



## 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	
WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Year..... DK ..... 9998 Month ..... DK ..... 98	DK⇒WM9
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) ..... DK ..... 98	
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?	General ..... 1 Vocational ..... 2 Institutes, colleges ..... 3 University..... 4 Religious school ..... 5 Non-standard curriculum..... 6 DK..... 8	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade .....	
WM13. Check WM11: Completed secondary or higher. Yes ⇒ CM1 No ⇒ Continue with WM14		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. 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.	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	

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>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No..... 2	2⇒ MA
CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?	Date of first birth Year..... DK ..... 9998  Month ..... DK ..... 998  Day..... DK ..... 98	↓ CM2B   ⇒ CM3
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. <i>Sum answers to CM4, CM6, and CM8.</i>	Sum ..... _ _	
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? <input type="checkbox"/> Yes. ⇒ Go to CM11 <input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11		
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)? <i>If day is not known, enter '98' in space for day.</i>	Date of last birth Year/Month/Day ..... _ _ / _ _ / _ _ _ _	
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)? <i>If child has died, take special care when referring to this child by name in the following modules.</i> <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to MARRIAGE/UNION module. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13 Name of child _____		
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	

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>	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>Were you weighed? .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Was your blood pressure measured .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Did you give a urine sample? .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Did you give a blood sample? .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Were you weighed? .....	1	2	Was your blood pressure measured .....	1	2	Did you give a urine sample? .....	1	2	Did you give a blood sample? .....	1	2	
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<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE HIV?</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/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>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 style="text-align: center;"><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>Maternity home ..... 22</p> <p>Private Medical Sector</p> <p>hospital ..... 31</p> <p>Maternity home ..... 32</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..... (kilograms) __ 1. __ __ __</p> <p>From recall ..... (kilograms) __ 2 __ __ __</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⇒MA1</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>	
<p>MN13B. HOW LONG HAD YOU BREASTFED <i>(name)</i>? (<i>Without any supplementary food</i>)</p>	<p>Months..... __ __</p>	

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, officially married ..... 1 Yes, unofficially married ..... 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⇒CP1
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?	Year ..... — — — — DK year ..... 9998 Month ..... — — DK month ..... 98	
MA7. Check MA6 <input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to MA8a <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 ..... — —	
MA8A. HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse ..... 00 Age in years ..... — —	00⇒DV

CONTRACEPTION MODULE		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK ..... 8	2⇒ CP2 2⇒ CP2
CP1A. DID YOU WANT THIS PREGNANCY?	Yes ..... 1 Planned later ..... 2 No ..... 3	1,2,3⇒ 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. 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	

<p>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?</p> <p>CP4B. <i>If currently pregnant:</i> AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child.....1</p> <p>No more/none .....2</p> <p>Says she cannot get pregnant ..... 3</p> <p>Undecided/don't know.....8</p>	<p>2⇒CP4D</p> <p>3⇒DV</p> <p>8⇒CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? (IF YEARS ARE GIVEN THEN CIRCLE 1 AND WRITE YEARS IF MONTHS ARE GIVEN THEN CIRCLE 2 AND WRITE MONTHS)</p>	<p>Years .....1__</p> <p>Months..... 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⇒DV</p>
<p>CP4 D CHECK CP1: CURRENTLY PREGNANT</p> <p>Yes 1 Go to DV</p> <p>No 2 Go to CP 4E</p> <p>DK 8 Go to CP 4E</p>		
<p>CP 4E DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV																					
<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>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td colspan="2">DK</td> </tr> <tr> <td>A. Goes out without telling..</td> <td>1</td> <td>2 8</td> </tr> <tr> <td>B. Neglects children .....</td> <td>1</td> <td>2 8</td> </tr> <tr> <td>C. Argues .....</td> <td>1</td> <td>2 8</td> </tr> <tr> <td>D. Refuses sex .....</td> <td>1</td> <td>2 8</td> </tr> <tr> <td>E. Burns food .....</td> <td>1</td> <td>2 8</td> </tr> </table>		Yes	No		DK		A. Goes out without telling..	1	2 8	B. Neglects children .....	1	2 8	C. Argues .....	1	2 8	D. Refuses sex .....	1	2 8	E. Burns food .....	1	2 8	
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HIV/AIDS MODULE		HA
<p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes ..... 1</p> <p>No.....2</p>	<p>2⇒HA19</p>
<p>HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE HIV BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?</p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK ..... 8</p>	
<p>HA3. CAN PEOPLE GET INFECTED WITH THE HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK ..... 8</p>	
<p>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK ..... 8</p>	
<p>HA5. CAN PEOPLE GET THE HIV FROM MOSQUITO BITES?</p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK ..... 8</p>	
<p>HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE HIV BY NOT HAVING SEX AT ALL?</p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK ..... 8</p>	

HA7. CAN PEOPLE GET THE HIV BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ..... 1 No..... 2 DK ..... 8	
HA7A. CAN PEOPLE GET THE HIV 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?	Yes ..... 1 No..... 2 DK ..... 8	
HA9. CAN THE HIV 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 HIV 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?	Yes ..... 1 No..... 2 DK/not sure/depends ..... 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE HIV, 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 HIV, 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 HA18		
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⇒HA 19 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 AIDS VIRUS?	Yes ..... 1 No..... 2	
HA 19 CHECK HL 6. IS THERE ANOTHER WOMAN AT AGE 15-49 TO COMPLETE THE H/H QUESTIONNAIRE <input type="checkbox"/> Yes ⇒ Go to Women's questionnaire <input type="checkbox"/> No ⇒ Go to Under 5 Child questionnaire		