

# Appendix E. Questionnaires

## SOUTH SUDAN HOUSEHOLD HEALTH SECOND SURVEY 2010 HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
State Cluster No. HH1. Codes: .....- <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	HH2. HOUSEHOLD NUMBER: ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
HH3.: Interviewer number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Interviewer Name: _____	HH4 Supervisor number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Supervisor Name: _____	
HH5. Day/Month/Year of interview	Day      Month      Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
HH6. AREA:  Urban.....1  Rural.....2	HH7. LOCATION County/Mahaliya ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Payam/ Administrative Unit (AU).. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Boma/ Popular AU..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Enumeration Area ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Town/Village name _____	
<p>We are from the Sudan Household Health Survey 2<sup>nd</sup> round which is concerned with family health and socioeconomic indicators. I would like to talk to you about these subjects. The interview will take about (45 minutes). All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team. During this time I would like to speak with the household head and all mothers or others who take care of children in the household.</p> <p>May I start now?</p> <p><input type="checkbox"/> YES, PERMISSION IS GIVEN ⇒ GO TO HH18 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.</p> <p style="text-align: right;"><input type="checkbox"/> NO, PERMISSION IS NOT GIVEN ⇒ COMPLETE HH9.</p> <p style="text-align: center;"><i>DISCUSS THIS RESULT WITH YOUR SUPERVISOR.</i></p>		
HH8. Name of head of household: _____ HH Tel. Number (optional).....		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview:  <p style="text-align: center;"><b>Circle the appropriate code</b></p> <p><b>First visit</b></p> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Other(SPECIFY).....6	HH9a. Result of HH interview:  <p style="text-align: center;"><b>Circle the appropriate code</b></p> <p><b>Second visit</b></p> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Other(SPECIFY).....6	HH9b. Result of HH interview:  <p style="text-align: center;"><b>Circle the appropriate code</b></p> <p><b>Third visit</b></p> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Other(SPECIFY).....6
HH10. Respondent to HH questionnaire:  Household Line No. (from HL1): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Name: _____	HH11. Total # of household members: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
HH12. # of women age 15-49 years: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	HH13. # of women questionnaires completed: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
HH13a. # of men age 15-49 years: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	HH13b. # of men questionnaires completed: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
HH14. # of children under age 5: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	HH15. # of child questionnaires completed: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
HH16. Field Editor name and number:  Name _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	HH17. Data entry clerk name and number:  Name _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	



WATER AND SANITATION MODULE		WS
<p>WS1. What is the main source of drinking water for members of your household?</p> <p><i>if more than one source; record the main source that is mainly used</i></p>	<p><b>Piped water (network):</b>  Piped into dwelling 11  Piped into yard or plot 12</p> <p>Public tap/standpipe 14</p> <p><b>Water yard/hand pump 21</b></p> <p><b>Dug well:</b>  Protected/covered well 31  Unprotected well 32</p> <p><b>Spring:</b>  Protected spring 41  Unprotected spring 42</p> <p><b>Surface water:</b>  Filtered (river, stream, dam, hafir, lake, pond, canal or rain water) 51  Unfiltered (river, stream, dam, hafir, lake, pond, canal or rain water).....52</p> <p><b>Transported water by tankers/carts:</b>  From the water sources with the following codes (11,12,14, 21, 31, 41, 51) .....61  .....61  From the water sources with the following codes (32, 42, 52)..... 62</p> <p>Bottled water 91</p> <p><b>Other(specify) 96</b></p>	<p>11⇒WS6  12⇒WS6</p> <p>⇒WS4</p> <p>61⇒WS6  62⇒WS6  91 ⇒WS2  96 ⇒WS4</p>
	<p>WS2. What is the <b>main source of water</b> used by your household for COOKING and other purposes such as hand washing?</p> <p><i>if more than one source; record the main source that is mainly used</i></p>	<p><b>Piped water</b>  Piped into dwelling..... 11  Piped into compound, yard or plot..... 12</p> <p>Public tap / standpipe ..... 14</p> <p>Tube Well, Borehole..... 21</p> <p><b>Dug well</b>  Protected well..... 31  Unprotected well..... 32</p> <p><b>Water from spring</b>  Protected spring ..... 41  Unprotected spring ..... 42</p> <p><b>Surface water:</b>  Filtered rainwater, hafir, dam, river water.....51</p>

	Unfiltered rainwater, hafir, dam, river, stream, lake, pond, channel water .....52 <b>Transported water by tankers/carts:</b> From the water sources with the following codes (11,12,14, 21, 31, 41, 51).....61 From the water sources with the following codes (32, 42, 52)..... 62 Other ( <i>specify</i> ) ..... 96	61⇒WS6 62⇒WS6
WS4. By foot, how long does it take to go there, get water, and come back?	Number of minutes <input type="text"/> <input type="text"/> <input type="text"/> DK ..... 998	
WS4A. WHAT IS THE DISTANCE TO THE WATER SOURCE FROM YOUR RESIDENCE?	Distance to water source: Less than or equal 1 km.....1 More than 1 km.....2 DK ..... 8	
WS5. Who usually goes to this source to collect the water for your household? Probe: Is this person under age 15? What sex? Circle code that best describes this person.	Adult woman 1 Adult man 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS6. Do you treat your water in any way to make it safer to drink?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8
WS7. What do you usually do to the water to make it safer to drink? Probe: Anything else? Record all items mentioned.	Boil ..... A Add bleach / chlorine..... B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection..... E Let it stand and settle ..... F Other ( <i>specify</i> ) ..... X DK Z	
WS8. What kind of facility do members of your household usually use to ease themselves / dispose of human waste? If "flush" or "pour flush", probe: Where does it flush to? If necessary, ask permission to observe the facility.	Flush / pour flush Flush to piped sewer system ..... 11 Flush to septic tank..... 12 Flush to pit (latrine)..... 13 Flush to somewhere else ..... 14 Flush to unknown place/not sure/DK.... 15 Ventilated Improved Pit latrine (VIP) ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab / open pit ..... 23 Composite toilet ..... 31 Bucket..... 41	

Household Questionnaire 2

	Hanging toilet/hanging latrine ..... 51 No facilities or bush or field..... 95 Other ( <i>specify</i> ) 96	95⇒WS11A
WS9. Do you share this facility with others who are not members of your household?	Yes 1 No 2	2⇒ WS11A
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) ..... 1 Public facility ..... 2	2⇒ WS11 A
WS11. How many households in total use this facility?	No. of households (if less than 10)...0 <input type="text"/> <input type="text"/> Ten or more households 10 DK 98	
WS11A WHAT do you do to get rid of household garbage?	Through garbage collection trucks.....1 Throwing outside the whole residential area.2 Throwing outside the house.....3 Burning.....4 .....4 Dumping .....5 Other (specify).....96	

State Name: \_\_\_\_\_

Segment Number: \_\_\_\_\_

Household Number: \_\_\_\_\_

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC02. How many rooms/verandas/ tukuls belong to this household?	No. of rooms/ tukuls Belong to this household..... <input type="text"/> <input type="text"/>	
HC2. How many rooms/verandas/ tukuls are used for sleeping?	Used for sleeping..... <input type="text"/> <input type="text"/>	
HC2a. What type of dwelling does this Household live in?  Record observation.	Tent ..... 01 Dwelling of straw mats.....02 Tukul/gottiya – mud.....03 Tukul/gottiya – sticks.....04 Flat or apartment.....05 Villa .....06 House of one floor – mud.....07 House of one floor – brick.....08 House of one floor – concrete.....09 House constructed of wood..... 10 Multi-storey house.....11 Incomplete.....12 Other ( <i>specify</i> ).....96	
HC6. What type of fuel does your household <b>mainly</b> use for cooking?	Electricity ..... 01 Gas ..... 03 Biogas..... 04 Kerosene ..... 05 Charcoal ..... 07 Wood ..... 08 Straw/shrubs/grass ..... 09 Animal dung ..... 10 Agricultural crop residue..... 11  No food cooked in household .....95  Other ( <i>specify</i> )..... 96	01⇒HC8          95⇒HC8
HC7. Is the cooking usually done in the house, in a separate room/tukul, or outdoors? <i>IF 'IN THE HOUSE', PROBE: is it done in a separate room used as a kitchen?</i>	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors..... 4  Other ( <i>specify</i> ) ..... 6	
HC8. DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING: (READ ALOUD, AND CIRCLE EITHER "1" FOR YES OR "2" FOR NO FOR EACH ITEM?)	Yes No HC8A. Electricity ..... 1 2 HC8B. Radio ..... 1 2 HC8C. Television ..... 1 2 HC8D. Non-mobile telephone ..... 1 2 HC8E. Refrigerator..... 1 2 HC8F. A Computer.....1 2 HC8G. Internet.....1 2 HC8H. Digital Receiver.....1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:READ ALOUD, AND CIRCLE EITHER "1" FOR YES OR "2" FOR NO FOR EACH ITEM.	YesNo HC9A. Watch ..... 1 2	

[A] A watch? [B] A mobile telephone? [C] A bicycle? [D] A motorcycle or scooter? [E] An animal-drawn cart? [F] A car or truck? [G] A boat with a motor?	HC9B. Mobile telephone..... 1 2 HC9C. Bicycle..... 1 2 HC9D. Motorcycle / Scooter ..... 1 2 HC9E. Animal drawn-cart..... 1 2 HC9F. Car / Truck..... 1 2 HC9G. Boat with motor..... 1 2																																				
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>IF "NO", THEN ASK: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? IF "RENTED FROM SOMEONE ELSE", CIRCLE "2". FOR OTHER RESPONSES, CIRCLE "3".</i>	Own ..... 1 Rent..... 2 Other; specify (Not owned or rented) ..... 3																																				
HC11. Does any member of this household own land for farming, grazing, or fishing?	Yes 1 No 2	2 ⇨ HC 13																																			
HC12. HOW MANY FADDANS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	FADANS..... _____																																				
HC13. Does this household own or have any livestock, herds, or farm animals?	Yes 1 No 2	2 ⇨ NEXT MODULE																																			
HC14. HOW MANY OF THE FOLLOWING DOES THIS HOUSEHOLD HAVE? [A] CATTLE? [C] GOATS? [D] SHEEP? [E] CHICKENS, PIGEONS AND DUCKS? <i>Circle the corresponding answer</i>	<table border="1"> <thead> <tr> <th>ANIMALS / BIRDS</th> <th>0</th> <th>1 - 10</th> <th>11 - 20</th> <th>21 - 50</th> <th>50 +</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CATTLE</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>GOATS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>SHEEP</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>CHICKENS/PIGONS/DUCKS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> </tbody> </table>	ANIMALS / BIRDS	0	1 - 10	11 - 20	21 - 50	50 +	DK	CATTLE	0	1	2	3	4	98	GOATS	0	1	2	3	4	98	SHEEP	0	1	2	3	4	98	CHICKENS/PIGONS/DUCKS	0	1	2	3	4	98	
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HC14A. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] MILK COWS [B] HORSES, DONKEYS, OR MULES? [G] CAMELS? [F] PIGS? <i>Circle the corresponding answer</i>	<table border="1"> <thead> <tr> <th>ANIMALS</th> <th>0</th> <th>1 - 4</th> <th>5 - 9</th> <th>10 - 14</th> <th>15 +</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>MILK COWS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>HORSES, DONKEYS, OR MULES</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>CAMELS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> </tbody> </table>	ANIMALS	0	1 - 4	5 - 9	10 - 14	15 +	DK	MILK COWS	0	1	2	3	4	98	HORSES, DONKEYS, OR MULES	0	1	2	3	4	98	CAMELS	0	1	2	3	4	98								
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INSECTICIDE-TREATED NET MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No..... 2	2⇒HH19
TN2. HOW MANY AND WHAT KIND OF MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?  <i>If respondent does not know whether or not net(s) have been treated, count as "other."</i>	TN2A. Number of long lasting treated nets .. <input type="text"/> <input type="text"/> DK .....98 TN2B. Number of treated nets..... <input type="text"/> <input type="text"/> DK .....98 TN2C. Number of untreated nets..... <input type="text"/> <input type="text"/> DK .....98 TN2D. Number of other/unknown nets..... <input type="text"/> <input type="text"/> DK .....98	TN2C AND/OR TN2D ONLY ⇒ TN11
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOST RECENT TREATED MOSQUITO NET?  <i>If less than one month, record "00"</i>	Months ago:.....  More than 36 mo. ago ...95  DK / Not sure .....98	
		PIGS      0   1   2   3   4   98

TN11. DID ANYONE SLEEP UNDER THE MOSQUITO NET LAST NIGHT?	Yes ..... 1 No..... 2 DK / Not sure ..... 8	2 ⇒ HH19  8⇒ HH19
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT  <i>Record the person's name and line number from the household listing form, Circle the type of net</i>  <i>If someone not in the household list slept under the mosquito net, record "00", Circle the type of net</i>	Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK	Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK

HH19. <i>Record the time.</i>	Hour and minutes ..... : ..	⇒ NEXT MODULE
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SALT IODIZATION MODULE		SI
SI1. We would like to check whether the salt used in your household is iodized. May i see a sample of the salt used to cook the main meal eaten by members of your household last night?  Once you have examined the salt, circle number that corresponds to test outcome.	Not iodized 0 PPM      1 Less than 15 PPM      2 15 PPM or more      3  Salt not tested    4 No salt in home    5	5 ⇒ NEXT MODULE
SI2. WHERE DID YOU ACQUIRE THIS SALT?	Local market ..... 1 Food Aid ..... 2 Other or indigenous ( <i>specify</i> ) ..... 6 DK ..... 8	

**HH20.** Does any eligible woman age 15-49 reside in the household?  
 Check HL7. You should have entered the total number of women in the household who are between the ages of 15 and 49 years old. Begin a separate questionnaire for each eligible woman (check HL7) by filling in the Information Panel.

Yes. ⇒ Go to WOMAN'S QUESTIONNAIRE to administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

**HH21.** Does any child under the age of 5 reside in the household?  
 Check household listing, column HL9. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to UNDER 5 QUESTIONNAIRE to administer the questionnaire to caretaker of the first eligible child.

No. ⇒ Continue

**HH21A. DOES ANY ELIGIBLE MAN AGE 15-49 RESIDE IN THE HOUSEHOLD?**

Check household listing, column HL7A for any eligible man.  
 You should have a questionnaire with the Information Panel filled in for each eligible man.

Yes. ⇒ Go to QUESTIONNAIRE FOR MEN to administer the questionnaire to the first eligible man.

No. ⇒ End the interview by thanking the respondent for his/her cooperation.  
 Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

## SOUTH SUDAN HOUSEHOLD HEALTH SURVEY 2

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

### WOMAN'S INFORMATION PANEL

**WM**

*This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of HH listing). Fill in one form for each eligible woman. Fill in the segment and household number, and the name and household line number of the woman in the space below. Fill in your name, number, and the date.*

WM1. CODES..... <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="text-align: center;">State</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td style="text-align: center;">Cluster No.</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	State			Cluster No.			WM2. HOUSEHOLD NUMBER: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		
State									
Cluster No.									

WM3. Woman's Name : Name : _____	WM4. Woman's Household Line Number: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		

WM5. Interviewer Name and Number: \_\_\_\_\_
 

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WM6. Day/Month/Year of interview:
 

--	--	--	--	--	--	--	--

*Repeat greeting IF NOT ALREADY READ to this woman:*

We are from the Sudan Household Health Survey 2<sup>nd</sup> round which is concerned with family health and socioeconomic indicators. I would like to talk to you about this. The interview will take about 40 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

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 FOR A FUTURE REVISIT

<b>WM7. Result of women's interview:</b> <i>Circle the appropriate code</i> <b>First visit</b> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Incapacitated .....5 Other(SPECIFY).....6	<b>WM7a. Result of women's interview:</b> <i>Circle the appropriate code</i> <b>Second visit</b> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Incapacitated .....5 Other(SPECIFY).....6	<b>WM7b. Result of women's interview:</b> <i>Circle the appropriate code</i> <b>Third visit</b> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Incapacitated .....5 Other(SPECIFY).....6
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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 starting time.**

**Hour and minutes**

\_\_ : \_\_

WOMAN'S BACKGROUND		WB
<p>WB2. HOW OLD ARE YOU?</p> <p><i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i></p>	Age (in completed years) ..... __ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL?	Yes..... 1 No ..... 2	2 ⇒ WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Preschool ..... 0 Primary ..... 1 Intermediate..... 2 Secondary ..... 3 University/Higher institutes..... 4 Adult education..... 5 Khalwa / Sunday Education ..... 6	0 ⇒ WB7 4 ⇒ NEXT MODULE 5 ⇒ WB7 6 ⇒ WB7
<p>WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?</p> <p><i>If less than 1 grade, enter "00"</i></p>	Grade ..... <input type="text"/> <input type="text"/>	
<p>WB6. Check WB4:</p> <p><input type="checkbox"/> Secondary ⇒ Go to Next Module</p> <p><input type="checkbox"/> Primary or intermediate ⇒ Continue with WB7</p>		
<p>WB 7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME:</p> <p>SHOW SENTENCES TO RESPONDENTS. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p> <p>EXAMPLE OF SENTENCES FOR LITERACY</p> <ol style="list-style-type: none"> <li>1. THE CHILD IS READING A BOOK.</li> <li>2. THE RAINS CAME LATE THIS YEAR.</li> <li>3. PARENTS MUST CARE FOR THEIR CHILDREN.</li> <li>4. FARMING IS HARD WORK.</li> </ol>	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 / speech impaired ..... 5	

<b>MARRIAGE/UNION MA</b>		
<b>THIS MODULE SHOULD BE ADDRESSED TO ALL WOMEN AGED 15- 49 YEARS</b>		
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
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	⇒MA9 ⇒MA9
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number.....__ __ DK .....98	⇒MA9 98⇒MA9
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 ⇒CP Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced ..... 2 Separated ..... 3	
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

**REPRODUCTION AND CHILD SURVIVAL (CHILD MORTALITY)**

**CM**

*This Module is to be administered to currently or ever married or in union women in the age group 15-49  
All questions refer only to LIVE births.*

<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH TO A <b>LIVE BABY</b>? I MEAN THAT THE CHILD HAS SHOWN ANY SIGNS OF LIFE; CRIED, BREATHED OR MOVED HIS/HER LIMBS.</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒CP MODULE</p>
<p>CM3. HOW MANY YEARS AGO DID YOU HAVE 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.</p>	<p>Completed years since first birth.....</p>	
<p>CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒CM6</p>
<p>CM5. HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?  <i>If none, record '00'.</i></p>	<p>Sons at home.....  Daughters at home.....</p>	
<p>CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒CM8</p>
<p>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></p>	<p>Sons elsewhere.....  Daughters elsewhere .....</p>	
<p>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 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?</i></p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒CM 10</p>

CM9. HOW MANY BOYS HAVE DIED? Boys dead .....

HOW MANY GIRLS HAVE DIED? Girls dead .....

*If none, record '00'.*

CM10. *Sum answers to CM5, CM7, and CM9.* Sum .....

**CM 11 .JUST TO MAKE SURE THAT I HAVE THIS RIGHT:**

SO YOU HAVE HAD IN TOTAL   ...LIVE BIRTHS (sum CM5, CM7 and CM9).

**IF YES** ⇒ Continue with CM12

**IF No CHECK CM4, CM6, CM8 and ACCORDINGLY CORRECT CM10 and CM11**

CM12. OF THESE (total number) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

Date of last birth  
 Day ..... 98  
 DK day ..... 98  
 Month.....  
 Year .....

*Month and year must be recorded.*

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (MARCH-APRIL2008)

No live birth in last 2 years. ⇒ Go to LIVE BIRTH HISTORY TABLE.

Yes, live birth in last 2 years. ⇒ Ask for the name of the child

Name of 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 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.*

DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... No.....	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... No more.....	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Month.....1 ___ Years.....2 ___ DK.....998	

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.

LINE	BH1 Name ALL CHILDREN, WHETHER ALIVE OR DEAD:	BH2 WERE ANY OF THESE BIRTHS TWIN?  1 SINGLE 2 MULTIPLE	BH3 IS (name) MALE OR FEMALE?  1 MALE 2 FEMALE	BH4 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	BH5 IS (name) STILL ALIVE?  1 YES 2 NO <sup>§</sup> BH9	BH6 If alive HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record age in completed years. If less than 1 year record (00)  98 DK	BH7 If alive: IS (name) LIVING WITH YOU?  1 YES 2 NO	BH8 If alive Record household line number of child (from HLI).  Write "00" if child is not listed on household listing form (HL module).	BH9 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. If more than 2 years, record years.	AGE AT DEATH  DAYS MONTHS YEARS  DAYS MONTHS YEARS  DAYS MONTHS YEARS  DAYS MONTHS YEARS  DAYS MONTHS YEARS  DAYS MONTHS YEARS  DAYS MONTHS YEARS
01	_____	1 2	1 2	MONTH YEAR □ □ □ □ □ □	1 2	□ □	1 2	□ □	□ □ □ □ □ □	□ □ □ □ □ □
02	_____	1 2	1 2	MONTH YEAR □ □ □ □ □ □	1 2	□ □	1 2	□ □	□ □ □ □ □ □	□ □ □ □ □ □
03	_____	1 2	1 2	MONTH YEAR □ □ □ □ □ □	1 2	□ □	1 2	□ □	□ □ □ □ □ □	□ □ □ □ □ □
04	_____	1 2	1 2	MONTH YEAR □ □ □ □ □ □	1 2	□ □	1 2	□ □	□ □ □ □ □ □	□ □ □ □ □ □
05	_____	1 2	1 2	MONTH YEAR □ □ □ □ □ □	1 2	□ □	1 2	□ □	□ □ □ □ □ □	□ □ □ □ □ □
06	_____	1 2	1 2	MONTH YEAR □ □ □ □ □ □	1 2	□ □	1 2	□ □	□ □ □ □ □ □	□ □ □ □ □ □
07	_____	1 2	1 2	MONTH YEAR □ □ □ □ □ □	1 2	□ □	1 2	□ □	□ □ □ □ □ □	□ □ □ □ □ □

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.*

LINE	BH1 Name ALL CHILDREN, WHETHER ALIVE OR DEAD:	BH2 WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE	BH3 IS (name) MALE OR FEMALE? 1 MALE 2 FEMALE	BH4 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	BH5 IS (name) STILL ALIVE? 1 YES 2 NO <sup>SA</sup> BH9	BH6 If alive HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record age in completed years. If less than 1 year record (00) 98 DK	BH7 If alive: IS (name) LIVING WITH YOU? 1 YES 2 NO	BH8 If alive Record household line number of child (from HLI). Write "00" if child is not listed on household listing form (HL module).	BH9 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. If more than 2 years, record years.
		S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
08	_____	1 2	1 2	MONTH YEAR _____ _____	1 2	_____ _____	1 2	_____ _____	DAYS MONTHS YEARS _____ _____ _____
09	_____	1 2	1 2	MONTH YEAR _____ _____	1 2	_____ _____	1 2	_____ _____	DAYS MONTHS YEARS _____ _____ _____
10	_____	1 2	1 2	MONTH YEAR _____ _____	1 2	_____ _____	1 2	_____ _____	DAYS MONTHS YEARS _____ _____ _____
11	_____	1 2	1 2	MONTH YEAR _____ _____	1 2	_____ _____	1 2	_____ _____	DAYS MONTHS YEARS _____ _____ _____
12	_____	1 2	1 2	MONTH YEAR _____ _____	1 2	_____ _____	1 2	_____ _____	DAYS MONTHS YEARS _____ _____ _____

**CHECK THE TOTAL OF BH1, WHETHER IT IS EQUAL TO CM10  
YES, GO TO THE NEXT MODULE  
NO, REVIEW CM5 THROUGH CM9 AND BH2 TO RESOLVE**

This module is to be administered to all women WHO WERE PREGNANT in the 2 years preceding date of interview (March – April 2008).

Check child mortality module CM13 and record name of last-born child here \_\_\_\_\_.

Use this child’s name in the following questions, where indicated.

<b>MN 00. CONFIRMATION QUESTION</b> <b>HAVE YOU BEEN PREGNANT DURING THE LAST 2 YEARS?</b>	Yes ..... 1	<b>2 ⇒ CP</b>
	No..... 2	
	DK.....3	

<b>MN 01. HOW MANY PREGNANCIES DID YOU HAVE DURING THE PAST TWO YEARS?</b>	<b>The Number of pregnancies: .....</b> <input type="text"/>	
--	--	--

<b>MN 02. HOW DID THESE PREGNANCIES END?</b>  <i>Ask for each outcome and record conclusion for each pregnancy reported in MN 01.</i>  <i>Check that total number is equal to the number of pregnancies reported in MN 01. If Different, probe for MN 01 and correct if necessary.</i>	MN 02A. LIVE BIRTH: .....A <input type="text"/>	<b>A ⇒ MN 1</b>
	MN 02B. STILL BIRTH: .....B <input type="text"/>	<b>B ⇒ MN 1</b>
	MN 02C. MISCARRIAGE:.....C <input type="text"/>	<b>IF D only and/or C only ⇒ CP</b>
	MN02D. Currently pregnant.....D	

**FOR THE NEXT FEW QUESTIONS, I WILL BE ASKING ABOUT YOUR LAST COMPLETED PREGNANCY (LIVE OR STILL BIRTH).**

<b>MN1. BEFORE YOU GAVE BIRTH TO THIS CHILD, DID YOU SEE ANYONE FOR ANTENATAL CARE?</b>	Yes ..... 1	<b>2⇒MN5</b>
	No..... 2	

<b>MN2. WHOM DID YOU SEE?</b>  <i>Probe:</i> ANYONE ELSE?  <b>PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.</b>	Health professional: Doctor ..... A Nurse midwife ..... B Health Visitor..... C Midwife..... D	
	Other person: Traditional birth attendant..... E Community health worker ..... F Relative/Friend.....G Other ( <i>specify</i> ) ..... X	

<b>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</b>	Number of times.....	
	DK .....98	

<p><b>MN4. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</b></p> <p><b>MN4A. WAS YOUR BLOOD PRESSURE MEASURED?</b></p> <p><b>MN4B. DID YOU GIVE A URINE SAMPLE?</b></p> <p><b>MN4C. DID YOU GIVE A BLOOD SAMPLE?</b></p>	<p><u>MN4A. Blood pressure</u>  Yes ..... 1  No ..... 2</p> <p><u>MN4B. Urine sample</u>  Yes ..... 1  No ..... 2</p> <p><u>MN4C. Blood sample</u>  Yes ..... 1  No ..... 2</p>	
<p><b>MN4D. AS PART OF YOUR ANTENATAL CARE, WAS THE MODE AND/OR PLACE OF DELIVERY DISCUSSED WITH YOU?</b></p>	<p><u>MN4DA. MODE OF DELIVERY (Normal/CS)</u>  Yes ..... 1  No ..... 2</p> <p><u>MN4DB. PLACE OF DELIVERY</u>  Yes ..... 1  No..... 2</p>	
<p><b>MN4E. DURING THIS PREGNANCY, DID YOU RECEIVE IRON OR FEFOL TABLETS?</b></p>	<p>Yes ..... 1  No..... 2</p> <p>DK 8</p>	
<p><b>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</b></p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen)..... 1  Yes (card not seen)..... 2  No..... 3</p> <p>DK ..... 8</p>	
<p><b>MN6. During this pregnancy, DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</b></p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>	<p>2⇒MN9  8⇒MN9</p>
<p><b>MN7. How MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION <b>During this pregnancy?</b></b></p> <p><i>If 7 or more times, record '7.</i></p>	<p>Number of times.....  DK ..... 8</p>	<p>8⇒MN9</p>
<p><b>MN8. How many tetanus injections during last pregnancy were reported in MN7?</b></p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN13</p> <p><input checked="" type="checkbox"/> FEWER THAN TWO TETANUS INJECTIONS DURING LAST PREGNANCY. ⇒ CONTINUE WITH MN9</p>		

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>	<p>2⇒MN13  8⇒MN13</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR LAST PREGNANCY?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times.....  DK ..... 8</p>	
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR LAST PREGNANCY?</p>	<p>Years ago ..... _ _</p>	
<p>MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?</p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>	<p>2⇒MN16A  8⇒MN16A</p>
<p>MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?</p> <p><i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>	<p>SP / Fansidar ..... A  Chloroquine ..... B  Other (<i>specify</i>) ..... X  DK ..... Z</p>	
<p>MN15. Check MN14 for medicine taken:</p> <p><input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16</p> <p><input type="checkbox"/> SP / FANSIDAR NOT TAKEN. ⇒ GO TO MN16A</p>		
<p>MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?</p> <p><i>SHOW FANSIDAR TO RESPONDENT</i></p>	<p>Number of times..... _ _  DK ..... 98</p>	
<p><b>MN16A WHAT SIGNS AND SYMPTOMS DO YOU KNOW THAT TELLS SOMETHING IS WRONG DURING PREGNANCY, CHILDBIRTH/POSTPARTUM PERIOD THAT WOMAN SHOULD CONTACT HER CAREGIVER OR SEEK HEALTH CARE?</b></p> <p><i>Probe:</i>  ANY OTHER CAUSE?</p> <p><i>Circle all answers given</i></p>	<p><b>High fever.....A</b>  <b>Severe headache/ blurred vision.....B</b>  <b>High blood pressure.....C</b>  <b>Convulsions, fainting.....D</b>  <b>Vaginal bleeding.....E</b>  <b>Decreased or no fetal movements.....F</b>  <b>Green or brown fluid leaking from vagina...G</b>  <b>Foul smelling discharge from the vagina.....H</b>  <b>Difficult breathing.....I</b>  <b>Severe lower abdominal/back pain.....J</b>  <b>Lower Limb pain/redness.....K</b>  <b>DK.....Z</b>  <b>Other (Specify).....X</b></p>	

<p><b>MN17. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST COMPLETED PREGNANCY?</b></p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor ..... A Health visitor ..... B Nurse midwife ..... C Village Midwife..... D Medical Assistant..... E</p> <p>Other person:</p> <p>Traditional birth attendant..... F Community health worker ..... G Other (<i>specify</i>)..... X</p> <p><b>No one</b> ..... Y</p>	
<p><b>MN18. WHERE DID YOU GIVE BIRTH TO YOUR LAST CHILD (EITHER LIVE OR STILL BIRTH)?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine the typewrite the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home..... 1 PHCF (Primary Health Care Facility) ..... 2 Hospital..... 4 Other (<i>specify</i>).....6</p>	
<p><b>MN19. PLEASE TELL ME THE MODE OF DELIVERY OF YOUR LAST CHILD (LIVE OR STILL BIRTH).</b></p>	<p>Vaginal..... 1 Forceps/extractor ..... 2 Caesarian Section..... 3</p> <p>DK ..... 8</p>	
<p><b>MN19A WHAT ARE THE SIGNS AND SYMPTOMS YOU KNOW, THAT ALERTS A MOTHER TO SEEK HEALTH CARE FOR HER NEWBORN?</b></p> <p><i>Probe:</i> ANY OTHER CAUSE?</p>	<p>Fever .....A Convulsions.....B Jaundice (yellowing of skin).....C Very sleepy or not able to wake.....D Not suckling.....E White spots in mouth or tongue..... F Vomiting/spitting a lot or shooting out.....G Diarrhea.....H Less than six wet diapers per day.....I skin rash.....K DK..... Z Other (<i>Specify</i>).....X</p>	
<p><b>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</b></p>	<p>Yes ..... 1 No..... 2</p>	

<p><b>MN23A. IN THE FIRST 6 WEEKS AFTER THE LAST DELIVERY, DID YOU SEE/WERE YOU VISITED BY ANYONE FOR A CHECK-UP ON YOUR HEALTH?</b></p> <p><i>If yes: WHOM DID YOU SEE/ WERE YOU VISITED BY?</i></p> <p><i>Probe for the type of person and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor ..... A</p> <p>Health visitor ..... B</p> <p>Nurse midwife ..... C</p> <p>Village Midwife..... D</p> <p>Medical Assistant..... E</p> <p>Other person:</p> <p>Traditional birth attendant..... F</p> <p>Community health worker ..... G</p> <p>Other (specify)..... X</p> <p><b>No one</b> ..... Y</p>						
<p><b>MN23B. IN THE FIRST 6 WEEKS AFTER THE LAST DELIVERY, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</b></p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>Don't know ..... 8</p>						
<p><b>MN23C. AT ANY TIME DURING PREGNANCY, LABOUR OR WITHIN 42 DAYS AFTER DELIVERY OF YOUR LAST COMPLETED PREGNANCY, DID YOU EXPERIENCE ANY OF THE FOLLOWING?</b></p> <p><i>Read aloud each and circle the corresponding answer in the box.</i></p> <p>YES 1 NO 2 DK 8</p>		<p>Pregnancy</p>			<p>Labour / postpartum</p>		
	<p>YES</p>	<p>NO</p>	<p>DK</p>	<p>YES</p>	<p>NO</p>	<p>DK</p>	
<p>MN23C A. Excessive vaginal bleeding</p>	<p>1</p>	<p>2</p>	<p>8</p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C B. High blood pressure</p>	<p>1</p>	<p>2</p>	<p>8</p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C C. Convulsions</p>	<p>1</p>	<p>2</p>	<p>8</p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C D. High Fever</p>	<p>1</p>	<p>2</p>	<p>8</p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C E. Painful Urination</p>	<p>1</p>	<p>2</p>	<p>8</p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C F. Lower Abdominal/Back Pain</p>	<p>1</p>	<p>2</p>	<p>8</p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C G. Foul-smelling vaginal discharge</p>	<p>1</p>	<p>2</p>	<p>8</p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C h. Jaundice</p>	<p>1</p>	<p>2</p>	<p>8</p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C I. Prolonged labour lasting more than 12 hours</p>	<p></p>	<p></p>	<p></p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C J. Swelling, pain and redness in legs</p>	<p></p>	<p></p>	<p></p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C K. Swollen, painful breast</p>	<p></p>	<p></p>	<p></p>	<p>1</p>	<p>2</p>	<p>8</p>	
<p>MN23C L. Dribbling of urine</p>	<p></p>	<p></p>	<p></p>	<p>1</p>	<p>2</p>	<p>8</p>	

**NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING, THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID PREGNANCY. (THIS QUESTION TO BE ASKED TO ALL WOMEN AGE 15 – 49 YEARS)**

<p>CP00. SOME PEOPLE USE METHODS TO DELAY OR AVOID PREGNANCY. HAVE YOU EVER HEARD ABOUT THESE METHODS OF FAMILY PLANNING?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2 ⇒ CP02</p>
<p>CP01. WHICH METHODS TO AVOID OR DELAY PREGNANCY THAT YOU KNOW ABOUT?</p> <p><i>List and describe methods. Circle each method known by respondent.</i></p> <p>If mentioned male condom skip CP02</p>	<p>CP1A. Condom (male)..... <b>A</b></p> <p>CP1B. Diaphragm/Cervical cap/ Female condom ..... <b>B</b></p> <p>CP1C. Spermicides/Cream/Jelly/Foam/ Vaginal pills/Suppositories ..... <b>C</b></p> <p>CP1D. IUD ..... <b>D</b></p> <p>CP1E. Oral hormonal contraceptives (pills) ... <b>E</b></p> <p>CP1F. Hormonal injections ..... <b>F</b></p> <p>CP1G. Hormonal implants ..... <b>G</b></p> <p>CP1H. Emergency contraception ..... <b>H</b></p> <p>CP1I. Lactation amenorrhea method ..... <b>I</b></p> <p>CP1J. Withdrawal ..... <b>J</b></p> <p>CP1K. Calendar method ..... <b>K</b></p> <p>CP1L. Abstinence ..... <b>L</b></p> <p>CP1M. Douching ..... <b>M</b></p> <p>CP1N. Tubal ligation (female sterilization)..... <b>N</b></p> <p>CP1O. Vasectomy (male sterilization)..... <b>O</b></p> <p>CP1X. Other methods ..... <b>X</b></p> <p>CP1Z. DK/difficult answer..... <b>Z</b></p>	<p><b>A ⇒ CP03</b></p>
<p>CP02. HAVE YOU EVER HEARD OF A MALE CONDOM?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2 ⇒ CP05</p>
<p>CP03. DO YOU KNOW OF A PLACE WHERE A PERSON CAN GET CONDOMS?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>CP04. IF YOU WANTED TO, COULD YOU YOURSELF GET A CONDOM?</p>	<p>Yes ..... 1 No ..... 2</p>	

**CP05: Check Marital/Union Status (MA1).**

*If MA5 = (NEVER MARRIED/IN UNION) ⇒ FG Module/ FG17*

*If MA5 = FORMERLY MARRIED OR FORMERLY LIVED WITH A MAN ⇒ answer CP06 AND ⇒ FG*

*If MA1 = CURRENTLY MARRIED OR LIVING WITH MAN ⇒ continue with CP1*

<p><b>FOR EVER MARRIED/IN UNION WOMEN:</b></p> <p><b>CP06. HAVE YOU EVER USED ANYTHING OR TRIED IN ANY WAY TO DELAY OR AVOID GETTING PREGNANT?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p><b>1 ⇒ FG</b></p> <p><b>2 ⇒ FG</b></p>
<p>CP1:</p> <p><b>FOR CURRENTLY MARRIED/IN UNION WOMEN:</b></p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant ..... 1</p> <p>No ..... 2</p> <p>Unsure or DK ..... 8</p>	<p>1 ⇒ UN</p>
<p>CP2. COUPLES 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>	<p>2 ⇒ UN</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><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>Lactation amenorrhoea method (LAM) ..... K</p> <p>Periodic abstinence/Rhythm ..... L</p> <p>Withdrawal ..... M</p> <p>Other (specify) ..... X</p>	<p>A ⇒ UN 13</p> <p>B ⇒ UN 13</p>

UNMET NEED		UN
<p>UN1. Check whether the woman is Currently pregnant or not (CPI IF CP module filled.)?</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. WHEN YOU GOT PREGNANT, DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more ..... 2	2⇒UN13
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 Other ..... 996 Don't know ..... 998	994⇒UN11
<p>UN8. Check CPI. 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>		

<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 amenorrheic .....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"/> Yes. ⇒ Go to Next Module</p> <p><input type="checkbox"/> No ⇒ 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          Before last birth ..... 995          Never menstruated..... 996</p>	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG9. Check CM5 and CM7, Child Mortality Module: Woman has living daughter? <input type="checkbox"/> Yes. ⇒ Continue with FG00 <input type="checkbox"/> No. ⇒ Go to FG17		
FG00. DO YOU INTEND TO CIRCUMCISE YOUR DAUGHTERS WHO ARE NOT YET BEEN CIRCUMCISED; IF ANY?	Yes .....1 No..... 2 DK.....8	
FG17. 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 ..... 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

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⇒STI																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes.....1 No .....2  DK.....8																	
HA3. CAN PEOPLE GET 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 GET THE AIDS VIRUS 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 THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width:100%; border:none;"> <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															
HA9. IN YOUR OPINION, 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																	
HA10. 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																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, 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 CM13: 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"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.</p>		
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with HA15</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to HA24</p>		
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS 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 AIDS VIRUS 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.</p> <p>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 MN17: 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 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 AIDS VIRUS 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 AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p>HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?</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⇒STI</p> <p>2⇒STI</p> <p>8⇒STI</p>
<p>HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?</p>	<p>Yes.....1</p> <p>No .....2</p>	<p>2⇒HA27</p>

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⇒STI 2⇒STI 8⇒STI
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes.....1 No .....2	

<b>SEXUALLY TRANSMITTED INFECTIONS</b>		<b>STI</b>
<b>STI1. CHECK MA1-MA5:</b>		
<input type="checkbox"/> <b>NEVER MARRIED/IN UNION ⇒ GO TO SB</b> <input type="checkbox"/> <b>CURRENTLY/ EVER MARRIED ⇒ CONTINUE WITH STI2</b>		
STI2. <i>SOMETIMES WOMEN EXPERIENCE A BAD SMELLING ABNORMAL GENITAL DISCHARGE</i> DURING THE LAST 12 MONTHS, HAVE YOU HAD AN ABNORMAL GENITAL DISCHARGE?	Yes.....1 No .....2	
STI3. <i>SOMETIMES WOMEN HAVE A GENITAL SORE OR ULCER. DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?</i>	Yes.....1 No .....2	
<b>STI 4. CHECK STI2 AND STI3:</b> <input type="checkbox"/> EXPERIENCED GENITAL DISCHARGE OR SORE/ULCER → CONTINUE WITH STI 5 <input type="checkbox"/> NO EXPERIENCE OF GENITAL DISCHARGE OR SORE/ULCER → NEXT MODULE		
STI5. THE LAST TIME YOU HAD A GENITAL SORE OR <i>ABNORMAL GENITAL DISCHARGE</i> ; DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?	Yes.....1 No .....2	

SEXUAL BEHAVIOUR (SOUTH SPECIFIC)		SB
<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.</b>		
<p>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.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse.....00</p> <p>Age in years..... _ _</p> <p>First time when started living with (first) husband/partner .....95</p> <p>DK / Don't remember .....98</p>	00⇒WM 11
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK / Don't remember .....8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><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></p>	<p>Days ago ..... 1 _ _</p> <p>Weeks ago.....2 _ _</p> <p>Months ago.....3 _ _</p> <p>Years ago .....4 _ _</p>	4⇒SB11
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>If person is 'boyfriend' or 'fiancée', ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '01'. If 'no', circle '02'.</i></p>	<p>Current spouse .....01</p> <p>Current cohabiting partner.....02</p> <p>Ex-spouse .....03</p> <p>Ex-cohabiting partner.....04</p> <p>Boyfriend / Fiancée .....05</p> <p>Casual acquaintance .....06</p> <p>Sex worker.....07</p> <p>Other (<i>specify</i>) _____ 96</p>	01⇒SB7 02⇒SB7
<p>SB6. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner..... _ _</p> <p>DK .....98</p>	
<p>SB7. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes.....1</p> <p>No .....2</p>	2⇒SB11
<p>SB8. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... _ _</p>	
<p>SB9. FOR WOMEN: THINK ABOUT THE MALE SEXUAL PARTNERS YOU'VE HAD IN THE LAST 12 MONTHS.</p> <p>HOW MANY WERE: #YOUR SPOUSE(S) OR LIVE-IN SEXUAL PARTNERS ("REGULAR" PARTNERS)</p>	<p>NUMBER OF SPOUSE(S) OR LIVE-IN SEXUAL PARTNERS ("REGULAR" PARTNERS) ... _ _ _ </p> <p>NUMBER OF NOT MARRIED TO AND HAVE NEVER LIVED WITH AND DID NOT PAY PARTNERS ("NON-REGULAR" PARTNERS) ..... _ _ _ </p>	

<p># SEXUAL PARTNERS WHO YOU ARE NOT MARRIED TO, HAVE NEVER LIVED WITH AND DID NOT PAY FOR SEX (“NON-REGULAR” PARTNERS)</p> <p># PARTNERS WITH WHOM YOU HAD SEX IN EXCHANGE FOR MONEY (“PAID” PARTNERS)</p> <p>(SHOULD MATCH WITH THE NUMBER OF SEXUAL PARTNERS IN LAST 12 MONTHS)</p>	<p>NUMBER OF SEX IN EXCHANGE FOR MONEY PARTNERS (PAID PARTNERS) ..... _ _ </p>	
<p>SB10. IN THE LAST 12 MONTHS WAS CONDOM USED EVERY TIME YOU HAD SEXUAL INTERCOURSE WITH ALL YOUR PARTNER(S) WHO YOU ARE NOT MARRIED TO, HAVE NEVER LIVED WITH?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>SB11. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</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 ..... _ _</p> <p>DK ..... 98</p>	

<p>WM11. <i>Record the time.</i></p>	<p>Hour and minutes ..... : _ _</p>	
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FINAL WOMAN'S QUESTIONNAIRE INSTRUCTIONS	FW
<p>WM12. <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household? Check household listing, column HL9.</i></p> <p><input type="checkbox"/> <i>Yes.</i> ⇒ <i>Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this Respondent.</i></p> <p><input type="checkbox"/> <i>No.</i> ⇒ <i>End the interview with this respondent by thanking her for her cooperation.</i></p>	
<p>W12A. <i>Do any other eligible women reside in the household? Check household listing column. HH7.</i></p> <p><input type="checkbox"/> <i>Yes.</i> ⇒ <i>Go to the next WOMAN'S QUESTIONNAIRE to administer the questionnaire to the next eligible woman.</i></p> <p><input type="checkbox"/> <i>No.</i> ⇒ <i>End the interview by thanking the respondent for her cooperation.</i>  <i>Gather together all questionnaires for this household and tally the number of interviews completed on the cover page on the household questionnaire.</i></p>	

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

# SOUTH SUDAN HOUSEHOLD HEALTH SECOND SURVEY 2010

## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL9) who care for a child that lives with them and that is under the age of 5 years (see household listing, column HL9). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</i></p>		
<p style="text-align: center;">State</p> <p>UF0. CODES OF :      <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>		
<p>UF1.:    <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Cluster Number</p>	<p>UF2 HOUSEHOLD NUMBER:    <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
<p>UF3. Child's Name _____ :</p>	<p>F4. Child's Line Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
<p>UF5. Mother's/Caretaker's Name _____</p>	<p>UF6. Mother's/Caretaker's Line Number (from HL1)  <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
<p>UF7. Interviewer Name and Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>UF8. Day/Month/Year of interview <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"/> / <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"/></p>	

*Repeat greeting if not already read to this respondent:*

We are from the Sudan Household Health Survey 2<sup>nd</sup> round which is concerned with family health and socioeconomic indicators. I would like to talk to you about this. The interview will take about 30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

May I start now?

- YES, PERMISSION IS GIVEN ⇒ GO TO UF12 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.*
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor*

<p>UF9. Result of interview for children under 5 Codes refer to mother/caretaker. <i>Circle the appropriate code</i> <b>First visit</b> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Incapacitated .....5 Other(SPECIFY).....6</p>	<p>UF9a. Result of interview for children under 5 Codes refer to mother/caretaker. <i>Circle the appropriate code</i> <b>Second visit</b> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Incapacitated .....5 Other(SPECIFY).....6</p>	<p>UF9b. Result of interview for children under 5 Codes refer to mother/caretaker. <i>Circle the appropriate code</i> <b>Third visit</b> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Incapacitated .....5 Other(SPECIFY).....6</p>
<p>UF10. Field edited by (Name and number): Name _____</p>		<p>UF11. Data entry clerk (Name and number): Name _____</p>

<b>UF12. RECORD THE TIME</b>	<b>Hour and minutes</b> ____ : ____	
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<b>AGE</b>		
<b>AG</b>		
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, AND WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT <i>(name)</i>. IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER DATE OF BIRTH?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day. Month and Year should be recorded</i></p>	<p>Date of birth:</p> <p>Day ..... <input type="text"/> <input type="text"/></p> <p>DK day..... 98</p> <p>Month ..... <input type="text"/> <input type="text"/></p> <p>.....</p> <p>Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>.....</p>	
<p>AG2. HOW OLD IS <i>(name)</i> NOW?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years and months.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age in completed years ..... <input type="text"/> <input type="text"/></p> <p>Age in completed months..... <input type="text"/> <input type="text"/></p>	

<b>BIRTH REGISTRATION MODULE</b>		<b>BR</b>
<p>BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?</p>	<p>Yes, seen ..... 1</p> <p>Yes, not seen ..... 2</p> <p>No ..... 3</p> <p>DK..... 8</p>	<p>1 ⇒ EC</p> <p>2 ⇒ EC</p>
<p>BR2. HAS <i>(name)</i>'S BIRTH BEEN REGISTERED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>1 ⇒ EC</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2 ⇒ EC</p>
<p>BR4. WHY DOES <i>(name)</i> NOT HAVE A BIRTH CERTIFICATE?</p>	<p>Costs too much ..... 1</p> <p>Must travel too far..... 2</p> <p>Did not know child should have birth certificate ... 3</p> <p>Did not want to pay fine ..... 4</p> <p>Does not know where to get birth certificate ..... 5</p> <p>Other(<i>specify</i>) ..... 6</p> <p>DK..... 8</p>	

EARLY CHILDHOOD DEVELOPMENT EC		
EC4. Check AG2: Age of child		
<input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5		
<input type="checkbox"/> <b>CHILD AGE 0, 1 OR 2 ⇒ GO TO NEXT MODULE</b>		
EC5. DOES ( <i>name</i> ) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes.....1 No.....2 DK.....8	2 ⇒ Next Module 8 ⇒ Next Module
EC6. WITHIN THE LAST WEEK OF THE LAST SCHOOL YEAR (2009-2010), ABOUT HOW MANY DAYS DID ( <i>name</i> ) ATTEND?	Number of days.....__ __	

CARE FOR ILLNESS MODULE		CA
CA1. HAS ( <i>name</i> ) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE ( <i>day of the week</i> ) OF THE WEEK BEFORE LAST?  <i>Diarrhoea is determined as perceived by mother or caretaker, or as more than usual/loose or watery stools per day, or blood in stool.</i>	Yes.....1 No .....2 DK.....8	2 ⇒ CA7 8 ⇒ CA7
CA1A. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes.....1 No .....2 DK.....8	2 ⇒ CA2 8 ⇒ CA2
CA1B. FROM WHERE DID YOU SEEK CARE (ADVICE OR TREATMENT)?  <i>Probe: ANYWHERE ELSE?</i>  <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>  <i>Probe to identify the type of source and circle the appropriate code.</i>  <i>If unable to determine if public or private sector, write the name of the place.</i>  _____ ( <i>Name of place</i> )	<b>Public sector:</b> Govt. hospital..... A Govt. health centre..... B Govt. health Unit ..... C Village health worker..... D Mobile/outreach clinic..... E Other public sector( <i>specify</i> )..... F  <b>Private medical sector:</b> Private hospital/clinic..... G Private physician..... H Private pharmacy ..... I Mobile clinic (private) ..... J Other private sector( <i>specify</i> )..... K  <b>Other source:</b> Religious healer ..... L Traditional healer ..... M Relative or friend..... N Other ( <i>specify</i> )..... X	

<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</p> <p>DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?</p>	<p>less than usual..... 1</p> <p>About the same ..... 3</p> <p>Morethan usual ..... 4</p> <p>Nothing to drink ..... 5</p> <p>DK..... 8</p>	
<p>CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?</p>	<p>less than usual..... 1</p> <p>About the same ..... 3</p> <p>Morethan usual ..... 4</p> <p>Stopped food ..... 5</p> <p>Exclusively breast fed..... 6</p> <p>DK..... 8</p>	
<p>CA4. DURING THIS LAST EPISODE OF DIARRHEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>CA 4A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS (ORADEX)?</p> <p>CA 4B. RECOMMENDED HOMEMADE FLUID?</p>	<p><u>CA4A. Fluid from ORS packet</u></p> <p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p> <p><u>CA4B. Homemade fluid</u></p> <p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>1 ⇨ CA4c</p> <p>2 ⇨ CA5</p> <p>8 ⇨ CA5</p> <p>⇨ CA5</p>
<p>CA4C. FROM WHERE DID YOU GET THE FLUID MADE FROM A SPECIAL PACKET CALLED ORS (ORADEX)? <i>Probe: ANYWHERE ELSE?</i></p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify the type of source and circle the appropriate code.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p><b>Public sector:</b></p> <p>Govt. hospital..... A</p> <p>Govt. health centre..... B</p> <p>Govt. PHC unit..... C</p> <p>Community health worker..... D</p> <p>Mobile/outreach clinic..... E</p> <p>Other public sector(<i>specify</i>)..... F</p> <p><b>Private medical sector:</b></p> <p>Private hospital/clinic..... G</p> <p>Private physician..... H</p> <p>Private pharmacy ..... I</p> <p>Mobile clinic (private) ..... J</p> <p>Other private sector(<i>specify</i>)..... K</p> <p><b>Other source:</b></p> <p>Relative or friend ..... N</p> <p>Other(<i>specify</i>)..... X</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2 ⇨ CA7</p> <p>8 ⇨ CA7</p>

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;">(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic..... A</p> <p>Antimotility ..... B</p> <p>Zinc ..... C</p> <p>Other (Not antibiotic, antimotility or zinc)..... G</p> <p>Unknown pill or syrup..... H</p> <p>Injection</p> <p>Antibiotic..... L</p> <p>Non-antibiotic..... M</p> <p>Unknown injection..... N</p> <p>Intravenous..... O</p> <p>Home remedy/Herbal medicine..... Q</p> <p>Other (<i>specify</i>)..... X</p>	
<p>CA7. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH OR DIFFICULT BREATHING AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA13A</p> <p>8⇒CA13A</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p>CA10. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK CARE (ADVICE OR TREATMENT)?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify the type of source and circle the appropriate code.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p><b>Public sector:</b></p> <p>Govt. hospital..... A</p> <p>Govt. health centre..... B</p> <p>Govt. health Unit ..... C</p> <p>Village health worker..... D</p> <p>Mobile/outreach clinic..... E</p> <p>Other public sector(<i>specify</i>)..... F</p> <p><b>Private medical sector:</b></p> <p>Private hospital/clinic..... G</p> <p>Private physician..... H</p> <p>Private pharmacy ..... I</p> <p>Mobile clinic (private) ..... J</p> <p>Other private sector(<i>specify</i>)..... K</p> <p><b>Other source:</b></p> <p>Religious healer ..... L</p> <p>Traditional healer ..... M</p> <p>Relative or friend..... N</p> <p>Other (<i>specify</i>)..... X</p>	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA13A</p> <p>8⇒CA13A</p>

<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic Pill / Syrup.....A Injection ..... B Anti-malarials..... M</p> <p>Paracetamol / Panadol / Acetaminophen... P Aspirin ..... Q Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X DK.....Z</p>	
<p><i>Ask the following question (CA13A) only once for each caretaker.</i></p> <p>CA13A. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY URGENTLY?</p> <p><i>Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms.</i></p>	<p>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 poorly..... G Convulsions.....H Drowsiness.....I</p> <p>Other (<i>specify</i>).....X</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA15</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried..... 05 Left in the open..... 06</p> <p>Other (<i>specify</i>) _____ 96 DK..... 98</p>	

MALARIA MODULE		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE ( <i>day of the week</i> ) OF THE WEEK BEFORE LAST, HAS ( <i>name</i> ) BEEN ILL WITH FEVER OR MALARIA?	Yes.....1 No .....2 DK.....8	2 ⇨ BF 1. 8 ⇨ BF1.
ML2. AT ANY TIME DURING THE ILLNESS, DID ( <i>name</i> ) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes.....1 No .....2 DK.....8	
ML4. WAS ( <i>NAME</i> ) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes.....1 No .....2 DK.....8	2 ⇨ ML8 8 ⇨ ML8
ML5. WAS ( <i>name</i> ) GIVEN OR ANY MEDICINE DESCRIBED FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes.....1 No .....2 DK.....8	2 ⇨ ML8 8 ⇨ ML8
ML6. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN OR MEDICINE DESCRIBED? <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i>  _____	<b>Anti-malarials:</b> SP/Fansidar tablet ..... A Chloroquine tablet..... B Chloroquine injection..... C Chloroquine syrup..... D Amodiaquine tablet ..... E Amodiaquine injection ..... F Metacalfin tablet..... G Quinine pills ..... H Quinine injection ..... I Artemisinin-based combinations..... J <b>Other medications:</b> Paracetamol/Panadol/Acetaminophen/ Action ..... P Aspirin ..... Q Ibuprofen ..... R Other( <i>specify</i> ) ..... X DK.....Z	
ML6A. WHERE WAS THE MEDICINE OBTAINED?	<b>Public sector:</b> Govt. hospital..... A Govt. health centre..... B Govt. health Unit ..... C Village health worker..... D Mobile/outreach clinic..... E Other public sector( <i>specify</i> )..... F <b>Private medical sector:</b> Private hospital/clinic..... G Private physician..... H Private pharmacy ..... I Mobile clinic (private) ..... J Other private sector( <i>specify</i> )..... K <b>Other source:</b> Religious healer ..... L Traditional healer ..... M Relative or friend..... N Other ( <i>specify</i> )..... X	
ML7. WAS ( <i>name</i> ) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes.....1 No .....2 DK.....8	1 ⇨ ML9
ML8. WAS ( <i>name</i> ) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes.....1 No .....2 DK.....8	2 ⇨ BF1 8 ⇨ BF1
	<b>Anti-malarials:</b>	

<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i>          ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name</i>)</p>	<p>SP/Fansidar tablet ..... A          Chloroquine tablet ..... B          Chloroquine injection ..... C          Chloroquine syrup ..... D          Amodiaquine tablet ..... E          Amodiaquine injection ..... F          Metacalfin tablet ..... G          Quinine pills ..... H          Quinine injection ..... I          Artemisinin-based combinations ..... J</p> <p><b>Other medications:</b>          Paracetamol/Panadol/Acetaminophen ..... P          Aspirin ..... Q          Ibuprofen ..... R</p> <p>Other(<i>specify</i>) ..... X          DK ..... Z</p>	
<p><b>ML10. Check ML6 &amp; ML9: if Anti-malarial mentioned (code A - J)?</b></p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML11</p> <p><input type="checkbox"/> No. ⇒ Go to BF</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9,</i></p> <p><i>Record how long after the fever started <b>the first anti-malarial was given.</b></i></p>	<p>Same day ..... 0          Next day ..... 1          2 days after the fever ..... 2          3 days after the fever ..... 3          4 or more days after the fever ..... 4</p> <p>DK ..... 8</p>	

<b>BREASTFEEDING MODULE (CHILDREN UNDER 2 YEARS OF AGE)</b>		<b>BF</b>
<b>Check AGE2: Child aged under 2 years?</b>		
<input type="checkbox"/> Yes. ⇒ Continue with BF1 <input type="checkbox"/> No. ⇒ Go to NEXT MODULE		
BF1. HAS (name) EVER BEEN BREASTFED?	Yes.....1 No .....2 DK.....8	2⇒BF2C 8⇒BF2C
BF1A. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO BREAST  <i>if less than one hour record "00" hours            if less than 24 hours, record hours            otherwise record days</i>	Immediately.....000 Hours.....1 ____ Days.....2 ____ DK, don't remember.....998	
BF1B. DID (name) RECEIVE ANY OTHER LIQUIDS OR SOLIDS BESIDES BREASTMILK IN THE FIRST 6 MONTHS?  <i>If the child age is less than 6 months, mention the child's age instead of 6 months</i>	Yes.....1 No .....2 DK.....8	
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No .....2 DK.....8	1⇒BF2B
BF2A. AT WHAT AGE DID (name) STOP BEING BREASTFED?	Number of months..... <input type="text"/> <input type="text"/>	
BF2B. HAS (name) STARTED TO HAVE FOODS BESIDES BREAST FEEDING?	Yes.....1 No .....2 DK.....8	2⇒BF3 8⇒BF3
BF2C. AT WHAT AGE DID (name) BEGIN TO HAVE ADDITIONAL FOODS?	Number of months..... <input type="text"/> <input type="text"/>	
<b>I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (name) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.</b>		
BF3: DID (name) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF4. DID (name) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (name) DRINK INFANT FORMULA?	Number of times ..... ____	

BF6. DID ( <i>name</i> ) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID ( <i>name</i> ) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ..... _ _	
BF8. DID ( <i>name</i> ) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF9. DID ( <i>name</i> ) DRINK SOUP YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF10. DID ( <i>name</i> ) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF11. DID ( <i>name</i> ) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF12. DID ( <i>name</i> ) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF13. DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF15. DID (NAME) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	
BF16. DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No .....2 DK.....8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes.....1 No .....2 DK.....8	

IMMUNIZATION MODULE		IM																																							
<p><b><i>This module to be administered to mothers of children 12-23 months of age</i></b>  <i>If an immunization card is available, copy the dates in IM300 to IM303 for each type of immunization or vitamin A dose recorded on the card. IM6-IM16 will be used to record the vaccination not registered in the card and also will be asked when a card is not available.</i></p>																																									
<p>IM1. IS THERE A VACCINATION CARD FOR (name)? (If yes) MAY I SEE IT?</p>	<p>Yes, seen ..... 1            Yes, not seen ..... 2            No ..... 3</p>	<p>2⇒IM6            3⇒IM6</p>																																							
<p><b>IM3</b>            (a) Copy dates for each vaccination from the card.            (b) If the card shows only part of the date, record "98" in the column for the missing information.            (c) Write '44' in day column if card shows that vaccination was given but no date recorded.            (d) If a vaccination was not given, leave that line blank</p>	<p style="text-align: center;">Date of Immunization</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 33%;">DAY</th> <th style="width: 33%;">MONTH</th> <th style="width: 33%;">YEAR</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td></tr> </tbody> </table>		DAY	MONTH	YEAR																																				
DAY	MONTH	YEAR																																							
IM3 00. BCG																																									
IM301. OPV0																																									
IM301A. OPV1																																									
IM301B. OPV2																																									
IM301C. OPV3																																									
IM302. DPT HB HIB1																																									
IM302A. DPT HB HIB2																																									
IM302 B DPT HB HIB 3																																									
IM303. MEASLES																																									
<p>IM4. Check IM3. Are all vaccines (BCG to MEASLES) recorded?</p> <p><input type="checkbox"/> Yes ⇒Go to IM18</p> <p><input type="checkbox"/> No ⇒Continue with IM6</p>																																									
<p>IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES (ROUTINE VACCINATION)?</p>	<p>Yes ..... 1            No ..... 2            DK..... 8</p>	<p>2⇒IM18            8⇒IM18</p>																																							
<p>IM7. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM?</p>	<p>Yes ..... 1            No ..... 2            DK..... 8</p>	<p>2⇒IM 8            8⇒IM 8</p>																																							
<p>IM7A. HAS IT CAUSED A SCAR?            IF YES: CAN I SEE IT?</p>	<p>Yes scar seen ..... 1            Yes scar not seen..... 2            No ..... 3</p>																																								
<p>IM8. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes ..... 1            No ..... 2            DK..... 8</p>	<p>2⇒IM12A            8⇒IM12A</p>																																							

<b>IM9. HOW OLD WAS (<i>name</i>) WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?</b>	Just after birth (within two weeks) ..... 1 Later ..... 2 DK..... 8	
<b>IM10. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS? COUNT ONLY ROUTINE VACCINATION</b>	No. of times..... <input type="text"/> <input type="text"/>	
<b>IM12A. HAS (<i>name</i>) EVER BEEN GIVEN “DPT HB HIB (PENTAVALENT) VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B, MENINGITIS? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</b>	Yes ..... 1 No ..... 2 DK..... 8	2⇒IM16 8⇒IM16
<b>IM12B. HOW MANY TIMES HAS HE/SHE BEEN GIVEN DPT HB HIB VACCINATION INJECTIONS?</b>	No. of times..... <input type="text"/>	
<b>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION– THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</b>	Yes ..... 1 No ..... 2 DK..... 8	
<b>IM18. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?</b>  <i>Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.</i>	Yes ..... 1 No ..... 2 DK..... 8	2⇒ IM18c 8⇒IM18c
<b>IM18A. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST CAPSULE?</b>	Less than 6 months ago ..... 1 More than 6 months ago..... 2 DK..... 8	
<b>IM18B. WHERE DID YOU GET THE LAST CAPSULE FOR THE (<i>name</i>)?</b>	On routine visit to health facility ..... 1 Sick child visit to health facility ..... 2 National Immunization Day campaign..... 3 Other( <i>specify</i> )..... 6 DK..... 8	
<b>IM18C ASK THE MOTHER WHETHER (<i>name</i>) SUFFERING FROM ANY DIFFICULTIES IN SEEING AT NIGHT</b>	Yes ..... 1 No ..... 2 DK..... 8	

<b>UF13. Record the time.</b>	<b>Hour and minutes</b> ____ : ____	
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UF14. Is the respondent the mother or caretaker of another child age less than 5 years living in this household? Check the HH listing HL9

Yes. ⇒ Indicate to the respondent that you will need to measure the **weight and height of the child later if the child aged between 6 to 59 months.**  
**And the weight only for children < 6 month**  
 Go to the next **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to be administered to the same respondent

No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child.

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements

<b>ANTHROPOMETRY MODULE</b>		<b>AN</b>
<p>After questionnaires for all children under 5 are complete, the measurer weighs and measures each <b>child aged 6-59 months</b>,  <b>And the weight only for children &lt; 6 month</b>            Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child.            Check the child's name and household line number (HL1) on the household listing before recording measurements.</p>		
AN1. Measurer's Name and identification code.	Name _____ CODE <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table>	
AN2. Result of height/length and weight measurement	Either or both measured ..... 1 Child not present ..... 2 Child or caretaker refused ..... 3 Other (specify) ..... 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight.	Kilograms (kg) ..... <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table>	
AN4. Child's length or height. Check age of child in AG2.	Length (cm) Lying down.....L <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table>	
<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Height (cm) Standing up H <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table>	
AN5. Perform the oedema press test to both feet to determine if the child has oedema and mark the result of the test.	<u>Child has oedema</u> Yes ..... 1 No ..... 2 Not present ..... 3 Refused ..... 4	
AN6. Is there another child in the household who is eligible for measurement?		
<input type="checkbox"/> Yes. ⇒ Record measurements for next child in his/her questionnaire. <input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.		

**INTERVIEWER'S OBSERVATIONS**

**FIELD EDITOR'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**

## SOUTH SUDAN HOUSEHOLD HEALTH SURVEY QUESTIONNAIRE FOR INDIVIDUAL MAN

MEN'S INFORMATION PANEL		MM
<i>This questionnaire is to be administered to all men age 15 through 49 (see column HL7A of Household Listing Form). Fill in one form for each eligible man</i>		
MM1. Cluster number:  _____ - _____	MM2. Household number:  _____	
MM3. Man's name: Name _____	MM4. Man's line number:  _____	
MM5. Interviewer name and number: Name _____	MM6. Day / Month / Year of interview:  _____ / _____ / _____	

REPEAT GREETING IF NOT ALREADY READ TO THIS MAN:

We are from the Sudan Household Health Survey 2<sup>nd</sup> round which is concerned with family health and socioeconomic indicators. I would like to talk to you about this. The interview will take about 10 to 15 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

May I start now?

- Yes, permission is given* ⇒ Go to MM10 to record the time and then begin the interview.
- No, PERMISSION IS NOT GIVEN* ⇒ COMPLETE MM7. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.

MM7. Result of Man's interview <i>Circle the appropriate code</i>	MM7a. Result of Man's interview <i>Circle the appropriate code</i>	MM7b. Result of Man's interview <i>Circle the appropriate code</i>
<b><u>First visit</u></b>	<b><u>Second visit</u></b>	<b><u>Third visit</u></b>
Completed.....1	Completed.....1	Completed.....1
Not at home.....2	Not at home.....2	Not at home.....2
Refused.....3	Refused.....3	Refused.....3
Partly completed.....4	Partly completed.....4	Partly completed.....4
Incapacitated.....5	Incapacitated.....5	Incapacitated.....5
Other ( <i>specify</i> ).....6	Other ( <i>specify</i> ).....6	Other ( <i>specify</i> ).....6

MM8. Field edited by (Name and number):  Name _____	MM9. Data entry clerk (Name and number):  Name _____
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MM10. RECORD THE TIME.	Hour and minutes ____ : ____	
------------------------	---------------------------------	--



<b>MARRIAGE/UNION</b>		<b>MA</b>
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married .....1 Yes, living with a woman .....2 No, not in union.....3	3⇒MA5
MA1A. IS YOUR WIFE/PARTNER LIVING WITH YOU NOW OR IS SHE STAYING ELSEWHERE?	LIVING TOGETHER .....1 Staying elsewhere .....2	
MA2. HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY?	Age in years.....__ __ DK .....98	
MA3. DO YOU HAVE ANY OTHER WIVES OR FEMALE PARTNERS WHO YOU LIVE WITH AS IF MARRIED?	Yes .....1 No.....2	2⇒MA7
MA4. HOW MANY WIVES OR PARTNERS DO YOU HAVE?	Number..... DK .....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married.....1 Yes, formerly lived with a woman .....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 WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once .....1 More than once.....2	
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years.....	

<b>ATTITUDES TOWARD DOMESTIC VIOLENCE</b>		<b>DV</b>
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 ..... 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	

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

<p>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.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse ..... 00</p> <p>Age in years.....__ __</p> <p>DK / Don't remember..... 98</p>	<p>00⇒HA</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK / Don't remember..... 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><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></p>	<p>Days ago.....1 __ __</p> <p>Weeks ago.....2 __ __</p> <p>Months ago .....3 __ __</p> <p>Years ago .....4 __ __</p>	<p>4⇒SB11</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>If person is 'girlfriend' or 'fiancée', ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '01'. If 'no', circle '02'.</i></p>	<p>Current spouse..... 01</p> <p>Current cohabiting partner ..... 02</p> <p>Ex-spouse..... 03</p> <p>Ex-cohabiting partner ..... 04</p> <p>Girlfriend/ Fiancée..... 05</p> <p>Casual acquaintance..... 06</p> <p>Sex worker ..... 07</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒SB7</p> <p>02⇒SB7</p>
<p>SB6. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner .....__ __</p> <p>DK ..... 98</p>	
<p>SB7. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒SB11</p>
<p>SB8. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners .....__ __</p>	

<p>SB9. FOR MEN: THINK ABOUT THE FEMALE SEXUAL PARTNERS YOU'VE HAD IN THE LAST 12 MONTHS.</p> <p>HOW MANY WERE: #YOUR SPOUSE(S) OR LIVE-IN SEXUAL PARTNERS ("REGULAR" PARTNERS)</p> <p># SEXUAL PARTNERS WHO YOU ARE NOT MARRIED TO, HAVE NEVER LIVED WITH AND DID NOT PAY FOR SEX ("NON-REGULAR" PARTNERS)</p> <p># PARTNERS WITH WHOM YOU HAD SEX IN EXCHANGE FOR MONEY ("PAID" PARTNERS)</p> <p>(SHOULD MATCH WITH THE NUMBER OF SEXUAL PARTNERS IN LAST 12 MONTHS)</p>	<p>Number of spouse(s) or live-in sexual partners ("regular" partners) ..... _ _ </p> <p>Number of not married to and have never lived with and did not pay partners ("non-regular" partners) ..... _ _ </p> <p>Number of sex in exchange for money partners (paid partners) ..... _ _ </p>	
<p>SB10. IN THE LAST 12 MONTHS WAS CONDOM USED EVERY TIME YOU HAD SEXUAL INTERCOURSE WITH ALL YOUR PARTNER(S) WHO YOU ARE NOT MARRIED TO AND/OR HAVE NEVER LIVED WITH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>SB10A. SEXUAL PARTNERS USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU AND YOUR PARTNER CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID PREGNANCY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2↔SB11</p> <p>8↔SB11</p>
<p>SB10B. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization ..... A</p> <p>Male sterilization ..... B</p> <p>Pill ..... C</p> <p>IUD ..... D</p> <p>Injectables ..... E</p> <p>Implants ..... F</p> <p>Male condom ..... G</p> <p>Female condom ..... H</p> <p>Diaphragm ..... I</p> <p>Foam / Jelly ..... J</p> <p>Lactational amenorrhoea method (LAM) ..... K</p> <p>Periodic abstinence/Rhythm ..... L</p> <p>Withdrawal ..... M</p> <p>Other (<i>specify</i>) ..... X</p>	
<p>SB11. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</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 .....__ __</p> <p>DK ..... 98</p>	

**SEXUALLY TRANSMITTED INFECTIONS**

**SI**

STI 1. *Check SB 1:*

- Never had sexual intercourse ⇒ Go to Next Module*
- Have had sexual intercourse ⇒ Continue with STI 2*

STI 2. <i>SOMETIMES MEN EXPERIENCE ABNORMAL GENITAL DISCHARGE FROM THE PENIS. DURING THE LAST 12 MONTHS, HAVE YOU HAD AN ABNORMAL GENITAL DISCHARGE?</i>	Yes .....	1	
	No .....	2	

STI 3. <i>SOMETIMES MEN HAVE A GENITAL SORE OR ULCER ON THEIR PENIS. DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?</i>	Yes .....	1	
	No .....	2	

STI 4. *Check STI 2 and STI 3:*

- Never had genital discharge, sore or ulcer ⇒ Go to Next Module*
- Have had genital discharge, sore or ulcer ⇒ Go to STI 5*

STI 5. <i>THE LAST TIME YOU HAD A GENITAL SORE OR ABNORMAL GENITAL DISCHARGE; DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?</i>	Yes .....	1	
	No .....	2	

KNOWLEDGE 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⇒MM11																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA3. CAN PEOPLE GET 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 GET THE AIDS VIRUS 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 THE 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															
HA9. IN YOUR OPINION, 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																	
HA10. 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																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, 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																	
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	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	1⇒MM11 2⇒MM11																

	No..... 2 DK ..... 8	8⇒MM11
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No..... 2	

MM11. <i>RECORD THE TIME.</i>	Hour and minutes ____ : ____	
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**INTERVIEWER'S OBSERVATIONS**

**FIELD EDITOR'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**