



INDIVIDUAL WOMEN'S QUESTIONNAIRE

CONTENTS

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4. Maternal and Newborn Health
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QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		WM
WM1: Serial Number ____ ____ Parish..... ____ ____ Constituency..... ____ ____ Enumeration District..... ____ ____ ____	WM2: Dwelling number: ____ ____ ____ 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 (<i>specify</i>) 6	
Data Entry Operator : _____	Verifier: _____	

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

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month DK month 98 Year DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes 1 No..... 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRE-SCHOOL, JAMAL, PRIMARY, SECONDARY, OR HIGHER?	Pre-school.....0 Primary..... 1 Secondary..... 2 Higher..... 3 Non-standard curriculum..... 4 JAMAL.....5 Other (specify).....6	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade	
WM12A. WHAT IS YOUR MAIN SOURCE OF INCOME/FINANCIAL SUPPORT?	Job.....1 Partner/husband.....2 Relatives living in Jamaica.....3 Relatives living abroad.....4 Social assistance.....5 Other (specify)..... 6	
WM13. <i>Check WM11:</i> <input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Primary, JAMAL or non-standard curriculum. ⇒ Continue with WM14</i>		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentences to respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME? <i>Example sentences for literacy test:</i> 1. <i>The child is reading a book.</i> 2. <i>The rains came late this year.</i> 3. <i>Parents must care for their children.</i> 4. <i>Farming is hard work.</i>	Cannot read at all..... 1 Able to read only parts of sentence 2 Able to read whole sentence..... 3 No sentence in required language 4 <i>(specify language)</i> Blind/mute, visually/speech impaired..... 5	

CHILD MORTALITY MODULE		CM
<i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? <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>	Yes 1 No..... 2	2⇒ MARRIAGE /UNION 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. <i>If year of first birth is given, skip to CM3. Otherwise, continue with CM2B.</i>	Date of first birth Day DK day 98 Month DK month 98 Year DK year 9998	⇒CM3 ↓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 1 No..... 2	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 1 No..... 2	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 1 No..... 2	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..... _ _	
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? <input type="checkbox"/> Yes. ⇒ Go to CM11 <input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11		

<p>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)?</p> <p><i>If day is not known, enter '98' in space for day.</i></p>	<p>Date of last birth</p> <p>Day/Month/Year __ __ / __ __ / __ __ __ __</p>	
<p>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)?</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 MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13</p> <p style="text-align: center;">Name of child _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>) DID YOU WANT/PLAN TO BECOME PREGNANT THEN, LATER, OR NOT AT ALL?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more 3</p>	

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

MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><i>This module is to be administered to ALL women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (NAME)?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Nurse/midwife B</p> <p>Auxiliary midwife C</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health aid G</p> <p>Relative/friend H</p> <p>Other (specify) X</p> <p>No one Y</p>	Y⇒MN7															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weighed</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weighed	1	2	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
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<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT HIV/AIDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	2⇒MN7 8⇒MN7															
<p>MN5A. I DON'T WANT TO KNOW THE NAME OF THE PLACE, BUT DID YOU GET TESTED AT A PUBLIC OR PRIVATE FACILITY?</p>	<p>Public 1</p> <p>Private 2</p> <p>Both 3</p> <p>Other 6</p>																
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF (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 A</p> <p>Nurse B</p> <p>Midwife C</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative/friend H</p> <p>Other (specify) X</p> <p>No one Y</p>																

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

MARRIAGE/UNION MODULE		MA
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 3	3⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years __ __ DK 98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3⇒NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR SINGLE?	Widowed 1 Divorced 2 Separated 3 Single 4	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE INCLUDING (THIS) / (YOUR LAST) UNION / MARRIAGE)? <i>(more than once includes living with the same person on more than one occasion)</i>	Only once 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month __ __ DK month 98 Year __ __ __ __ DK year 9998	
MA7. Check MA6: <input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module <input type="checkbox"/> 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 __ __	

ATTITUDES TOWARD DOMESTIC VIOLENCE

<p>DV1. SOMETIMES A HUSBAND/PARTNER IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND/PARTNER JUSTIFIED IN HITTING OR BEATING HIS WIFE/PARTNER IN THE FOLLOWING SITUATIONS:</p> <p>DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?</p> <p>DV1B. IF SHE NEGLECTS THE CHILDREN?</p> <p>DV1C. IF SHE ARGUES WITH HIM?</p> <p>DV1D. IF SHE REFUSES SEX WITH HIM?</p> <p>DV1E. IF SHE BURNS THE FOOD?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Goes out without telling</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Neglects children.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Argues</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Refuses sex.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Burns food.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Goes out without telling	1	2	8	Neglects children.....	1	2	8	Argues	1	2	8	Refuses sex.....	1	2	8	Burns food.....	1	2	8	
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<p>DV2. PLEASE TELL ME IF YOU THINK A HUSBAND/PARTNER IS EVER JUSTIFIED IN DOING ANY OF THE FOLLOWING TO HIS WIFE/PARTNER:</p> <p>DV2A. EMBARRASSING HER IN FRONT OF OTHERS</p> <p>DV2B. BEATING HER</p> <p>DV2C. THREATENING HER OR SOMEONE CLOSE TO HER WITH HARM</p> <p>DV2D. RESTRICTING HER CONTACT WITH FRIENDS OR FAMILY</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Humiliating her</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Beating.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Threatening</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Restricting contact.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Humiliating her	1	2	8	Beating.....	1	2	8	Threatening	1	2	8	Restricting contact.....	1	2	8					
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HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1	2⇒ NEXT MODULE
HAVE YOU EVER HEARD OF HIV OR AIDS?	No..... 2	
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH HIV BY HAVING ONE FAITHFUL UNINFECTED PARTNER?	Yes 1 No..... 2 DK 8	
HA3. CAN PEOPLE GET INFECTED WITH HIV BECAUSE OF OBEAH OR OTHER SUPERNATURAL MEANS?	Yes 1 No..... 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No..... 2 DK 8	
HA5. CAN PEOPLE GET HIV FROM MOSQUITO BITES?	Yes 1 No..... 2 DK 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY NOT HAVING SEX AT ALL?	Yes 1 No..... 2 DK 8	
HA7. CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS IT?	Yes 1 No..... 2 DK 8	
HA7A. CAN PEOPLE GET HIV 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 HIV OR AIDS?	Yes 1 No..... 2 DK 8	
HA9. CAN HIV BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy..... 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA9D. ARE THERE DRUGS A PREGNANT WOMAN INFECTED WITH HIV OR LIVING WITH AIDS CAN TAKE TO REDUCE THE RISK OF TRANSMISSION TO THE BABY DURING PREGNANCY?	Yes 1 No..... 2 DK/not sure/depends 8	
HA10. IF A TEACHER HAS HIV OR AIDS BUT IS NOT SICK, SHOULD HE/SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No..... 2 DK/not sure/depends 8	
HA10A. IF A CHILD HAS HIV OR AIDS, BUT IS NOT SICK, SHOULD HE/SHE BE ALLOWED TO ATTEND 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 HIV OR AIDS?	Yes 1 No..... 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH HIV, 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 HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes 1 No..... 2 DK/not sure/depends 8	

<p>HA14. <i>Check MN5: Tested for HIV during antenatal care?</i></p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No. ⇒ Continue with HA15</p>		
<p>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?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒HA18</p>
<p>HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test 1</p> <p>Offered and accepted 2</p> <p>Required..... 3</p>	<p>1⇒NEXT MODULE</p> <p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE HIV?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒NEXT MODULE</p> <p>2⇒NEXT MODULE</p>
<p>HA18A. <i>If tested for HIV during antenatal care:</i> 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 HIV?</p>	<p>Yes 1</p> <p>No..... 2</p>	