



WOMEN'S QUESTIONNAIRE

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 No	<input type="text"/>	WM2. Household number:
Name:		<input type="text"/>
WM3. Woman's Name:		WM4. Woman's Line Number:
WM5. Interviewer number:	<input type="text"/>	WM6. Day/Month/Year of interview
Name:		<input type="text"/> / <input type="text"/> / 2006
WM7. Result of women's interview	Completed1 Not at home2 Refused3 Partly completed.....4 Incapacitated5 Other (specify)6	

Repeat greeting if not already read to this woman :

WE ARE FROM BANGLADESH BUREAU OF STATISTICS. 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 (HALF AN HOUR). 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 <input type="text"/> DK month98 Year <input type="text"/> DK year9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)..... <input type="text"/>	
WM9A. WHAT IS YOUR MARITAL STATUS ?	Unmarried1 Married.....2 Divorced.....3 Separate4 Widow5	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes.....1 No2	2⇒CM1
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary (Class I-V)1 Secondary (High/Intermediate)2 HIGHER (DEGREE & ABOVE).....3 Non-standard curriculum6	
WM12. WHAT IS THE HIGHEST CLASS YOU COMPLETED AT THAT LEVEL?	Class..... <input type="text"/>	

WM13. Check WM11:

Secondary or higher. ⇒ Go to Next Module

Primary or non-standard curriculum. ⇒ 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. Always speak the truth.
2. It is raining.
3. I go to school.
4. Birds chirping.
5. I drinkTubewell water.

Cannot read at all	1
Able to read only parts of sentence	2
Able to read whole sentence	3
No sentence in required language _____ (specify language)	4
Blind/mute, visually/speech impaired	5

Check WM9A:

I(Unmarried) ⇒ Go to HIV Module

ELSE ⇒ Continue with CM1

CHILD MORTALITY MODULE

CM

This module is to be administered to all women age 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?</p> <p><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⇒ MARRIAGE MODULE</p>
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<p>CM11. WHEN DID YOU DELIVER THE LAST ONE AMONG ALL OF YOUR CHILDREN BORN (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 style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> Day Month Year </p>	
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CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?

If child has died, take special care when referring to this child by name in the following modules.

No live birth in last 2 years. ⇒ Go to MARRIAGE Module.

Yes, live birth in last 2 years. ⇒ Continue with TTI

Name of child _____

TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women (15-49) 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>If a card is presented, use it to assist with answers to the following questions.</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, 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 <input type="text"/> DK..... 8	8⇒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 <input type="text"/> DK..... 98	
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..... <input type="text"/> DK month..... 98 Year <input type="text"/> 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 <input type="text"/>	

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

<p>MN1. IN THE FIRST 42 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 capsuler.</i></p>	<p>Yes 1 No 2 DK..... 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</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: Doctor A Nurse/midwife B Other person Traditional birth attendant.....F Community health worker.....G Relative/friend..... H Other (<i>specify</i>) X No one Y</p>	<p>Y⇒MN7</p>															
<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"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Weight</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Blood pressure</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	Weight	1	2	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	
	Yes	No															
Weight	1	2															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample.....	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>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse/midwife B Other person Traditional birth attendant.....F Community health worker G Relative/friend H Other (<i>specify</i>) X 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 style="text-align: center;">_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p>	<p>Home Your home 11 Other home..... 12 Public sector Govt. hospital.....21 Govt. clinic/health center22 Other public (<i>specify</i>) 26 Private Medical Sector Private hospital 31 Private clinic 32 Private maternity home..... 33 Other private medical (<i>specify</i>) 36 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 Larger than average 2 Average 3 Smaller than average 4</p>																

	Very small.....5 DK.....8	
MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No 2 DK.....8	2⇒MN12 8⇒MN12

MN11. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card 1 (kg)..... <input type="text"/> . <input type="text"/> 2 (lb) <input type="text"/> . <input type="text"/> From recall... 3 (kg)..... <input type="text"/> . <input type="text"/> 4 (lb) <input type="text"/> . <input type="text"/> DK.....8... 99998	
MN12. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2⇒MN14
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately 0 00 Hours 1 <input type="text"/> <i>or</i> Days 2 <input type="text"/> Don't know/remember 8 98	
MN14. HOW LONG AFTER BIRTH DID YOU FIRST BATHE YOUR BABY (<i>name</i>)? <i>If less than 24 hours, record hours. Otherwise, record days.</i>	With in 24 Hours 1 <input type="text"/> 1-3 Days 2 <input type="text"/> More than 3 days..... 3 <input type="text"/> Not bathed 4 <input type="text"/> Don't know/remember 8 98	

MARRIAGE MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED ?	Yes 1 No 3	3⇒MA5
MA2. HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years..... <input type="text"/> DK.....98	
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..... <input type="text"/> DK month.....98 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year.....9998	
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND ?	Age in years..... <input type="text"/>	

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 THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	No 2	
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE HIV 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 HIV VIRUS BECAUSE OF MAGIC OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK..... 8	
HA5. CAN PEOPLE GET THE HIV VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK..... 8	
HA7. CAN PEOPLE GET THE HIV VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK..... 8	
HA7A. CAN PEOPLE GET THE HIV 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 HIV VIRUS?	Yes 1 No 2 DK..... 8	
HA9. CAN THE HIV VIRUS 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	

Follow instructions in your Interviewer's Manual.

HA10. DOES ANY OTHER ELIGIBLE WOMAN AGE 15-49 RESIDE IN THE HOUSEHOLD?
CHECK HOUSEHOLD LISTING, COLUMN HL6. YOU SHOULD HAVE A QUESTIONNAIRE WITH THE INFORMATION PANEL FILLED IN FOR NEXT ELIGIBLE WOMAN.

Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN TO ADMINISTER THE QUESTIONNAIRE TO THE NEXT ELIGIBLE WOMAN.

No. ⇒ CONTINUE (HA11)

HA11. Does any child under the age of 5 reside in the household?

Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

*Yes. ⇒ Go to **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to administer the questionnaire to caretaker of the first eligible child.*

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.