

INDIVIDUAL QUESTIONNAIRE FOR WOMEN

Region _____ № _____

Area _____

Urban _____ 1

Rural _____ 2

CLUSTER № _____

Household № _____

Woman's name _____

№ _____

Interviewer's name _____ № _____

Supervisor's name _____ № _____

Editor's name _____ № _____

Clerk's name _____ № _____

INDIVIDUAL QUESTIONNAIRE FOR WOMEN

THIS QUESTIONNAIRE IS PRESENTED IN ACCORDANCE WITH THE MEMORANDUM OF UNDERSTANDING BETWEEN UN AGENCIES IN KAZAKHSTAN AND STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN ON MULTI-INDICATOR CLUSTER SURVEY PROJECT IMPLEMENTATION AS OF 3 OCTOBER 2005

INFORMATION PANEL FOR WOMAN

WM

This module should be administered to all women aged 15 - 49 years (see column HL6 of household listing).

Fill in one form for each eligible woman.

*In the space below enter cluster number, household number, name and line number of the woman.
Enter your name, number and interview date*

WM1. Cluster number:

WM2. Household number:

WM3. Woman's name:

WM4. Line No of the woman:

WM5. Interviewer's name and number:

WM6. Interview day/month/year:

WM7. Result of interview with a woman:

Completed 1
Not at home 2
Refused 3
Partly completed 4
Incapacitated 5
Other (specify) 6

Repeat greeting if it was not read to the woman:

WE ARE FROM STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN. WE WORK WITHIN THE PROJECT DEVOTED TO THE FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INFORMATION WE OBTAIN WILL BE TREATED AS STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. 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 the outcomes with your supervisor for future re-visit to household to interview the woman.

WM8. WHAT MONTH AND YEAR WERE YOU BORN?

Birth date:
month
DK month 98
year
DK year 9998

WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?

Age (complete years).....

WM10. HAVE YOU EVER ATTENDED ANY EDUCATIONAL FACILITY?

Yes 1
No 2

WM11. WHAT IS THE HIGHEST LEVEL YOU STUDIED: PRIMARY, SECONDARY, SECONDARY VOCATIONAL OR HIGHER?

Primary 1
Secondary 2
Secondary vocational 3
Higher 4
DK 8

WM12. WHAT IS THE HIGHEST GRADE/COURSE YOU GRADUATED AT THIS LEVEL?

Grade/course.....

CHILD MORTALITY MODULE		CM
<p>This module should be administered to all women aged 15-49 years. All questions refer only to LIVE BIRTH.</p>		
CM1. NOW I WANT TO ASK YOU ABOUT ALL BIRTHS YOU HAVE HAD DURING ALL YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? If "NO" , probe asking: I MEAN A BABY, WHO BREATHED, SCREAMED, OR SHOWED OTHER SIGNS OF LIVE, EVEN IF IT LIVED ONLY A FEW MINUTES OR HOURS?	Yes 1 No 2	2 ⇒ NEXT MODULE
CM2A. WHEN HAVE YOU GIVEN THE FIRST BIRTH? I MEAN THE VERY FIRST TIME, WHEN YOU GAVE A BIRTH TO A BABY, EVEN THOUGH IF IT DIED LATER, OR WHOSE FATHER IS NOT YOUR PARTNER NOW. Go to CM3 only if the year of first birth is shown. Otherwise continue with CM2B .	Date of first birth Day DK day 98 Month DK month 98 Year DK year 9998	⇒ CM3 ⇓ CM2B
CM2B. HOW MANY YEARS AGO HAVE YOU HAD THE FIRST BIRTH?	Number of complete years, since the first delivery	
CM3. DO YOUR NATURAL SONS OR DAUGHTERS LIVE WITH YOU NOW?	Yes 1 No 2	2⇒ CM5
CM4. HOW MANY YOUR NATURAL SONS LIVE WITH YOU? HOW MANY YOUR NATURAL DAUGHTERS LIVE WITH YOU?	Sons living at home Daughters living at home	
CM5. DO YOU HAVE ANY ALIVE SONS OR DAUGHTER TO WHOM YOU HAVE GIVEN BIRTH, BUT WHO DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒ CM7
CM6. HOW MANY YOUR LIVE SONS DO NOT LIVE WITH YOU? HOW MANY YOUR LIVE DAUGHTERS DO NOT LIVE WITH YOU?	Sons living somewhere Daughters living somewhere	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR A GIRL BORN LIVE BUT DIED LATER?	Yes 1 No 2	2⇒ CM9
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Number of died boys Number of died girls	
CM9. SUMMARIZE THE ANSWERS TO CM4, CM6, CM8.	Total	
CM10. JUST TO MAKE SURE I HAVE TAKEN THIS RIGHT, IN YOUR WHOLE LIFE YOU HAVE GIVEN (total number) BIRTHS. IS IT RIGHT? <input type="checkbox"/> Yes. ⇒ Go to item CM11 <input type="checkbox"/> No. ⇒ Check the answers and make corrections before going to item CM11		
CM11. WHEN HAS THE LAST DELIVERY OUT OF THESE (total number) TAKEN PLACE (EVEN IF THIS CHILD HAS DIED LATER)? If the day is unknown, insert '98' instead of day.	Date of last delivery Day/Month/Year / /	
CM12. Check item CM11: Have the last delivery taken place during last 2 years, in particular from « _____ » _____ 2003 and later? If the child has died pay special attention to the questions about this child in the next module. <input type="checkbox"/> No births were given during last 2 years before interview. ⇒ Go to MARRIAGE/PARTNERSHIP MODULE . <input type="checkbox"/> Yes, births were given during last 2 years before interview. ⇒ Continue with CM13 Child's name		
CM13. AT THE TIME YOU BECAME PREGNANT WITH (NAME), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT OR YOU DID NOT WANT TO HAVE (MORE) CHILDREN?	Wanted then 1 Wanted later 2 No more 3	

MOTHER AND NEWBORN HEALTH MODULE

MN

This module to be administered to all women who gave birth to **live child** during last **two years** before the interview date.
Check the Child Mortality Module **CM12** and record the **name of last child** _____
Use the **name of this child** in the following items

<p>MN2. HAVE YOU APPLIED TO ANYBODY FOR ANTENATAL CARE DURING THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE?</i> HAVE YOU SEEN ANYBODY ELSE? <i>Keep asking to clarify the person women seen and circle all answers.</i></p> <p>MN2A. HOW MANY TIMES HAVE YOU SEEN ANYBODY FOR ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p><u>Health staff:</u> Doctor A Nurse/midwife B Midwife assistant C Feldsher D <u>Other person</u> Traditional birth attendant F Public health staff G Relative/friend H Other (specify) X Nobody Y</p> <p>Regularly 1 Once 2 2-3 time 3 Haven't seen 4</p>	<p>Y⇒ MN7</p> <p>4⇒ MN7</p>
<p>MN3. WITHIN YOUR ANTENATAL CARE WAS ONE OF THE FOLLOWING DONE, AT LEAST, ONCE? MN3A. WHERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE URINE TEST? MN3D. DID YOU GIVE BLOOD TEST?</p>	<p>Yes No</p> <p>Weight 1 2 Blood pressure 1 2 Urine test 1 2 Blood test 1 2</p>	
<p>MN4. DURING ANY VISIT WITHIN ANTENATAL CARE DID ANYBODY SPEAK WITH YOU ABOUT AIDS OR HIV?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>MN5. I DO NOT WANT TO KNOW RESULTS, BUT HAVE YOU EVER BEEN TESTED FOR HIV/AIDS AS A PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒ MN7 8⇒ MN7</p>
<p>MN6. I DO NOT WANT TO KNOW RESULTS, BUT HAVE YOU RECEIVED YOUR TEST RESULTS?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>MN7. WHO ASSISTED YOU, WHEN YOU GAVE BIRTH TO YOU LAST CHILD (name)?</p> <p>ANYBODY ELSE?</p> <p><i>Keep asking questions to clarify who assisted woman during delivery and circle all mentioned answers.</i></p>	<p><u>Health staff:</u> Doctor A Nurse/midwife B Midwife assistant C Feldsher D <u>Other person</u> Traditional birth attendant F Public health staff G Relative/friend H Other (specify) X Nobody Y</p>	
<p>MN8. WHERE HAVE YOU GIVEN BIRTH TO (NAME)?</p> <p><i>If resource is hospital, health center or clinic, enter the name of institution in the below line. Ask the type of institution and circle appropriate code.</i></p> <p>_____</p> <p>_____ (name of institution)</p>	<p><u>Home</u> Your home 11 Another home 12 <u>Public sector</u> Govt. hospital/maternity 21 Govt. Clinic/Health center 22 Other public institution (specify) 26 <u>Private health sector</u> Private hospital 31 Private clinic 32 Private maternity 33 Another private Health institution (specify) 36 Other (specify) 96</p>	
<p>MN9. WHEN YOU GAVE BIRTH TO YOUR LAST CHILD (NAME), S(HE) WAS: VERY LARGE, LARGER THEN AVERAGE, AVERAGE, LESS THEN AVERAGE OR VERY SMALL?</p>	<p>Very large 1 Larger then average 2 Average 3 Less then average 4 Very small 5 DK 8</p>	
<p>MN10. DID YOU WEIGH (name) RIGHT AFTER BIRTH?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒ MN12 8⇒ MN12</p>
<p>MN11. WHAT WAS (name) WEIGHT?</p> <p><i>Transfer weight from child's development card if it is available.</i></p>	<p>From card 1 (grams) _ . _ _ _</p> <p>By memory 2 (grams) _ . _ _ _</p> <p>DK 99998</p>	
<p>MN12. HAVE YOU EVER BREASTFED (name)?</p>	<p>Yes 1 No 2</p>	<p>2⇒ NEXT MODULE</p>

MN13. HOW LONG AFTER DELIVERY HAVE YOU BREASTFED (NAME) FOR THE FIRST TIME? <i>If less than 1 hour, enter '00' hours.</i> <i>If less than 24 hours, enter the number of hours.</i> <i>Otherwise, enter days.</i>	Immediately000 Hours..... 1 ____ or Days2 ____ Doesn't know/doesn't remember998	
MN14. DO YOU SMOKE? MN14A. DID YOU SMOKE DURING PREGNANCY?	Yes 1 No..... 2 Yes 1 No..... 2	2⇒ MN16
MN15. HOW OFTEN DID YOU SMOKE DURING LAST 24 HOURS?	1-2 times..... 1 3-5 times..... 2 5 times and more 3	
MN16. HAVE YOU EVER CONSUMED ALCOHOLIC BEVERAGES?	Yes 1 No..... 2	2⇒ NEXT MODULE
MN17. HAVE YOU BECOME DRUNK WHEN CONSUMED ALCOHOLIC BEVERAGES?	Yes 1 No..... 2	
MN18. HOW MANY DAYS DID YOU CONSUME ALCOHOLIC BEVERAGES DURING LAST 3 MONTHS?	No of days ____ No/never 0_0	
MN19. HOW MANY TIMES WERE YOU DRUNK DURING LAST 3 MONTHS?	No of days ____ No/never 0_0	

MARRIAGE/PARTNERSHIP MODULE		MA
MA1. ARE YOU MARRIED NOW OR LIVE WITH THE MAN IN COMMON-LAW MARRIAGE?	Yes, married1 Yes, common-law marriage2 Not married.....3	3⇒ MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER AT HIS LAST BIRTHDAY?	Age in complete years ____ DK98	⇒ MA5 ⇒ MA5
MA3. HAVE YOU EVER BEEN MARRIED OR HAD COMMON-LAW MARRIAGE?	Yes, was married.....1 Yes, had common-law marriage2 No3	3⇒ NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS AT PRESENT: YOU ARE WIDOW, DIVORCED OR SEPARATED?	Widow1 Divorced2 Separated.....3	
MA5. HAVE YOU BEEN MARRIED OR LIVED IN COMMON-LAW MARRIAGE ONCE ONLY OR MORE THAN ONE TIME?	Once only1 More than one time.....2	
MA6. WHICH MONTH AND YEAR DID YOU MARRY FOR THE FIRST TIME OR ENTERED COMMON-LAW MARRIAGE?	Month ____ DK month98 Year ____ DK year9998	
MA7. Check MA6: <input type="checkbox"/> <i>Month and year of marriage/partnership are known? ⇒ Go to the next Module.</i> <input type="checkbox"/> <i>Month and year of marriage/partnership are not known? ⇒ Continue with MA8</i>		
MA8. HOW OLD WERE YOU WHEN YOU FIRST MARRIAGE OF COMMON-LAW MARRIAGE STARTED?	Age in years ____	

REPRODUCTIVE BEHAVIOR MODULE		RP
RP1. I WOULD LIKE TO TALK TO YOU ABOUT YOUR REPRODUCTIVE BEHAVIOR. IF YOU HAD CHOICE, HOW MANY CHILDREN WOULD YOU LIKE TO HAVE DURING ALL YOUR LIFE?	One A Two B Three..... C Four..... D Five-nine E Ten and more F None..... G	
RP2. WHICH OF THE FOLLOWING WOULD INFLUENCE YOUR DECISION TO HAVE NO CHILDREN OR THE NUMBER OF CHILDREN?	Health condition..... A Fear to become unemployed B Uncertainty in children's future..... C Low level of health care D No pre-school facilities..... E No place to live F No utilities in the apartment G No regular job..... H Low wages I No job..... J Other (<i>specify</i>) K	
RP3. WHICH OF THE FOLLOWING WOULD INFLUENCE YOUR DECISION TO GIVE BIRTH TO A (ANOTHER) CHILD?	Sufficient allowance for children..... A Sufficient paid maternity leave B Mortgage or credits..... C Shorten working day for breastfeeding mothers D Reduction of retirement age for mothers of (how many children?) E Other (<i>specify</i>)..... F	
RP4. WHAT BIRTH SPACE WOULD YOU LIKE TO HAVE BEFORE YOU GIVE BIRTH TO THE NEXT CHILD?	One year A Two years B Three years C Four years D Five and more years E No kids anymore..... F	

CONTRACEPTION MODULE		CP
CP1. I WOULD LIKE TO CHANGE THE SUBJECT. I WOULD LIKE TO TALK TO YOU ABOUT SOMETHING ELSE – FAMILY PLANNING AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, pregnant now..... 1 No 2 Not sure/DK..... 8	1⇒ NEXT MODULE
CP2. SOME PEOPLE USE DIFFERENT METHODS TO AVOID OR DELAY PREGNANCY. DO YOU APPLY ANYTHING OR USE ANY METHOD TO DELAY OR AVOID PREGNANCY?	Yes..... 1 Yes..... 2	2⇒ NEXT MODULE
CP3. WHICH METHOD DO YOU USE? <i>DO NOT PROMPT ANY SUGGESTIONS to respondent.</i> <i>If several methods mentioned circle each of them.</i>	Woman's sterilization..... A Man's sterilization B Pills C IUD..... D Injections E Implants..... F Condoms G Women's condoms H Diaphragm..... I Foam/jelly J Lactation amenorrhea..... K Periodic abstinence L Withdrawals..... M Other (<i>specify</i>) X	

DOMESTIC VIOLENCE ATTITUDE MODULE		DV																								
DV1. SOMETIMES HUSBAND MIGHT BE IRRITATED OR ANGRY WITH HIS WIFE. HOW DO YOU THINK, DOES HE HAVE RIGHT TO HIT OR BEAT HIS WIFE IN THE FOLLOWING SITUATION: DV1A. IF SHE GOES OUT WITHOUT TELLING HIM? DV1B. IF SHE IS SCORNFUL TO CHILDREN? DV1C. IF SHE OBJECTS HIM? DV1D. IF SHE REFUSES SEX WITH HIM? DV1E. IF HER COOKING BURNS?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Goes out w/out telling him.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Scornful to children</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Objects him.....</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 the food</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Goes out w/out telling him.....	1	2	8	Scornful to children	1	2	8	Objects him.....	1	2	8	Refuses sex.....	1	2	8	Burns the food	1	2	8	
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TUBERCULOSIS MODULE		HT
HT1. HAVE YOU EVER HEARD ABOUT TUBERCULOSIS?	Yes 1 No 2	2 ⇒ NEXT MODULE
HT2. DO YOU KNOW THAT TB COULD BE CURED COMPLETELY WITH PROPER MEDICINE?	Yes 1 No 2 DK 8	
HT3. HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER HAD TB?	Yes 1 No 2 DK 8	
HT4. APART MEMBERS OF YOUR FAMILY DO YOU OFTEN COMMUNICATE WITH ANYBODY WHO SUFFERS FROM TB (NEIGHBORS, COLLEAGUES OR CLOSE FRIENDS)?	Yes 1 No 2 DK 8	
HT5. WHICH SYMPTOMS SHOW TB IN PERSON?	Cough 1 Cough with phlegm 2 Cough over 3 weeks 3 Temperature, fever 4 Blood with phlegm 5 Bad appetite 6 Sweating at night 7 Pain in chest 8 Tiredness, fatigue 9 Weight loss 10 Inertia, apathy 11 Other (specify) 96 DK 98	
HT6. WHICH TB SYMPTOMS FORCE YOU TO SEE THE DOCTOR?	Cough 1 Cough with phlegm 2 Cough over 3 weeks 3 Temperature, fever 4 Blood with phlegm 5 Bad appetite 6 Sweating at night 7 Pain in chest 8 Tiredness, fatigue 9 Weight loss 10 Inertia, apathy 11 Other (specify) 96 DK 98	
HT7. WHEN THE PERSON FIRSTLY FINDS TB IN HIM/HERSELF WHAT KIND OF TREATMENT SHOULD HE RECEIVE?	Hospital 1 At home 2 Hospital at primary stage with following treatment at home 3 Other (specify) 6 DK 8	
HT8. HOW CAN THE PERSON COMMUNICATE TB?	By air when coughing 1 Other (specify) 6 Do not know 8	
HT9. WHERE WOULD YOU SEEK CARE, IF FOUND TB IN YOUR CHILD?	Hospital 1 Polyclinic 2 Feldsher 3 TB Hospital 4 Other (specify) 6 DK 8	
HT10. LET US ASSUME THAT AFTER MEMBER OF YOUR FAMILY WAS CURED IN THE HOSPITAL AGAINST TB, WOULD YOU LIKE TO CONTINUE CARE OF HIM/HER AT HOME?	Yes 1 No 2 DK/not sure 8	

HIV/AIDS MODULE

HA

HA1. NOW I WOULD LIKE TO CHANGE THE SUBJECT.																		
HAVE YOU EVER HEARD ABOUT HIV OR AIDS?	Yes..... 1 No 2	2⇒ NEXT MODULE																
HA2. IS IT POSSIBLE TO PROTECT YOURSELF FROM THIS DISEASE, IF YOU HAVE ONLY ONE NOT INFECTED SEXUAL PARTNER, WHO DOES NOT HAVE OTHER PARTNERS?	Yes..... 1 No 2 DK.....																	
HA3. IN YOUR OPINION, IS IT POSSIBLE TO GET AIDS AS A RESULT OF SUPERNATURAL FORCES AFFECT?	Yes..... 1 No 2 DK.....																	
HA4. CAN ONE AVOID INFECTING AIDS, PROPERLY USING CONDOMS DURING EACH SEXUAL CONTACT?	Yes..... 1 No 2 DK..... 8																	
HA5. IS IT POSSIBLE TO GET AIDS THROUGH GNAT BIT?	Yes..... 1 No 2 DK.....																	
HA6. IS IT POSSIBLE TO AVOID AIDS HAVING NO SEXUAL CONTACTS?	Yes..... 1 No 2 DK..... 8																	
HA7. CAN PEOPLE GET AIDS BY SHARING FOOD WITH AIDS-INFECTED PERSON?	Yes..... 1 No 2 DK..... 8																	
HA7A. CAN PEOPLE GET AIDS VIRUS THROUGH INJECTIONS USING THE NEEDLE OTHER PERSON USED BEFORE?	Yes..... 1 No 2 DK.....																	
HA8. IS IT POSSIBLE FOR HEALTHY LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No 2 DK.....																	
HA9. CAN AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?	Yes..... 1 No 2 DK..... 8																	
HA9A. DURING PREGNANCY? HA9B. DURING LABOR? HA9C. DURING BREASTFEEDING?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>During pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During labor.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Through breast milk.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Yes	No	DK	During pregnancy	1	2	8	During labor.....	1	2	8	Through breast milk.....	1	2	8	
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HA10. IF THE TEACHER HAS AIDS VIRUS, BUT IS NOT SICK, CAN SHE CONTINUE WORKING AT SCHOOL?	Yes..... 1 No 2 DK/not sure 8																	
HA11. IF YOU WOULD LEARN THAT FOODSTUFF SELLER HAS HIV/AIDS WOULD YOU BUY FRESH VEGETABLES FROM HIM/HER?	Yes..... 1 No 2 DK/not sure 8																	
HA12. IF THE MEMBER OF YOUR FAMILY WOULD GET AIDS, WOULD YOU LIKE TO KEEP IT SECRET?	Yes..... 1 No 2 DK/not sure 8																	
HA13. IF MEMBER OF YOUR FAMILY WOULD BE SICK WITH AIDS, WOULD YOU LIKE TO TAKE CARE OF HIM/HER AT YOU PLACE?	Yes..... 1 No 2 DK/not sure 8																	
HA14. Check MN5: WAS SHE TESTED FOR AIDS 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 RESULT, BUT HAVE YOU EVER BEEN TESTED FOR AIDS?	Yes..... 1 No 2 DK..... 8	2⇒ HA18 8⇒ HA18																
HA16. I DO NOT WANT TO KNOW THE RESULT, BUT DID YOU GET TEST RESULT?	Yes..... 1 No 2																	
HA17. YOU REQUESTED FOR TEST, YOU WERE SUGGESTED AND AGREED, OR WAS IT OBLIGATORY?	Requested for test 1 Was suggested and agreed. 2 Obligatory 3	1⇒ NEXT MODULE 2⇒ NEXT MODULE 3⇒ NEXT MODULE																
HA18. AT PRESENT DO KNOW ANY PLACE WHERE ONE CAN PASS AIDS TEST?	Yes..... 1 No 2																	
HA18A. If passed AIDS test during antenatal care: APART THE ANTENATAL CLINIC, DO YOU KNOW ANY PLACE WHERE YOU CAN PASS AIDS TEST?	Yes..... 1 No 2																	