

WOMEN'S INFORMATION PANEL		WM
<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>		
WM1. Cluster number: _____ WM1A. ED 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 THE **Central Statistical Office**. 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 **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) .....	



CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all 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>	<p>2⇒ CONTRA CEPTION AND UNMET NEED</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>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.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth</p> <p>Day ..... 98</p> <p>DK day ..... 98</p> <p>Month ..... 98</p> <p>DK month ..... 98</p> <p>Year ..... 9998</p> <p>DK year ..... 9998</p>	<p>⇒CM3 ↓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth..... 8</p> <p>DK ..... 8</p>	
<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>	<p>2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home ..... 8</p> <p>Daughters at home..... 8</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>	<p>2⇒CM7</p>
<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..... 8</p> <p>Daughters elsewhere ..... 8</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>	<p>2⇒CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead ..... 8</p> <p>Girls dead ..... 8</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum ..... 8</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. 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>If day is not known, enter '98' in space for day.</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 2004)?</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to CONTRACEPTION AND UNMET NEED 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 TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU NOT WANT ANY (MORE) CHILDREN 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>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 ..... ____ 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 ..... ____ 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 ..... ____ 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..... ____ DK year ..... 98	

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 _____. Use this child's name in the following questions, where indicated.</i></p>																	
<p>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?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes..... 1 No ..... 2 DK ..... 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR PRENATAL 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            Auxiliary midwife ..... C            Other person            Traditional birth attendant..... F            Community health worker ..... G            Relative/friend ..... H            Other (<i>specify</i>) ..... X            No one ..... Y</p>	Y⇒MN7															
<p>MN3. AS PART OF YOUR PRENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?            MN3B. WAS YOUR BLOOD PRESSURE MEASURED?            MN3C. DID YOU GIVE A URINE SAMPLE?            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>Weight.....</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	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 PRENATAL 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>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR PRENATAL CARE?</p>	<p>Yes..... 1 No ..... 2 DK..... 8</p>	<p>2⇒MN7 8⇒MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</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            Auxiliary midwife ..... C            Other person            Traditional birth attendant..... F            Community health worker ..... G            Relative/friend ..... H            Other (<i>specify</i>) ..... X            No one ..... Y</p>																

<p><b>MN8. WHERE DID YOU GIVE BIRTH TO (name)?</b></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</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. clinic/health center ..... 22</p> <p>Other public (specify) ..... 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 (specify) ..... 36</p> <p>Other (specify) ..... 96</p>	
<p><b>MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</b></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><b>MN10. WAS (name) WEIGHED AT BIRTH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒ MN12</p> <p>8⇒ MN12</p>
<p><b>MN11A. HOW MUCH DID (name) WEIGH?</b></p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 ___ lbs ___ oz</p> <p>From recall ..... 2 ___ lbs ___ oz</p> <p>DK ..... 99998</p>	
<p><b>MN12. DID YOU EVER BREASTFEED (name)?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p><b>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</b></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>	

CONTRACEPTION AND UNMET NEED		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 .....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	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.....1  No .....2	  2⇒CP4A
CP3. WHICH METHOD ARE YOU USING?  Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization..... A Male sterilization ..... B Pill ..... C IUD/Coil ..... D Injections ..... E Implants ..... F Condom ..... G Female condom ..... H Diaphragm ..... I Foam/jelly ..... J Lactational amenorrhoea method (LAM)/Breastfeeding..... K Periodic abstinence/Rhythm method.....L Withdrawal .....M  Other ( <i>specify</i> )..... 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?  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 After marriage .....995 Other.....996 Don't know.....998	    994⇒NEXT MODULE



CP4D. Check CP1:

☐ Currently pregnant? ⇒ Go to Next Module

☐ Not currently pregnant or unsure? ⇒ Continue with CP4E

CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE  
TO GET PREGNANT AT THIS TIME?

Yes .....	1
No.....	2
DK .....	8

#### ATTITUDES TOWARD DOMESTIC VIOLENCE

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:

DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?  
DV1B. IF SHE NEGLECTS THE CHILDREN?  
DV1C. IF SHE ARGUES WITH HIM?  
DV1D. IF SHE REFUSES SEX WITH HIM?  
DV1E. IF SHE BURNS THE FOOD?  
DV1F. IF SHE CHEATS ON HIM?  
DV1G. IF SHE SQUANDERS THE MONEY?

	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
Cheats on him .....	1	2	8
Squanders money .....	1	2	8

SEXUAL BEHAVIOUR MODULE		SB
<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.</b>		
SB0. Check WM9: Age of respondent is between 15 and 24?		
<input type="checkbox"/> Age 25-49. ⇒ Go to Next Module <input type="checkbox"/> Age 15-24. ⇒ Continue with SB1		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse ..... 00  Age in years ..... __ __  First time when started living with (first) husband/partner ..... 95  DK ..... 98	00⇒NEXT MODULE
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?  <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago ..... 1 __ __  Weeks ago ..... 2 __ __  Months ago ..... 3 __ __  Years ago ..... 4 __ __  DK ..... 8 __ __	4⇒NEXT MODULE
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?  <i>If man is 'boyfriend' or 'fiancée', ask:            WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX?            If 'yes', circle 1 .If 'no', circle 2.</i>	Spouse / cohabiting partner ..... 1 Man is boyfriend / fiancée ..... 2 Other friend ..... 3 Casual acquaintance ..... 4  Other (specify) ..... 6	1⇒SB6
SB5. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:            ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner ..... __ __  DK ..... 98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒NEXT MODULE
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
SB8. WHAT WAS YOUR RELATIONSHIP TO THIS MAN?  <i>If man is 'boyfriend' or 'fiancée', ask:            WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX?            If 'yes', circle 1. If 'no', circle 2.</i>	Spouse / cohabiting partner ..... 1 Man is boyfriend / fiancée ..... 2 Other friend ..... 3 Casual acquaintance ..... 4  Other (specify) ..... 6	1⇒SB10

SB9. HOW OLD IS THIS PERSON NOW?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ..... _ _ DK ..... 98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒NEXT MODULE
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners ..... _ _ DK ..... 98	

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes..... 1 No ..... 2	2⇒ HA19
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes..... 1 No ..... 2 DK..... 8	
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND IS FAITHFUL?	Yes..... 1 No ..... 2 DK..... 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT/OBEAH 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?		
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	
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	
HA14. <i>Check MN5: Tested for HIV during prenatal care?</i>  <input type="checkbox"/> Yes. ⇒ Go to HA18A  <input type="checkbox"/> 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 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 YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?  HA18A. <i>If tested for HIV during prenatal care:</i> OTHER THAN AT THE PRENATAL 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 No ..... 2	

HA19. <i>Check HL8 in the Household Questionnaire to find out if the woman is the mother or primary caretaker of any children that live with them and are under the age of 5 years.</i>  <input type="checkbox"/> Yes. ⇒ Start interviewing her with the <i>QUESTIONNAIRE FOR CHILDREN UNDER 5</i> for those children.  <input type="checkbox"/> No. ⇒ Check if there is another eligible woman residing in the same household and go on to administer the <i>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</i> to the next eligible woman.  <i>If there are no children under five and no other eligible woman residing in the same household, <b>THANK THE RESPONDENT AND END THE INTERVIEW.</b></i>
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