



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 EA 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. Enumeration area 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	
<p><i>Repeat greeting if not already read to this woman: We ARE FROM VARIOUS GOVERNMENT DEPARTMENTS (CENTRAL STATISTICS DEPT., DoSH, WOMEN'S BUREAU, DEPT. OF COMMUNITY DEVELOPMENT ETC.). 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 45 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?</i></p> <p><i>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.</i></p>		
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
WM10AA. WHAT TYPE OF SCHOOL DID YOU ATTEND?	Formal school (Western).....1 Madrassa (Formal).....2 Adult literacy class in local languages.....3	
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK	
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 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)	
CAN YOU READ PART OF THE SENTENCE TO ME?	Blind/mute, visually/speech impaired 5	
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.		

REHYDRATION SOLUTIONS MODULE		
<i>This module is to be administered to mother's/Caretaker's of children under- five</i>		
RS1AA. HAVE YOU EVER SEEN THIS ORS PACKET BEFORE?	Yes.....1 No.....2	2⇒ RS5AA
RS2AA. IF YES, CAN YOU TELL ME ITS PREPARATION?	Correct.....1 Incorrect.....2	
RS3AA. WAS ORS AVAILABLE WHEN YOU NEEDED IT?	Always.....1 Sometimes.....2 Rarely.....3 Never.....4	2⇒ RS5AA
RS4AA. WHERE DID YOU USUALLY GET IT? <i>(Inform respondent that you will ask details about the source under the under five module)</i>	VHW.....1 MCH.....2 HC/Hospital.....3 Pharmacy.....4 Other(specify).....5	
RS5AA. TELL ME HOW TO PREPARE SSS ?	Correct.....1 Incorrect.....2	
RS6AA. WHAT DO YOU THINK IS THE USE/BENEFIT OF ORS/SSS ?	Replaces loss fluid.....1 Stop/cure diarrhoea.....2 Other (specify).....3 DK.....9	

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>	2⇒ MARRIAGE/ UNION MODULE
<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>	⇒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?	<p>Yes 1</p> <p>No 2</p>	2⇒CM5
<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>	
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	<p>Yes 1</p> <p>No 2</p>	2⇒CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere	
HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Daughters elsewhere	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	<p>Yes 1</p> <p>No 2</p>	2⇒CM9
CM8. HOW MANY BOYS HAVE DIED?	Boys dead.....	
HOW MANY GIRLS HAVE DIED?	Girls dead	
CM9. Sum answers to CM4, CM6, and CM8.	Sum	
<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>		

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)?	Date of last birth Day/Month/Year..... __ __ / __ __ / __ __ __ __	
<p><i>If day is not known, enter '98' in space for day.</i></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 2005)?</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>		
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?	Then 1 Later 2 No more 3	

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. If the woman has had no live births during the 2 years preceding the interview, you should leave this module blank and skip to the next module.</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. How many TT doses during last pregnancy were reported in TT3? <input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ Go to Next Module <input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5		
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.....__ __	
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__ __	

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 NAME], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i> <i>Blue (100,000 IU)</i> <i>Red (200,000 IU)</i></p>	<p>Yes.....1 No2 DK8</p>	
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p>If yes: WHOM DID YOU SEE? ANYONE ELSE?</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 (specify).....X No one.....Y</p>	Y⇒MN6A
<p>MN2AA. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times _____ Don't know98</p>	
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p>	<p>Yes No</p> <p>Weight.....1 2 Blood pressure.....1 2 Urine sample.....1 2 Blood sample.....1 2</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>		
<p>MN3AA. DURING THIS PREGNANCY, WERE YOU GIVEN ANY IRON TABLETS OR IRON SYRUP?</p>	<p>Yes.....1 No2 DK8</p>	2⇒MN4 8⇒MN4
<p>MN3BB. DURING THE WHOLE PREGNANCY FOR HOW MANY DAYS DID YOU TAKE THE TABLET OR SYRUP?</p> <p><i>If answer is not numeric, probe for approximate number of days.</i></p>	<p>Number of days [] [] DK98</p>	
<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 No2 DK8</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 No2 DK8</p>	2⇒MN6A 8⇒MN6A
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes.....1 No2 DK8</p>	
<p>MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?</p>	<p>Yes.....1 No2 DK8</p>	2⇒MN6E 8⇒MN6E
<p>MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?</p> <p><i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>	<p>SP/Fansidar.....A Chloroquine.....B Other (specify).....X DKZ</p>	
<p>MN6C. Check MN6B for medicine taken:</p> <p><input type="checkbox"/> SP/Fansidar taken. ⇒ Continue with MN6D</p> <p><input type="checkbox"/> SP/Fansidar not taken. ⇒ Go to MN6E</p>		

MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times	
MN6E. DURING YOUR LAST PREGNANCY DID YOU SLEEP UNDER A MOSQUITO NET	Yes 1 No 2 DK 8	2⇒MN7 8⇒MN7
MN6F. HOW OFTEN DID YOU USE THE MOSQUITO NET?	Throughout the Pregnancy 1 Occasionally 2 Don't Know 8	
MN6G. WAS THE NET ONE OF THE FOLLOWING TYPES? <i>If the respondent does not know the type of the net, explain to him/her the types of nets available.</i>	Long Lasting Net (LLN) 1 Pre-Treated with Insecticides 2 Not Treated with Insecticide 3 Don't Know 8	
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	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	
MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)? <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> _____ (<i>Name of place</i>)	Home Your home 11 Other home 12 Public sector Govt. hospital 21 Govt. clinic/health center 22 Other public (<i>specify</i>) 26 Private Medical Sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	
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?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2⇒MN12 8⇒MN12
MN11. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	MN11A. From card (kilograms) ____ . ____ ____ MN11B. From recall (kilograms) ____ . ____ ____ DK 99998	

MN12. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes1 No2	2⇒ NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately000 Hours.....1 __ __ <i>Or</i> Days2 __ __ Don't know/remember.....998	
MN13AA. FOR HOW LONG DID YOU FEED (<i>name</i>) WITH ONLY BREAST MILK?	Circle appropriate month(s): 0 1 2 3 4 5 6 +	

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	
MA2A. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES?	Yes 1 No 2	2⇒MA5
MA2B. HOW MANY OTHER WIVES DOES HE HAVE?	Number _ _ 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	⇒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 _ _ DK 98	

FEMALE GENITAL CUTTING MODULE		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes..... 1 No 2	1⇒FG3
FG2. IN A NUMBER OF COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes..... 1 No 2	2⇒NEXT MODULE
FG3. HAVE YOU YOURSELF BEEN CIRCUMCISED?	Yes..... 1 No 2	2⇒FG8
FG7. WHO CIRCUMCISED YOU?	Traditional persons Traditional 'circumciser' 11 Traditional birth attendant..... 12 Other traditional (<i>specify</i>) 16 Health professional Doctor 21 Nurse/midwife 22 Other health professional (<i>specify</i>) 26 DK..... 98	
<p>FG8. <i>The following questions apply only to women who have at least one living daughter.</i> <i>Check CM4 and CM6, Child Mortality Module: Woman has living daughter?</i></p> <p><input type="checkbox"/> Yes. ⇒ Continue with FG9</p> <p><input type="checkbox"/> No. ⇒ Go to FG16</p>		
FG9. HAVE ANY OF YOUR DAUGHTERS BEEN CIRCUMCISED?	Number of daughters circumcised: __ __	
IF YES, HOW MANY?	No daughters circumcised..... 00	00⇒FG16
FG10. TO WHICH OF YOUR DAUGHTERS DID THIS HAPPEN MOST RECENTLY?	Name of daughter: _____	
<i>Record the daughter's name.</i>		
FG15. WHO DID THE CIRCUMCISION?	Traditional persons Traditional 'circumciser' 11 Traditional birth attendant..... 12 Other traditional (<i>specify</i>) 16 Health professional Doctor 21 Nurse/midwife 22 Other health professional (<i>specify</i>) 26 DK..... 98	
FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued..... 1 Discontinued 2 Depends..... 3 DK..... 8	
FG16AA. IN THIS HOUSEHOLD HOW MANY FEMALES HAVE BEEN CIRCUMCISED?	Number of circumcised females	
FG 16BB. WOULD YOU LIKE YOUR DAUGHTER TO BE CIRCUMCISED?	Yes..... 1 No 2	

ATTITUDES TOWARDS 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:	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	
QUESTIONS DV2AA AND 3AA SHOULD BE ADMINISTERED TO WOMEN WHO ARE MARRIED OR ARE LIVING WITH A PARTNER ONLY. CHECK MARRIAGE UNION MODULE (MA1) FOR CONFIRMATION. IF THE RESPONSE IS 3 IN MA1, END THE INTERVIEW AND GO TO THE NEXT MODULE.		
DV2AA. HAVE YOU EVER BEEN HIT OR BEATEN BY YOUR HUSBAND/PARTNER FOR ANY OF THE REASONS ABOVE?	Yes 1 No 2 DK 8	⇒ NEXT MODULE ⇒ NEXT MODULE
DV3AA. HOW MANY TIMES HAVE YOU BEEN HIT OR BEATEN BY YOUR HUSBAND/PARTNER IN THE LAST 12 MONTHS?	No. of times beaten _____ DK 98	

SEXUAL BEHAVIOUR MODULE		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
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 intercourse00 Age in years..... ____ ____ First time when started living with (first) husband/partner95	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 ago4 ____ ____	4⇒NEXT MODULE
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes1 No2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>If man is 'boyfriend' or 'fiancée', ask:</i> WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? <i>If 'yes', circle 1. If 'no', circle 2.</i>	Spouse / cohabiting partner1 Man is boyfriend / fiancée2 Other friend.....3 Casual acquaintance4 Other (specify) 6	1⇒SB6
SB5. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... ____ ____ DK98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes1 No2	2⇒NEXT MODULE
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes1 No2	
SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN? <i>If man is 'boyfriend' or 'fiancée', ask:</i> WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? <i>If 'yes', circle 1. If 'no', circle 2.</i>	Spouse / cohabiting partner1 Man is boyfriend / fiancée2 Other friend.....3 Casual acquaintance4 Other (specify) 6	1⇒SB10
SB9. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... ____ ____ DK98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes1 No2	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. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes1 No2	2⇒ NEXT MODULE
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?	Yes1 No2 DK8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes1 No2 DK8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes1 No2 DK8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes1 No2 DK8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes1 No2 DK8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes1 No2 DK8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes1 No2 DK8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes1 No2 DK8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy1 2 8	
HA9B. DURING DELIVERY?	During delivery.....1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding.....1 2 8	
HA10. IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE/SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1 No2 DK/not sure/depends8	
HA10AA. DID YOUR PARTNER USE A CONDOM WHEN YOU LAST HAD SEX?	Yes.....1 NO.....2 Never had sex.....3 DK.....8	
HA10CC. NAME THREE WAYS OF HIV PREVENTION DK.....8	
HA10BB. NAME THREE WAYS OF HIV TRANSMISSION DK.....8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes1 No2 DK/not sure/depends8	

HA12. IF A MEMBER OF YOUR FAMILY BECOMES 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⇒END INTERVIEW 2⇒END INTERVIEW 3⇒END INTERVIEW
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?	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 AIDS VIRUS?	Yes 1 No 2	
19. Is the woman a caretaker of any children under five years of age?		
<input type="checkbox"/> Yes. ⇒ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker. <input type="checkbox"/> No. ⇒ CONTINUE WITH Q.20		
20. Does another eligible woman reside in the household?		
<input type="checkbox"/> Yes. ⇒ End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN To administer the questionnaire to the next eligible woman. <input type="checkbox"/> No. ⇒ End the interview with this woman by thanking her for her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.		

Follow instructions in your Interviewer's Manual