

## SUDAN HOUSEHOLD HEALTH SURVEY 2<sup>M</sup>

### QUESTIONNAIRE FOR INDIVIDUAL WOMEN

#### WOMAN'S INFORMATION PANEL

**WM**

*This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of HH listing). Fill in one form for each eligible woman. Fill in the segment and household number, and the name and household line number of the woman in the space below. Fill in your name, number, and the date.*

WM1. CODES ..... State Cluster No.  
     –     

WM2. HOUSEHOLD NUMBER:     

WM3. Woman's Name :

Name : \_\_\_\_\_

WM4. Woman's Household Line Number:

    

WM5. Interviewer Name and Number: \_\_\_\_\_     

WM6. Day/Month/Year of interview:      /      /         

*Repeat greeting IF NOT ALREADY READ to this woman:*

WE ARE FROM THE SUDAN HOUSEHOLD HEALTH SURVEY 2<sup>ND</sup> ROUND WHICH IS CONCERNED WITH FAMILY HEALTH AND SOCIOECONOMIC INDICATORS. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.

MAY I START NOW?

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

☐ No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor FOR A FUTURE REVISIT

WM7. Result of women's interview:

*Circle the appropriate code*

**First visit**

Completed.....1

Not at home.....2

Refused .....3

Partly completed.....4

Incapacitated .....5

Other(SPECIFY).....6

WM7a. Result of women's interview:

*Circle the appropriate code*

**Second visit**

Completed.....1

Not at home.....2

Refused .....3

Partly completed.....4

Incapacitated .....5

Other(SPECIFY).....6

WM7b. Result of women's interview:

*Circle the appropriate code*

**Third visit**

Completed.....1

Not at home.....2

Refused .....3

Partly completed.....4

Incapacitated .....5

Other(SPECIFY).....6

**WM8. Field edited by (Name and number):**

Name \_\_\_\_\_

**WM9. Data entry clerk (Name and number):**

Name \_\_\_\_\_

**WM10. Record the starting time.**

**Hour and minutes**

\_\_\_\_ : \_\_\_\_



<b>MARRIAGE/UNION</b>		<b>MA</b>
<b>THIS MODULE SHOULD BE ADDRESSED TO ALL WOMEN AGED 15- 49 YEARS</b>		
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
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 DK ..... 98	⇒MA9 ⇒MA9
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number.....__ __ DK.....98	⇒MA9 98⇒MA9
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 ⇒ CP Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed .....1 Divorced .....2 Separated .....3	
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

REPRODUCTION AND CHILD SURVIVAL (CHILD MORTALITY)		CM
<p><i>This Module is to be administered <b>to currently or ever married or in union</b> women in the age group 15-49</i></p> <p><i><b>All questions refer only to LIVE births.</b></i></p>		
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH TO A <b>LIVE BABY</b>?</p> <p>I MEAN THAT THE CHILD HAS SHOWN ANY SIGNS OF LIFE; CRIED, BREATHED OR MOVED HIS/HER LIMBS.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒CP MODULE
<p>CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p>	Completed years since first birth..... _ _	
<p>CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒CM6
<p>CM5. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons at home ..... _ _</p> <p>Daughters at home..... _ _</p>	
<p>CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒CM8
<p>CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons elsewhere..... _ _</p> <p>Daughters elsewhere ..... _ _</p>	
<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i></p> <p>I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒CM 10

<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead .....</p> <p>Girls dead .....</p>	
<p>CM10. Sum answers to CM5, CM7, and CM9.      Sum .....</p>		
<p><b>CM 11</b> .JUST TO MAKE SURE THAT I HAVE THIS RIGHT:</p> <p>SO YOU HAVE HAD IN TOTAL <input type="text"/> <input type="text"/> ...LIVE BIRTHS (sum CM5, CM7 and CM9).</p> <p><b>IF YES</b> ⇒ Continue with CM12</p> <p><b>IF No CHECK CM4, CM6, CM8 and ACCORDINGLY CORRECT CM10 and CM11</b></p>		
<p>CM12. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>Month and year must be recorded.</i></p>	<p>Date of last birth</p> <p>Day ..... 98</p> <p>DK day .....</p> <p>Month .....</p> <p>Year .....</p>	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (MARCH-APRIL <b>2008</b>)</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to LIVE BIRTH HISTORY TABLE.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Ask for the name of the child</p> <p style="text-align: center;">Name of child .....</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p>		
<p><b>DESIRE FOR LAST BIRTH</b> <span style="float: right;"><b>DB</b></span></p>		
<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>		
<p>DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes .....</p> <p>No .....</p>	<p>1⇒Next Module</p>
<p>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later .....</p> <p>No more .....</p>	<p>2⇒Next Module</p>
<p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?</p>	<p>Month.....1 .....</p> <p>Years.....2 .....</p> <p>DK.....998</p>	

LIVE BIRTH HISTORY TABLE									BH
NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER THE CHILD IS STILL ALIVE OR NOT. I WOULD LIKE TO START WITH THE FIRST ONE YOU HAD. <i>Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.</i>									
	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
<i>Live birth Line No.</i> ALL CHILDREN, WHETHER ALIVE OR DEAD:	<i>Name</i> Name	WERE ANY OF THESE BIRTHS TWINS?  1 SINGLE 2 MULTIPLE	IS (name) MALE OR FEMALE?  1 MALE 2 FEMALE	IN WHAT MONTH AND YEAR WAS (name) BORN?  <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?  <i>If they don't know write "98" for months and "9998" for year</i>	IS (name) STILL ALIVE?  1 YES 2 NO BH9	<i>If alive</i> HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <i>Record age in completed years. If less than 1 year record (00)</i>  98 DK	<i>If alive:</i> IS (name) LIVING WITH YOU?  1 YES 2 NO	<b>If alive</b> <i>Record household line number of child (from HL1).</i>  <i>Write "00" if child is not listed on household listing form (HL module).</i>	HOW OLD WAS (name) WHEN HE/SHE DIED?  <i>Record age at death.</i>  <i>If less than 1 month, record days.</i>  <i>If less than 2 years, record months.</i>  <i>If more than 2 years, record years.</i>
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
01	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
02	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
03	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
04	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
05	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
06	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
07	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□

LIVE BIRTH HISTORY TABLE									BH
NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER THE CHILD IS STILL ALIVE OR NOT. I WOULD LIKE TO START WITH THE FIRST ONE YOU HAD. <i>Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.</i>									
	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
<i>Live birth Line No.</i> ALL CHILDREN, WHETHER ALIVE OR DEAD:	<i>Name</i> Name	WERE ANY OF THESE BIRTHS TWINS?  1 SINGLE 2 MULTIPLE	IS (name) MALE OR FEMALE?  1 MALE 2 FEMALE	IN WHAT MONTH AND YEAR WAS (name) BORN?  <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?  <i>If they don't know write "98" for months and "9998" for year</i>	IS (name) STILL ALIVE?  1 YES 2 No BH9	<i>If alive</i> HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <i>Record age in completed years. If less than 1 year record (00)</i>  98 DK	<i>If alive:</i> IS (name) LIVING WITH YOU?  1 YES 2 No	<b>If alive</b> <i>Record household line number of child (from HL1).</i>  <i>Write "00" if child is not listed on household listing form (HL module).</i>	HOW OLD WAS (name) WHEN HE/SHE DIED?  <i>Record age at death.</i>  <i>If less than 1 month, record days.</i>  <i>If less than 2 years, record months.</i>  <i>If more than 2 years, record years.</i>
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
08	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
09	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
10	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
11	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□
12	_____	1 2	1 2	MONTH YEAR □□ □□□□	1 2	□□	1 2	□□	DAYS MONTHS YEARS □□ □□ □□

CHECK THE TOTAL OF BH1, WHETHER IT IS EQUAL TO CM10  
 YES, GO TO THE NEXT MODULE  
 NO, REVIEW CM5 THROUGH CM9 AND BH2 TO RESOLVE CONFLICT

MATERNAL AND NEWBORN HEALTH;		MN
<p><i>This module is to be administered to all women WHO WERE PREGNANT in the 2 years preceding date of interview (March – April 2008).</i></p> <p><i>Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><b>Use this child's name in the following questions, where indicated.</b></p>		
MN 00. CONFIRMATION QUESTION HAVE YOU BEEN PREGNANT DURING THE LAST 2 YEARS?	Yes ..... 1 No..... 2 DK.....3	2 ⇒ CP 3⇒ CP
MN 01. HOW MANY PREGNANCIES DID YOU HAVE DURING THE PAST TWO YEARS?	The Number of pregnancies: ..... <input type="text"/>	
MN 02. HOW DID THESE PREGNANCIES END?  <i>Ask for each outcome and record conclusion for each pregnancy reported in MN 01.</i>  <i>Check that total number is equal to the number of pregnancies reported in MN 01. If Different, probe for MN 01 and correct if necessary.</i>	MN 02A. LIVE BIRTH: .....A <input type="text"/>  MN 02B. STILL BIRTH: .....B <input type="text"/>  MN 02C. MISCARRIAGE:.....C <input type="text"/>  MN02D. Currently pregnant.....D	A ⇒ MN 1  B ⇒ MN 1  IF D only and/or C only ⇒ CP
<b>FOR THE NEXT FEW QUESTIONS, I WILL BE ASKING ABOUT YOUR LAST COMPLETED PREGNANCY (LIVE OR STILL BIRTH).</b>		
MN1. BEFORE YOU GAVE BIRTH TO THIS CHILD, DID YOU SEE ANYONE FOR ANTENATAL CARE?	Yes ..... 1 No..... 2	2⇒MN5
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.	<b>Health professional:</b> Doctor.....A Nurse midwife .....B Health Visitor.....C Midwife.....D  <b>Other person:</b> Traditional birth attendant .....E Community health worker .....F Relative/Friend.....G Other (specify).....X	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times..... — —  DK ..... 98	



<p>MN4. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN4A. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN4B. DID YOU GIVE A URINE SAMPLE?</p> <p>MN4C. DID YOU GIVE A BLOOD SAMPLE?</p>	<p><u>MN4A. Blood pressure</u>  Yes ..... 1  No ..... 2</p> <p><u>MN4B. Urine sample</u>  Yes ..... 1  No ..... 2</p> <p><u>MN4C. Blood sample</u>  Yes ..... 1  No ..... 2</p>	
<p>MN4D. AS PART OF YOUR ANTENATAL CARE, WAS THE MODE AND/OR PLACE OF DELIVERY DISCUSSED WITH YOU?</p>	<p><u>MN4DA. MODE OF DELIVERY (Normal/CS)</u>  Yes ..... 1  No ..... 2</p> <p><u>MN4DB. PLACE OF DELIVERY</u>  Yes ..... 1  No ..... 2</p>	
<p>MN4E DURING THIS PREGNANCY, DID YOU RECEIVE IRON OR FEFOL TABLETS?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>	
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen)..... 1  Yes (card not seen)..... 2  No..... 3  DK ..... 8</p>	
<p>MN6. <b>During this pregnancy</b> , DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>	<p>2⇒MN9  8⇒MN9</p>
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION <b>During this pregnancy?</b></p> <p><i>If 7 or more times, record '7.</i></p>	<p>Number of times..... ____  DK ..... 8</p>	<p>8⇒MN9</p>
<p>MN8. <i>How many tetanus injections during last pregnancy were reported in MN7?</i></p> <p><input type="checkbox"/> <i>At least two tetanus injections during last pregnancy. ⇒ Go to MN13</i></p> <p><input checked="" type="checkbox"/> <b>FEWER THAN TWO TETANUS INJECTIONS DURING LAST PREGNANCY. ⇒ CONTINUE WITH MN9</b></p>		

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN13 8⇒MN13
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR LAST PREGNANCY?  <i>If 7 or more times, record '7'.</i>	Number of times..... DK ..... 8	
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR LAST PREGNANCY?	Years ago.....	
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⇒MN16A 8⇒MN16A
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 MN16A		
MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?  SHOW FANSIDAR TO RESPONDENT	Number of times..... DK ..... 98	

<p><b>MN16A WHAT SIGNS AND SYMPTOMS DO YOU KNOW THAT TELLS SOMETHING IS WRONG DURING PREGNANCY, CHILDBIRTH/POSTPARTUM PERIOD THAT WOMAN SHOULD CONTACT HER CAREGIVER OR SEEK HEALTH CARE?</b></p> <p><i>Probe:</i> ANY OTHER CAUSE?</p> <p><i>Circle all answers given</i></p>	<p>High fever .....A</p> <p>Severe headache/ blurred vision.....B</p> <p>High blood pressure.....C</p> <p>Convulsions, fainting.....D</p> <p>Vaginal bleeding.....E</p> <p>Decreased or no fetal movements.....F</p> <p>Green or brown fluid leaking from vagina....G</p> <p>Foul smelling discharge from the vagina.....H</p> <p>Difficult breathing.....I</p> <p>Severe lower abdominal/back pain.....J</p> <p>Lower Limb pain/redness..... K</p> <p>DK.....Z</p> <p>Other (Specify).....X</p>	
<p><b>MN17. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST COMPLETED PREGNANCY?</b></p> <p><i>Probe:</i> ANYONE ELSE?</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><b>Health professional:</b></p> <p>Doctor.....A</p> <p>Health visitor .....B</p> <p>Nurse midwife .....C</p> <p>Village Midwife.....D</p> <p>Medical Assistant.....E</p> <p><b>Other person:</b></p> <p>Traditional birth attendant ..... F</p> <p>Community health worker ..... G</p> <p>Other (specify) .....X</p> <p><b>No one</b> ..... Y</p>	
<p><b>MN18. WHERE DID YOU GIVE BIRTH TO YOUR LAST CHILD (EITHER LIVE OR STILL BIRTH)?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine the type write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home..... 1</p> <p>PHCF (Primary Health Care Facility) ..... 2</p> <p>Hospital ..... 4</p> <p>Other (specify).....6</p>	
<p><b>MN19. PLEASE TELL ME THE MODE OF DELIVERY OF YOUR LAST CHILD (LIVE OR STILL BIRTH).</b></p>	<p>Vaginal ..... 1</p> <p>Forceps/extractor ..... 2</p> <p>Caesarian Section..... 3</p> <p>DK ..... 8</p>	

<p><b>MN19A WHAT ARE THE SIGNS AND SYMPTOMS YOU KNOW, THAT ALERTS A MOTHER TO SEEK HEALTH CARE FOR HER NEWBORN?</b></p> <p><i>Probe:</i> ANY OTHER CAUSE?</p>	<p>Fever .....A  Convulsions.....B  Jaundice (yellowing of skin).....C  Very sleepy or not able to wake.....D  Not suckling.....E  White spots in mouth or tongue..... F  Vomiting/spitting a lot or shooting out.....G  Diarrhea.....H  Less than six wet diapers per day.....I  skin rash.....K  DK..... Z  Other (Specify).....X</p>						
<p><b>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</b></p>	<p>Yes ..... 1  No..... 2</p>						
<p><b>MN23A. IN THE FIRST 6 WEEKS AFTER THE LAST DELIVERY, DID YOU SEE/WERE YOU VISITED BY ANYONE FOR A CHECK-UP ON YOUR HEALTH?</b></p> <p><i>If yes: WHOM DID YOU SEE/ WERE YOU VISITED BY?</i></p> <p><i>Probe for the type of person and circle all answers given.</i></p>	<p><b>Health professional:</b>  Doctor.....A  Health visitor .....B  Nurse midwife .....C  Village Midwife.....D  Medical Assistant.....E</p> <p><b>Other person:</b>  Traditional birth attendant ..... F  Community health worker ..... G  Other (specify) .....X</p> <p><b>No one</b> ..... Y</p>						
<p><b>MN23B. IN THE FIRST 6 WEEKS AFTER THE LAST DELIVERY, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</b></p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes ..... 1  No ..... 2  Don't know ..... 8</p>						
<p><b>MN23C. AT ANY TIME DURING PREGNANCY, LABOUR OR WITHIN 42 DAYS AFTER DELIVERY OF YOUR LAST COMPLETED PREGNANCY, DID YOU EXPERIENCE ANY OF THE FOLLOWING?</b></p> <p><i>Read aloud each and circle the corresponding answer in the box.</i></p> <p>YES .....1  NO.....2  DK .....8</p>		<p><b>Pregnancy</b></p>			<p><b>Labour / postpartum</b></p>		
		YES	NO	DK	YES	NO	DK
	MN23C A. Excessive vaginal bleeding	1	2	8	1	2	8
	MN23C B. High blood pressure	1	2	8	1	2	8
	MN23C C. Convulsions	1	2	8	1	2	8
	MN23C D. High Fever	1	2	8	1	2	8
	MN23C E. Painful Urination	1	2	8	1	2	8
	MN23C F. Lower Abdominal/Back Pain	1	2	8	1	2	8
	MN23C G. Foul-smelling vaginal discharge	1	2	8	1	2	8

	<b>MN23C h. Jaundice</b>	1	2	8	1	2	8
	MN23C I. Prolonged labour lasting more than 12 hours				1	2	8
	MN23C J. Swelling, pain and redness in legs				1	2	8
	<b>MN23C K. Swollen, painful breast</b>				1	2	8
	MN23C L. Dribbling of urine				1	2	8

CONTRACEPTION MODULE		CP
<p>NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING, THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID PREGNANCY. <b>(THIS QUESTION TO BE ASKED TO ALL WOMEN AGE 15 – 49 YEARS)</b></p>		
<p>CP00. SOME PEOPLE USE METHODS TO DELAY OR AVOID PREGNANCY. HAVE YOU EVER HEARD ABOUT THESE METHODS OF FAMILY PLANNING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2 ⇒ CP02</p>
<p>CP01. WHICH METHODS TO AVOID OR DELAY PREGNANCY THAT YOU KNOW ABOUT?</p> <p><i>List and describe methods. Circle each method known by respondent.</i></p> <p><b>If mentioned male condom skip CP02</b></p>	<p>CP1A. Condom (male)..... A</p> <p>CP1B. Diaphragm/Cervical cap/Female condom .. B</p> <p>CP1C. Spermicides/Cream/Jelly/Foam/ Vaginal pills/Suppositories..... C</p> <p>CP1D. IUD ..... D</p> <p>CP1E. Oral hormonal contraceptives (pills)..... E</p> <p>CP1F. Hormonal injections..... F</p> <p>CP1G. Hormonal implants..... G</p> <p>CP1H. Emergency contraception..... H</p> <p>CP1I. Lactation amenorrhea method..... I</p> <p>CP1J. Withdrawal..... J</p> <p>CP1K. Calendar method..... K</p> <p>CP1L. Abstinence..... L</p> <p>CP1M. Douching..... M</p> <p>CP1N. Tubal ligation (female sterilization)..... N</p> <p>CP1O. Vasectomy (male sterilization)..... O</p> <p>CP1X. Other methods..... X</p> <p>CP1Z. DK/difficult answer..... Z</p>	<p>A ⇒ CP03</p>
<p><b>CP02.</b> HAVE YOU EVER HEARD OF A MALE CONDOM?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2 ⇒ CP05</p>
<p><b>CP03.</b> DO YOU KNOW OF A PLACE WHERE A PERSON CAN GET CONDOMS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p><b>CP04.</b> IF YOU WANTED TO, COULD YOU YOURSELF GET A CONDOM?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	

**CP05: Check Marital/Union Status (MA1).**

If MA5 = (NEVER MARRIED/IN UNION) ⇒ FG Module/ FG17

If MA5 = FORMERLY MARRIED OR FORMERLY LIVED WITH A MAN ⇒ answer CP06 AND ⇒ FG

If MA1 = CURRENTLY MARRIED OR LIVING WITH MAN ⇒ continue with CP1

FOR EVER MARRIED/IN UNION WOMEN: CP06. HAVE YOU EVER USED ANYTHING OR TRIED IN ANY WAY TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No ..... 2	1 ⇒ FG 2 ⇒ FG
<b>CP1:</b> FOR CURRENTLY MARRIED/IN UNION WOMEN: ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No..... 2 Unsure or DK ..... 8	1⇒UN
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.  ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No..... 2	2⇒UN
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?  <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants..... E Pill ..... F Male condom..... G Female condom ..... H Diaphragm..... I Foam / Jelly..... J Lactation amenorrhoea method (LAM) ..... K Periodic abstinence/Rhythm ..... L Withdrawal ..... M  Other (specify)..... X	A⇒ UN 13 B⇒ UN 13

UNMET NEED		UN
UN1. Check whether the woman is Currently pregnant or not (CP1 IF CP module filled.)? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
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. WHEN YOU GOT PREGNANT, DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more ..... 2	2⇒UN13
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. Check CP3. Currently using "Female sterilization"? <input type="checkbox"/> Yes. ⇒ Go to UN13 <input type="checkbox"/> No. ⇒ Continue with UN6		
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 Other ..... 996 Don't know ..... 998	994⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		



<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes. ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	<p>1 ⇒ UN13</p> <p>8 ⇒ UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex ..... A</p> <p>Menopausal..... B</p> <p>Never menstruated ..... C</p> <p>Hysterectomy (surgical removal of uterus) ..... D</p> <p>Has been trying to get pregnant for 2 years or more without result ..... E</p> <p>Postpartum amenorrheic..... F</p> <p>Breastfeeding ..... G</p> <p>Too old ..... H</p> <p>Fatalistic ..... I</p> <p>Other (<i>specify</i>) ..... X</p> <p>Don't know ..... Z</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Yes. ⇒ Go to Next Module</p> <p><input type="checkbox"/> No ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago ..... 1 ____</p> <p>Weeks ago ..... 2 ____</p> <p>Months ago ..... 3 ____</p> <p>Years ago ..... 4 ____</p> <p>In menopause /</p> <p>Has had hysterectomy ..... 994</p> <p>Before last birth ..... 995</p> <p>Never menstruated ..... 996</p>	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG9. Check CM5 and CM7, Child Mortality Module: Woman has living daughter? <input type="checkbox"/> Yes. ⇒ Continue with FG00 <input type="checkbox"/> No. ⇒ Go to FG17		
FG00. DO YOU INTEND TO CIRCUMCISE YOUR DAUGHTERS WHO ARE NOT YET BEEN CIRCUMCISED; IF ANY?	Yes ..... 1 No ..... 2 DK..... 8	
FG17. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued ..... 1 Discontinued ..... 2 Depends ..... 3 DK..... 8	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV																								
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:  [A] IF SHE GOES OUT WITHOUT TELLING HIM? [B] IF SHE NEGLECTS THE CHILDREN? [C] IF SHE ARGUES WITH HIM? [D] IF SHE REFUSES TO HAVE SEX WITH HIM? [E] IF SHE BURNS THE FOOD?	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Goes out without telling .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Neglects children.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Argues .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Refuses sex.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Burns food.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Goes out without telling .....	1	2	8	Neglects children.....	1	2	8	Argues .....	1	2	8	Refuses sex.....	1	2	8	Burns food.....	1	2	8	
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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⇒ STI																
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 AIDS?	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 border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding .....</td> <td>1</td> <td>2</td> <td>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																	

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to HA24.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.</p>		
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with HA15</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to HA24</p>		
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒HA19</p> <p>8⇒HA19</p>
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA19. Check MN17: Birth delivered by health professional (A, B or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>		
<p>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?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒HA24</p>
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?</p>	<p>Less than 12 months ago ..... 1</p> <p>12-23 months ago ..... 2</p> <p>2 or more years ago ..... 3</p>	<p>1⇒STI</p> <p>2⇒STI</p> <p>8⇒STI</p>
<p>HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒HA27</p>
<p>HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p>	<p>Less than 12 months ago ..... 1</p> <p>12-23 months ago ..... 2</p> <p>2 or more years ago ..... 3</p>	

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⇒STI 2⇒STI 8⇒STI
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No.....2	

SEXUALLY TRANSMITTED INFECTIONS		STI
<b>STI1. CHECK MA1-MA5:</b>  <input type="checkbox"/> NEVER MARRIED/IN UNION ⇒ GO TO SB  <input type="checkbox"/> CURRENTLY/ EVER MARRIED ⇒ CONTINUE WITH STI2		
STI2. <i>SOMETIMES WOMEN EXPERIENCE A BAD SMELLING ABNORMAL GENITAL DISCHARGE</i> DURING THE LAST 12 MONTHS, HAVE YOU HAD AN ABNORMAL GENITAL DISCHARGE?	Yes ..... 1 No ..... 2	
STI3 <i>SOMETIMES WOMEN HAVE A GENITAL SORE OR ULCER. DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?</i>	Yes ..... 1 No ..... 2	
STI 4. CHECK STI2 AND STI3: <input type="checkbox"/> EXPERIENCED GENITAL DISCHARGE OR SORE/ULCER → CONTINUE WITH STI 5 <input type="checkbox"/> NO EXPERIENCE OF GENITAL DISCHARGE OR SORE/ULCER → NEXT MODULE		
STI5. THE LAST TIME YOU HAD A GENITAL SORE OR <i>ABNORMAL GENITAL DISCHARGE</i> ; DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?	Yes ..... 1 No ..... 2	

SEXUAL BEHAVIOUR (SOUTH SPECIFIC)		SB
<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.</b>		
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.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse ..... 00  Age in years .....  First time when started living with (first) husband/partner ..... 95  DK / Don't remember..... 98	00⇒ WM11
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2  DK / Don't remember..... 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?  <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago ..... 1 Weeks ago ..... 2 Months ago..... 3 Years ago ..... 4	4⇒SB11
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?  <i>If person is 'boyfriend' or 'fiancée', ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '01'. If 'no', circle '02'.</i>	Current spouse ..... 01 Current cohabiting partner ..... 02 Ex-spouse ..... 03 Ex-cohabiting partner ..... 04 Boyfriend / Fiancée ..... 05 Casual acquaintance ..... 06 Sex worker ..... 07  Other (specify) ..... 96	01⇒SB7 02⇒SB7
SB6. HOW OLD IS THIS PERSON?  <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner .....  DK..... 98	
SB7. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒SB11
SB8. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners .....	

<p><b>SB9. FOR WOMEN: THINK ABOUT THE MALE SEXUAL PARTNERS YOU'VE HAD IN THE LAST 12 MONTHS.</b></p> <p>HOW MANY WERE: #YOUR SPOUSE(S) OR LIVE-IN SEXUAL PARTNERS ("REGULAR" PARTNERS)</p> <p># SEXUAL PARTNERS WHO YOU ARE NOT MARRIED TO, HAVE NEVER LIVED WITH AND DID NOT PAY FOR SEX ("NON-REGULAR" PARTNERS)</p> <p># PARTNERS WITH WHOM YOU HAD SEX IN EXCHANGE FOR MONEY ("PAID" PARTNERS)</p> <p><i>(SHOULD MATCH WITH THE NUMBER OF SEXUAL PARTNERS IN LAST 12 MONTHS)</i></p>	<p>NUMBER OF SPOUSE(S) OR LIVE-IN SEXUAL PARTNERS ("REGULAR" PARTNERS) ... _ _ _ </p> <p>NUMBER OF NOT MARRIED TO AND HAVE NEVER LIVED WITH AND DID NOT PAY PARTNERS ("NON-REGULAR" PARTNERS) ..... _ _ _ </p> <p>NUMBER OF SEX IN EXCHANGE FOR MONEY PARTNERS (PAID PARTNERS) ..... _ _ _ </p>	
<p><b>SB10. IN THE LAST 12 MONTHS WAS CONDOM USED EVERY TIME YOU HAD SEXUAL INTERCOURSE WITH ALL YOUR PARTNER(S) WHO YOU ARE NOT MARRIED TO, HAVE NEVER LIVED WITH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>SB11. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</b></p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ..... _ _</p> <p>DK..... 98</p>	

WM11. <i>Record the time.</i>	Hour and minutes ..... _ _ : _ _	
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<b>FINAL WOMAN'S QUESTIONNAIRE INSTRUCTIONS</b>	
<b>FW</b>	
<p>WM12. <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i>  <i>Check household listing, column HL9.</i></p> <p><input type="checkbox"/> Yes. ⇒ <i>Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this Respondent.</i></p> <p><input type="checkbox"/> No. ⇒ <i>End the interview with this respondent by thanking her for her cooperation.</i></p>	
<p>W12A. <i>Do any other eligible women reside in the household?</i>  <i>Check household listing column. HH7.</i></p> <p><input type="checkbox"/> Yes. ⇒ <i>Go to the next WOMAN'S QUESTIONNAIRE to administer the questionnaire to the next eligible woman.</i></p> <p><input type="checkbox"/> No. ⇒ <i>End the interview by thanking the respondent for her cooperation.</i>  <i>Gather together all questionnaires for this household and tally the number of interviews completed on the cover page on the household questionnaire.</i></p>	



**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**