

## 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	<p>Completed ..... 1            Not at home ..... 2            Refused ..... 3            Partly completed ..... 4            Incapacitated ..... 5            Other (specify) ..... 6</p>	

*Repeat greeting if not already read to this woman:*

WE ARE FROM STATE [STATISTICAL DEPARTMENT OF THE REPUBLIC OF UZBEKISTAN. 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?

**Comment [TNC1]:** Replace with name of organization conducting the survey

*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⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, SECONDARY SPECIAL OR HIGHER?	Primary ..... 1 Secondary ..... 2 Secondary special ..... 3 Higher ..... 4  Non-standard curriculum ..... 6	
WM12. WHAT IS THE HIGHEST YEAR YOU COMPLETED AT THAT LEVEL?	Grade ..... __ __	
WM13. Check WM11:		
<input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module  <input type="checkbox"/> Primary or non-standard curriculum. ⇒ Continue with WM14		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.	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 (specify language) Blind/mute, visually/speech impaired ..... 5	
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. The child is reading a book. 2. The rains came late this year. 3. Parents must care for their children. 4. Farming is hard work.		

**Comment [TNC2]:** Adapt list of sentences to include culturally relevant sentences.

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⇒ <b>CM11A</b></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 ..... __ __</p> <p>DK day ..... 98</p> <p>Month ..... __ __</p> <p>DK month ..... 98</p> <p>Year ..... __ __ __</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 ..... __ __</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 ..... __ __</p> <p>Daughters at home ..... __ __</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 ..... __ __</p> <p>Daughters elsewhere ..... __ __</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 ..... __ __</p> <p>Girls dead ..... __ __</p>	
<p>CM9. <i>Sum answers to CM4, CM6, and CM8.</i></p>	<p>Sum ..... __ __</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>CM11A. SOMETIMES A PREGNANCY DOESN'T MATURE BY LIVE BIRTH. OTHERWISE, CAN BE ENDED BY ABORTION, MISCARRIAGE OR STILLBIRTH. NOW I WILL ASK ABOUT EACH OF THEM SEPARATELY.</p> <p>HOW MANY ABORTIONS HAVE YOU HAD?</p> <p><i>If no one, enter "00".</i></p>	<p>Total abortions ..... _ _</p>	
<p>CM11B. HOW MANY MISCARRIAGES?</p> <p><i>If no one, enter "00".</i></p>	<p>Total miscarriages ..... _ _</p>	
<p>CM11C. HOW MANY STILLBIRTH HAVE YOU HAD?</p> <p><i>If no one, enter "00".</i></p>	<p>Total stillbirth. .... _ _</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><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>Name of child _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (name), 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>	

**Comment [ah3]:** The year 2003 should be changed to 2004 if survey is carried out in 2006

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/midwife ..... B</p> <p>Auxiliary midwife ..... C</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Community health worker ..... G</p> <p>Relative/friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one ..... Y</p>	<p>Y⇒MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WAS 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 sample ..... 1</td> <td>2</td> </tr> <tr> <td>MN3D. DID YOU GIVE A BLOOD SAMPLE?</td> <td>Blood sample ..... 1</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 sample ..... 1	2	MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample ..... 1	2	
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MN3D. DID YOU GIVE A BLOOD SAMPLE?	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</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>	<p>2⇒MN7</p> <p>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</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/midwife ..... B</p> <p>Auxiliary midwife ..... C</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Community health worker ..... G</p> <p>Relative/friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one ..... Y</p>																

**Comment [TNC4]:** Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained. Categories of Doctor, Nurse/midwife, and Auxiliary midwife should be maintained as separate categories.

**Comment [TNC5]:** Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

<p>MN8. <b>WHERE</b> 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>Govt. maternity hospital ..... 23</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>or</p> <p>Days ..... 2 ____</p> <p>Don't know/remember ..... 998</p>	

**Comment [16]:** Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

**Comment [ah7]:** If pounds are commonly used, adapt questionnaire to include separate categories for recording weight in pounds.

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
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.	Yes, currently pregnant..... 1	
	No..... 2	2⇒CP2
ARE YOU PREGNANT NOW?	Unsure or DK ..... 8	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	1⇒CP4b
	Later ..... 2	2⇒CP4b
	Not want more children ..... 3	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?  <i>Do not prompt.</i> <i>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 Lactation amenorrhea method (LAM) ..... K Periodic abstinence..... 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?	Have (a/another) child..... 1	
	No more/none ..... 2	2⇒CP4d
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?	Says she cannot get pregnant ..... 3	3⇒NEXT MODULE
	Undecided/don't know..... 8	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:  <input type="checkbox"/> Currently pregnant? ⇒ Go to Next Module  <input type="checkbox"/> 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	



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	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 _ _	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 IS 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?  <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	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 ..... _ _	

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?		
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	

Comment [TNC8]: Adapt terms to locally used terms.

Comment [I9]: This question is added to the core module, for use in countries where injecting drug use is a common means of HIV transmission.

<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>		
<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?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒HA18</p>
<p>HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test..... 1</p> <p>Offered and accepted ..... 2</p> <p>Required..... 3</p>	<p>1⇒HA19</p> <p>2⇒HA19</p> <p>3⇒HA19</p>
<p>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?</p> <p>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?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>HA19. Check the women's line number in Household listing, column HL8: Is she a mother or caretaker, who cares for a child that lives with them and is under the age of 5 years?</p> <p><input type="checkbox"/> Yes. ⇒ Interview her on Questionnaire for CHILDREN UNDER FIVE regarding all these children</p> <p><input type="checkbox"/> No. ⇒ Continue with HA19A</p>		
<p>HA19A. Check Household listing HL6: Does another eligible woman reside in the household?</p> <p><input type="checkbox"/> Yes. ⇒ Administer the QUESTIONNAIRE FOR INDIVIDUAL WOMEN to the next eligible woman</p> <p><input type="checkbox"/> No. ⇒ End the interview in this household.</p>		