



## QUESTIONNAIRE FOR INDIVIDUAL WOMEN 2011

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
HH1. <u>Region</u> <u>District</u> <u>District-Type</u> <u>Sub-District</u> <u>EA NO.</u>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / 2011	

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

WE ARE FROM ARE FROM GHANA STATISTICAL SERVICE.

WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

*Yes, permission is given* ⇒ Go to WM10 to record the time and then begin the interview.

*If yes ask for all documents for her and for her children as IDs, maternity card, child's immunization card, birth certificate, antenatal card, baptismal card and any other card on which the child's records are written*

*No, permission is not given* ⇒ Complete WM7. Discuss this result with your supervisor.

*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

WM7. Result of woman's interview	Completed .....	01
	Not at home .....	02
	Refused .....	03
	Partly completed .....	04
	Incapacitated .....	05
	Other ( <i>specify</i> ) _____	96

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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WM10. Record the time.	Hour and minutes ..... : ..	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month..... 98  Year ..... DK year..... 9998	
WB2. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY??  <i>Compare WB1 and WB2, if inconsistent correct WB2</i>	Age (in completed years) .....	
WB3. HAVE YOU EVER ATTENDED SCHOOL? (INCLUDING PRESCHOOL)	Yes ..... 1 No ..... 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Middle/JSS/JHS ..... 2 Secondary/SSS/SHS/TECH/VOC ..... 3 Higher ..... 4 Other (specify) ..... 5	0⇒WB7 5⇒WB6
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If no grade completed at current level, enter "00"</i>	Grade .....	
WB6. Check WB4:  <input type="checkbox"/> Secondary or Higher (WB4=3 or WB4=4) ⇒ Go to WB8  <input type="checkbox"/> Primary /Middle/JSS/JHS or other (WB4=1 or WB4=2 or WB4=5) ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE 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 <i>(specify language)</i>  Blind / mute, visually / speech impaired ..... 5	

<b>WOMAN'S BACKGROUND</b>		<b>WB</b>
WM7A. WHAT IS YOUR RELIGION?	Catholic ..... 11 Protestant ..... 12 Pentecostal/Charismatic ..... 13 Deeper Life ..... 14 Jehovah Witness ..... 15 SDA ..... 16 Moslem ..... 21 Traditional ..... 31 Spiritualist ..... 32 No Religion ..... 41  Other ( <i>specify</i> ) ..... 96	
WM7B. WHAT IS YOUR ETHNIC GROUP?	Akan ..... 11 Ga/Dangme ..... 12 Ewe ..... 13 Guan ..... 14 Gruma ..... 15 Mole Dagbani ..... 21 Grusi ..... 22 Mande ..... 23  Other ethnic group ( <i>specify</i> ) ..... 96	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check WB7: <ul style="list-style-type: none"> <li><input type="checkbox"/> Question left blank (Respondent has Secondary or Higher education) ⇒ Continue with MT2</li> <li><input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2</li> <li><input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3</li> </ul>		
MT2. DO YOU READ A NEWSPAPER OR MAGAZINE ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
MT4. DO YOU WATCH TELEVISION ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
MT6. HAVE YOU EVER USED A COMPUTER IN THE LAST 12 MONTHS?	Yes ..... 1 No..... 2	2⇒NEXT MODULE
MT7. DURING THE LAST ONE MONTH, DID YOU USE A COMPUTER ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
MT8. HAVE YOU EVER USED THE INTERNET IN THE LAST 12 MONTHS?	Yes ..... 1 No..... 2	2⇒Next Module
MT9. DURING THE LAST ONE MONTH, DID YOU USE THE INTERNET ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	

INFANT/CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
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⇒CM8
CM2. 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.  <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day ..... ___ ___ DK day ..... 98  Month ..... ___ ___ DK month ..... 98  Year ..... ___ ___ ___ ___ DK year ..... 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... ___ ___	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons at home ..... ___ ___  Daughters at home ..... ___ ___	
CM6. 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⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons elsewhere ..... ___ ___  Daughters elsewhere ..... ___ ___	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?  <i>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?</i>	Yes ..... 1 No ..... 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?  <i>If none, record '00'.</i>	Boys dead ..... ___ ___  Girls dead ..... ___ ___	
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum ..... ___ ___	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

*Yes. Check below:*

*No live births ⇒ Go to ILLNESS SYMPTOMS Module*

*One or more live births ⇒ Continue with the BIRTH HISTORY module*

*No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module*

BIRTH HISTORY													BH						
NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD. Record names of all of the births in BH1. Record twins and triplets on separate line. If there are more than 14 births, use an additional questionnaire.																			
BH LINE NO.	BH1.	BH2.		BH3.		BH4.		BH5.		BH6.		BH7.		BH8.		BH9.		BH10.	
	WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	WERE ANY OF THESE BIRTHS TWINS?		Is (name) A BOY OR A GIRL?		IN WHAT MONTH AND YEAR WAS (name) BORN?  Probe: WHAT IS HIS/HER BIRTHDAY?		Is (name) STILL ALIVE?		HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?  Record age in completed years.		Is (name) LIVING WITH YOU?		Record household line number of child (from HLI)  Record "00" if child is not listed.		If dead: HOW OLD WAS (name) WHEN HE/SHE DIED?  If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?  Record days if less than 1 month; record months if less than 2 years; or years		WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
Line	Name	S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N		
01		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___			
								⇓ BH9					⇓ Next Line						
02		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10				Add	Next	
																	Birth	Birth	
03		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10				Add	Next	
																	Birth	Birth	
04		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10				Add	Next	
																	Birth	Birth	
05		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10				Add	Next	
																	Birth	Birth	
06		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10				Add	Next	
																	Birth	Birth	
07		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10				Add	Next	
																	Birth	Birth	

BH LINE NO.	BH1. WHAT NAME WAS GIVEN TO YOUR ( <i>first/next</i> ) BABY?	BH2. WERE ANY OF THESE BIRTHS TWIN?		BH3. IS ( <i>name</i> ) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS ( <i>name</i> ) BORN?  <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS ( <i>name</i> ) STILL ALIVE?		BH6. HOW OLD WAS ( <i>name</i> ) AT HIS/HER LAST BIRTHDAY?		BH7. IS ( <i>name</i> ) LIVING WITH YOU?		BH8. <i>Record household line number of child (from HLI)</i>		BH9. <i>If dead:</i> HOW OLD WAS ( <i>name</i> ) WHEN HE/SHE DIED?  <i>If "1 year", probe: HOW MANY MONTHS OLD WAS (<i>name</i>)?</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN ( <i>name of previous birth</i> ) AND ( <i>name</i> ), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
	Line	Name	S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N	
08		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10			Add Birth	Next Birth		
09		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10			Add Birth	Next Birth		
10		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10			Add Birth	Next Birth		
11		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10			Add Birth	Next Birth		
12		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10			Add Birth	Next Birth		
13		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10			Add Birth	Next Birth		
14		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3	___	___	1	2	
								⇓ BH9					⇓ BH10			Add Birth	Next Birth		
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF ( <i>name of last birth in Birth History</i> )?											Yes..... 1					1⇓Record Birth(s) in Birth History			
											No..... 2								



CM12. Compare number in CM10 with number of births in the Birth History above and check:

- Numbers are same ⇒ Continue with CM13
- Numbers are different ⇒ Probe and reconcile

CM13. Check BH4 in BIRTH HISTORY: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2009**

- No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.
- One or more live births in last 2 years. ⇒ Record name of last born child and continue with CM14

Name of child \_\_\_\_\_

CM14: Check BH5 in BIRTH HISTORY if last child born during the last 2 years (since 2009) is alive or dead

- Alive ⇒ Go to Next Module.
- Not Alive ⇒ Continue with CM15

CM15 WAS (NAME) REGISTERED WITH THE BIRTHS AND DEATHS REGISTRY WHEN S/HE DIED?	Yes	1	
	No	2	
	DK	8	

DESIRE FOR LAST BIRTH		DB
<p><i>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 CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No ..... 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years ..... 2 __ __ DK..... 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>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 CM13 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>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen 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 Other (specify) ..... X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times .....  DK ..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED?  [B] DID YOU GIVE A URINE SAMPLE?  [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure .....	1	2												
Urine sample .....	1	2												
Blood sample .....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  MAY I SEE IT PLEASE?  <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													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1  No ..... 2  DK ..... 8	2⇒MN9  8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times .....  DK ..... 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <ul style="list-style-type: none"> <li><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12</li> <li><input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</li> </ul>														

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH ( <i>name</i> ), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH ( <i>name</i> )?  <i>If 7 or more times, record '7'.</i>	Number of times ..... DK ..... 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH ( <i>name</i> )?	Years ago .....	
MN12. Check MN1 for presence of antenatal care during this pregnancy:  <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13  <input type="checkbox"/> No antenatal care received ⇒ Go to MN17		
MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO <u>PREVENT</u> YOU FROM GETTING MALARIA?	Yes ..... 1 No ..... 2 DK..... 8	2⇒MN17 8⇒MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?  <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i>	SP / Fansidar ..... A Chloroquine ..... B  Other ( <i>specify</i> ) ..... X DK..... Z	
MN15. Check MN14 for medicine taken:  <input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16  <input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN16D		
MN15A. HOW MANY MONTHS WERE YOU PREGNANT WHEN YOU FIRST TOOK SP/FANSIDAR	Less than 3 months ..... 1 From 3 to 8 months..... 2 More than 8 months ..... 3	
MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times ..... DK..... 98	
MN16A. DID YOU TAKE THE ( <i>number of times of MN16</i> ) DOSES IN PRESENCE OF A HEALTH WORKER?	Yes..... 1 No..... 2	

<p>MN16B. DID YOU EXPERIENCE ANY SIDE EFFECTS AFTER HAVING TAKEN THE FIRST DOSE OF SP/FANSIDAR ?</p>	<p>Yes.....1 No.....2</p>	<p>2⇒MN17</p>
<p>MN16C. WHAT SIDE OF SIDE EFFECTS DID YOU EXPERIENCE AFTER HAVING TAKEN THIS FIRST DOSE OF SP/FANSIDAR?</p> <p><i>Probe: OTHER SIDE EFFECTS?</i></p>	<p>Skin rashes..... A Blisters on face/ hands/ feet/etc ..... B Itching ..... C Yellow colouration of urine/ eyes ..... D</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)?</p> <p><i>Probe: ANYONE ELSE?</i></p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor ..... A Nurse / Midwife..... B Auxiliary midwife..... C</p> <p>Other person</p> <p>Traditional birth attendant..... F Community health worker..... G Relative / Friend ..... H</p> <p>Other (<i>specify</i>) _____ X No one ..... Y</p>	

<p>MN18. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Your home ..... 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Govt. hospital/Polyclinic .....21</p> <p>Govt. clinic / health centre .....22</p> <p>Govt. health post .....23</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital .....31</p> <p>Private clinic .....32</p> <p>Private maternity home .....33</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>MN20. WHEN (<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>MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kg) ____ . ____ . ____</p> <p>From recall ..... 2 (kg) ____ . ____ . ____</p> <p>DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒Next Module</p>
<p>MN25. 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>Days ..... 2 ____</p> <p>Don't know / remember..... 998</p>	

<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>2⇒Next  Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i>  ANYTHING ELSE?</p>	<p>Milk (other than breast milk) ..... A  Plain water ..... B  Sugar or glucose water ..... C  Gripe water ..... D  Sugar-salt-water solution ..... E  Fruit juice ..... F  Infant formula ..... G  Tea / Infusions ..... H  Honey ..... I  Other (<i>specify</i>) _____ X</p>	

**POST-NATAL HEALTH CHECKS**

**PN**

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check child mortality module CM13 and record name of last-born child here \_\_\_\_\_. Use this child's name in the following questions, where indicated.*

PN1. Check MN18: Was the child delivered in a health facility?

- Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2
- No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6

<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (<i>name</i>).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (<i>name or type of facility in MN18</i>). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one hour, record '00' for Hours If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 ____</p> <p>Days ..... 2 ____</p> <p>Weeks ..... 3 ____</p> <p>Don't know / remember ..... 998</p>	
<p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>BEFORE YOU LEFT THE (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p> <p>DID ANY HEALTH CARE PROVIDER CHECK ON <u>YOUR</u> HEALTH WHILE YOU WERE STILL AT THE (<i>name or type or facility in MN18</i>)?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name or type of facility in MN18</i>).</p> <p>DID ANY HEALTH CARE PROVIDER CHECK ON (<i>child's name</i>)'S HEALTH AFTER YOU LEFT (<i>name or type of facility in MN18</i>) ?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>



**POST-NATAL HEALTH CHECKS**

**PN**

PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?

- Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒ Continue with PN7
- No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN10

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes ..... 1 No..... 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1 No..... 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes ..... 1 No..... 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once ..... 2</p>	<p>1⇒PN12A 2⇒PN12B</p>

POST-NATAL HEALTH CHECKS		PN
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?  PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?  <i>If less than one hour, record '00' for Hours            If less than one day, record hours.            If less than one week, record days.            Otherwise, record weeks.</i>	Hours..... 1 ___ ___  Days ..... 2 ___ ___  Weeks ..... 3 ___ ___  Don't know / remember ..... 998	
PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	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	
PN14. WHERE DID THIS CHECK TAKE PLACE?  <i>Probe to identify the type of source.</i>  <i>If unable to determine whether public or private, write the name of the place.</i>  _____ <i>(Name of place)</i>	Home Your home ..... 11 Other home ..... 12  Public sector Govt. hospital/Polyclinic ..... 21 Govt. clinic / health centre ..... 22 Govt. health post ..... 23 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	
PN15. Check MN18: Was the child delivered in a health facility?  <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16  <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17		
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes ..... 1 No ..... 2	1 ⇒ PN20 2 ⇒ Next Module

**POST-NATAL HEALTH CHECKS**

**PN**

PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?

- Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒ Continue with PN18
- No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN19

<p>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>1⇒PN20 2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once ..... 1 More than once ..... 2</p>	<p>1⇒PN21A 2⇒PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one hour, record '00' for Hours If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours ..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ Don't know / remember ..... 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</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</p>	

**POST-NATAL HEALTH CHECKS**

**PN**

<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital/Polyclinic ..... 21</p> <p>Govt. clinic / health centre..... 22</p> <p>Govt. health post ..... 23</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector</p> <p>Private hospital..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternity home ..... 33</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
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IS1. Check Household Listing, column HL9

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

*Probe:*  
ANY OTHER SYMPTOMS?

*Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.*

*Circle all symptoms mentioned, but do NOT prompt with any suggestions*

- Child not able to drink or breastfeed ..... A
- Child becomes sicker ..... B
- Child develops a fever ..... C
- Child has fast breathing ..... D
- Child has difficult breathing ..... E
- Child has blood in stool ..... F
- Child is drinking poorly ..... G
- Child has diarrhoea ..... H
- Child incessant crying for no reason ..... I

- Other (specify) \_\_\_\_\_ X
- Other (specify) \_\_\_\_\_ Y
- Other (specify) \_\_\_\_\_ Z

**CONTRACEPTION**

**CP**

<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant ..... 1</p> <p>No ..... 2</p> <p>Unsure or DK..... 8</p>	<p>1⇒Next Module</p>
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒Next Module</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization .....A</p> <p>Male sterilization.....B</p> <p>IUD ..... C</p> <p>Injectables ..... D</p> <p>Implants.....E</p> <p>Pill.....F</p> <p>Male condom.....G</p> <p>Female condom..... H</p> <p>Diaphragm.....I</p> <p>Foam / Jelly ..... J</p> <p>Lactational amenorrhoea method (LAM).....K</p> <p>Periodic abstinence / Rhythm .....L</p> <p>Withdrawal..... M</p> <p>Not Sexually Active ..... N</p> <p>Other (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
UN1. <i>Check CP1. Currently pregnant?</i> <input type="checkbox"/> <i>Yes, currently pregnant ⇒ Continue with UN2</i> <input type="checkbox"/> <i>No, unsure or DK ⇒ Go to UN5</i>		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No ..... 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more ..... 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child ..... 1 No more / None ..... 2 Undecided / Don't know ..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. <i>Check CP3. Currently using "Female sterilization"?</i> <input type="checkbox"/> <i>Yes ⇒ Go to UN13</i> <input type="checkbox"/> <i>No ⇒ Continue with UN6</i>		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / Don't know ..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months ..... 1 ___ ___ Years ..... 2 ___ ___ Soon / Now ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 Don't know ..... 998	994⇒UN11
UN8. <i>Check CP1. Currently pregnant?</i> <input type="checkbox"/> <i>Yes, currently pregnant ⇒ Go to UN13</i> <input type="checkbox"/> <i>No, unsure or DK ⇒ Continue with UN9</i>		

UN9. Check CP2. Currently using a method?

Yes ⇒ Go to UN13

No ⇒ Continue with UN10

UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes..... 1	1 ⇒ UN13
	No ..... 2	
	DK..... 8	8 ⇒ UN13

UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex..... A	
	Menopausal ..... B	
	Never menstruated ..... C	
	Hysterectomy (surgical removal of uterus)..... D	
	Has been trying to get pregnant for 2 years or more without result ..... E	
	Postpartum amenorrheic ..... F	
	Breastfeeding..... G	
	Too old ..... H	
	Fatalistic..... I	
	Other ( <i>specify</i> ) ..... X	
Don't know ..... Z		

UN12. Check UN11. “Never menstruated” mentioned?

Mentioned ⇒ Go to Next Module

Not mentioned ⇒ Continue with UN13

UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago..... 1 ___	
	Weeks ago..... 2 ___	
	Months ago ..... 3 ___	
	Years ago..... 4 ___	
	In menopause / Has had hysterectomy ..... 994	
	Before last birth..... 995	
	Never menstruated ..... 996	



FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes.....1 No .....2	1⇒FG3
FG2. IN SOME 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 EVER BEEN CIRCUMCISED?	Yes.....1 No .....2	2⇒FG9
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME.  WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes.....1 No .....2  DK.....8	1⇒FG6
FG5. WAS THE GENITAL AREA JUST NICKED/CUT WITHOUT REMOVING ANY FLESH?	Yes.....1 No .....2 DK.....8	
FG6. WAS THE GENITAL AREA SEWN/STITCH CLOSED?  <i>If necessary, probe: WAS IT SEALED?</i>	Yes.....1 No .....2 DK.....8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED?  <i>If the respondent does not know the exact age, probe to get an estimate</i>	Age at circumcision..... __ __  DK / Don't remember / Not sure ..... 98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor ..... 11 Nurse/Midwife ..... 12 Other health professional ( <i>specify</i> ) ..... 16  Traditional persons Traditional 'circumciser' ..... 21 Traditional birth attendant..... 22 Other traditional ( <i>specify</i> ) ..... 26  DK..... 98	
FG9. Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here	Total number of living daughters ..... __ __	
FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE ( <i>total number in FG9</i> ) LIVING DAUGHTERS. IS THIS CORRECT?  <input type="checkbox"/> Yes <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22  <input type="checkbox"/> No ⇒ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes		

**FG11.** Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.

*The total number of daughters in FG12 should be equal to the number in FG9*

*If more than 4 daughters, use additional questionnaires*

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
<b>FG12.</b> Name of daughter	_____	_____	_____	_____
<b>FG13.</b> HOW OLD IS (name)?	Age ..... ____	Age ..... ____	Age ..... ____	Age ..... ____
<b>FG14.</b> Is (name) younger than 15 years of age?	Yes .....1 No .....2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes .....1 No .....2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes .....1 No .....2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes .....1 No .....2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>
<b>FG15.</b> IS (name) CIRCUMCISED?	Yes .....1 No .....2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes .....1 No .....2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes .....1 No .....2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes .....1 No .....2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22</i>
<b>FG16.</b> HOW OLD WAS (name) WHEN THIS OCCURRED?  <i>If the respondent does not know the age, probe to get an estimate.</i>	Age ..... ____ DK .....98	Age ..... ____ DK .....98	Age ..... ____ DK .....98	Age ..... ____ DK .....98
<b>FG17.</b> NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME.  WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes .....1 ⇒FG19 No .....2 DK .....8	Yes .....1 ⇒FG19 No .....2 DK .....8	Yes .....1 ⇒FG19 No .....2 DK .....8	Yes .....1 ⇒FG19 No .....2 DK .....8
<b>FG18.</b> WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes .....1 No .....2 DK .....8	Yes .....1 No .....2 DK .....8	Yes .....1 No .....2 DK .....8	Yes .....1 No .....2 DK .....8

<p>FG19. WAS HER GENITAL AREA SEWN CLOSED?</p> <p><i>If necessary, probe:</i> WAS IT SEALED?</p>	<p>Yes ..... 1 No ..... 2</p> <p>DK ..... 8</p>	<p>Yes ..... 1 No ..... 2</p> <p>DK ..... 8</p>	<p>Yes ..... 1 No ..... 2</p> <p>DK ..... 8</p>	<p>Yes ..... 1 No ..... 2</p> <p>DK ..... 8</p>
<p>FG20. WHO PERFORMED THE CIRCUMCISION?</p>	<p>Health professional Doctor ..... 11 Nurse/midwife. 12 Other health professional (specify) ____ 16</p> <p>Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant ..... 22 Other traditional (specify) ____ 26</p> <p>DK ..... 98</p>	<p>Health professional Doctor ..... 11 Nurse/midwife. 12 Other health professional (specify) ____ 16</p> <p>Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant ..... 22 Other traditional (specify) ____ 26</p> <p>DK ..... 98</p>	<p>Health professional Doctor ..... 11 Nurse/midwife. 12 Other health professional (specify) ____ 16</p> <p>Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant ..... 22 Other traditional (specify) ____ 26</p> <p>DK ..... 98</p>	<p>Health professional Doctor ..... 11 Nurse/midwife. 12 Other health professional (specify) ____ 16</p> <p>Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant ..... 22 Other traditional (specify) ____ 26</p> <p>DK ..... 98</p>
<p>FG21.</p>	<p><i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i></p>	<p><i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i></p>	<p><i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i></p>	<p><i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22</i></p>
				<p><i>Tick here if additional questionnaire used</i> <input type="checkbox"/></p>

<p>FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?</p>	<p>Continued..... 1 Discontinued ..... 2 Depends..... 3</p> <p>DK ..... 8</p>	
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BEHAVIOUR CHANGE COMMUNICATION ON MALARIA		BCC
BC1. NOW I WOULD LIKE YOU TO TALK ABOUT MALARIA IN YOUR OPINION, WHAT CAUSES MALARIA?  <i>Probe: WHAT ELSE?</i>	Eating sweet foods ..... A Standing/ working in the sun ..... B Eating contaminated food ..... C Mosquito bites..... D Malaria parasite( <i>p. falciparum</i> ) ..... E Hereditary ..... F Dirty surroundings..... G Weedy surroundings and stagnant water... H  Other (Specify)..... X  DK..... Z	
BC2. HOW WOULD YOU KNOW THAT SOMEONE HAS MALARIA?  <i>Probe: WHAT ELSE?</i>	Hot body fever ..... A Vomiting/Diarrhea ..... B Strong headaches/Dizziness ..... C Loss of appetite ..... D Weakness of the body ..... E Cough ..... F Chills ..... G Bitterness in the mouth..... H  Other (Specify)..... X  DK..... Z	
BC3. HOW CAN ONE PROTECT HIM/HERSELF AGAINST MALARIA?	Sleep under a mosquito net..... A Sleep under a insecticide treated mosquito net ..... B Use Mosquito repellent ..... C Avoid mosquito bites..... D Clear Weeds around the house..... E Fill in Stagnant waters (puddles) ..... F Keep surrounding clean..... G Put mosquito screen window ..... H  Other (Specify)..... X  DK..... Z	
BC4. CAN MALARIA BE TREATED?	Yes.....1 No .....2 DK.....8	
BC5. IN THE PAST SIX MONTHS, HAVE YOU SEEN OR HEARD ANY MALARIA MESSAGES?	Yes.....1 No .....2	2⇒BC10

BEHAVIOUR CHANGE COMMUNICATION ON MALARIA				BCC																									
<p>BC6. WHAT MESSAGES ABOUT MALARIA HAVE YOU SEEN OR HEARD IN THE PAST 6 MONTHS ?</p> <p>WHAT ELSE?</p> <p><i>Circle all that mentioned</i></p>	<p>If have fever go to health facility ..... A</p> <p>Sleep under a insecticide treated mosquito net ..... B</p> <p>Pregnant women should take drugs to prevent malaria ..... C</p> <p>Malaria kills ..... D</p> <p>Other (Specify)..... X</p> <p>None ..... Y</p> <p>DK/Don't remember ..... Z</p>																												
<p>BC7. IN THE PAST SIX MONTHS, HAVE YOU SEEN/HEARD ANY OF THE FOLLOWING MALARIA MESSAGES ON TELEVISION OR RADIO:</p> <p>[A] NANA BORO'S "AHA YE DE-NTOMTOM BE WU" MUSIC VIDEO/SONG?</p> <p>[B] ADVERT WHERE WOMAN DOESN'T WANT TO STAY THE NIGHT WITH THE MAN UNLESS HE HAS A TREATED NET?</p> <p>[C] SHORT DOCUMENTARIES FEATURING THE TRUE STORIES OF GHANAIAN FAMILIES CHILDREN SUFFERING EPILEPSY AND LEARNING DISABILITIES DUE TO SEVERE MALARIA?</p> <p>[D] ADVERT WHERE PEOPLE FROM ALL WALKS OF LIFE ARE SLEEPING UNDER TREATED NETS</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes on TV</th> <th>Yes on radio</th> <th>Yes on both</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>B</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>C</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>D</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		Yes on TV	Yes on radio	Yes on both	No	A	1	2	3	4	B	1	2	3	4	C	1	2	3	4	D	1	2	3	4			
	Yes on TV	Yes on radio	Yes on both	No																									
A	1	2	3	4																									
B	1	2	3	4																									
C	1	2	3	4																									
D	1	2	3	4																									
<p>BC8 DURING THE PAST 6 MONTHS, HAVE YOU SEEN/HEARD ANY ADVERT ON THE USE OF ACT WITH GREEN LEAF?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>			2⇒BC10																									
<p>BC9. WHERE DID YOU SEE/HEAR THE ADVERT ON THE USE OF ACT WITH GREEN LEAF?</p> <p><i>Probe : ANY OTHER MEDIA?</i></p>	<p>TV ..... A</p> <p>Radio ..... B</p> <p>Newspaper/Magazine ..... C</p> <p>Poster /Leaflets ..... D</p> <p>Billboard ..... E</p> <p>Other (Specify)..... X</p> <p>DK/Don't remember ..... Z</p>																												
<p>BC10. HAVE YOU PARTICIPATED IN ANY COMMUNITY EVENT EDUCATING COMMUNITY MEMBERS ON PREVENTION AND CONTROL OF MALARIA?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>																												

**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:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling .....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children .....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him .....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food .....	1	2	8
[D] ANY OTHER SITUATION?	Other Specify .....			

MARRIAGE/UNION		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⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ..... 1 No .....2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number.....__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man .....2 No.....3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced .....2 Separated .....3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once.....2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month.....__ __ DK month.....98  Year .....__ __ __ __ DK year.....9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

**SEXUAL BEHAVIOUR** **SB**

*Check for the presence of others. Before continuing, ensure privacy.*

<p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse ..... 00</p> <p>Age in years..... ____</p> <p>First time when started living with (first) husband/partner..... 95</p>	<p>⇒SB2</p> <p>⇒SB2</p>
<p>SB1A. DO YOU INTEND TO WAIT UNTIL YOU GET MARRIED TO HAVE SEXUAL INTERCOURSE FOR THE FIRST TIME?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>Not Sure.....3</p>	<p>1⇒SB16</p> <p>2⇒SB16</p> <p>3⇒SB16</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK / Don't remember .....8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><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></p>	<p>Days ago..... 1 ____</p> <p>Weeks ago..... 2 ____</p> <p>Months ago ..... 3 ____</p> <p>Years ago ..... 4 ____</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband .....1</p> <p>Cohabiting partner .....2</p> <p>Boyfriend.....3</p> <p>Ex-Boyfriend .....4</p> <p>Casual acquaintance .....5</p> <p>Other (<i>specify</i>) .....6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>5⇒SB7</p> <p>6⇒SB7</p>
<p>SB6. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</p>		
<p>SB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner..... ____</p> <p>DK..... 98</p>	
<p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes.....1</p> <p>No .....2</p>	<p>2⇒SB15</p>
<p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No .....2</p>	



SEXUAL BEHAVIOUR		SB
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?  <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i>  <i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Ex-Boyfriend ..... 4 Casual acquaintance ..... 5  Other ( <i>specify</i> ) ..... 6	3⇒SB12 4⇒SB12 5⇒SB12  6⇒SB12
SB11. Check MA1 and MA7:  <input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)            AND            Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i>  <input type="checkbox"/> <i>Else ⇒ Continue with SB12</i>		
SB12. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... ____  DK..... 98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes..... 1 No ..... 2	2⇒SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners..... ____	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?  <i>If a non-numeric answer is given, probe to get an estimate.</i>  <i>If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners ..... ____  DK..... 98	
SB16. DO YOU KNOW OF A PLACE WHERE A PERSON CAN GET MALE CONDOMS?	Yes..... 1 No ..... 2	⇒NEXT MODULE
SB17. WHERE IS THAT?	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC.....A GOVT. HEALTH CENTER.....B GOVT. HEALTH POST/CHPS.....C FAMILY PLANNING CLINIC.....D MOBILE CLINIC.....E FIELD WORKER/OUTREACH/PEER EDUCATOR...F  OTHER PUBLIC (SPECIFY).....G  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....H PRIVATE DOCTOR.....I PHARMACY.....J CHEMICAL/DRUG STORE.....K FP/PPAG CLINIC.....L	

SEXUAL BEHAVIOUR		SB
	MATERNITY HOME.....M OTHER PRIVATE MEDICAL .....N OTHER SOURCE SHOP/MARKET.....O CHURCH.....P COMMUNITY VOLUNTEER.....Q FRIEND/RELATIVE.....R OTHER (SPECIFY).....X	
SB18. IF YOU WANTED TO, COULD YOU YOURSELF GET A CONDOM?	Yes.....1 No .....2 Don't know/Unsure .....8	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒NEXT MODULE																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy.....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	

**HIV/AIDS** **HA**

HA13. Check CM13: Any live birth in last 2 years?

No live birth in last 2 years ⇒ Go to HA24

One or more live births in last 2 years ⇒ Continue with HA14

HA14. Check MN1: Received antenatal care?

Received antenatal care ⇒ Continue with HA15

Did not receive antenatal care ⇒ Go to HA24

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),  WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?  [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?  [C] GETTING TESTED FOR THE AIDS VIRUS?  WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	Y	N	DK		
	AIDS from mother.....	1	2	8	
	Things to do.....	1	2	8	
	Tested for AIDS.....	1	2	8	
	Offered a test.....	1	2	8	

HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes .....	1	
	No .....	2	2⇒HA19
	DK.....	8	8⇒HA19

HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .....	1	
	No .....	2	2⇒HA22
	DK.....	8	8⇒HA22

HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.  AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes .....	1	1⇒HA22
	No .....	2	2⇒HA22
	DK.....	8	8⇒HA22

HA19. Check MN17: Birth delivered by health professional (A, B or C)?

Yes, birth delivered by health professional ⇒ Continue with HA20

No, birth not delivered by health professional ⇒ Go to HA24

HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes .....	1	
	No .....	2	2⇒HA24

HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .....	1	
	No .....	2	

HIV/AIDS	HA	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No ..... 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	1⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK ..... 8	1⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	

NATIONAL HEALTH INSURANCE		NH
NH1. DO YOU HAVE ANY HEALTH INSURANCE OR ARE YOU A MEMBER OF A MUTUAL HEALTH ORGANIZATION	Yes ..... 1 No..... 2	2⇒NH10
NH2. WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE? <i>RECORD ALL MENTIONED</i>	National/District Health Insurance (NHIS) ..A Health Insurance through Employer .....B Mutual Health Organization/ Community Based Health Insurance.....C Other privately purchased commercial Health Insurance .....D Other (specify)_____ X	
NH3. Check NH2: <input type="checkbox"/> NHIS <b><u>NOT</u></b> CHECKED. ⇒ Go to WH10.		
NH4. HOW WAS YOUR MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself ..... 1 Premium paid by a relative or friend ..... 2 Premium paid by employers/SSNIT ..... 3 Exempt as indigent ..... 4 Other (specify) _____ 6	
NH5. DO YOU HOLD A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD?  <i>If person has valid insurance card, request to see it. Check to make sure it is valid for 2011</i>	Yes, card seen ..... 1 Yes, card not seen ..... 2 No ..... 3	1⇒NH9 2⇒NH9
NH6. WHY DO YOU NOT HAVE A VALID NHIS CARD?	Registered, but not fully paid yet ..... 1 Registered/Renewed, card not received..... 2 Registered, in waiting period yet..... 3 Not renewed registration ..... 4 Lost NHIS card ..... 5 Other (specify)_____ 6	1⇒NH9 2⇒NH9 3⇒NH9 5⇒NH9 6⇒NH9
NH7. DO YOU PLAN TO RENEW THE NHIS REGISTRATION?	Yes ..... 1 No..... 2 Don't know/ Not sure ..... 8	1⇒NH9 8⇒NH9

NATIONAL HEALTH INSURANCE		NH
<p>NH8.WHY DO YOU NOT WANT TO RENEW THE NHIS REGISTRATION?</p> <p>OTHER REASONS?</p>	<p>Have not been sick ..... A</p> <p>Premium too Expensive ..... B</p> <p>Still pay out of pocket..... C</p> <p>Worse quality care with card ..... D</p> <p>Waiting time for card too long ..... E</p> <p>Desired services not covered ..... F</p> <p>Use clinics/ traditional services not covered ..... G</p> <p>Other (Specify)_____ X</p>	
<p>NH9. IN YOUR OPINION, DO NHIS CARD HOLDERS GET BETTER/SAME/WORSE SERVICES WHEN THEY ATTEND HEALTH CARE FACILITIES</p>	<p>Better ..... 1</p> <p>Same ..... 2</p> <p>Worse..... 3</p> <p>Never used ..... 4</p> <p>Don't know ..... 8</p>	<p>1⇒WM11</p> <p>2⇒WM11</p> <p>3⇒WM11</p> <p>4⇒WM11</p> <p>8⇒WM11</p>
<p>NH10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION WITH THE NHIS?</p> <p>OTHER REASONS?</p>	<p>Not heard of NHIS ..... A</p> <p>Premium too Expensive ..... B</p> <p>Do not trust NHIS..... C</p> <p>Do not know where to register ..... D</p> <p>Registration office too far ..... E</p> <p>Do not need health insurance..... F</p> <p>NHIS does not cover the services I need .. G</p> <p>NHIS does not cover the facilities I use ..... H</p> <p>Other _____ X</p>	

WM11. <i>Record the time.</i>	Hour and minutes ..... : .....	
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WM12. *Check Household Listing Form, column HL9.*  
*Is the respondent the mother or caretaker of any child age 0-4 living in this household?*

*Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

*No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman, men or children under-5 in the household. IF none, check for the presence of any eligible male 15-59 year in the household.*



**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**