

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____ / ____ / _____	
WM7. Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	

Repeat greeting if not already read to this woman:

WE ARE FROM MINISTRY OF HEALTH AND POPULATION. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 20-30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month DK month 98 Year DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)	

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes..... 1 No 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: BASIC, SECONDARY, OR HIGHER?	Basic 1 Secondary..... 2 Higher 3	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade _ _	
WM13. <i>Check WM11:</i> <input type="checkbox"/> <i>Secondary or higher. ⇒ Go to MA Next Module</i> <input type="checkbox"/> <i>Basic . ⇒ Continue with WM14</i>		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentences to respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME? <i>Example sentences for literacy test:</i> 1. <i>The child is reading a book.</i> 2. <i>The rains came late this year.</i> 3. <i>Parents must care for their children.</i> 4. <i>Farming is hard work.</i>	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in specific language 4 <i>(specify language other than Arabic)</i> Blind/mute, visually/speech impaired 5	

MARRIAGE MODULE		MA
MA1. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	MARRIED / SEPARATED 1 DIVORCED 2 WIDOWED 3	} MA5
MA2. HOW OLD IS YOUR HUSBAND?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
MA5. HAVE YOU BEEN MARRIED ONCE OR MORE THAN ONCE?	ONCE 1 MORE THAN ONCE 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY ?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
MA7. HOW OLD WERE YOU AT YOUR FIRST MARRIAGE?	AGE IN YEARS <input type="text"/> <input type="text"/>	
MA7A. YOUR FIRST HUSBAND WAS A RELATIVE?	YES 1 NO 2	2⇒ CM
MA7B. WHAT IS YOUR RELATIONSHIP TO YOUR FIRST HUSBAND?	COUSIN 1 ST DEGREE (FATHER SIDE).. 1 COUSIN 1 ST DEGREE (MOTHER SIDE) . 2 COUSIN SECOND DEGREE3 OTHER RELATIVE4 RELATIVES BECAUSE OF MARRIAGE..5	

REPRODUCTION AND CHILD SURVIVAL MODULE		CM
NOW I WOULD LIKE TO ASK YOU ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE.		
CM1. 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⇒ CP1
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes..... 1 No 2	2⇒CM5
CM4. HOW MANY SONS LIVE WITH YOU? AND HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none record ‘00’</i>	CM4A. Number of Sons at home: <input type="text"/> <input type="text"/> CM4B. Number of Daughters at home: <input type="text"/> <input type="text"/>	
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH AND WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes..... 1 No 2	2⇒CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? AND HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none record ‘00’</i>	CM6A. Number of Sons elsewhere: <input type="text"/> <input type="text"/> CM6B. Number of Daughters elsewhere: <input type="text"/> <input type="text"/>	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR A GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If “No” probe by asking:</i> ANY BABY WHO CRIED OR SHOWED ANY SIGN OF LIFE BUT ONLY SURVIVED A FEW HOURS OR DAYS?	Yes..... 1 No..... 2	2⇒ CM9
CM8. IN ALL, HOW MANY BOYS HAVE DIED? AND HOW MANY GIRLS HAVE DIED? <i>If none record ‘00’</i>	CM8A. Number of Boys dead: <input type="text"/> <input type="text"/> CM8B. Number of Girls dead: <input type="text"/> <input type="text"/>	
CM9. SUM ANSWERS TO CM4, CM6, AND CM8.	SUM __ __	

CM10. Check CM4, CM6, CM8
Sum and check

TO CHECK THE NUMBERS THAT YOU HAVE EVER GIVEN BIRTH, YOU HAVE GIVEN BIRTH TO __ CHILDREN?
IF YES; CONTINUE
IF NO: PROBE

CM4: YOU HAVE __ BOYS AND __ GIRLS LIVING WITH YOU, IS THIS CORRECT?
CM6: YOU HAVE __ BOYS AND __ GIRLS WHO ARE NOT LIVING WITH YOU, IS THIS CORRECT?
CM8: YOU HAVE __ BOYS AND __ GIRLS WHO DIED AFTER THEY WERE BORN ALIVE, IS THIS CORRECT?

☐ IF YES TO ALL: CONTINUE TO NEXT MODULE (BH)
☐ IF NO: CHECK THAT THE TOTALS ARE CORRECT THEN CONTINUE TO NEXT MODULE (BH)

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

LIVE BIRTH HISTORY TABLE									BH
NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER THE CHILD IS STILL ALIVE OR NOT. I WOULD LIKE TO START WITH THE FIRST ONE YOU HAD. RECORD NAMES OF ALL BIRTHS; IF NAME NOT GIVEN, RECORD 'X'. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	
<i>Live birth</i> <i>Line No.</i> Name All children, whether alive or dead:	WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE	IS (name) MALE OR FEMALE? 1 MALE 2 FEMALE	IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If they don't know write "98" for months and "9998" for year</i>	IS (name) STILL ALIVE? 1 YES 2 NO <input type="checkbox"/> BH9	If alive: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	If alive: IS (name) LIVING WITH YOU? 1 YES 2 NO	If alive: Record household line number of child (from HL1). Write "00" if child is not listed on household listing form (HL)	HOW OLD WAS (name) WHEN HE/SHE DIED? <i>Record age at death.</i> <i>If less than 1 month, record days.</i> <i>If less than 2 years, record months.</i>	
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
06	6TH CHILD —	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98
07	7TH CHILD —	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98
08	8TH CHILD —	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98
09	9TH CHILD —	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98
10	10TH CHILD —	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98

LIVE BIRTH HISTORY TABLE									BH
Now I would like to record the names of all your births, whether the child is still alive or not. I would like to start with the first one you had.									
Record names of all births; if name not given, record 'X'. Record twins and triplets on separate lines.									
BH1		BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
Live birth Line No.	Name All children, whether alive or dead:	WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE	Is (name) MALE OR FEMALE ? 1 MALE 2 FEMALE	IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY? If they don't know write "98" for months and "9998" for year	Is (name) STILL ALIVE? 1 YES 2 No	If alive: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record age in completed years.	If alive: Is (name) LIVING WITH YOU? 1 YES 2 No	If alive: Record household line number of child (from HL1). Write "00" if child is not listed on household listing form (HL	HOW OLD WAS (name) WHEN HE/SHE DIED? Record age at death. If less than 1 month, record days. If less than 2 years, record months.
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
11	11TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98
12	12TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98
13	13TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98
14	14TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98
15	15TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98
16	16TH CHILD _____23 May 2006	1 2	1 2	M <input type="text"/> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	1.DAYS: <input type="text"/> <input type="text"/> <input type="text"/> DK DAYS.....98 2.MONTHS: <input type="text"/> <input type="text"/> <input type="text"/> DK MONTHS.....98 3.YEARS: <input type="text"/> <input type="text"/> <input type="text"/> DK YEARS.....98

<p>BH10. Interviewers:</p> <p><i>Record date of birth of the last child in the BH table.</i></p>	<p>Date/ Month /Year of birth of the last child</p> <p>___/___/___</p>	
<p>BH11. Interviewers:</p> <p><i>Check BH10: Since the last 2 years from the interview (day/month/year), has she given any births?</i></p> <p><i>If she had still birth, mention the name of the child when you administer the following questions.</i></p> <p><input type="checkbox"/> No, there was no live birth in the last 2 years</p> <p><input type="checkbox"/> Yes, there was live birth in the last 2 years</p>		<p>No⇒Go to CP module</p>
<p>BH12. WHEN YOU WERE PREGNANT, DID YOU WISH TO BE PREGNANT THEN, OR WANTED TO WAIT FOR SOME TIME, OR YOU DID NOT WANT TO HAVE ANY MORE CHILDREN?</p>	<p>Wanted then..... 1</p> <p>Later on 2</p> <p>Did not want at all..... 3</p>	

TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 <i>If a card is presented, use it to assist with answers to the following questions.</i> DK 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No..... 2 DK 8	2⇒TT5 8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times _ _ DK 98	98⇒TT5
TT4. <i>How many TT doses during last pregnancy were reported in TT3?</i> <input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ Go to Next Module(MN)</i> <input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</i>		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes 1 No..... 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times _ _	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>	Month _ _ DK month 98 Year _ _ _ _ DK year 9998	⇒NEXT MODULE
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago..... _ _	

MATERNAL AND NEWBORN HEALTH MODULE		MN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p> <p><i>Check child mortality module CM12 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor.....A</p> <p>Nurse.....B</p> <p>MidwifeC</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative/friendH</p> <p>Other (<i>specify</i>) X</p> <p>No one.....Y</p>	Y⇒MN7
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p>	<p>Yes No</p>	
<p>MN3A. WERE YOU WEIGHED?</p>	<p>Weight.....1 2</p>	
<p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p>	<p>Blood pressure.....1 2</p>	
<p>MN3C. DID YOU GIVE A URINE SAMPLE?</p>	<p>Urine sample1 2</p>	
<p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<p>Blood sample1 2</p>	
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	2⇒MN7 8⇒MN7
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor.....A</p> <p>Nurse.....B</p> <p>MidwifeC</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative/friendH</p> <p>Other (<i>specify</i>) X</p> <p>No one.....Y</p>	

<p>MN8. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</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 center..... 22</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>Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	
<p>MN9. WHEN YOUR LAST CHILD <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very 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>MN10. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kilograms) __ . __ __ __</p> <p>From recall 2 (kilograms) __ . __ __ __</p> <p>DK 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours..... 1 __ __</p> <p>or</p> <p>Days 2 __ __</p> <p>Don't know/remember..... 998</p>	

CONTRACEPTION AND UNMET NEED		CP
To be administered to all eligible women who are currently married age 15-49		
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No..... 2 Unsure or DK 8	 2⇒CP2 8⇒CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u> , DID YOU WANT TO WAIT UNTIL <u>LATER</u> , OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?	Then 1 Later 2 Not want more children 3	 1⇒CP4B 2⇒CP4B 3⇒CP4B
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No..... 2	 2⇒CP4A
CP3. WHICH METHOD ARE YOU USING? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization A Male sterilization B Pill C IUD D Injections..... E Implants..... F Condom..... G Female condom H Diaphragm I Foam/jelly..... J Lactational amenorrhoea method (LAM) K Periodic abstinence..... L Withdrawal M Other (<i>specify</i>) X	
CP3A. FROM WHERE DID YOU GET THE CURRENT FAMILY PLANNING METHOD LAST TIME? <i>If the currently used method is continued breastfeeding, withdrawal, abstinence or others, ask as follows;</i> WHO INSTRUCTED THE METHOD FIRST TIME?	Public sector Govt. hospital 11 Govt. health centre..... 12 Maternal and child care unit/health unit 13 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Health worker 24 Other private medical (<i>specify</i>) 26 Other source Husband..... 31 Relative/friend 32 Shop..... 33 Traditional shop..... 34 Other (<i>specify</i>)..... 96 Don't know 98	
CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD	Have (a/another) child..... 1	

<p>YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> APART FROM THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>No more/none 2</p> <p>Says she cannot get pregnant 3</p> <p>Undecided/don't know..... 8</p>	<p>2⇒CP4D</p> <p>3⇒NEXT MODULE</p> <p>8⇒CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months 1 _ _</p> <p>Years..... 2 _ _</p> <p>Soon/now 9 93</p> <p>Says she cannot get pregnant 9 94</p> <p>Other 9 96</p> <p>Don't know 9 98</p>	

CP4D. Check CP1:

☐ Currently pregnant? ⇒ Go to Next Module

☐ Not currently pregnant or unsure? ⇒ Continue with CP4E

CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE
TO GET PREGNANT AT THIS TIME?

Yes	1
No	2
DK	8

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1 No..... 2	2⇒ NEXT MODULE
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?		
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No..... 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No..... 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No..... 2 DK 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes 1 No..... 2 DK 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No..... 2 DK 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes 1 No..... 2 DK 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No..... 2 DK 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
	Yes No DK	
HA9A. DURING PREGNANCY?	During pregnancy..... 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No..... 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No..... 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No..... 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes 1 No..... 2 DK/not sure/depends 8	
HA14. Check MN5: Tested for HIV during antenatal care?		
<input type="checkbox"/> Yes. ⇒ Go to HA18A		
<input type="checkbox"/> No. ⇒ Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes 1 No..... 2	2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes 1 No..... 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST,	Asked for the test 1	

WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Offered and accepted 2 Required..... 3	
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No..... 2	
HA18A. IF YOU HAVE BEEN TESTED FOR HIV DURING PREGNANCY, DO YOU KNOW A PLACE OTHER THAN MATERNAL CARE CLINIC WHERE YOU CAN GO TO GET A TEST FOR HIV?	Yes 1 No..... 2 DK 8	
<p>HA19. <i>Check column (HL8) in Household Questionnaire</i></p> <p><input type="checkbox"/> Women either a mother or a caretaker for a child/children under 5 (living with her) ⇒ Go to questionnaire for children under 5</p> <p><input type="checkbox"/> Women not mother nor caretaker for child/children under 5 ⇒ Continue with HA19A</p>		
<p>HA19A. <i>Check column (HL6) in Household Questionnaire</i></p> <p><input type="checkbox"/> There are other eligible women in the household ⇒ Complete questionnaire for individual women</p> <p><input type="checkbox"/> There is no eligible women in the household ⇒ Finish interview</p>		

Follow instructions in your Interviewer's Manual.