

IRAQ QUESTIONNAIRE FOR INDIVIDUAL WOMEN

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

Repeat greeting if not already read to this woman:

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

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

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month DK month 98 Year DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)	
WM9A. BESIDE YOUR HOUSE WORK, ARE YOU CURRENTLY WORKING? <i>If yes, ask:</i> DO YOU WORK IN THE GOVERNMENT OR PRIVATELY?	Govt. Work Govt. Office work 1 Govt. labor/physical work 2 Private work Private. Office work 3 Private labor/physical work 4 Home based work (specify) 5 Other (specify) 6 Do not work 7	

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes..... 1 No 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU REACHED?	Pre-school 0 Primary..... 1 Secondary 2 Intermediate 3 Diploma 4 Bsc..... 5 Higher 6 Non-standard curriculum..... 7 DK..... 8	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade _ _	
WM13. Check WM11:		
<input type="checkbox"/> Secondary or higher ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WM14		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show sentences to respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? Example sentences for literacy test: 1. The child is reading a book. 2. The rain came late this year. 3. Parents must care for their children. 4. Farming is hard work.	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 or visually impaired 5	

MARRIAGE MODULE		MA
<i>This module is to be administered to all women age 15-49.</i>		
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married 1 No, not married 2	2⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years _ _ DK 98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED?	Yes 1 No 2	2⇒ ATTITUDE TOWARDS DEMESTIC VIOLENCE MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Month _ _ DK month 98 Year _ _ _ _ DK year 9998	
MA7. Check MA6: <input type="checkbox"/> Both month and year of marriage known? ⇒ Go to MA8A <input type="checkbox"/> Either month or year of marriage not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU WERE MARRIED TO YOUR FIRST HUSBAND?	Age in years _ _	
MA8A. BEFORE YOU GOT MARRIED, WAS YOUR (FIRST) HUSBAND RELATED TO YOU IN ANY WAY?	Yes 1 No 2	2⇒NEXT MODULE
MA8B. WHAT TYPE OF RELATIONSHIP WAS IT?	First cousin on father's side 1 First cousin on mother's side 2 Second cousin 3 Other blood relative 4 Relative by marriage 5	

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all ever-married women age 15-49.</i></p> <p><i>All questions refer only to LIVE births.</i></p>		
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If "No" probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒ CM9
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒ CM5
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home _ _</p> <p>Daughters at home _ _</p>	
<p>CM5. 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</p> <p>No 2</p>	2⇒ CM7
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere _ _</p> <p>Daughters elsewhere _ _</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒ CM9
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead _ _</p> <p>Girls dead _ _</p>	
<p>CM9. <i>Sum answers to CM4, CM6, and CM8, or write 00 if the answer to question CM1 is No=2</i></p>	<p>Sum..... _ _</p>	
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM11</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>		
<p>CM11. Check CM9</p> <p><input type="checkbox"/> One or more births ⇒ Go to birth history module</p> <p><input type="checkbox"/> No births (CM9=00) ⇒ Go to BH13 in the birth history module</p>		

BIRTH HISTORY MODULE										BH
<p>NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.</p> <p>Record names of all the births in BH1. Record twins and triplets on separate lines.</p>										
BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10	
						If alive		If dead		
WHAT NAME WAS GIVEN TO YOUR (First/next) BABY? (name)	WERE ANY OF THESE BIRTHS TWINS?	IS (name) A BOY OR A GIRL?	IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: What is his/her birthday?	IS (name) STILL ALIVE?	HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years	IS (name) LIVING WITH YOU?	Record household line number of child (record '00' if child not listed in household)	HOW OLD WAS (name) WHEN HE/SHE DIED? Record days if less than 1 month; months if less than two years; or years if more than two years.	WHERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name)	
01	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒ next line	Days .....1 Months .....2 Years.....3		
02	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒BH10	Days .....1 Months .....2 Years.....3	Yes....1 No ....2	
03	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒BH10	Days .....1 Months .....2 Years.....3	Yes....1 No ....2	
04	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒BH10	Days .....1 Months .....2 Years.....3	Yes....1 No ....2	
05	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒BH10	Days .....1 Months .....2 Years.....3	Yes....1 No ....2	
06	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒BH10	Days .....1 Months .....2 Years.....3	Yes....1 No ....2	
07	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒BH10	Days .....1 Months .....2 Years.....3	Yes....1 No ....2	
08	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒BH10	Days .....1 Months .....2 Years.....3	Yes....1 No ....2	
09	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒BH10	Days .....1 Months .....2 Years.....3	Yes....1 No ....2	
10	Sing.....1 Mult.....2	Boy .....1 Girl.....2	Month..... Yr	Yes...1 No.....2⇒BH9	.....	Yes.1 No...2	..... ⇒BH10	Days .....1 Months .....2 Years.....3	Yes....1 No ....2	

BH13. SOME PREGNANCIES END BEFORE FULL TERM AS A MISCARRIAGE OR AN ABORTION, WHILE OTHERS MAY RESULT IN A STILLBIRTH. HAVE YOU HAD A MISCARRIAGE OR ABORTION?	Yes 1 No 2	2⇒ BH15
BH14. IN ALL HOW MANY PREGNANCIES DID YOU HAVE THAT ENDED IN A MISCARRIAGE OR AN ABORTION	Miscarriages/abortions DK 98	
BH15. HAVE YOU HAD A STILLBIRTH?	Yes 1 No 2	2⇒ CM12
BH16. IN ALL HOW MANY PREGNANCIES DID YOU HAVE THAT ENDED IN A STILLBIRTH	Stillbirths DK 98	
<p>CM12. Check BH4 of last birth: Did the woman's last birth occur within the last 2 years, that is, since (month of interview in 2004)?</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to CONTRACEPTION AND UNMET NEEDS module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13</p>		
CM13. AT THE TIME YOU BECAME PREGNANT WITH YOUR LAST CHILD (<i>name</i>), 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 Later 2 No more 3	

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

MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><i>This module is to be administered to all ever-married women with a live birth in the 2 years preceding date of interview.</i></p> <p><i>Check child birth history and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE WHEN YOU WERE PREGNANT WITH <i>(name)</i>?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor.....</p> <p>Gov't doctor A</p> <p>Private doctor..... B</p> <p>Nurse..... C</p> <p>Midwife</p> <p>Licensed D</p> <p>Not licensed E</p> <p>Other person</p> <p>Traditional birth attendant..... F</p> <p>Relative/friend..... G</p> <p>Other (<i>specify</i>) X</p> <p>No one Y</p>	Y⇒MN4B															
MN2AA. HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?	<p>Month — —</p> <p>DK month 98</p>																
MN2BB. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE FOR THIS PREGNANCY?	<p>Number of times — —</p> <p>DK 98</p>																
MN2CC. DID YOU GO MAINLY TO A PUBLIC OR PRIVATE FACILITY TO RECEIVE ANTENATAL CARE?	<p>Yes, public facility 1</p> <p>Yes, private facility 2</p> <p>No 3</p>	3⇒MN2F															
MN2DD. WHAT IS THE REASON YOU CHOSE THE FACILITY THAT YOU MAINLY GO TO?	<p>Proximity 01</p> <p>Familiarity 02</p> <p>Cost 03</p> <p>Safety 04</p> <p>Told to do so 05</p> <p>Referred for special care 06</p> <p>Confidence 07</p> <p>Do not know of another 08</p> <p>Others (<i>specify</i>) 96</p>																
MN2EE. WHEN YOU LAST WENT TO THIS FACILITY, WERE YOUR MEDICAL NEEDS ADDRESSED OR NOT?	<p>Needs addressed 1</p> <p>Needs not addressed 2</p>																
MN2FF. HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU LAST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?	<p>Month — —</p> <p>DK month 98</p>																
MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>MN3A. WERE YOU WEIGHED?</td> <td>1</td> <td>2</td> </tr> <tr> <td>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</td> <td>1</td> <td>2</td> </tr> <tr> <td>MN3C. DID YOU GIVE A URINE SAMPLE?</td> <td>1</td> <td>2</td> </tr> <tr> <td>MN3D. DID YOU GIVE A BLOOD SAMPLE?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	MN3A. WERE YOU WEIGHED?	1	2	MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	1	2	MN3C. DID YOU GIVE A URINE SAMPLE?	1	2	MN3D. DID YOU GIVE A BLOOD SAMPLE?	1	2	Go TO MN7
	Yes	No															
MN3A. WERE YOU WEIGHED?	1	2															
MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	1	2															
MN3C. DID YOU GIVE A URINE SAMPLE?	1	2															
MN3D. DID YOU GIVE A BLOOD SAMPLE?	1	2															

<p>MN4B. WHAT ARE THE REASONS FOR NOT SEEING ANYONE?</p> <p><i>If more than one reason is mentioned, circle each one.</i></p>	<p>Did not feel the need to see anyone A Not convinced by the assistance B Financially not capable to see anyone C Difficulty in reaching the ANC center D Non-availability of medicaments E</p> <p>Other (specify) X DK Z</p>	
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (name)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor Gov't doctor A Private doctor B Nurse C Midwife Licensed D Not licensed E</p> <p>Other person Traditional birth attendant F Relative/friend G</p> <p>Other (specify) X No one Y</p>	
<p>MN8. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home 11 Midwife's home 12 Other home 13</p> <p>Public sector</p> <p>Govt. hospital 21 Govt. clinic/health center 22 Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital 31 Private clinic 32 Other private medical (specify) 36</p> <p>Other (specify) 96</p>	
<p>MN8A. WAS (NAME) DELIVERED BY CAESARIAN SECTION?</p>	<p>Yes 1 No 2</p>	
<p>MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5</p> <p>DK 8</p>	
<p>MN10. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1 No 2</p> <p>DK 8</p>	<p>2⇒MN11 AA 8⇒MN11 AA</p>
<p>MN11. HOW MUCH DID (name) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kilograms) ____ . ____</p> <p>From recall 2 (kilograms) ____ . ____</p> <p>DK 99998</p>	

Comment [Dr.1]: In Arabic version used in the field the skip is wrongly to MN12, but the interviewers were carrying a sheet with instructions to correct this error

<p>MN11AA. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE 40 DAYS PERIOD AFTER THE DELIVERY OF <i>(name)</i>. DID YOU SEE ANYONE FOR A CHECK-UP ON YOUR HEALTH?</p> <p><i>If 'Yes' ask: WHOM DID YOU SEE? ANYONE ELSE?</i></p>	<p>Health professional:</p> <p>Doctor..... A</p> <p>Gov't doctor B</p> <p>Private doctor..... C</p> <p>Nurse..... D</p> <p>Midwife</p> <p>Licensed E</p> <p>Not licensed F</p> <p>Other person</p> <p>Traditional birth attendant..... G</p> <p>Community health worker.....</p> <p>Other (<i>specify</i>) X</p> <p>No one Y</p>	<p>Y⇒ MN11E</p>
<p>MN11B. DID YOU GO TO A PUBLIC OR PRIVATE FACILITY TO RECEIVE POST-NATAL CHECKUP?</p>	<p>Yes, public facility 1</p> <p>Yes, private facility..... 2</p> <p>No 3</p>	<p>3⇒MN11F</p>
<p>MN11C. WHERE YOU PRESCRIBED A FAMILY PLANNING METHOD IN THE FACILITY?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>MN11D. WERE YOU ABLE TO GET YOUR PRESCRIPTION MEDICINE AT THE SAME FACILITY?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>GO TO ⇒MN11F</p>
<p>MN11E. WHAT WAS THE MAIN REASON FOR NOT RECEIVING A POST-NATAL CHECKUP?</p>	<p>No complications 01</p> <p>Able to manage from experience..... 02</p> <p>Unaware of importance of check-up 03</p> <p>Service not available..... 04</p> <p>Costs too much..... 05</p> <p>Too busy 06</p> <p>Husband too busy..... 07</p> <p>Other (<i>specify</i>) 96</p>	
<p>MN11F. IN THE FIRST 40 DAYS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	
<p>MN12. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒ MN14A</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours 1 ____</p> <p>or</p> <p>Days..... 2 ____</p> <p>Don't know/remember..... 998</p>	
<p>NOW I WOULD LIKE TO TALK ABOUT SOME SPECIFIC HEALTH PROBLEMS RELATED TO BIRTH SOME WOMEN HAVE. I WILL ASK YOU ABOUT THE TIME AFTER YOUR LAST DELIVERY AND IN THE 40 DAYS FOLLOWING IT.</p> <p>MN14A. DID YOU HAVE FEVER?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>MN14B. DID YOU HAVE TROUBLE CONTROLLING YOUR URINE?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>MN14C. DID YOU SUFFER FROM URINARY TRACT INFECTION?</p>	<p>Yes..... 1</p> <p>No 2</p>	

MN14D. DID YOU SUFFER FROM MASTITIS?	Yes..... 1 No 2	
MN14E. DID YOU SUFFER FROM OFFENSIVE DISCHARGE?	Yes..... 1 No 2	
MN14F. DID YOU SUFFER FROM WOUND INFECTION?	Yes..... 1 No 2	
MN14G. DID YOU SUFFER FROM HEMORRHAGE?	Yes..... 1 No 2	
MN14H. DID YOU SUFFER FROM TEAR/INJURY?	Yes..... 1 No 2	
MN14I. DID YOU SUFFER FROM POST DELIVERY DEPRESSION?	Yes..... 1 No 2	
MN14J. DID YOU SUFFER FROM ANY OTHER PROBLEMS? <i>If answer is yes:</i> WHAT IS THE MAIN PROBLEM THAT YOU SUFFERED FROM.	Yes (<i>specify</i>) 1 No 2	

CONTRACEPTION AND UNMET NEED MODULE		CP
This module is to be administered to <u>married</u> women 15-49 years of age only		
CP0. Check MA1:		
<input type="checkbox"/> Not currently married? ⇒ Go to Next Module <input type="checkbox"/> Currently married? ⇒ Continue with CP1		
CP1. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK..... 8	2⇒CP2 8⇒CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u> , DID YOU WANT TO WAIT UNTIL <u>LATER</u> , OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?	Then 1 Later 2 Not want more children 3	Go TO ⇒CP4B
CP2. NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	1⇒ CP3
CP2A. WHAT IS THE REASON FOR NOT DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT? <i>If more than one reason is mentioned, circle each one.</i>	Desire to have children A Health reasons B Religious causes/reasons C Husband not convinced..... D Wife not convinced E High price of contraceptives F Other (<i>specify</i>) X	⇒ CP4A
CP3. WHICH METHOD ARE CURRENTLY YOU USING? <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	Female sterilization A Male sterilization B Pill C IUD D Injections E Implants..... F Condom..... G Female condom H Diaphragm I Foam/jelly J Lactational amenorrhoea method (LAM) K Periodic abstinence..... L Withdrawal..... M Other (<i>specify</i>) X	
CP3AA. WHERE DID YOU OBTAIN (CURRENT METHOD) THE LAST TIME? <i>If the currently used method is Lactational amenorrhoea method (LAM) or Periodic abstinence or Withdrawal or other, ask:</i> WHERE/WHO DESCRIBED THE METHOD FOR YOU?	Public sector Govt. hospital..... 11 Govt. health centre..... 12 Family planning clinic 13 Other public (<i>specify</i>)..... 16 Private medical sector Private hospital/clinic..... 21 Private physician 22 Private pharmacy 23 Health worker 24 Other private	

	medical (<i>specify</i>) 26 Other source Relative..... 31 Friends 32 Shop or Traditional practitioner 33 Other (<i>specify</i>) 96 DK 98	
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? CP4B. <i>If currently pregnant:</i> 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 (a/another) child..... 1 No more/none 2 Says she cannot get pregnant..... 3 Undecided/don't know..... 8	2⇒CP4D 3⇒NEXT MODULE 8⇒CP4D
CP4C. 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⇒NEXT MODULE
CP4D. <i>Check CPI:</i> <input type="checkbox"/> <i>Currently pregnant? ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Not currently pregnant or unsure? ⇒ Continue with CP4E</i>		
CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes..... 1 No 2 DK 8	

ATTITUDES TOWARD DOMESTIC VIOLENCE MODULE		DV
<i>This module is to be administered to <u>ALL</u> women 15-49 years of age</i>		
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
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?	Goes out without telling .....1	2 8
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children.....1	2 8
DV1C. IF SHE ARGUES WITH HIM?	Argues .....1	2 8
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex.....1	2 8
DV1E. IF SHE BURNS THE FOOD?	Burns food.....1	2 8

HIV/AIDS MODULE		HA
<i>This module is to be administered to ALL women 15-49</i>		
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes..... 1	2⇒ END OF INTERVIEW
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	No 2	
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 No 2 DK..... 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No 2 DK..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No 2 DK..... 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes..... 1 No 2 DK..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes..... 1 No 2 DK..... 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes..... 1 No 2 DK..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
	Yes No DK	
HA9A. DURING PREGNANCY?	During pregnancy 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding..... 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes..... 1 No 2 DK/not sure/depends 8	

HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No 2	2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes..... 1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test..... 1 Offered and accepted 2 Required..... 3	1⇒ HA19 2⇒ HA19 3⇒ HA19
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET SUCH A TEST TO SEE IF THEY HAVE THE AIDS VIRUS?	Yes..... 1 No 2	
HA19. IN YOUR OPINION, WHAT IS THE BEST METHOD TO BE USED TO INCREASE PUBLIC KNOWLEDGE ABOUT HIV/AIDS?	School curriculum 11 TV messages/spots 12 Radio messages/spots..... 13 Newspapers 14 Banners/ Billboard 15 Health education sessions 16 Other (specify)..... 96	
HA20. IN CASE OF SOMEONE WAS INFECTED WITH SEXUALLY TRANSMITTED DISEASES, DO YOU THINK THAT THE OTHER PARTNER (HUSBAND) SHOULD BE TESTED EVEN IF HE HAS NO SYMPTOMS?	Yes..... 1 No 2 DK..... 8	

Local editors committee			
	Name	Signature	Date
1			
2			
3			
4			

Local supervisor		
Name	Signature	Date

Central supervisor		
Name	Signature	Date