



| CHILD MORTALITY MODULE  |  | CM                                 |
|---|--|------------------------------------|
| <p><i>This module is to be administered to all women age 15-49.</i><br/> <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>Yes ..... 1<br/>           No..... 2</p>  | 2⇒ MA                              |
| <p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p>   | <p>Date of first birth<br/>           Year.....<br/>           DK ..... 9998<br/>           Month .....<br/>           DK ..... 998<br/>           Day.....<br/>           DK ..... 98</p> | <p>↓ CM2B<br/>           ⇒ CM3</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<br/>           No..... 2</p>  | 2⇒ CM5                             |
| <p>CM4. HOW MANY SONS LIVE WITH YOU?<br/>           HOW MANY DAUGHTERS LIVE WITH YOU?</p>   | <p>Sons at home ..... _ _<br/>           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<br/>           No..... 2</p>  | 2⇒ CM7                             |
| <p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?<br/>           HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>   | <p>Sons elsewhere ..... _ _<br/>           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<br/>           No..... 2</p>  | 2⇒ CM9                             |
| <p>CM8. HOW MANY BOYS HAVE DIED?<br/>           HOW MANY GIRLS HAVE DIED?</p>   | <p>Boys dead ..... _ _<br/>           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?<br/> <input type="checkbox"/> Yes. ⇒ Go to CM11<br/> <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)?<br/> <i>If day is not known, enter '98' in space for day.</i></p>  | <p>Date of last birth<br/>           Year/Month/Day ..... _ _ / _ _ / _ _ _ _</p>  |                                    |
| <p>CM12. <i>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><br/> <i>If child has died, take special care when referring to this child by name in the following modules.</i><br/> <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to MARRIAGE/UNION module.<br/> <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13<br/>           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<br/>           Later ..... 2<br/>           No more ..... 3</p>  |                                    |

**MATERNAL AND NEWBORN HEALTH MODULE**

**MN**

*This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here \_\_\_\_\_.  
Use this child's name in the following questions, where indicated.*

|   |   |                        |     |    |                         |   |   |                                  |   |   |                                    |   |   |                                   |   |   |  |
|---|---|------------------------|-----|----|-------------------------|---|---|----------------------------------|---|---|------------------------------------|---|---|-----------------------------------|---|---|--|
| <p><b>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?</b></p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>                    | <p>Yes ..... 1<br/>No..... 2<br/>DK ..... 8</p>   |                        |     |    |                         |   |   |                                  |   |   |                                    |   |   |                                   |   |   |  |
| <p><b>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</b></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:<br/>                 Doctor.....A<br/>                 Nurse/midwife .....B<br/>                 Auxiliary midwife .....C<br/>                 Other person<br/>                 Traditional birth attendant .....F<br/>                 Community health worker .....G<br/>                 Relative/friend .....H<br/>                 Other (<i>specify</i>) .....X<br/>                 No one.....Y</p>  | <p>Y⇒MN7</p>           |     |    |                         |   |   |                                  |   |   |                                    |   |   |                                   |   |   |  |
| <p><b>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</b></p>  | <table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Were you weighed? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Was your blood pressure measured</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Did you give a urine sample? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Did you give a blood sample?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </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 |  |
|   | 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                      |     |    |                         |   |   |                                  |   |   |                                    |   |   |                                   |   |   |  |
| <p><b>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE HIV?</b></p>   | <p>Yes ..... 1<br/>No..... 2<br/>DK ..... 8</p>   |                        |     |    |                         |   |   |                                  |   |   |                                    |   |   |                                   |   |   |  |
| <p><b>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</b></p>   | <p>Yes ..... 1<br/>No..... 2<br/>DK ..... 8</p>   | <p>2⇒MN7<br/>8⇒MN7</p> |     |    |                         |   |   |                                  |   |   |                                    |   |   |                                   |   |   |  |
| <p><b>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</b></p>   | <p>Yes ..... 1<br/>No..... 2<br/>DK ..... 8</p>   |                        |     |    |                         |   |   |                                  |   |   |                                    |   |   |                                   |   |   |  |
| <p><b>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?</b></p> <p><b>ANYONE ELSE?</b></p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>               | <p>Health professional:<br/>                 Doctor.....A<br/>                 Nurse/midwife .....B<br/>                 Auxiliary midwife .....C<br/>                 Other person<br/>                 Traditional birth attendant .....F<br/>                 Community health worker .....G<br/>                 Relative/friend .....H<br/>                 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><i>(Name of place)</i></p> | <p>Home<br/> Your home..... 11<br/> Other home ..... 12</p> <p>Public sector<br/> Govt. hospital ..... 21<br/> Maternity home ..... 22</p> <p>Private Medical Sector<br/> hospital..... 31<br/> 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<br/> Larger than average..... 2<br/> Average..... 3<br/> Smaller than average..... 4<br/> Very small ..... 5</p> <p>DK ..... 8</p>  |                           |
| <p>MN10. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>  | <p>Yes ..... 1<br/> No..... 2</p> <p>DK ..... 8</p>  | <p>2⇒MN12<br/> 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<br/> 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.<br/> If less than 24 hours, record hours.<br/> Otherwise, record days.</i></p>   | <p>Immediately..... 000</p> <p>Hours..... 1 __ __<br/> <i>or</i><br/> Days ..... 2 __ __</p> <p>Don't know/remember..... 998</p>   |                           |
| <p>MN13B. HOW LONG HAD YOU BREASTFED <i>(name)</i>?<br/> <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<br>Yes, unofficially married..... 2<br>No, not in union..... 3 | 3⇒MA3          |
| MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?  | Age in years ..... _ _<br><br>DK ..... 98   | ⇒MA5<br>98⇒MA5 |
| MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?  | Yes, formerly married..... 1<br>Yes, formerly lived with a man ..... 2<br>No..... 3           | 3⇒CP1          |
| MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?  | Widowed ..... 1<br>Divorced ..... 2<br>Separated ..... 3                                      |                |
| MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?  | Only once ..... 1<br>More than once ..... 2   |                |
| MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?  | Year..... _ _ _ _<br>DK year ..... 9998<br>Month ..... _ _<br>DK month ..... 98               |                |
| MA7. Check MA6<br><input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to MA8a<br><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<br>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<br>No..... 2<br>Unsure or DK ..... 8   | 2⇒ CP2<br>2⇒ CP2 |
| CP1A. DID YOU WANT THIS PREGNANCY?  | Yes ..... 1<br>Planned later..... 2<br>No..... 3  | 1,2,3⇒<br>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<br>No..... 2  | 2⇒ CP4A          |
| CP3. WHICH METHOD ARE YOU USING?<br><br><i>Do not prompt.<br/>If more than one method is mentioned, circle each one.</i>  | Female sterilization ..... A<br>Male sterilization ..... B<br>Pill ..... C<br>IUD ..... D<br>Injections ..... E<br>Implants..... F<br>Condom..... G<br>Female condom ..... H<br>Diaphragm ..... I<br>Foam/jelly..... J<br>Lactational amenorrhoea<br>method (LAM) ..... K<br>Periodic abstinence..... L<br>Withdrawal ..... M<br>Other ( <i>specify</i> ) ..... X |                  |

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|--|--|--------------------------|
| 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?<br>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? | Have (a/another) child..... 1<br>No more/none ..... 2<br>Says she cannot get pregnant ..... 3<br>Undecided/don't know..... 8                                     | 2⇒CP4D<br>3⇒DV<br>8⇒CP4D |
| 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)   | Years ..... 1__<br>Months..... 2__<br>Soon/now..... 993<br>Says she cannot get pregnant 994<br>After marriage ..... 995<br>Other..... 996<br>Don't know..... 998 | 994⇒<br>DV               |
| CP4 D CHECK CP1: CURRENTLY PREGNANT<br>Yes 1 Go to DV<br>No 2 Go to CP 4E<br>DK 8 Go to CP 4E  |  |                          |
| CP 4E DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?   | Yes 1<br>No 2<br>DK 8  |                          |

| ATTITUDES TOWARD DOMESTIC VIOLENCE   |  | DV  |     |    |  |    |  |                               |   |     |                           |   |     |                 |   |     |                     |   |     |                     |   |     |  |
|--|--|-----|-----|----|--|----|--|-------------------------------|---|-----|---------------------------|---|-----|-----------------|---|-----|---------------------|---|-----|---------------------|---|-----|--|
| 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: | <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 |  |
|  | 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 |     |    |  |    |  |                               |   |     |                           |   |     |                 |   |     |                     |   |     |                     |   |     |  |

| HIV/AIDS MODULE   |                                      | HA     |
|---|--------------------------------------|--------|
| HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.<br>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?                     | Yes..... 1<br>No..... 2              | 2⇒HA19 |
| 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? | Yes..... 1<br>No..... 2<br>DK..... 8 |        |
| HA3. CAN PEOPLE GET INFECTED WITH THE HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?  | Yes..... 1<br>No..... 2<br>DK..... 8 |        |
| HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?  | Yes..... 1<br>No..... 2<br>DK..... 8 |        |
| HA5. CAN PEOPLE GET THE HIV FROM MOSQUITO BITES?  | Yes..... 1<br>No..... 2<br>DK..... 8 |        |
| HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE HIV BY NOT HAVING SEX AT ALL?  | Yes..... 1<br>No..... 2<br>DK..... 8 |        |

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|--|---|-------------------------------|
| HA7. CAN PEOPLE GET THE HIV BY SHARING FOOD WITH A PERSON WHO HAS AIDS?  | Yes ..... 1<br>No..... 2<br>DK ..... 8  |                               |
| HA7A. CAN PEOPLE GET THE HIV BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?  | Yes ..... 1<br>No..... 2<br>DK ..... 8  |                               |
| HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV?  | Yes ..... 1<br>No..... 2<br>DK ..... 8  |                               |
| HA9. CAN THE HIV BE TRANSMITTED FROM A MOTHER TO A BABY?   |   |                               |
| HA9A. DURING PREGNANCY?  | Yes No DK<br>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<br>No..... 2<br>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<br>No..... 2<br>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<br>No..... 2<br>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<br>No..... 2<br>DK/not sure/depends ..... 8                       |                               |
| HA14. <i>Check MN5: Tested for HIV during antenatal care?</i><br><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<br>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<br>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<br>Offered and accepted ..... 2<br>Required..... 3 | 1⇒HA 19<br>2⇒ HA19<br>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<br>No..... 2  |                               |
| HA 19 CHECK HL 6. IS THERE ANOTHER WOMAN AT AGE 15-49 TO COMPLETE THE H/H QUESTIONNAIRE<br><input type="checkbox"/> Yes ⇒ Go to Women's questionnaire<br><input type="checkbox"/> No ⇒ Go to Under 5 Child questionnaire |   |                               |