



## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

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 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 THE REPRESENTATIVES OF THE STATE STATISTICS COMMITTEE OF UKRAINE. THE STATE STATISTICS COMMITTEE AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF) ARE CURRENTLY UNDERTAKING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. WE WOULD LIKE TO POSE YOU SEVERAL QUESTIONS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. YOUR EXPERIENCE IN BUILDING YOUR FAMILY LIFE AND BRINGING UP YOUR CHILDREN WILL HAVE BIG IMPORTANCE FOR THE IMPROVEMENT OF ACTIVITIES BY THE HEALTHCARE FACILITIES AND THE SOCIAL SERVICES IN UKRAINE. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. THE INFORMATION WILL BE USED ONLY IN THE GENERALISED FORM AND ONLY TOGETHER WITH THE RESPONSES OF OTHER UKRAINIAN FAMILIES. YOU MAY ABSTAIN FROM RESPONDING TO THE QUESTIONS THAT YOU DO NOT LIKE AND ARE FREE TO INTERRUPT THE INTERVIEW ANY TIME YOU WANT. MAY I START NOW? 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) .....	

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes .....1 No.....2	2⇒ NEXT MODULE
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary..... 1 Secondary..... 2 Higher..... 3  Other ..... 6	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade ..... _ _	
WM13. <i>Check WM11 and go to Next Module</i>		

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></p> <p>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⇒ MARRIAGE /UNION MODULE</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</p> <p>↓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth ..... 98</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>Sons at home ..... 98</p> <p>Daughters at home ..... 98</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 ..... 98</p> <p>Daughters elsewhere ..... 98</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 ..... 98</p> <p>Girls dead..... 98</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum ..... 98</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><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?</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>																																						
MN1A. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i> ], DID YOU RECEIVE IODINE SUPPLEMENTS?	Yes ..... 1 No..... 2 DK ..... 8																																					
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?  <i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i>  <i>Probe for the type of person seen and circle all answers given.</i>	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	Y⇒MN6A																																				
MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?  MN3A. WERE YOU WEIGHED? HOW MANY TIMES? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? HOW MANY TIMES? MN3C. DID YOU GIVE A URINE SAMPLE? HOW MANY TIMES? MN3D. DID YOU GIVE A BLOOD SAMPLE? HOW MANY TIMES? MN3E. DID YOU TAKE ULTRA SOUND TESTS? HOW MANY TIMES?  MN3F. DID YOU RECIVE THE GOOD PARENTING TRAING AS A PART OF ANTENATAL CARE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight..... 1</td> <td>2</td> <td></td> </tr> <tr> <td>Weight, Times ____</td> <td></td> <td></td> </tr> <tr> <td>Blood pressure..... 1</td> <td>2</td> <td></td> </tr> <tr> <td>Blood pressure, times ____</td> <td></td> <td></td> </tr> <tr> <td>Urine sample..... 1</td> <td>2</td> <td></td> </tr> <tr> <td>Urine sample, times ____</td> <td></td> <td></td> </tr> <tr> <td>Blood sample ..... 1</td> <td>2</td> <td></td> </tr> <tr> <td>Blood sample, times ____</td> <td></td> <td></td> </tr> <tr> <td>Ultra sound test..... 1</td> <td>2</td> <td></td> </tr> <tr> <td>Ultra sound test, times ____</td> <td></td> <td></td> </tr> <tr> <td>Good parenting traing.....1</td> <td>2</td> <td></td> </tr> </tbody> </table>		Yes	No	Weight..... 1	2		Weight, Times ____			Blood pressure..... 1	2		Blood pressure, times ____			Urine sample..... 1	2		Urine sample, times ____			Blood sample ..... 1	2		Blood sample, times ____			Ultra sound test..... 1	2		Ultra sound test, times ____			Good parenting traing.....1	2		2⇒MN4
	Yes	No																																				
Weight..... 1	2																																					
Weight, Times ____																																						
Blood pressure..... 1	2																																					
Blood pressure, times ____																																						
Urine sample..... 1	2																																					
Urine sample, times ____																																						
Blood sample ..... 1	2																																					
Blood sample, times ____																																						
Ultra sound test..... 1	2																																					
Ultra sound test, times ____																																						
Good parenting traing.....1	2																																					
MN3G. DID YOU ATTEND THIS TRAINING ALONE OR TOGETHER WITH YOUR PARTNER, HUSBAND, CLOSE RELATIVE, OR FRIEND?	Alone.....A With partner.....B With a friend.....C																																					
MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT HIV OR THE HIV VIRUS?	Yes ..... 1 No..... 2 DK ..... 8																																					
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV AS PART OF YOUR ANTENATAL CARE?	Yes ..... 1 No..... 2 DK ..... 8	2⇒MN6A 8⇒MN6A																																				
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No..... 2 DK ..... 8																																					

<p>MN6A. DID YOU TAKE ANY IRON CONTAINING SUPPLEMENTS DURING YOUR LAST PREGNANCY?</p>	<p>YES.....1  NO.....2  DK.....8</p>	<p>2⇒ MN7  8 ⇒MN7</p>
<p>MN6B. WHO RECOMMENDED THE SUPPLEMENTATION?</p>	<p>MEDICAL SPECIALIST.....1  OTHER PEOPLE.....2  OWN DECISION.....3</p>	
<p>MN6C. WHAT WAS THE REASON FOR SUPPLEMENTATION?</p>	<p>ANEMIA (LOW HAEMOGLOBIN).....1  PROPHYLAXIS DURING PREGNANCY.....2</p>	
<p>MN6D. WHEN DID YOU START IRON SUPPLEMENTATION?</p>	<p>DURING THE FIRST THREE MONTHS OF PREGNANCY.....1  DURING THE SECOND HALF OF PREGNANCY ...2</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  Nurse/midwife .....B  Other person  Traditional birth attendant .....F  Community health worker .....G  Relative/friend .....H</p> <p>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>_____</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. maternity 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>11⇒MN 9</p> <p>12⇒MN 9</p>
<p>MN8A. WAS YOUR HUSBAND, PARTNER OR CLOSE RELATIVES PRESENT IN THE DELIVERY ROOM DURING THE DELIVERY?</p> <p>MN8B. DID YOU HAVE ANY OPPORTUNITY TO CHOOSE A POSITION YOU WANT DURING THE LABOUR OR YOU HSD TO GIVE BIRTH LAYING ON YOUR BACK AT TRADITIONAL OBSTETRIC BED?</p> <p>MN8C. DID YOU SHARE THE ROOM WITH YOUR BABY IN MATERNITY HOSPITAL SINCE THE VERY DAY OF BIRTH?</p> <p>MN8D. FOR HOW MANY DAYS HAVE YOU BEEN STAYING IN MATERNITY HOSPITAL?</p> <p>MN8E. HAVE YOU BEEN SEPARATED FROM A CHILD IN MATERNITY HOSPITAL FOR ANY REASON?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK..... 8</p> <p>Yes ..... 1</p> <p>No..... 2</p> <p>DK..... 8</p> <p>Yes ..... 1</p> <p>No..... 2</p> <p>DK..... 8</p> <p>Number of days.....</p> <p>DK.....98</p> <p>Yes ..... 1</p> <p>No..... 2</p> <p>DK..... 8</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>  <i>If less than 24 hours, record hours.</i>  <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, 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 AND UNMET NEED MODULE		CP
I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.		
CP0A. HAVE YOU EVER RECEIVED INFORMATION ON THE USE OF CONTRACEPTIVES?	Yes.....1 No.....2	2⇒CP1
CP0B. WHERE DID YOU FIRST RECEIVED INFORMATION ON THE USE OF CONTRACEPTION?	Women's consultations.....A Family planning centres.....B Family planning clinics.....C Specialised literature.....D Friends.....E Family doctor.....F Information materials of the pharmaceutical companies.....G Other (specify).....X Don't remember.....Z	
CP1. 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 THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU NOT WANT TO HAVE ANY MORE CHILDREN?	Then.....1 Later.....2 Not want more children.....3	1⇒CP4A 2⇒CP4A 3⇒CP4A
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?  <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization .....A Male sterilization .....B Pill .....C IUD .....D Injections .....E Implants.....F Condom.....G Female condom .....H Diaphragm .....I Foam/jelly.....J Lactational amenorrhoea method (LAM) .....K Periodic abstinence.....L Withdrawal .....M  Other (specify) .....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> APART FROM 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

<p>CP4c. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months.....1 __ __</p> <p>Years.....2 __ __</p> <p>Soon/now.....993</p> <p>Says she cannot get pregnant.....994</p> <p>After marriage.....995</p> <p>Other.....996</p> <p>Don't know.....998</p>	<p>994⇒NEXT MODULE</p>
---	---	----------------------------

*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

		Yes	No	DK	
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS WHICH 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?	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 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 WITCHCRAFT 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	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE HIV VIRUS BY NOT HAVING SEX AT ALL?	Yes ..... 1 No..... 2 DK ..... 8	
HA7. CAN PEOPLE GET THE HIV VIRUS BY SHARING FOOD WITH A PERSON WHO HAS HIV OR 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	
HA9D. BY HYGIENE MANIPULATIONS?	By hygiene manipulations..... 1 2 8	
HA9E. BY PLAYING WITH A BABY?	By playing with a baby..... 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE HIV 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 HIV VIRUS?	Yes ..... 1 No..... 2 DK/not sure/depends ..... 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE HIV 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, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes ..... 1 No..... 2 DK/not sure/depends ..... 8	

<p>HA14. Check MN5: Tested for HIV during antenatal care?</p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No. ⇒ Continue with HA15</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?	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 HIV VIRUS?	Yes ..... 1 No..... 2	
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 HIV VIRUS?	Yes ..... 1 No..... 2	
HA19. WHERE DID YOU GET INFORMATION ABOUT HIV/AIDS?	Women's consultations.....A Family planning centres.....B Family planning clinics.....C Specialised literature.....D Friends.....E Family doctor.....F Information materials of the pharmaceutical companies.....G Other (specify).....H Don't remember.....Y	
HA20. DO YOU KNOW WHERE YOU CAN GET INFORMATION ABOUT HIV/AIDS?	Yes ..... 1 No..... 2	2 ⇒ NEXT MODULE
HA21. WHERE CAN YOU GET INFORAMTION ABOUT HIV/AIDS?	Women's consultations.....A Family planning centres.....B Family planning clinics.....C Specialised literature.....D Friends.....E Family doctor.....F Information materials of the pharmaceutical companies.....G Other (specify).....H Don't remember.....Y	