## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL	WM
This module is to be administered to all women age 15 Fill in one form for each eligible woman Fill in the cluster and household number, and the name, number and the date.	through 49 (see column HL6 of HH listing). e and line number of the woman in the space below. Fill in your
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 FROM DEPARTMENT FOR STATISTICS AND NATIONAL CENTER OF ILLNESS CONTROL. 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?

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.

WM8. IN WHAT MONTH AND YEAR WERE YOU	Date of birth:	
BORN?	Month	
	DK month98	
	Year	
	DK year9998	
WM9. How old were you at your last		
BIRTHDAY?	Age (in completed years)	

WM10. Have you ever attended school?	Yes 1	
	No2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL		
YOU ATTENDED: PRIMARY, SECONDARY, OR	Primary 1	
HIGHER?	Secondary2	
	Higher3	
	Non-standard curriculum 6	
WM12. WHAT IS THE HIGHEST GRADE YOU		
COMPLETED AT THAT LEVEL?	Grade	
WM13. Check WM11:		
☐ Secondary or higher. ⇒ Go to Next Module		
_		
□ Primary. ⇒ Continue with WM14		
WM14. Now I would like you to read this	Cannot read at all 1	
SENTENCE TO ME.	Able to read only parts of sentence 2	
a.	Able to read whole sentence	
Show sentences to respondent.	No sentence in	
If respondent cannot read whole sentence, probe:	required language4	
CAN YOU READ PART OF THE SENTENCE TO ME?	(specify language)	
	Blind/visually impaired 5	
Example sentences for literacy test:		
1 The shill is an alian a head		
<ol> <li>The child is reading a book.</li> <li>The rains came late this year.</li> </ol>		
•		
J		
4. Farming is hard work.		

CHILD MORTALITY MODULE		CM
This module is to be administered to all women age 1. All questions refer only to LIVE births.	5-49.	
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?  If "No" probe by asking: 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?	Yes	2⇒ MARRIAGE /UNION MODULE
CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?  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.	Date of first birth Day	
Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.	Year	⇒СМ3
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	2⇔CM5
CM4. How many sons live with you?	Sons at home	
HOW MANY DAUGHTERS LIVE WITH YOU?	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	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?	Yes       1         No       2	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	
CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT LIFE. IS THIS CORRECT?	, YOU HAVE HAD IN TOTAL ( <i>total number</i> ) BIRTHS DUI	RING YOUR
□Yes.   Go to CM11		
$\square$ No. $\Rightarrow$ Check responses and make corrections befo	re proceeding to CM11	

CM11. OF THESE (total number) BIRTHS YOU HAVE	Date of last birth
HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?	Day/Month/Year//
If day is not known, enter '98' in space for day.	
	cur within the last 2 years, that is, since (day and month of
interview in 2003)?	
If child has died, take special care when referring to t	his child by name in the following modules.
$\square$ No live birth in last 2 years. $\Rightarrow$ Go to MARRIAGE/	UNION module.
$\square$ Yes, live birth in last 2 years. $\Rightarrow$ Continue with CM	713
Name of child	
CM13. AT THE TIME YOU BECAME PREGNANT WITH	
(name), DID YOU WANT TO BECOME PREGNANT	Then 1
THEN, DID YOU WANT TO WAIT UNTIL LATER, OR	Later 2
DID YOU WANT NO (MORE) CHILDREN AT ALL?	No more 3

MATERNAL AND NEWBORN HEALTH		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	e of last-born child here	
Use this child's name in the following questions, when	re indicated.	
MN1. IN THE FIRST TWO MONTHS AFTER YOUR	Yes 1	
LAST BIRTH [THE BIRTH OF $name$ ], DID YOU	No2	
RECEIVE A VITAMIN A DOSE LIKE THIS?	DK 8	
Show 200,000 IU capsule or dispenser.		
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE	Health professional:	
FOR THIS PREGNANCY?	Doctor A	
Y	Nurse/midwifeB	
If yes: WHOM DID YOU SEE? ANYONE ELSE?	Other person	
	Traditional birth attendantF	
Probe for the type of person seen and circle all	Relative/friendH	
answers given.	Other (:G)	
	Other (specify) X	V → MANI7
MNIO AO DART OF VOLID ANTENATAL CARE MEDE	No oneY	Y⇔MN7
MN3. AS PART OF YOUR ANTENATAL CARE, WERE		
ANY OF THE FOLLOWING DONE AT LEAST ONCE?	Yes No	
ONCE !	res ino	
MN3A. WERE YOU WEIGHED?	Weight 1 2	
MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure	
MN3c. DID YOU GIVE A URINE SAMPLE?	Urine sample 1 2	
MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample 1 2	
MN4. DURING ANY OF THE ANTENATAL VISITS FOR	Yes 1	
THE PREGNANCY, WERE YOU GIVEN ANY	No	
INFORMATION OR COUNSELED ABOUT AIDS OR	DK8	
THE AIDS VIRUS?		
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT	Yes 1	
WERE YOU TESTED FOR HIV/AIDS AS PART OF	No2	2⇒MN7
YOUR ANTENATAL CARE?	DK 8	8⇒MN7
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT	Yes 1	
DID YOU GET THE RESULTS OF THE TEST?	No2	
	DK 8	
MN7. WHO ASSISTED WITH THE DELIVERY OF	Health professional:	
YOUR LAST CHILD (name)?	Doctor A	
	Nurse/midwifeB	
ANYONE ELSE?	Other person	
	Traditional birth attendantF	
Probe for the type of person assisting and circle all	Relative/friendH	
answers given.		
	Other (specify) X	
	No one Y	

Home	1 AAN 10 NA /		ı ı
Other home	IVINS. WHERE DID YOU GIVE BIRTH TO (name)?		
From card			
Public sector   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Provate Modical Sector   Private hospital center.   32		Other home12	
Public sector   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Probe to identify the type of source and circle the appropriate code.   Provate Modical Sector   Private hospital center.   32	If source is hospital health center or clinic write		
Govt. hospital		Public sector	
Govt. clinic/health center			
(Name of place)       Other public (specify)       26         Private Medical Sector       Private hospital       31         Private clinic       32         Private maternity home       33         Other private medical (specify)       36         Other (specify)       96         MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, OR VERY SMALL?       Very large       1         Larger than average       2       Average       3         OR VERY SMALL?       Yes analler than average       4         Very small       5         DK.       8         MN10. WAS (name) WEIGHED AT BIRTH?       Yes       1         No       2       2⇒MN12         DK.       8         MN11. HOW MUCH DID (name) WEIGH?       From recall       1 (kilograms)       2         From recall       2 (kilograms)       2       2⇒ NEXT MODULE         MN12. DID YOU EVER BREASTFEED (name)?       Inmediately       000         MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?       Immediately       000         If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.       1       0         Otherwise, record days.       2       0	type of source and circle the appropriate code.		
Private Medical Sector			
Private hospital   31		Other public (specify) 20	
Private hospital   31		Private Medical Sector	
Private clinic	(Name of place)		
Private maternity home			
Other private medical (specify)       36         Other (specify)       96         MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?       Very large       1         Larger than average       2       2         AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?       5       3         DK.       8         MN10. WAS (name) WEIGHED AT BIRTH?       Yes       1         DK.       8       8         MN11. HOW MUCH DID (name) WEIGH?       From card       1 (kilograms)         Record weight from health card, if available.       From recall       2 (kilograms)         MN12. DID YOU EVER BREASTFEED (name)?       Yes       1         No       2       2 ⇒ NEXT MODULE         MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?       Immediately       000         If less than 1 hour, record '00' hours.       If less than 24 hours, record hours.       Days       2         Otherwise, record days.			
medical (specify)       36         Other (specify)       96         MN9. When Your Last Child (name) was Born, Was He/She Very Large, Larger than AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?       Very large       1         AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?       Smaller than average       2         DK.       8         MN10. WAS (name) WEIGHED AT BIRTH?       Yes       1         DK.       8         MN11. HOW MUCH DID (name) WEIGH?       From card       1 (kilograms)         Record weight from health card, if available.       From recall       2 (kilograms)         DK.       99998         MN12. DID YOU EVER BREASTFEED (name)?       Yes       1         DK       99998         MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?       Immediately       .000         Hours       1       0         If less than 1 hour, record '00' hours.       1       0         If less than 24 hours, record hours.       0       0         Otherwise, record days.       0       0			
Other (specify)       96         MN9. When Your LAST CHILD (name) 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 (name) WEIGHED AT BIRTH?       Yes       1       No       2       2⇒MN12         DK       8       B⇒MN12       From card       1 (kilograms)       ——       ——         MN11. HOW MUCH DID (name) WEIGH?       From recall       2 (kilograms)       ——       ——         Record weight from health card, if available.       From recall       2 (kilograms)       ——       ——         DK       99998         MN12. DID YOU EVER BREASTFEED (name)?       Yes       1       No       2       ≥ NEXT MODULE         MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?       Immediately       000       PUT (name) TO THE BREAST?       Hours       1       —       Or Days       2       —       Otherwise, record days.       — <td< td=""><td></td><td></td><td></td></td<>			
MN9. When Your Last Child (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?		medical (specify) 36	
MN9. When Your Last Child (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?			
WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?       Larger than average		Other (specify)96	
AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?  AVERY SMALL?  AVERAGE, AVERAGE, SMALLER THAN AVERAGE, Smaller than average 4 Very small 5  DK	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
OR VERY SMALL?       Smaller than average	· ·		
Very small		Average 3	
DK	OR VERY SMALL?		
DK		Very small 5	
MN10. WAS (name) WEIGHED AT BIRTH?       Yes       1         No       2       2⇒MN12         DK       8         MN11. HOW MUCH DID (name) WEIGH?       From card       1 (kilograms)          Record weight from health card, if available.       From recall       2 (kilograms)          DK       99998         MN12. DID YOU EVER BREASTFEED (name)?       Yes       1         No       2       2⇒ NEXT MODULE         MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?       Immediately       .000         Hours       1          or       Days       2          Otherwise, record days.       2			
No		DK 8	
No	MN10. WAS (name) WEIGHED AT BIRTH?	Yes 1	
DK		No2	2⇒MN12
MN11. HOW MUCH DID (name) WEIGH?  Record weight from health card, if available.  From recall			
Record weight from health card, if available.       From card		DK8	8⇒MN12
Record weight from health card, if available.       From card	MN11. How much did (name) WEIGH?		
Record weight from health card, if available.From recall	,	From card 1 (kilograms)	
From recall	Record weight from health card, if available.	[ · · · · · · · · · · · · · · · · · · ·	
DK	record weight from neutin cara, y available.	From recall 2 (kilograms)	
MN12. DID YOU EVER BREASTFEED (name)?  Yes		1 1011 100dii	
MN12. DID YOU EVER BREASTFEED (name)?  Yes		DK 99998	
No	MN12. DID YOU EVER BREASTEEED (name)?		1
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?  Hours			2⊳ NEXT
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?  If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.  Immediately			
PUT (name) TO THE BREAST?  If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.  Hours	MN13 HOWLONG AFTER RIPTH DID YOU FIRST	Immediately 000	MODULE
If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.  Hours		IIIIIIeulalely000	
If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.  Or  Days	FOI (name) TO THE BREAST!	I la coma	
If less than 24 hours, record hours.  Otherwise, record days.  Days	161 1 11 16001		
Otherwise, record days.			
		Days 2	
Don't know/remember998	Otherwise, record days.		
		Don't know/remember998	

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING	Yes, currently married 1	
TOGETHER WITH A MAN AS IF MARRIED?	Yes, living with a man2	
	No, not in union3	3⇒MA3
MA2. How old was your husband/partner on		
HIS LAST BIRTHDAY?	Age in years	⇒MA5
	DK98	98 <b>⇒</b> MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED	DK	
TOGETHER WITH A MAN?	Yes, formerly lived with a man 2	
	No3	3⇒NEXT
		MODULE
MA4. What is your marital status now: are	Widowed 1	
YOU WIDOWED, DIVORCED OR SEPARATED?	Divorced 2	
	Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A	Only once 1	
MAN ONLY ONCE OR MORE THAN ONCE?	More than once	
MA6. IN WHAT MONTH AND YEAR DID YOU FIRST		
MARRY OR START LIVING WITH A MAN AS IF	Month	
MARRIED?	DK month98	
	Year	
MAZ CL LMAC	DK year9998	
MA7. Check MA6:		
☐ Both month and year of marriage/union known? ⇒	Go to Next Module	
☐ 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		СР
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT  ANOTHER SUBJECT — FAMILY PLANNING — AND YOUR REPRODUCTIVE HEALTH.	Yes, currently pregnant1	1⇒ NEXT
ARE YOU PREGNANT NOW?	No	
CD2 COME DEODI E HOE VA DIQUO WAYO OD	Unsure or DK	
CP2. SOME PEOPLE USE VARIOUS WAYS OR  METHODS TO DELAY OR AVOID A PREGNANCY.  ARE YOU CURRENTLY DOING SOMETHING OR	Yes 1	
USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	No2	2⇒ NEXT MODULE
GETTING PREGNANT?  CP3. WHICH METHOD ARE YOU USING?  Do not prompt.  If more than one method is mentioned, circle each one.	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)           Meriodic abstinence         L           Withdrawal         M           Other (specify)         X	MODULE

ATTITUDES TOWARD DOMESTIC VIO	OLENCE			
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 WITH OUT TELLING HIM?	Goes out without telling1	2	8	
DV1B. If SHE NEGLECTS THE CHILDREN?	Neglects children1	2	8	
DV1c. If SHE ARGUES WITH HIM?	Argues1	2	8	
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex1	2	8	
DV1e. If she burns the food?	Burns food1	2	8	

HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLINESS 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?  HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?  HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITHOUT CREAT TO ROTHER SUPERNATURAL MEANS?  HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?  DK.  HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?  HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY DK.  B HA6. CAN PEOPLE GET THE AIDS VIRUS BY DK.  HA6. CAN PEOPLE GET THE AIDS VIRUS BY DK.  B HA6. CAN PEOPLE GET THE AIDS VIRUS BY DK.  B HA7. CAN PEOPLE GET THE AIDS VIRUS BY DK.  B HA6. CAN PEOPLE GET THE AIDS VIRUS BY DK.  B HA7. CAN PEOPLE	HIV/AIDS MODULE		HA
SOMETHING ELSE.   Yes   1			
MODULE		Yes 1	
GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTINER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?		No2	
HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	HA2. CAN PEOPLE PROTECT THEMSELVES FROM	Yes 1	
HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	GETTING INFECTED WITH THE AIDS VIRUS BY	No2	
INFECTED AND ALSO HAS NO OTHER PARTNERS?			
PARTNERS?		DK 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?   No			
VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?   DK.		Yes 1	
SUPERNATURAL MEANS?   DK.			
HA4. Can people reduce their chance of Getting the AIDS virgus by using a Condom Every time they have sex?   DK.   8			
GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?  HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?  HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NO			
CONDOM EVERY TIME THEY HAVE SEX?   DK			
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?			
MOSQUITO BITES?			
DK.			
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	MOSQUITO BITES ?		
SETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	1140		
NOT HAVING SEX AT ALL?   DK			
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS NO			
SHARING FOOD WITH A PERSON WHO HAS AIDS?   DK			
AIDS?   DK			
HA7a. Can People Get The AIDS virus by Getting injections with a needle that No	SHARING FOOD WITH A PERSON WHO HAS		
SETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?   DK			
WAS ALREADY USED BY SOMEONE ELSE?   DK.   8	HA7a. Can people get the AIDS virus by		
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	GETTING INJECTIONS WITH A NEEDLE THAT		
PERSON TO HAVE THE AIDS VIRUS?	WAS ALREADY USED BY SOMEONE ELSE?		
DK	HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING		
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?   Yes No DK	PERSON TO HAVE THE AIDS VIRUS?		
PROM A MOTHER TO A BABY?   Yes   No   DK		DK 8	
Yes   No   DK	HA9. Can the AIDS virus be transmitted		
HA9a. During pregnancy?  HA9b. During delivery?  HA9c. By Breastfeeding?  HA10. If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?  HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?  HA12. If a member of your family became infected with the AIDS virus, would you buy fresh vegetables from DK/not sure/depends  HA13. If a member of your family became sick with the AIDS virus, would you be with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be will infected with the AIDS virus, would you be be will infected with the AIDS virus, would you be be will infected with the AIDS virus, would you be be will infected with the AIDS virus, would you be be will infected with the AIDS virus, would you be be because of the AIDS virus and the AIDS vi	FROM A MOTHER TO A BABY?		
HA9B. DURING DELIVERY? HA9C. BY BREASTFEEDING?  HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?  HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?  HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?  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  DURING delivery.  1 2 8  By breastfeeding. 1 1  No			
HA9C. BY BREASTFEEDING?  HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?  HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?  HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?  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  By breastfeeding.  1 2 8  HA10. If A FEMALE TEACHER HAS THE AIDS VIRUS PROMIT TO REMAIN A SECRET?  By breastfeeding.  1 2 8  HA10. If A FEMALE TEACHER HAS THE AIDS VIRUS PROMIT TO REMAIN A SECRET?  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  DK/not sure/depends  8	HA9a. During pregnancy?		
HA10. If a female teacher has the AIDS virus BUT is not sick, should she be allowed to CONTINUE teaching in school?       Yes       1         HA11. Would you buy fresh vegetables from A shopkeeper or vendor if you knew that THIS PERSON HAD THE AIDS virus?       Yes       1         HA12. If a member of your family became Infected with the AIDS virus, would you Want it to remain a secret?       Yes       1         HA13. If a member of your family became Infected with the AIDS virus, would you BUTH the AIDS virus, would you BE Willing to Care for him or her in your       Yes       1         HO       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       No       2         DK/not sure/depends       8	HA9B. DURING DELIVERY?		
BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?   DK/not sure/depends   8	HA9C. BY BREASTFEEDING?	By breastfeeding 2 8	
CONTINUE TEACHING IN SCHOOL?  HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?  DK/not sure/depends  BHA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?  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  DK/not sure/depends  8  HA15. IF A MEMBER OF YOUR FAMILY BECAME SICK Yes 1  No 2  WILLING TO CARE FOR HIM OR HER IN YOUR  DK/not sure/depends 8	HA10. If a female teacher has the AIDS virus		
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?       Yes       1         HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?       Yes       1         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       Yes       1         NO       2         DK/not sure/depends       8	BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO	No2	
A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?  DK/not sure/depends  BECAME  INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?  DK/not sure/depends  DK/not sure/depends  DK/not sure/depends  No	CONTINUE TEACHING IN SCHOOL?	DK/not sure/depends 8	
THIS PERSON HAD THE AIDS VIRUS?         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           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         Yes         1           No         2           DK/not sure/depends         8	HA11. Would you buy fresh vegetables from		
THIS PERSON HAD THE AIDS VIRUS?         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           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         Yes         1           No         2           DK/not sure/depends         8	A SHOPKEEPER OR VENDOR IF YOU KNEW THAT	No2	
HA12. If a MEMBER OF YOUR FAMILY BECAME       Yes       1         INFECTED WITH THE AIDS VIRUS, WOULD YOU       No       2         WANT IT TO REMAIN A SECRET?       DK/not sure/depends       8         HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE       Yes       1         WILLING TO CARE FOR HIM OR HER IN YOUR       DK/not sure/depends       8	THIS PERSON HAD THE AIDS VIRUS?	DK/not sure/depends 8	
INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?  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  No	HA12. If A MEMBER OF YOUR FAMILY BECAME		
WANT IT TO REMAIN A SECRET?  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  DK/not sure/depends  8  Yes  No  DK/not sure/depends  8  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  Yes	•		
WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR  No			
WILLING TO CARE FOR HIM OR HER IN YOUR DK/not sure/depends			
· ·			
	HOUSEHOLD?		

HA14. Check MN5: Tested for HIV during antenatal	care?	
□Yes. ⇒ Go to HA18A		
□No.   Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF	Yes 1	
YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	No2	2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE	Yes 1	
RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	No2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED,	Asked for the test 1	1⇔NEXT MODULE
OR WAS IT REQUIRED?	Offered and accepted 2	2⇒NEXT MODULE
	Required3	3⇔NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO	Yes 1	
SEE IF YOU HAVE THE AIDS VIRUS?	No2	
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?		
CIGARETTE SMOKING		SM
This module is to be administered to all women 15 th		SM
	Yes	2⇔NEXT
This module is to be administered to all women 15 th	Yes 1	
This module is to be administered to all women 15 th	Yes	2⇒NEXT MODULE 8⇒NEXT
This module is to be administered to all women 15 this SM1. DO YOU CURRENTLY SMOKE CIGARETTES?  SM2. On average, how many cigarettes do	Yes	2⇒NEXT MODULE 8⇒NEXT
This module is to be administered to all women 15 this SM1. DO YOU CURRENTLY SMOKE CIGARETTES?  SM2. On average, how many cigarettes do	Yes       1         No       2         DK       8         Cigarettes per day	2⇒NEXT MODULE 8⇒NEXT
This module is to be administered to all women 15 this SM1. DO YOU CURRENTLY SMOKE CIGARETTES?  SM2. On average, how many cigarettes do	Yes       1         No       2         DK       8         Cigarettes per day	2⇒NEXT MODULE 8⇒NEXT
This module is to be administered to all women 15 this SM1. DO YOU CURRENTLY SMOKE CIGARETTES?  SM2. On average, how many cigarettes do You smoke each day?	Yes       1         No       2         DK       8         Cigarettes per day          DK       98	2⇔NEXT MODULE 8⇔NEXT MODULE
This module is to be administered to all women 15 this SM1. DO YOU CURRENTLY SMOKE CIGARETTES?  SM2. ON AVERAGE, HOW MANY CIGARETTES DO YOU SMOKE EACH DAY?  HEMOGLOBIN TEST  This module is to be administered to all women 15 this WE WOULD LIKE TO PERFORM A SIMPLE TEST TO DET	Yes       1         No       2         DK       8         Cigarettes per day          DK       98    Fough 49 years of age. ERMINE WHETHER OR NOT YOU ARE ANEMIC. THE TOTAL TH	2⇒NEXT MODULE 8⇒NEXT MODULE
This module is to be administered to all women 15 this SM1. DO YOU CURRENTLY SMOKE CIGARETTES?  SM2. ON AVERAGE, HOW MANY CIGARETTES DO YOU SMOKE EACH DAY?  HEMOGLOBIN TEST  This module is to be administered to all women 15 this WE WOULD LIKE TO PERFORM A SIMPLE TEST TO DET REQUIRE US TO USE A STERILE, DISPOSABLE LANCET	Yes	2⇒NEXT MODULE 8⇒NEXT MODULE
This module is to be administered to all women 15 the SM1. Do you currently smoke cigarettes?  SM2. On average, how many cigarettes do you smoke each day?  HEMOGLOBIN TEST  This module is to be administered to all women 15 the We would like to perform a simple test to det require us to use a sterile, disposable lancet would you give us permission to perform this	Yes	2⇒NEXT MODULE 8⇒NEXT MODULE
This module is to be administered to all women 15 the SM1. Do you currently smoke cigarettes?  SM2. On average, how many cigarettes do you smoke each day?  HEMOGLOBIN TEST  This module is to be administered to all women 15 the We would like to perform a simple test to det require us to use a sterile, disposable lancet Would you give us permission to perform this If permission given, perform the HemoCue test.	Yes	2⇒NEXT MODULE 8⇒NEXT MODULE
This module is to be administered to all women 15 the SM1. Do you currently smoke cigarettes?  SM2. On average, how many cigarettes do you smoke each day?  HEMOGLOBIN TEST  This module is to be administered to all women 15 the We would like to perform a simple test to det require us to use a sterile, disposable lancet would you give us permission to perform this	Yes	2⇒NEXT MODULE 8⇒NEXT MODULE
This module is to be administered to all women 15 the SM1. DO YOU CURRENTLY SMOKE CIGARETTES?  SM2. ON AVERAGE, HOW MANY CIGARETTES DO YOU SMOKE EACH DAY?  HEMOGLOBIN TEST  This module is to be administered to all women 15 the WE WOULD LIKE TO PERFORM A SIMPLE TEST TO DET REQUIRE US TO USE A STERILE, DISPOSABLE LANCET WOULD YOU GIVE US PERMISSION TO PERFORM THIS If permission given, perform the HemoCue test. HE1. Was a finger stick blood sample collected	Yes	2⇒NEXT MODULE 8⇒NEXT MODULE
This module is to be administered to all women 15 the SM1. DO YOU CURRENTLY SMOKE CIGARETTES?  SM2. ON AVERAGE, HOW MANY CIGARETTES DO YOU SMOKE EACH DAY?  HEMOGLOBIN TEST  This module is to be administered to all women 15 the WE WOULD LIKE TO PERFORM A SIMPLE TEST TO DET REQUIRE US TO USE A STERILE, DISPOSABLE LANCET WOULD YOU GIVE US PERMISSION TO PERFORM THIS If permission given, perform the HemoCue test. HE1. Was a finger stick blood sample collected	Yes	2⇒NEXT MODULE 8⇒NEXT MODULE
This module is to be administered to all women 15 this SM1. Do you currently smoke cigarettes?  SM2. On average, how many cigarettes do you smoke each day?  HEMOGLOBIN TEST  This module is to be administered to all women 15 this We would like to perform a simple test to determine the would you give us permission to perform this If permission given, perform the HemoCue test.  HE1. Was a finger stick blood sample collected from this woman?	Yes	2⇒NEXT MODULE 8⇒NEXT MODULE
This module is to be administered to all women 15 the SM1. DO YOU CURRENTLY SMOKE CIGARETTES?  SM2. ON AVERAGE, HOW MANY CIGARETTES DO YOU SMOKE EACH DAY?  HEMOGLOBIN TEST  This module is to be administered to all women 15 the WE WOULD LIKE TO PERFORM A SIMPLE TEST TO DET REQUIRE US TO USE A STERILE, DISPOSABLE LANCET WOULD YOU GIVE US PERMISSION TO PERFORM THIS If permission given, perform the HemoCue test. HE1. Was a finger stick blood sample collected	Yes	2⇒NEXT MODULE 8⇒NEXT MODULE