

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

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: <div style="text-align: right;">_____</div>	WM2. Household number: <div style="text-align: right;">_____</div>	
WM3. Woman's Name: <div style="text-align: right;">_____</div>	WM4. Woman's Line Number: <div style="text-align: right;">_____</div>	
WM5. Interviewer name and number: <div style="text-align: right;">_____</div>	WM6. Day/Month/Year of interview: <div style="text-align: right;">____ / ____ / ____</div>	
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 DEPARTMENT FOR STATISTICS AND NATIONAL CENTER OF ILLNESS CONTROL. 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.

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: PRIMARY, SECONDARY, OR HIGHER?	Primary..... 1 Secondary..... 2 Higher..... 3 Non-standard curriculum..... 6	
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. <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/visually impaired 5	

CHILD MORTALITY MODULE**CM**

This module is to be administered to all women age 15-49.

All questions refer only to LIVE births.

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> 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 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>Skip to CM3 only if year of first birth is given. 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 (*total number*) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ Yes. ⇒ Go to CM11

☐ 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 TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more 3</p>	

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.</i></p> <p><i>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>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</p> <p>No..... 2</p> <p>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:</p> <p>Doctor.....A</p> <p>Nurse/midwifeB</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Relative/friendH</p> <p>Other (<i>specify</i>) 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>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>MN3A. WERE YOU WEIGHED?</td> <td>Weight.....1</td> <td>2</td> </tr> <tr> <td>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</td> <td>Blood pressure.....1</td> <td>2</td> </tr> <tr> <td>MN3C. DID YOU GIVE A URINE SAMPLE?</td> <td>Urine sample1</td> <td>2</td> </tr> <tr> <td>MN3D. DID YOU GIVE A BLOOD SAMPLE?</td> <td>Blood sample1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	MN3A. WERE YOU WEIGHED?	Weight.....1	2	MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure.....1	2	MN3C. DID YOU GIVE A URINE SAMPLE?	Urine sample1	2	MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample1	2	
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MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample1	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</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>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 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:</p> <p>Doctor.....A</p> <p>Nurse/midwifeB</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Relative/friendH</p> <p>Other (<i>specify</i>) 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. clinic/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 (kilograms) __ . __ __ __</p> <p>From recall 2 (kilograms) __ . __ __ __</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><i>or</i></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, not in union 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 OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN 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 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 __ __	

CONTRACEPTION MODULE		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No..... 2</p> <p>Unsure or DK 8</p>	1⇒ NEXT MODULE
<p>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?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒ NEXT MODULE
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>Pill C</p> <p>IUD D</p> <p>Injections E</p> <p>Implants..... F</p> <p>Condom..... G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam/jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence..... L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE			
<p>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:</p>			
	Yes	No	DK
DV1A. IF SHE GOES OUT WITHOUT 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
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 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?		
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. Check MN5: Tested for HIV during antenatal care? <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⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE
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. If tested for HIV during antenatal care: 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 THE AIDS VIRUS?	Yes 1 No..... 2	

CIGARETTE SMOKING		SM
<i>This module is to be administered to all women 15 through 49 years of age.</i>		
SM1. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes 1 No..... 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
SM2. ON AVERAGE, HOW MANY CIGARETTES DO YOU SMOKE EACH DAY?	Cigarettes per day _ _ DK 98	

HEMOGLOBIN TEST		HE
<i>This module is to be administered to all women 15 through 49 years of age.</i> WE WOULD LIKE TO PERFORM A SIMPLE TEST TO DETERMINE WHETHER OR NOT YOU ARE ANEMIC. THE TEST WOULD REQUIRE US TO USE A STERILE, DISPOSABLE LANCET TO PRICK YOUR FINGER TO PRODUCE A FEW DROPS OF BLOOD. WOULD YOU GIVE US PERMISSION TO PERFORM THIS TEST? <i>If permission given, perform the HemoCue test.</i>		
HE1. Was a finger stick blood sample collected from this woman?	Yes 1 No, woman refused 2 Finger stick but insufficient blood..... 3 Other (specify) 8 DK 9	
HE2. Hemoglobin level from HemoCue <i>Hemoglobin values <4 g/dL or >18 g/dL are considered unlikely</i> <i>If hemoglobin <7 g/dL refer women to health center</i>	Hemoglobin _ _ _ . _	