# MICS

## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

| WOMEN'S INFORMATION PANEL | WM |
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*This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing).*
*Fill in one form for each eligible woman*
*Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.*

| WM1. Cluster number: ___ ___ ___ | WM2. Household number: ___ ___ ___ |
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| WM3. Woman's Name: | WM4. Woman's Line Number: ___ ___ |
| WM5.Interviewer name and number: ___ ___ | WM6. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___ |
| WM7. Result of women's interview | Completed ....................................................1 <br> Not at home .................................................2 <br> Refused .......................................................3 <br> Partly completed.........................................4 <br> Incapacitated ..............................................5 <br><br> Other (*specify*) _____ 6 |

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

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| WM10. HAVE YOU EVER ATTENDED SCHOOL? | Yes ............................................................... 1 <br> No.................................................................. 2 | 2⇨WM14 |
| WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER? | Primary.......................................................... 1 <br> Secondary..................................................... 2 <br> Higher............................................................ 3 <br><br> Non-standard curriculum............................. 6 | |
| WM12. WHAT IS THE HIGHEST CLASS/COURSE YOU COMPLETED AT THAT LEVEL? | Class/course ........................................ __ __ | |

WM13. *Check WM11:*

☐ *Secondary or higher.* ⇨ *Go to Module CM*

☐ *Primary or non-standard curriculum.* ⇨ *WM14*

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| WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <br><br> *Show sentences to respondent.* <br> *If respondent cannot read whole sentence, probe:* <br> CAN YOU READ PART OF THE SENTENCE TO ME? <br><br> *Example sentences for literacy test:* <br><br> *1. The rains came late this year.* <br> *2. Parents must love their children.* <br> *3. The child is reading a book.* | Cannot read at all........................................ 1 <br> Able to read only parts of sentence ............ 2 <br> Able to read whole sentence....................... 3 <br> No sentence in <br>    required language _____ 4 <br>            *(specify language)* <br> Blind/mute, visually/speech impaired.......... 5 | |

| CHILD MORTALITY MODULE | | CM |
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| *This module is to be administered to all women age 15-49.* | | |
| *All questions refer only to LIVE births.* | | |
| CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?<br><br>*If "No" probe by asking:*<br>I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS? | Yes ............................................................. 1<br>No................................................................ 2 | 2⇨<br>MA1 |
| CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?<br><br>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. | Date of first birth<br>Day........................................................ __ __<br>DK day ................................................... 98<br><br>Month ................................................ __ __<br>DK month ................................................ 98<br><br>Year ............................... __ __ __ __<br>DK year .............................................9998 | ⇨CM3 |
| CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH? | Completed years since first birth ......... __ __ | |
| CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU? | Yes ............................................................. 1<br>No................................................................ 2 | 2⇨CM5 |
| CM4. HOW MANY SONS LIVE WITH YOU?<br><br>HOW MANY DAUGHTERS LIVE WITH YOU? | Sons at home...................................... __ __<br><br>Daughters at home ............................. __ __ | |
| CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU? | Yes ............................................................. 1<br>No................................................................ 2 | 2⇨CM7 |
| CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?<br><br>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? | Sons elsewhere ................................... __ __<br><br>Daughters elsewhere ........................... __ __ | |
| CM7. HAVE YOU EVER GIVEN BIRTH TO A CHILD WHO WAS BORN ALIVE BUT LATER DIED? | Yes ............................................................. 1<br>No................................................................ 2 | 2⇨CM9 |
| CM8. HOW MANY BOYS HAVE DIED?<br><br>HOW MANY GIRLS HAVE DIED? | Boys dead .......................................... __ __<br><br>Girls dead........................................... __ __ | |
| CM9. *Sum answers to CM4, CM6, and CM8.* | Sum..................................................... __ __ | |
| CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?<br><br>☐ *Yes.* ⇨ *Go to CM11*<br><br>☐ *No.* ⇨ *Check responses and make corrections before proceeding to CM11* | | |

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| CM11. OF THESE (*total number*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?<br><br>*If day is not known, enter '98' in space for day.* | Date of last birth<br><br>Day/Month/Year ..... __ __/__ __/__ __ __ __ | |
| CM12. *Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2003)?*<br><br>*If child has died, take special care when referring to this child by name in the module MN.*<br><br>☐ *Yes, live birth in last 2 years.* ⇨ *Continue with CM13*<br><br>☐ *No live birth in last 2 years.* ⇨ *Go to MA1.* | | |
| CM13. AT THE TIME YOU BECAME PREGNANT, DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL? | Then ............................................................ 1<br>Later ........................................................... 2<br>No more ...................................................... 3 | |

## MATERNAL AND NEWBORN HEALTH MODULE                                                    MN

*This module is to be administered to all women with a live birth in the 2 years preceding date of interview.*
*Record name of last-born child here _____.*
*Use this child's name in the following questions, where indicated.*

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| MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?<br><br>*If yes*: WHOM DID YOU SEE? ANYONE ELSE?<br><br>*Probe for the type of person seen and circle all answers given.* | Health professional:<br>  Doctor.......................................................A<br>  Nurse/midwife ........................................B<br>  Auxiliary midwife ....................................C<br>Other person<br>  Traditional birth attendant ......................F<br>  Community health worker .....................G<br>  Relative/friend .......................................H<br><br>Other (*specify*) _____ X<br>No one......................................................Y | <br><br><br><br><br><br><br><br><br><br>Y⇨MN7 |
| MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?<br><br>MN3A. WERE YOU WEIGHED?<br>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?<br>MN3C. DID YOU GIVE A URINE SAMPLE?<br>MN3D. DID YOU GIVE A BLOOD SAMPLE? |                           Yes   No<br><br>Weight .......................................1    2<br>Blood pressure .................................1    2<br>Urine sample ....................................1    2<br>Blood sample ...................................1    2 | |
| MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS? | Yes ............................................................. 1<br>No................................................................ 2<br>DK .............................................................. 8 | |
| MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE? | Yes ............................................................. 1<br>No................................................................ 2<br>DK .............................................................. 8 | <br>2⇨MN7<br>8⇨MN7 |
| MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes ............................................................. 1<br>No................................................................ 2<br>DK .............................................................. 8 | |
| MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD?<br><br>ANYONE ELSE?<br><br>*Probe for the type of person assisting and circle all answers given.* | Health professional:<br>  Doctor.......................................................A<br>  Nurse/midwife ........................................B<br>  Auxiliary midwife ....................................C<br>Other person<br>  Community health worker .....................G<br>  Relative/friend .......................................H<br><br>Other (*specify*) _____ X<br>No one......................................................Y | |

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| MN8. WHERE DID YOU GIVE BIRTH TO?<br><br>*If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.*<br><br>_____<br>*(Name of place)* | Home<br>   Your home............................................ 11<br>   Other home .......................................... 12<br><br>Public sector<br>   Govt. hospital ..................................... 21<br>   Govt. clinic/health center...................... 22<br>   Other public (*specify*) _____ 26<br><br>Private Medical Sector<br>   Private hospital.................................... 31<br>   Private clinic........................................ 32<br>   Private maternity home ........................ 33<br>   Other private<br>      medical (*specify*) _____ 36<br><br>Other (*specify*) _____ 96 | |
| MN9. WHEN YOUR LAST CHILD (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL? | Very large...................................................... 1<br>Larger than average.................................... 2<br>Average ........................................................... 3<br>Smaller than average ................................. 4<br>Very small ..................................................... 5<br><br>DK .................................................................... 8 | |
| MN10. WAS (*name*) WEIGHED AT BIRTH? | Yes .................................................................. 1<br>No...................................................................... 2<br><br>DK .................................................................... 8 | 2⇨MN12<br><br>8⇨MN12 |
| MN11. HOW MUCH DID (*name*) WEIGH?<br><br>*Record weight from health card, if available.* | From card.................1 (grams) __ . __ __ __<br><br>From recall ...............2 (grams) __ . __ __ __<br><br>DK ..................................................... 99998 | |
| MN12. DID YOU EVER BREASTFEED (*name*)? | Yes .................................................................. 1<br>No...................................................................... 2 | 2⇨ MA1 |
| MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST?<br><br>*If less than 1 hour, record '00' hours.*<br>*If less than 24 hours, record hours.*<br>*Otherwise, record days.* | Immediately.......................................... 000<br><br>Hours............................................... 1 __ __<br>*or*<br>Days ................................................ 2 __ __<br><br>Don't know/remember............................ 998 | |

| MARRIAGE/UNION MODULE | | MA |
|---|---|---|
| MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED? | Yes, currently married................................. 1<br>Yes, living with a man ................................. 2<br>No, not in union/divorced ........................... 3 | 3⇨MA3 |
| MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY? | Age in years ........................................ __ __<br><br>DK ........................................................... 98 | ⇨MA5<br><br>98⇨MA5 |
| MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN? | Yes, formerly married................................. 1<br>Yes, formerly lived with a man ................... 2<br>No........................................................... 3 | 3⇨CP1 |
| MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED/ALONE? | Widowed .................................................... 1<br>Divorced .................................................... 2<br>Separated/alone......................................... 3 | |
| MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE? | Only once ................................................... 1<br>More than once .......................................... 2 | |
| MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED? | Month ................................................... __ __<br>DK month ................................................. 98<br><br>Year............................................ __ __ __ __<br>DK year ................................................. 9998 | |
| MA7. *Check MA6:*<br><br>☐ *Both month and year of marriage/union known?* ⇨ *Go to Module CP*<br><br>☐ *Either month or year of marriage/union not known?* ⇨ *Continue with MA8* | | |
| MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER? | Age in years ........................................ __ __ | |

| CONTRACEPTION MODULE | | CP |
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| CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.<br><br>ARE YOU PREGNANT NOW? | Yes, currently pregnant .................................. 1<br><br>No................................................................ 2<br><br>Unsure or DK ............................................... 8 | 1⇨ CP4B |
| CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT? | Yes ............................................................... 1<br><br>No................................................................ 2 | 2⇨ CP4A |
| CP3. WHICH METHOD ARE YOU USING?<br><br>*Do not prompt.*<br>*If more than one method is mentioned, circle each one.* | Female sterilization .....................................A<br>Male sterilization .........................................B<br>Pill ..............................................................C<br>IUD ..............................................................D<br>Injections .....................................................E<br>Implants........................................................F<br>Condom........................................................ G<br>Female condom ...........................................H<br>Diaphragm ....................................................I<br>Foam/jelly.................................................... J<br>Lactational amenorrhoea<br>    method (LAM) ..........................................K<br>Periodic abstinence...................................... L<br>Withdrawal ................................................. M<br><br>Other (*specify*) _____ X | |
| CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?<br><br>CP4B. IF CURRENTLY PREGNANT: 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 (a/another) child 1<br><br>No more/none 2<br><br>Says she cannot get pregnant 3<br><br>Undecided/don't know         8 | 2⇨HA1<br><br>3⇨HA1<br>8⇨HA1 |
| CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? | Months         1 __ __<br><br>Years   2 __ __<br><br>Soon/now      993<br>Says she cannot get pregnant  994<br>After marriage 995<br>Other   996<br>Don't know     998 | |

| HIV/AIDS MODULE | | HA |
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| HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.<br><br>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS? | Yes .............................................................. 1<br><br>No.................................................................. 2 | 2⇨ HA19 |
| HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS? | Yes .............................................................. 1<br>No.................................................................. 2<br><br>DK ................................................................ 8 | |
| HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK ................................................................ 8 | |
| HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK ................................................................ 8 | |
| HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES OR FROM OTHER BLOOD-SUCKING INSECTS? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK ................................................................ 8 | |
| HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK ................................................................ 8 | |
| HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK ................................................................ 8 | |
| HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK ................................................................ 8 | |
| HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK ................................................................ 8 | |
| HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?<br><br>HA9A. DURING PREGNANCY?<br>HA9B. DURING DELIVERY?<br>HA9C. BY BREASTFEEDING? |                               Yes  No  DK<br>During pregnancy......................1    2    8<br>During delivery ..........................1    2    8<br>By breastfeeding .......................1    2    8 | |
| HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK/not sure/depends .................................. 8 | |
| HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK/not sure/depends .................................. 8 | |
| HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK/not sure/depends .................................. 8 | |
| HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD? | Yes .............................................................. 1<br>No.................................................................. 2<br>DK/not sure/depends .................................. 8 | |

| HA14. *Check MN5:* | | |
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| ☐ *Yes.* ⇨ *Go to HA18A* | | |
| ☐ *No.* ⇨ *Continue with HA15* | | |
| HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS? | Yes .............................................................. 1 <br><br> No.............................................................. 2 | <br><br> 2⇨HA18 |
| HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS? | Yes .............................................................. 1 <br> No.............................................................. 2 | |
| HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED? | Asked for the test ......................................... 1 <br><br> Offered and accepted ................................. 2 <br><br> Required....................................................... 3 | 1⇨HA19 <br> 2⇨HA19 <br> 3⇨HA19 |
| HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS? <br><br> HA18A. *If tested for HIV during antenatal care:* OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS? | Yes .............................................................. 1 <br><br> No.............................................................. 2 | |
| HA19. *Does a child under 5 reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.* <br><br> ☐ *Yes.* ⇨ *End the current questionnaire and then* <br> *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE.* <br><br> ☐ *No.* ⇨ *End the interview with this respondent by thanking him/her for his/her cooperation.* | | |