</i></p> | | |
| <p>CM12. OF THESE (<i>total number in CM10</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>Month and year must be recorded.</i></p> | <p>Date of last birth</p> <p>Day _ _</p> <p>DK day 98</p> <p>Month _ _</p> <p>Year _ _ _ _</p> | |
| <p>CM13. <i>Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2009</i></p> <p><input type="checkbox"/> <i>No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.</i></p> <p><input type="checkbox"/> <i>One or more live births in last 2 years. ⇒ Ask for the name of the child</i></p> <p style="text-align: center;"><i>Name of child</i> _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with the next module.</i></p> | | |

| DESIRE FOR LAST BIRTH | | DB |
|--|--|---------------|
| <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 CMI3 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> | | |
| DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), 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? | Months 1 __ __ Years 2 __ __ DK..... 998 | |

| 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 CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p> | | | | | | | | | | | | | | | | | |
| MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)? | Yes..... 1 No 2 | 2⇒MN5 | | | | | | | | | | | | | | | |
| MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i> | Health professional: Doctor A Nurse / Midwife B Auxiliary midwife/MCH Aide C Other person Traditional birth attendant..... F Community health worker..... G Other (specify) X | | | | | | | | | | | | | | | | |
| MN2A. HOW MANY MONTHS PREGNANT WERE YOU AT YOUR FIRST ANTENATAL CARE VISIT FOR THIS PREGNANCY? | Months DK 98 | | | | | | | | | | | | | | | | |
| MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? | Number of times..... DK..... 98 | | | | | | | | | | | | | | | | |
| 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? [D] WERE YOU WEIGHED ? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Weighed.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | Yes | No | Blood pressure..... | 1 | 2 | Urine sample..... | 1 | 2 | Blood sample..... | 1 | 2 | Weighed..... | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | |
| Blood pressure..... | 1 | 2 | | | | | | | | | | | | | | | |
| Urine sample..... | 1 | 2 | | | | | | | | | | | | | | | |
| Blood sample..... | 1 | 2 | | | | | | | | | | | | | | | |
| Weighed..... | 1 | 2 | | | | | | | | | | | | | | | |
| MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <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 | | | | | | | | | | | | | | | | |
| 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)? <i>If 7 or more times, record '7'.</i> | Number of times..... DK..... 8 | 8⇒MN9 | | | | | | | | | | | | | | | |
| MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9 | | | | | | | | | | | | | | | | | |

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| <p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (<i>name</i>), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p> | <p>Yes..... 1 No 2 DK..... 8</p> | <p>2⇒MN12 8⇒MN12</p> |
| <p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)? <i>If 7 or more times, record '7'.</i></p> | <p>Number of times..... DK..... 8</p> | <p>8⇒MN12</p> |
| <p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)?</p> | <p>Years ago.....</p> | |
| <p>MN12. Check MN1 for presence of antenatal care during (<i>name</i>) pregnancy</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to MN17</p> | | |
| <p>MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO <u>PREVENT</u> YOU FROM GETTING MALARIA?</p> | <p>Yes..... 1 No 2 DK..... 8</p> | <p>2⇒MN17 8⇒MN17</p> |
| <p>MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p> | <p>ANTI-MALARIA:</p> <p>Sulphadoxine Pyremethamine/Fansidar..... A Chloroquine..... B Amodiaquine C Quinine..... D Artemisinin-based combinations E Analgesics/Pain Relievers..... H Other (specify) X DK..... Z</p> | |
| <p>MN15. Check MN14 for medicine taken:</p> <p><input type="checkbox"/> Sulphadoxine Pyremethamine/Fansidar taken. ⇒ Continue with MN16</p> <p><input type="checkbox"/> Sulphadoxine Pyremethamine/Fansidar not taken. ⇒ Go to MN17</p> | | |
| <p>MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SULPHADOXINE PYRE METHAMINE /FANSIDAR TO PREVENT MALARIA?</p> | <p>Number of times..... DK..... 98</p> | |
| <p>MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p> | <p>Health professional: Doctor A Nurse / Midwife B Auxiliary midwife/MCH Aide C Other person Traditional birth attendant..... F Community health worker..... G Relative / Friend H Other (specify) X No one Y</p> | |

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| <p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p> <p>_____</p> <p style="text-align: center;"><i>Address</i></p> | <p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Govt. clinic / health centre 22</p> <p>Govt. health post 23</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p> | <p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p> |
| <p>MN18A. HOW LONG AFTER DELIVERY OF (NAME) WERE YOU DISCHARGED FROM THE HEALTH FACILITY?</p> | <p>Immediately 000</p> <p>Hours 1 _ _</p> <p>Days 2 _ _</p> <p>Don't know/remember 998</p> | |
| <p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p> | <p>Yes..... 1</p> <p>No 2</p> | |
| <p>MN20. WHEN <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</p> <p>Larger than average..... 2</p> <p>Average..... 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>DK..... 8</p> | |
| <p>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p> | <p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p> | <p>2⇒MN23</p> <p>8⇒MN23</p> |
| <p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p> | <p>From card..... 1 (kg) __ . ____</p> <p>From recall 2 (kg) __ . ____</p> <p>DK..... 99998</p> | |
| <p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p> | <p>Yes..... 1</p> <p>No 2</p> | |
| <p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p> | <p>Yes..... 1</p> <p>No 2</p> | <p>2⇒Next Module</p> |

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| <p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p> | <p>Immediately..... 000</p> <p>Hours 1 ___</p> <p>Days..... 2 ___</p> <p>Don't know / remember 998</p> | |
| <p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p> | <p>Yes..... 1</p> <p>No 2</p> | 2⇒Next Module |
| <p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> | <p>Milk (other than breast milk)..... A</p> <p>Plain water B</p> <p>Sugar or glucose water C</p> <p>Gripe water D</p> <p>Sugar-salt-water solution..... E</p> <p>Fruit juice F</p> <p>Infant formula G</p> <p>Tea / Infusions H</p> <p>Honey I</p> <p>Other (<i>specify</i>) _____ X</p> | |

| ILLNESS SYMPTOMS | | IS |
|--|---|----|
| <p>IS1. <i>Check Household Listing, column HL9</i></p> <p><i>Is the respondent the mother or caregiver of any child under age 5?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Continue with IS2.</i></p> <p><input type="checkbox"/> <i>No ⇒ Go to Next Module.</i></p> | | |
| <p>IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caregiver cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do NOT prompt with any suggestions</i></p> | <p>Child not able to drink or breastfeed..... A</p> <p>Child becomes sicker B</p> <p>Child develops a fever..... C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathing E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p> | |

| CONTRACEPTION | | CP |
|---|---|---------------|
| <p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p> | <p>Yes, currently pregnant..... 1</p> <p>No 2</p> <p>Unsure or DK 8</p> | 1⇒Next Module |
| <p>CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p> | <p>Yes 1</p> <p>No 2</p> | 2⇒Next Module |
| <p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</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>IUD C</p> <p>Injectables..... D</p> <p>Implants E</p> <p>Pill 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/Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p> | |

| UNMET NEED | | UN |
|---|--|---------------------------|
| <p>UN1. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p> | | |
| 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 / Don't know 8 | 1⇒UN7 2⇒UN13 8⇒UN13 |
| <p>UN5. Check CP3. Currently using "Female sterilization"?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p> | | |
| 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 / Don't know 8 | 2⇒UN9 3⇒UN11 8⇒UN9 |
| UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? | Months 1 ___ Years 2 ___ Soon / Now 993 Says she cannot get pregnant 994 After marriage 995 Other 996 Don't know 998 | 994⇒UN11 |
| <p>UN8. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p> | | |

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| <p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p> | | |
| <p>UN10. 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> | <p>1 ⇒ UN13</p> <p>8 ⇒ UN13</p> |
| <p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p> | <p>Infrequent sex / No sex A</p> <p>Menopausal B</p> <p>Never menstruated C</p> <p>Hysterectomy (surgical removal of uterus) D</p> <p>Has been trying to get pregnant for 2 years or more without result E</p> <p>Postpartum amenorrhic F</p> <p>Breastfeeding G</p> <p>Too old H</p> <p>Fatalistic I</p> <p>Other (<i>specify</i>) X</p> <p>Don't know Z</p> | |
| <p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p> | | |
| <p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> | <p>Days ago 1 ___</p> <p>Weeks ago 2 ___</p> <p>Months ago 3 ___</p> <p>Years ago 4 ___</p> <p>In menopause / Has had hysterectomy 994</p> <p>Before last birth 995</p> <p>Never menstruated 996</p> | |

| FEMALE GENITAL MUTILATION/CUTTING | | FG |
|---|---|---------------|
| FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION? | Yes 1 No 2 | 1⇒FG3 |
| FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE? | Yes 1 No 2 | 2⇒Next Module |
| FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED? | Yes 1 No 2 | 2⇒FG9 |
| FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA? | Yes 1 No 2 DK..... 8 | 1⇒FG6 |
| FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH? | Yes 1 No 2 DK..... 8 | |
| FG6. WAS THE GENITAL AREA SEWN CLOSED? <i>If necessary, probe: WAS IT SEALED?</i> | Yes 1 No 2 DK..... 8 | |
| FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>If the respondent does not know the exact age, probe to get an estimate</i> | Age at circumcision..... __ __ DK / Don't remember / Not sure 98 | |
| FG8. WHO PERFORMED THE CIRCUMCISION? | Health professional Doctor 11 Nurse/Midwife 12 Other health professional (<i>specify</i>) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (<i>specify</i>) 26 DK..... 98 | |
| FG9. <i>Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here</i> | Total number of living daughters..... __ __ | |
| FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (<i>total number in FG9</i>) LIVING DAUGHTERS. IS THIS CORRECT? | | |
| <input type="checkbox"/> Yes <ul style="list-style-type: none"> <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22 <input type="checkbox"/> No ⇒ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes | | |

FG11. Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.

The total number of daughters in FG12 should be equal to the number in FG9

If more than 4 daughters, use additional questionnaires

| | Daughter #1 | Daughter #2 | Daughter #3 | Daughter #4 |
|---|---|---|---|---|
| FG12. Name of daughter | _____ | _____ | _____ | _____ |
| FG13. HOW OLD IS (name)? | Age ____ | Age ____ | Age ____ | Age ____ |
| FG14. Is (name) younger than 15 years of age? | Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i> | Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i> | Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i> | Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i> |
| FG15. IS (name) CIRCUMCISED? | Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i> | Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i> | Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i> | Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i> |
| FG16. HOW OLD WAS (name) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i> | Age ____ DK 98 | Age ____ DK 98 | Age ____ DK 98 | Age ____ DK 98 |
| FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA? | Yes 1 ⇒FG19 No 2 DK 8 | Yes 1 ⇒FG19 No 2 DK 8 | Yes 1 ⇒FG19 No 2 DK 8 | Yes 1 ⇒FG19 No 2 DK 8 |
| FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH? | Yes 1 No 2 DK 8 | Yes 1 No 2 DK 8 | Yes 1 No 2 DK 8 | Yes 1 No 2 DK 8 |

| | | | | |
|---|--|--|---|--|
| FG19. WAS HER GENITAL AREA SEWN CLOSED? <i>If necessary, probe: WAS IT SEALED?</i> | Yes 1 No 2 DK 8 | Yes 1 No 2 DK 8 | Yes 1 No 2 DK 8 | Yes 1 No 2 DK 8 |
| FG20. WHO PERFORMED THE CIRCUMCISION? | Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' .. 21 Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98 | Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' .. 21 Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98 | Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' ... 21 Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98 | Health professional Doctor 11 Nurse/midwife. 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' ... 21 Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98 |
| FG21. | <i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i> | <i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i> | <i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i> | <i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22</i> |
| | | | | <i>Tick here if additional questionnaire used</i> <input type="checkbox"/> |
| FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED? | Continued 1 Discontinued 2 Depends 3 DK 8 | | | |

| 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? | Goes out without telling | 1 | 2 | 8 |
| [B] IF SHE NEGLECTS THE CHILDREN? | Neglects children..... | 1 | 2 | 8 |
| [C] IF SHE ARGUES WITH HIM? | Argues with him | 1 | 2 | 8 |
| [D] IF SHE REFUSES TO HAVE SEX WITH HIM? | Refuses sex | 1 | 2 | 8 |
| [E] IF SHE BURNS THE FOOD? | Burns food..... | 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? <i>Probe:</i> 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 DK.....98 | 2⇒MA7 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 | |
| MA8. 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 __ __ __ __ DK year 9998 | ⇒Next Module |
| MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER? | Age in years __ __ | |

| SEXUAL BEHAVIOUR | | SB |
|--|--|----------------|
| <i>Check for the presence of others. Before continuing, ensure privacy.</i> | | |
| 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? | Yes1 No2 DK / Don't remember8 | |
| SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i> | Days ago 1 __ __ Weeks ago.....2 __ __ Months ago3 __ __ Years ago4 __ __ | 4⇒SB15 |
| SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED? | Yes1 No2 | |
| SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'boyfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i> | Husband1 Cohabiting partner2 Boyfriend3 Casual acquaintance4 | 3⇒SB7 4⇒SB7 |
| SB6. Check MA1: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7 | | |
| SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> 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? | Yes1 No2 | 2⇒SB15 |
| SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED? | Yes1 No2 | |

| | | |
|--|--|---------------------------------------|
| <p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p> | <p>Husband1 Cohabiting partner2 Boyfriend3 Casual acquaintance4 Other (<i>specify</i>) 6</p> | <p>3⇒SB12 4⇒SB12 6⇒SB12</p> |
| <p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)</i> AND <i>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p> | | |
| <p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p> | <p>Age of sexual partner.....__ __ DK98</p> | |
| <p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p> | <p>Yes1 No2</p> | <p>2⇒SB15</p> |
| <p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p> | <p>Number of partners__ __</p> | |
| <p>SB14A. FOR ALL THE SEXUAL INTERCOURSE WITH NON MARITAL PARTNERS IN THE LAST 12 MONTHS (FROM DATE OF THIS INTERVIEW), WAS A CONDOM USED?</p> | <p>Yes1 No2 DK/Not sure/Don't remember.....8</p> | |
| <p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p> | <p>Number of lifetime partners.....__ __ DK98</p> | |

| HIV/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 DK..... 8 | 2⇒WM11 | | | | | | | | | | | | | | | | |
| HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV VIRUS THAT CAUSES AIDS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS? | Yes..... 1 No 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA3. CAN PEOPLE GET THE HIV VIRUS THAT CAUSES AIDS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS? | Yes..... 1 No 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV VIRUS THAT CAUSES AIDS BY USING A CONDOM EVERY TIME THEY HAVE SEX? | Yes..... 1 No 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA5. CAN PEOPLE GET THE HIV VIRUS THAT CAUSES AIDS FROM MOSQUITO BITES? | Yes..... 1 No 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA6. CAN PEOPLE GET THE HIV VIRUS THAT CAUSES AIDS BY SHARING FOOD WITH A PERSON WHO HAS AIDS? | Yes..... 1 No 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS? | Yes..... 1 No 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA8. CAN HIV VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Yes | No | DK | During pregnancy..... | 1 | 2 | 8 | During delivery | 1 | 2 | 8 | By breastfeeding | 1 | 2 | 8 | |
| | Yes | No | DK | | | | | | | | | | | | | | | |
| During pregnancy..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| During delivery | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| By breastfeeding | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| HA8A. CAN THE HIV VIRUS THAT CAUSES AIDS IN AN INFECTED MOTHER BE PREVENTED FROM INFECTING AN UNBORN CHILD BY GIVING DRUGS THAT REDUCE THE HIV VIRUS IN MOTHER? | Yes 1 .No 2 DK/Not Sure 8 | | | | | | | | | | | | | | | | | |
| HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV VIRUS THAT CAUSES AIDS 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 THE HIV VIRUS THAT CAUSES AIDS? | Yes..... 1 No 2 DK / Not sure / Depends 8 | | | | | | | | | | | | | | | | | |
| HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV VIRUS THAT CAUSES AIDS, 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 | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---|
| <p>HA13. Check CMI3: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p> | | |
| <p>HA14. Check MNI: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p> | | |
| <p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE HIV VIRUS?</p> | <p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p> | |
| <p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV VIRUS THAT CAUSES AIDS AS PART OF YOUR ANTENATAL CARE?</p> | <p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p> | <p>2⇒HA19</p> <p>8⇒HA19</p> |
| <p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p> | <p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p> | <p>2⇒HA22</p> <p>8⇒HA22</p> |
| <p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p> | <p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p> | <p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p> |
| <p>HA19. Check MNI7: Birth delivered by health professional (A, B or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input checked="" type="checkbox"/> No, BIRTH NOT DELIVERED BY HEALTH PROFESSIONAL ⇒ GO TO HA24</p> | | |
| <p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV VIRUS THAT CAUSES AIDS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p> | <p>Yes..... 1</p> <p>No 2</p> | <p>2⇒HA24</p> |
| <p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p> | <p>Yes..... 1</p> <p>No 2</p> | |
| <p>HA22. HAVE YOU BEEN TESTED FOR THE HIV VIRUS THAT CAUSES AIDS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p> | <p>Yes..... 1</p> <p>No 2</p> | <p>1⇒HA25</p> |
| <p>HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR HIV VIRUS THAT CAUSES AIDS?</p> | <p>Less than 12 months ago 1</p> <p>12-23 months ago 2</p> <p>2 or more years ago 3</p> | <p>1⇒WM11</p> <p>2⇒WM11</p> <p>3⇒WM11</p> |
| <p>HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE HIV VIRUS THAT CAUSES AIDS?</p> | <p>Yes..... 1</p> <p>No 2</p> | <p>2⇒HA27</p> |
| <p>HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p> | <p>Less than 12 months ago 1</p> <p>12-23 months ago 2</p> <p>2 or more years ago 3</p> | |
| <p>HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p> | <p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p> | <p>1⇒WM11</p> <p>2⇒WM11</p> <p>8⇒WM11</p> |

| | | |
|--|--|--|
| <p>HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE HIV VIRUS THAT CAUSES AIDS?</p> | <p>Yes..... 1 No 2</p> | |
| <p>WM11. Record the time.</p> | <p>Hour and minutes..... ____ : ____</p> | |
| <p>WM12. Check household listing, column HL9. Is the respondent the mother or caregiver of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.</p> | | |

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations