



## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		WM	
<i>This module is to be administered to all women age 15 through 49.</i>			
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:	Day      Month      Year  _ _ _  /  _ _ _  /  _ _ _ _ _	
WM7.	Result of women's interview	Completed	1
		Not at home	2
		Refused	3
		Partly completed	4
		Other (specify) _____	6

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Month DK month	_ _  98
	Year DK year	_ _ _ _  9998
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)	_ _
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes No	1 2⇒WM 14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED:	Primary Preparatory Secondary Post secondary institute University and higher	1 2 3 4 5
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade	_
WM13. FOR INTERVIEWER: CHECK IF THE WOMAN COMPLETED PRIMARY LEVEL.	Yes No	1⇒ NEXT MODULE 2
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentences to respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?  <i>Example sentences for literacy test:</i> 1. <i>The child is reading a book.</i> 2. <i>The rains came late this year.</i> 3. <i>Parents must care for their children.</i>	Cannot read at all  Able to read only parts of sentence  Able to read whole sentence  Blind/mute, visually/speech impaired	1  2  3  4

**Comment [TNC1]:** Adapt list of sentences to include culturally relevant sentences.

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all married and ever married women age 15-49.</i></p> <p><i>All questions refer only to LIVE births.</i></p>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? 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  No	1  2⇒ CP CONTRACEPTIVES MODULE
CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.	<u>date of your first birth</u>  DK	DAY      MONTH      YEAR  __   __   __   __   __   __     ⇒ CM3 98          98          9998    ⇒ CM2B
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 No	1 2⇒CM5
CM4. HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home  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 No	1 2⇒CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere  Daughters elsewhere	__   __    __   __
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes No	1 2⇒CM9
CM8. HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?	Boys dead  Girls dead	__   __    __   __

CM9. Sum answers to CM4, CM6, and CM8.	Sum boys Sum girls	BOYS  __ __     GIRLS  __ __   TOTAL  __ __
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?  __ __	Yes No	1 ⇨ GO TO CM11 2 ⇨ CHECK RESPONSES AND MAKE CORRECTIONS BEFORE PROCEEDING TO CM11
CM11. OF THESE ( <i>total number</i> ) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?  <i>If day is not known, enter '98' in space for day.</i>	<b><u>Date of last birth</u></b>	DAY            MONTH            YEAR  __ __      __ __      __ __ __ __
CM12. Did the woman's last birth occur within the last 2 years?	Yes No	1 2 ⇨ GO TO <b>CP</b> CONTRACEPTIVES MODULE
CM13. AT THE TIME YOU BECAME PREGNANT WITH ( <i>name</i> ), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then Later No more	1 2 3

MARRIAGE/UNION MODULE		MA
MA1. WHAT IS YOUR MARITAL STATUS NOW?	Single Widowed Divorced Separated	1 ⇒ GO TO HA MODULE 2 3 4
MA5. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once More than once	1 2
MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY?	Month ..... DK month ..... Year..... DK year .....	 98           9998
MA6A. HOW OLD WERE YOU WHEN YOU FIRST GOT MARRIED?	Age in years .....	
MA6B. WHAT IS THE FAMILY RELATIONSHIP WITH YOUR FIRST HUSBAND?  <i>If woman has been married more than once, the first marriage is to be identified.</i>	Son of uncle father side/ Son of uncle mother side..... Son of aunt father side/ Son of aunt mother side..... Other relationship..... No relationship .....	1 2 3 4

<b>TETANUS TOXOID (TT) MODULE</b>		<b>TT</b>
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen)..... Yes (card not seen)..... No card.....	1 2 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..... No..... DK .....	1 2⇒TT5 8⇒TT5
TT3. HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times..... DK .....	_ _  8⇒TT5
TT4. HOW MANY ANTI-TETANUS INJECTIONS WERE REGISTERED DURING YOUR LAST PREGNANCY? (BASED ON RESPONSE OF TT3)	Two at least during last pregnancy..... Less than two times during last pregnancy...	1⇒NEXT MODULE 2
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY? THIS INCLUDES TT INJECTIONS DURING PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES.	Yes..... No..... DK .....	1 2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. IF YES, HOW MANY TIMES DID YOU RECEIVE IT?	No. of times.....	_ _
TT7. WHEN DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION	<b>Date of last time</b>  DK	DAY MONTH YEAR  _ _   _ _   _ _ _ _ _  ⇒Next Module 98 98 9998 ⇒TT8
<i>Skip to TT8 if year of injection is not given.</i>		
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION	Number of years DK	_ _  98

MATERNAL AND NEWBORN HEALTH MODULE		MN
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i> ], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?	Yes..... No..... DK.....	1 2 8
<i>Show 200,000 IU capsule or dispenser.</i>		
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?  <i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i>  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor..... Nurse/midwife..... Auxiliary midwife..... Other person Traditional birth attendant..... Relative/friend.....  Other ( <i>specify</i> )..... No one.....	A B C  F H  X Y⇒MN7
MN2A. WHERE DID YOU RECEIVE THE ANTENATAL CARE ?	Gov. hospital..... Gov. clinic/health centre..... Other public ( <i>specify</i> )..... Private hospital..... Private clinic..... Other private ( <i>specify</i> ).....  Other ( <i>specify</i> ).....	A B C D F G  X
MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?		
MN3A. WERE YOU WEIGHED DURING YOUR LAST PREGNANCY?	Yes..... No.....	1 2
MN3B. WAS YOUR BLOOD PRESSURE MEASURED DURING YOUR LAST PREGNANCY?	Yes..... No.....	1 2
MN3C. DID YOU GIVE A URINE SAMPLE DURING YOUR LAST PREGNANCY?	Yes..... No.....	1 2
MN3D. DID YOU GIVE A BLOOD SAMPLE DURING YOUR LAST PREGNANCY?	Yes..... No.....	1 2

<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>	
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?   ANYONE ELSE?   <i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:  Doctor ..... A  Nurse/midwife ..... B  Auxiliary midwife ..... C  Other person  Traditional birth attendant ..... F  Relative/friend ..... H   Other (<i>specify</i>) ..... X  No one ..... Y</p>	
<p>MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?   <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>   _____ (<i>Name of place</i>)</p>	<p>Home  Your home ..... 11  Other home ..... 12   Public sector  Govt. hospital ..... 21  Govt. clinic/health center ..... 22  Other public (<i>specify</i>) ..... 26   Private Medical Sector/Nov-Gov. institutions:  Private hospital ..... 31  Private clinic ..... 32  Private maternity home ..... 33  Other medical (<i>specify</i>) ..... 36  96   Other (<i>specify</i>) .....</p>	
<p>MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large ..... 1  Larger than average ..... 2  Average ..... 3  Smaller than average ..... 4  Very small ..... 5   DK ..... 8</p>	

MN10. WAS ( <i>name</i> ) WEIGHED IMMEDIATELY AT BIRTH?	Yes .....	1
	No.....	2⇒MN12
	DK .....	8⇒MN12
MN11. HOW MUCH DID ( <i>name</i> ) WEIGH?	From card.....	1  __ . __ __ __
	From recall .....	2  __ . __ __ __
	DK .....	9998
MN12. DID YOU EVER BREASTFEED ( <i>name</i> )?	Yes .....	1
	No.....	2⇒ NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT ( <i>name</i> ) TO THE BREAST?	Immediately	Less than 1 hour 0                      0 0
	Hours	Number of hours 1                       __ __
	Days	Days                      2                       __ __
	Don't know/remember	998

CONTRACEPTION MODULE		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.  ARE YOU PREGNANT NOW?	Yes, currently pregnant.....  No.....  Unsure or DK .....	1  2⇒CP2  8⇒CP2
CP1A. AT THE TIME YOU BECAME PREGNANT WITH ( <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 ..... Later ..... No more .....	1⇒CP4B 2⇒CP4B 3⇒CP4B
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .....  No.....	1  2⇒CP4A
CP3. WHICH METHOD ARE YOU USING?	Female sterilization ..... Male sterilization ..... Pill ..... IUD ..... Injections ..... Implants..... Condom..... Female condom ..... Diaphragm ..... Foam/jelly..... Lactational amenorrhoea method (LAM) ..... Periodic abstinence..... Withdrawal .....  Other ( <i>specify</i> ) _____	A B C D E F G H I J  K L M  X

<p>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?</p> <p>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?</p>	<p>Have (a/another) child</p> <p>No more/none</p> <p>Says she cannot get pregnant</p> <p>Undecided/don't know</p>	<p>1</p> <p>2⇒CP4D</p> <p>3⇒NEXT MODULE</p> <p>8⇒CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months</p> <p>Years</p> <p>Soon/now</p> <p>Says she cannot get pregnant</p> <p>Don't know</p>	<p>1  __ __ </p> <p>2  __ __ </p> <p>993</p> <p>994⇒NEXT MODULE</p> <p>998</p>
<p>CP4D. CHECK IF: WOMAN IS CURRENTLY PREGNANT ⇒NEXT MODULE WOMAN IS NOT CURRENTLY PREGNANT ⇒CP4E.</p>		
<p>CP4E. 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</p> <p>2</p> <p>8</p>

HIV/AIDS MODULE		HA		
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes..... No.....	1 2⇒ NEXT MODULE		
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..... No..... DK.....	1 2 8		
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... No..... DK.....	1 2 8		
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... No..... DK.....	1 2 8		
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes..... No..... DK.....	1 2 8		
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes..... No..... DK.....	1 2 8		
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes..... No..... DK.....	1 2 8		
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... No..... DK.....	1 2 8		
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?	During pregnancy..... During delivery..... By breastfeeding.....	YES NO DK 1 2 8 1 2 8 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..... No..... DK/not sure/depends.....	1 2 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
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes.....	1
	No.....	2