SUDAN HOUSEHOLD HEALTH SURVEY
QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL	WM

This questionnaire is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman. Fill in the 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 OF: STATE ☐☐ CLUSTER ☐☐

WM2. HOUSEHOLD NUMBER: ☐☐

WM4. Woman's Name and Household Line Number: _____ ☐☐

WM5. Interviewer Name and Number: _____ ☐☐

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

After this woman's questionnaire has been completed, fill in the following information:

WM7. Result of women's interview: *Circle the appropriate code*	Completed.. 1 Not at home.. 2 Refused .... 3 Partly completed .... 4 Incapacitated .... 5 Other(*SPECIFY*) 6

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

WE ARE FROM THE INSTITUTIONS MANDATED TO COLLECT INFORMATION. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (**45**) MINUTES. ALL THE INFORMATION WE OBTAINED WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month .... ☐☐ DK month .... 98 Year .... ☐☐☐☐ DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)................ ☐☐	

State Name: **Cluster Number:**   **Household Number:**   **Woman's Line Number:**

_____   ___ ___ - ___ ___   ___ ___ ___   ___ ___

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes... 1 No 2	2⇨MA1
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary... 1 Secondary .... 2 Higher .... 3 Non-standard curriculum 6	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade .... ☐☐	
WM13. CHECK WM11: ☐ *SECONDARY OR HIGHER GO NEXT MODULE* ☐ *PRIMARY OR NON-STANDARD CURRICULUM CONTINUE WITH WM14*		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME: *SHOW SENTENCE ES TO RESPONDENTS.* *IF RESPONDENT CAN NOT READ WHOLE SENTENCE, PROBE:* CAN YOU READ PART OF THE SENTENCE TO ME? *EXAMPLE OF SENTENCES FOR LITERACY* 1. *THE CHILD IS READING A BOOK.* 2. *THA RAINS CAME LATE THIS YEAR.* 3. *PARENTS MUST CARE FOR THEIR CHILDREN.* 4. *FARMING IS HARD WORK.*	CANNOT READ AT ALL………………………………1 ABLE TO READ ONLY PARTS OF SENTENCE……………………………………………2 ABLE TO READ WHOLE SENTENCE……………...3 NO SENTENCE IN REQUIRED LANGAUE……..4 *SPECIFY LANGAUE* BLIND/MUTE, VISUALLY / SPEECH IMPAIRED………………………………5	

MARRIAGE MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED, WITH A PARTNER, NEVER MARRIED/ NEVER WITH A PARTNER, WIDOWED, DIVORCED, OR SEPARATED?	Never Married/ Never with Partner .... 1 Married... 2 With Partner .... 3 Widowed .... 4 Divorced/ Separated/ No longer in partnership ... 5	1⇨ CM MODULE
MA2. IF MARRIED, EVER MARRIED, OR EVER LIVING IN A PARTNERSHIP, IN WHAT MONTH OR YEAR DID YOU GET MARRIED FOR THE FIRST TIME OR STARTED TO LIVE WITH A PARTNER AS IF HE WAS YOUR HUSBAND?	*If date of first marriage/partnership is known:* Month:……………☐☐ DK MONTH…………………………….98 Year:………☐☐☐☐ DK YEAR………………………………9998	

If date of first marriage/partnership is not known: MA2A. HOW OLD WERE YOU WHEN YOU FIRST GOT MARRIED/ BEGAN LIVING WITH PARTNER?	Age: ☐☐
MA4. DOES YOUR HUSBAND CURRENTLY HAVE ANOTHER WIFE? IF YES, HOW MANY WIVES ARE CURRENTLY WITH YOUR HUSBAND?	Yes……………………………………1 No……………………………………2 Don't know…………………………..8 Number of wives……………….. ☐☐

GO TO REPRODUCTION AND CHILD SURVIVAL MODULE (CM)

State Name: **Cluster Number:**   **Household Number:**   **Woman's Line Number:**

_____   __ __ - __ __   __ __ __   __ __

REPRODUCTION AND CHILD SURVIVAL MODULE		CM
NOW I WOULD LIKE TO ASK YOU ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE.		
CM1. HAVE YOU EVER GIVEN BIRTH? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes .... 1 No.. 2	2⇨ MN MODULE
CM2. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes .... 1 No.. 2	2⇨CM4
CM3. HOW MANY SONS LIVE WITH YOU? AND HOW MANY DAUGHTERS LIVE WITH YOU? *If none record '00'*	CM3A. Number of Sons at home: ☐☐ CM3B. Number of Daughters at home: ☐☐	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH AND WHO ARE ALIVE BUT DO NOT LIVE WITH YOU NOW?	Yes .... 1 No.. 2	2⇨CM6
CM5. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? AND HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none record '00'*	CM5A. Number of Sons elsewhere: ☐☐ CM5B. Number of Daughters elsewhere: ☐☐	
CM6. HAVE YOU EVER GIVEN BIRTH TO A BOY OR A GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* ANY BABY WHO CRIED OR SHOWED ANY SIGN OF LIFE BUT ONLY SURVIVED A FEW HOURS OR DAYS?	Yes .... 1 No.. 2	2⇨ CM8
CM7. IN ALL, HOW MANY BOYS HAVE DIED? AND HOW MANY GIRLS HAVE DIED? *If none record '00'*	CM7A. Number of Boys dead: ☐☐ CM7B. Number of Girls dead: ☐☐	

CM8. *Check CM3, CM5, & CM7:*

   Check the figures to sum.

 JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD:

☐☐ …SONS WHO ARE STILL ALIVE AND LIVING WITH YOU *(from CM3A)*

☐☐ …DAUGHTERS WHO ARE STILL ALIVE AND LIVING WITH YOU *(from CM3B)*

☐☐ …SONS WHO ARE STILL ALIVE AND NOT LIVING WITH YOU *(from CM5A)*

☐☐ …DAUGHTERS WHO ARE STILL ALIVE AND NOT LIVING WITH YOU (FROM CM5B)

☐☐ …BOYS AND WHO HAVE DIED *(from CM7A)*

☐☐ …GIRLS WHO HAVE DIED (FROM CM7B)

SO YOU HAVE HAD IN TOTAL ☐☐ …LIVE BIRTHS *(sum CM3A through CM7B)*.

IS THAT CORRECT?	Yes……………………..1 *(If yes, then go to BH1)*
	No………………………2 *(Probe and correct as necessary)*
GO TO LIVE BIRTH HISTORY TABLE (BH)	

State Name: **Cluster Number:**   **Household Number:**   **Woman's Line Number:**

_____   ___ ___ - ___ ___   ___ ___ ___   ___ ___

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. _Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines._								
BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
Live birth Line No. _Name_ ALL CHILDREN, WHETHER ALIVE OR DEAD:	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? _Probe:_ WHAT IS HIS/HER BIRTHDAY? _If they don't know write "98" for months and "9998" for year_	IS _(name)_ STILL ALIVE? 1 YES 2 No↘ BH9	_If alive_ HOW OLD WAS _(name)_ ON HIS/HER LAST BIRTHDAY? _Record age in completed years._ _If less than 1 year record (00)_ 98 DK	_If alive:_ IS _(name)_ LIVING WITH YOU? 1 YES 2 No	**If alive** _Record household line number of child (from HL1)._ _Write "00" if child is not listed on household listing form (HL module)._	HOW OLD WAS _(name)_ WHEN HE/SHE DIED? _Record age at death._ _If less than 1 month, record days._ _If less than 2 years, record months._ _If more than 2 years, record years._
LINE	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
01 1ST CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS.................98 MONTHS. 2 ☐☐ DK MONTHS..............98 YEARS. 3 ☐☐ DK YEARS.............…98

State Name: _____

Cluster Number: ___ ___ - ___ ___

Household Number: ___ ___ ___

Woman's Line Number: ___ ___

| 02 | 2ND CHILD _____ | 1   2 | 1   2 | M ☐☐ Y ☐☐☐ ☐ | 1   2 | ☐☐ | 1   2 | ☐☐ | DAYS.   1 ☐☐ DK DAYS…….……….98 MONTHS.   2 ☐☐ DK MONTHS……….…..98 YEARS.   3 ☐☐ DK YEARS……….…...98 |

State Name: **Cluster Number:** **Household Number:** **Woman's Line Number:**

_____   ___ ___ - ___ ___   ___ ___ ___   ___ ___

LIVE BIRTH HISTORY TABLE								BH
Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.								
BH1		**BH2**	**BH3**	**BH4**	**BH5**	**BH6**	**BH7**	**BH8**	**BH9**

	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
Live birth Line No.	_Name_ ALL CHILDREN, WHETHER ALIVE OR DEAD:	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? _Probe:_ WHAT IS HIS/HER BIRTHDAY? _If they don't know write "98" for months and "9998" for year_	IS _(name)_ STILL ALIVE? 1 YES 2 NO↘ BH9	HOW OLD WAS _(name)_ ON HIS/HER LAST BIRTHDAY? _Record age in completed years._ 98 DK	_If alive:_ IS _(name)_ LIVING WITH YOU? 1 YES 2 NO	_Record household line number of child (from HL1)._ _Write "00" if child is not listed on household listing form (HL module)._	HOW OLD WAS _(name)_ WHEN HE/SHE DIED? _Record age at death._ _If less than 1 month, record days._ _If less than 2 years, record months._ _If more than 2 years, record years._
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH

03	3RD CHILD
	_____
		1 2	1 2	M ☐☐
				Y ☐☐☐☐
					1 2	☐☐	1 2	☐☐	1.DAYS: ☐☐
									   DK DAYS..................98
									2.MONTHS: ☐☐
									   DK MONTHS..............98
									3.YEARS: ☐☐
									   DK YEARS...............98

04	4TH CHILD
	_____
		1 2	1 2	M ☐☐
				Y ☐☐☐☐
					1 2	☐☐	1 2	☐☐	1.DAYS: ☐☐
									   DK DAYS..................98
									2.MONTHS: ☐☐
									   DK MONTHS..............98
									3.YEARS: ☐☐
									   DK YEARS...............98

State Name: _____

Cluster Number: __ __ - __ __

Household Number: __ __ __

Woman's Line Number: __ __

LIVE BIRTH HISTORY TABLE								BH
Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.								
	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
Live birth Line No.	*Name* ALL CHILDREN, WHETHER ALIVE OR DEAD:	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? *Probe:* WHAT IS HIS/HER BIRTHDAY? *If they don't know write "98" for months and "9998" for year*	IS *(name)* STILL ALIVE? 1 YES 2 NO↘ BH9	HOW OLD WAS *(name)* ON HIS/HER LAST BIRTHDAY? *Record age in completed years.* 98 DK	*If alive:* IS *(name)* LIVING WITH YOU? 1 YES 2 NO	*Record household line number of child (from HL1).* *Write "00" if child is not listed on household listing form (HL module).*	HOW OLD WAS *(name)* WHEN HE/SHE DIED? *Record age at death.* *If less than 1 month, record days.* *If less than 2 years, record months.* *If more than 2 years, record years.*
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH

05	5TH CHILD
	
	_____
		1 2	1 2	M ☐☐
				Y ☐☐☐
				☐
					1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐
									  DK DAYS..................98
									MONTHS. 2 ☐☐
									  DK MONTHS...............98
									YEARS. 3 ☐☐
									  DK YEARS.................98

06	6TH CHILD
	
	_____
		1 2	1 2	M ☐☐
				Y ☐☐☐
				☐
					1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐
									  DK DAYS..................98
									MONTHS. 2 ☐☐
									  DK MONTHS...............98
									YEARS. 3 ☐☐
									  DK YEARS.................98

State Name: _____ **Cluster Number:** __ __ - __ __ **Household Number:** __ __ __ **Woman's Line Number:** __ __

LIVE BIRTH HISTORY TABLE								BH
Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.								

	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
Live birth Line No.	*Name* ALL CHILDREN, WHETHER ALIVE OR DEAD:	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? *Probe:* WHAT IS HIS/HER BIRTHDAY? *If they don't know write "98" for months and "9998" for year*	IS *(name)* STILL ALIVE? 1 YES 2 NO↘ BH9	HOW OLD WAS *(name)* ON HIS/HER LAST BIRTHDAY? *Record age in completed years.* 98 DK	*If alive:* IS *(name)* LIVING WITH YOU? 1 YES 2 NO	*Record household line number of child (from HL1).* *Write "00" if child is not listed on household listing form (HL module).*	HOW OLD WAS *(name)* WHEN HE/SHE DIED? *Record age at death.* *If less than 1 month, record days.* *If less than 2 years, record months.* *If more than 2 years, record years.*
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH

07	7TH CHILD
	_____
		1 2	1 2	M □□
				Y □□□
				□
					1 2	□□	1 2	□□	DAYS. 1 □□
									  DK DAYS..................98
									MONTHS. 2 □□
									  DK MONTHS..............98
									YEARS. 3 □□
									  DK YEARS................98

08	8TH CHILD
	_____
		1 2	1 2	M □□
				Y □□□
				□
					1 2	□□	1 2	□□	DAYS. 1 □□
									  DK DAYS..................98
									MONTHS. 2 □□
									  DK MONTHS..............98
									YEARS. 3 □□
									  DK YEARS................98

State Name: _____ **Cluster Number:** __ __ - __ __ **Household Number:** __ __ __ **Woman's Line Number:** __ __

LIVE BIRTH HISTORY TABLE								BH
Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.								
BH1		BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
Live birth Line No.	*Name* ALL CHILDREN, WHETHER ALIVE OR DEAD:	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? *Probe:* WHAT IS HIS/HER BIRTHDAY? *If they don't know write "98" for months and "9998" for year*	IS *(name)* STILL ALIVE? 1 YES 2 NO↘ BH9	HOW OLD WAS *(name)* ON HIS/HER LAST BIRTHDAY? *Record age in completed years.* 98 DK	*If alive:* IS *(name)* LIVING WITH YOU? 1 YES 2 NO	*Record household line number of child (from HL1).* *Write "00" if child is not listed on household listing form (HL module).*	HOW OLD WAS *(name)* WHEN HE/SHE DIED? *Record age at death.* *If less than 1 month, record days.* *If less than 2 years, record months.* *If more than 2 years, record years.*

LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
09	9TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS..................98 MONTHS. 2 ☐☐ DK MONTHS..............98 YEARS. 3 ☐☐ DK YEARS................98
10	10TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS..................98 MONTHS. 2 ☐☐ DK MONTHS..............98 YEARS. 3 ☐☐ DK YEARS................98

State Name: _____ **Cluster Number:** __ __ - __ __ **Household Number:** __ __ __ **Woman's Line Number:** __ __

LIVE BIRTH HISTORY TABLE								BH
Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.								
	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
Live birth Line No.	*Name* ALL CHILDREN, WHETHER ALIVE OR DEAD:	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? *Probe:* WHAT IS HIS/HER BIRTHDAY? *If they don't know write "98" for months and "9998" for year*	IS *(name)* STILL ALIVE? 1 YES 2 NO↘ BH9	HOW OLD WAS *(name)* ON HIS/HER LAST BIRTHDAY? *Record age in completed years.* 98 DK	*If alive:* IS *(name)* LIVING WITH YOU? 1 YES 2 NO	*Record household line number of child (from HL1).* *Write "00" if child is not listed on household listing form (HL module).*	HOW OLD WAS *(name)* WHEN HE/SHE DIED? *Record age at death.* *If less than 1 month, record days.* *If less than 2 years, record months.* *If more than 2 years, record years.*
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
11	11TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS..................98 MONTHS. 2 ☐☐ DK MONTHS...............98 YEARS. 3 ☐☐ DK YEARS................98
12	12TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS..................98 MONTHS. 2 ☐☐ DK MONTHS...............98 YEARS. 3 ☐☐ DK YEARS................98

State Name: _____

Cluster Number: ___ ___-___ ___

Household Number: ___ ___ ___

Woman's Line Number: ___ ___

LIVE BIRTH HISTORY TABLE								BH
Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.								
	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
Live birth Line No.	*Name* ALL CHILDREN, WHETHER ALIVE OR DEAD:	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? *Probe:* WHAT IS HIS/HER BIRTHDAY? *If they don't know write "98" for months and "9998" for year*	IS *(name)* STILL ALIVE? 1 YES 2 NO↘ BH9	HOW OLD WAS *(name)* ON HIS/HER LAST BIRTHDAY? *Record age in completed years.* 98 DK	*If alive:* IS *(name)* LIVING WITH YOU? 1 YES 2 NO	*Record household line number of child (from HL1).* *Write "00" if child is not listed on household listing form (HL module).*	HOW OLD WAS *(name)* WHEN HE/SHE DIED? *Record age at death.* *If less than 1 month, record days.* *If less than 2 years, record months.* *If more than 2 years, record years.*
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH

13	13TH CHILD
	_____
		1 2	1 2	M ☐☐
				Y ☐☐☐ ☐
					1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐
									  DK DAYS..................98
									MONTHS. 2 ☐☐
									  DK MONTHS...............98
									YEARS. 3 ☐☐
									  DK YEARS.................98

14	14TH CHILD
	_____
		1 2	1 2	M ☐☐
				Y ☐☐☐ ☐
					1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐
									  DK DAYS..................98
									MONTHS. 2 ☐☐
									  DK MONTHS...............98
									YEARS. 3 ☐☐
									  DK YEARS.................98

State Name: _____ **Cluster Number:** ___ ___ - ___ ___ **Household Number:** ___ ___ ___ **Woman's Line Number:** ___ ___

LIVE BIRTH HISTORY TABLE								BH
Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.								
BH1	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9
Live birth Line No.	*Name* ALL CHILDREN, WHETHER ALIVE OR DEAD:	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? *Probe:* WHAT IS HIS/HER BIRTHDAY? *If they don't know write "98" for months and "9998" for year*	IS *(name)* STILL ALIVE? 1 YES 2 NO↘ BH9	HOW OLD WAS *(name)* ON HIS/HER LAST BIRTHDAY? *Record age in completed years.* 98 DK	*If alive:* IS *(name)* LIVING WITH YOU? 1 YES 2 NO	*Record household line number of child (from HL1). Write "00" if child is not listed on household listing form (HL module).*	HOW OLD WAS *(name)* WHEN HE/SHE DIED? *Record age at death. If less than 1 month, record days. If less than 2 years, record months. If more than 2 years, record years.*

LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
15	15TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS...................98 MONTHS. 2 ☐☐ DK MONTHS...............98 YEARS. 3 ☐☐ DK YEARS.................98
16	16TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS...................98 MONTHS. 2 ☐☐ DK MONTHS...............98 YEARS. 3 ☐☐ DK YEARS.................98

State Name: _____

Cluster Number: ___ ___ - ___ ___

Household Number: ___ ___ ___

Woman's Line Number: ___ ___

LIVE BIRTH HISTORY TABLE								BH
Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.								
BH1	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9

Live birth Line No. | *Name* — ALL CHILDREN, WHETHER ALIVE OR DEAD: | 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? *Probe:* WHAT IS HIS/HER BIRTHDAY? *If they don't know write "98" for months and "9998" for year* | IS *(name)* STILL ALIVE? 1 YES 2 NO↘ BH9 | HOW OLD WAS *(name)* ON HIS/HER LAST BIRTHDAY? *Record age in completed years.* 98 DK | *If alive:* IS *(name)* LIVING WITH YOU? 1 YES 2 NO | *Record household line number of child (from HL1). Write "00" if child is not listed on household listing form (HL module).* | HOW OLD WAS *(name)* WHEN HE/SHE DIED? *Record age at death. If less than 1 month, record days. If less than 2 years, record months. If more than 2 years, record years.*

LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
17	17TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS.............98 MONTHS. 2 ☐☐ DK MONTHS..........98 YEARS. 3 ☐☐ DK YEARS............98
18	18TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS.............98 MONTHS. 2 ☐☐ DK MONTHS..........98 YEARS. 3 ☐☐ DK YEARS............98

State Name: **Cluster Number:**   **Household Number:**   **Woman's Line Number:**

_____   ___ ___ - ___ ___   ___ ___ ___   ___ ___

LIVE BIRTH HISTORY TABLE								BH

Record names of all births; if name not given, record 'x'. Record twins and triplets on separate lines.

Live birth Line No. BH1	BH1 *Name* ALL CHILDREN, WHETHER ALIVE OR DEAD:	BH2 WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE	BH3 IS *(name)* MALE OR FEMALE? 1 MALE 2 FEMALE	BH4 IN WHAT MONTH AND YEAR WAS *(name)* BORN? *Probe:* WHAT IS HIS/HER BIRTHDAY? *If they don't know write "98" for months and "9998" for year*	BH5 IS *(name)* STILL ALIVE? 1 YES 2 NO↘ BH9	BH6 HOW OLD WAS *(name)* ON HIS/HER LAST BIRTHDAY? *Record age in completed years.* 98 DK	BH7 *If alive:* IS *(name)* LIVING WITH YOU? 1 YES 2 NO	BH8 *Record household line number of child (from HL1).* *Write "00" if child is not listed on household listing form (HL module).*	BH9 HOW OLD WAS *(name)* WHEN HE/SHE DIED? *Record age at death.* *If less than 1 month, record days.* *If less than 2 years, record months.* *If more than 2 years, record years.*
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	HH LINE NO.	AGE AT DEATH
19	19TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS..............98 MONTHS. 2 ☐☐ DK MONTHS.............98 YEARS. 3 ☐☐ DK YEARS..............98
20	20TH CHILD _____	1 2	1 2	M ☐☐ Y ☐☐☐ ☐	1 2	☐☐	1 2	☐☐	DAYS. 1 ☐☐ DK DAYS..............98 MONTHS. 2 ☐☐ DK MONTHS.............98 YEARS. 3 ☐☐ DK YEARS..............98

Go to Maternal and Newborn Health Module (MN)

> CHECK THE TOTAL OF BH1, WHEHER IT IS EQUAL TO CM8
> YES, GO TO THE NEXT MODULE
> NO, REVIEW CM3A THROUGH CM7B AND BH2 TO RESOLVE CONFLICT

MATERNAL AND NEWBORN HEALTH MODULE		MN
MN1. HAVE YOU BEEN PREGNANT DURING THE LAST 2 YEARS?	Yes .... 1 No 2	2⇨ TT1
MN2. HOW MANY PREGNANCIES DID YOU HAVE DURING THE PAST TWO YEARS?	Number: ☐	
MN3. HOW DID THESE PREGNANCIES END? *Ask for each outcome and record conclusion for each pregnancy reported in MN2.* *Check that total number is equal to the number of pregnancies reported in MN2. If different, probe for MN2 and correct if necessary.*	MN3A. LIVE BIRTH: …………1 ☐ MN3B. STILL BIRTH: ………….2 ☐ MN3C. MISCARRIAGE:………..3 ☐	

Check MN3 were there any live births or still births?
Yes……..1 ⇨ MN3A   No………2 ⇨ MN20

FOR THE NEXT FEW QUESTIONS, I WILL BE ASKING ABOUT YOUR **LAST COMPLETED PREGNANCY** (LIVE OR STILL BIRTH).		
MN3A. WHAT WAS THE OUTCOME OF YOUR LAST COMPLETED PREGNANCY, LIVE BIRTH OR STILL BIRTH? *Probe to make sure respondent differentiate between live and still births and include only last pregnancy.*	LIVE BIRTH …………………………………….1 STILL BIRTH……………………………………2	
MN4. BEFORE YOU GAVE BIRTH TO THIS CHILD, DID YOU SEE ANYONE FOR ANTENATAL CARE? *If yes*: WHOM DID YOU SEE? *Probe for the type of person seen and circle all answers given.*	**Health professional:** Doctor ....A Nurse midwife ....B Midwife..C **Other person:** Traditional birth attendant ....D Community health worker ....E Relative/friend ....F Other *(specify)* ....X No one ....Y	 Y ⇨MN10

MN5. HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU HAD YOUR FIRST CHECK ON THIS PREGNANCY?	Months: ☐☐ Don't know………98	
MN6. HOW MANY ANTENATAL CHECKS DID YOU HAVE DURING THIS PREGNANCY?	Number of check-ups: ☐☐ Don't know………98	
MN7. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE? MN7A. WAS YOUR BLOOD PRESSURE MEASURED? MN7B. DID YOU GIVE A URINE SAMPLE? MN7C. DID YOU GIVE A BLOOD SAMPLE?	MN7A. Blood pressure Yes .... 1 No .... 2 MN7B. Urine sample Yes .... 1 No .... 2 MN7C. Blood sample Yes .... 1 No 2	
MN8. AS PART OF YOUR ANTENATAL CARE, WAS THE MODE AND/OR PLACE OF DELIVERY DISCUSSED WITH YOU?	MN8A. MODE OF DELIVERY _(Normal/CS)_ Yes .... 1 No .... 2 MN8B. PLACE OF DELIVERY Yes .... 1 No 2	
MN9. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?	Yes .... 1 No .... 2 Don't know 8	
MN10. DURING THIS PREGNANCY, DID YOU TAKE ANY IRON TABLETS OR IRON SYRUP SUCH AS THESE? _Show Iron Tablet and Iron Syrup._	Yes .... 1 No .... 2 Don't know 8	

| MN11. AT ANY TIME DURING THIS PREGNANCY, DID YOU EXPERIENCE ANY OF THE FOLLOWING?

Read aloud each and circle the corresponding answers. | MN11A. Excessive vaginal bleeding
Yes... 1
No 2
Don't know………………………….. 8

MN11B. High blood pressure
Yes... 1
No 2
Don't know………………………….. 8

MN11C. Swelling of face or body
Yes... 1
No 2
Don't know………………………….. 8

MN11D. Severe headache
Yes... 1
No 2
Don't know………………………….. 8

MN11E. Very high fever
Yes... 1
No 2
Don't know………………………….. 8

MN11F. Pain in the upper abdomen
Yes... 1
No 2
Don't know………………………….. 8

MN11G. Convulsions (not from fever)
Yes... 1
No 2
Don't know………………………….. 8

MN11H. Painful urination
Yes... 1
No 2
Don't know………………………….. 8

MN11I. Jaundice

Yes... 1
No 2
Don't know………………………….. 8

MN11J. Severe breathlessness…
Yes... 1
No 2
Don't know………………………….. 8
. | |

MN12. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST COMPLETED PREGNANCY? *Probe for the type of person assisting and circle all answers given.*	**Health professional:** Doctor ....A Nurse midwife ....B Midwife..C **Other person:** Traditional birth attendant ....D Community health worker ....E Relative/friend ....F Other *(specify)* ....X No one ....Y	
MN13. WHERE DID YOU GIVE BIRTH TO YOUR LAST CHILD *(EITHER LIVE OR STILL BIRTH)*?	Home .... 1 PHCC (Primary Health Care Center) .... 2 PHCU (Primary Health Care Unit) .... 3 Public Hospital .... 4 Private Hospital... 5 Other (specify)...…………………………...6	
MN14. PLEASE TELL ME THE MODE OF DELIVERY OF YOUR LAST CHILD *(LIVE OR STILL BIRTH).*	Vaginal .... 1 Forceps/extractor .... 2 Caesarian Section...................................... 3 DK 8	
MN15. DURING LABOUR OR SOON AFTER DELIVERY OF YOUR LAST COMPLETED PREGNANCY, DID YOU EXPERIENCE ANY OF THE FOLLOWING? *Read aloud each and circle the corresponding answers.*	MN15A. PROLONGED LABOUR LASTING MORE THAN 12 HOURS Yes.. 1 No .... 2 Don't know…………………………… .... 8 MN15B. VERY HIGH FEVER Yes.. 1 No .... 2 Don't know…………………………… .... 8 MN15C. CONVULSIONS/FITS Yes.. 1 No .... 2 Don't know…………………………… .... 8 MN15D. EXCESSIVE VAGINAL BLEEDING Yes.. 1 No .... 2 Don't know…………………………… 8	

MN16. IN THE FIRST 6 WEEKS AFTER THE LAST DELIVERY, DID YOU SEE/WERE YOU VISITED BY ANYONE FOR A CHECK-UP ON YOUR HEALTH? *If yes*: WHOM DID YOU SEE/ WERE YOU VISITED BY? *Probe for the type of person and circle all answers given.*	**Health professional:** Doctor ....A Nurse midwife ....B Midwife..C **Other person:** Traditional birth attendant ....D Community health worker ....E Relative/friend ....F No one ....Y	All responses other than "no one" ⇨ MN18 Y ⇨ MN17
MN17. IF 'NO ONE', WHAT WAS THE MAIN REASON FOR NOT RECEIVING A POSTNATAL CHECK-UP?	No complication .... 01 Able to manage from experience.............. 02 Did not know check up was needed .... 03 Service not available............................... 04 Cost too much... 05 Too busy .... 06 Husband too busy .... 07 Other(*specify*) 96	

| MN18. AT ANY TIME DURING THE 6 WEEKS AFTER DELIVERY, DID YOU EXPERIENCE ANY OF THE FOLLOWING PROBLEMS?

Read aloud each and circle the corresponding answers. | MN18A. MASSIVE VAGINAL BLEEDING
Yes.. 1
No 2
Don't know……………………………… 8

MN18B. SWELLING & PAIN IN LEGS
Yes.. 1
No 2
Don't know……………………………… 8

MN18C. FOUL-SMELLING VAGINAL DISCHARGE WITH FEVER
Yes.. 1
No 2
Don't know……………………………… 8

MN18D. LOWER ABDOMINAL PAIN WITH HIGH FEVER
Yes.. 1
No 2
Don't know……………………………… 8

MN18E. SEVERE LOWER BACK PAIN WITH HIGH FEVER
Yes.. 1
No 2
Don't know……………………………… 8

MN18F. SEVERE UPPER BACK PAIN WITH HIGH FEVER
Yes.. 1
No 2
Don't know……………………………… 8

MN18G. PAINFUL URINATION WITH FEVER
Yes.. 1
No 2
Don't know……………………………. 8

MN18H. SWOLLEN, PAINFUL BREAST WITH HIGH FEVER
Yes.. 1
No 2
Don't know……………………………… 8

MN18I. DRIPPING OF URINE
Yes.. 1
No 2
Don't know……………………………… .... 8 | |
| MN19. IN THE FIRST 6 WEEKS AFTER THE LAST DELIVERY, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?

Show 200,000 IU capsule or dispenser. | Yes 1
No 2
Don't know .... 8 | |

MN20. IF YOU HAD MISCARRIAGE DURING THE LAST TWO YEARS, DID YOU SEEK MEDICAL CARE FOLLOWING YOUR LAST MISCARRIAGE?	Yes .... 1 No 2	
GO TO TETANUS TOXOID MODULE (TT)		

TETANUS TOXOID MODULE		**TT**
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT? _If a card is presented, use it to assist with answers to the following questions (TT2, TT3)._	Yes (card seen) .... 1 Yes (card not seen) .... 2 No .... 3 DK 8	
TT2. HAVE YOU EVER RECEIVED ANY INJECTION TO PREVENT YOU FROM GETTING TETANUS, THAT IS, DISEASE WITH CONVULSIONS _(AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)_?	Yes .... 1 No .... 2 DK 8	2 ⇨ CP MODULE 8 ⇨ CP MODULE
TT3. IF YES: HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTIONS DURING YOUR LIFE?	No. of times: ☐☐ DK 98	
GO TO CONTRACEPTION MODULE (CP)		

CONTRACEPTION MODULE		CP
NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING, THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID PREGNANCY.		
CP1. SOME PEOPLE USE METHODS TO DELAY OR AVOID PREGNANCY. HAVE YOU HEARD ABOUT THE FOLLOWING METHODS TO AVOID OR DELAY PREGNANCY? *List and describe methods. Circle each method known by respondent.*	CP1A. Condom (male) .... A CP1B. Diaphragm/Cervical cap/Female condom B CP1C. Spermicides/Cream/Jelly/Foam/ Vaginal pills/Suppositories .... C CP1D. IUD .... D CP1E. Oral hormonal contraceptives (pills) .... E CP1F. Hormonal injections .... F CP1G. Hormonal implants .... G CP1H. Emergency contraception .... H CP1I. Lactational amenorrhea method .... I CP1J. Withdrawal .... J CP1K. Calendar method .... K CP1L. Abstinence .... L CP1M. Douching .... M CP1N. Tubal ligation (female sterilization) .... N CP1O. Vasectomy (male sterilization) .... O CP1X. Other methods .... X CP1Z. DK/difficult answer…………………………Z	Z ⇨ HA1

*Check Marital Status (**MA1**).*
    If MA1 = 1 (never married) ⇨ *HA Module.*
    If MA1 = 2, 3, 4, or 5 ⇨ *continue with* CP2.		

CP2. HAVE YOU EVER USED ANYTHING OR TRIED IN ANY WAY TO DELAY OR AVOID GETTING PREGNANT?	Yes ....1 No 2	2 ⇨ CP5
CP3. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ....1 No ....2 Currently pregnant.......................................3	1 ⇨ CP6 2 ⇨ CP5 3 ⇨ CP4
CP4. AT THE TIME YOU BECAME PREGNANT, DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU NOT WANT TO BECOME PREGNANT AT ALL?	Pregnant then ....1 Wait till later ....2 Did not want to become pregnant 3	All ⇨ HA MODULE
CP5. *Only ask non-pregnant women:* DO YOU INTEND TO GET PREGNANT NOW?	Yes ....1 No 2	All ⇨ CP8

CP6. WHICH METHOD ARE YOU USING? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization..................................... A Male sterilization.. B Pill... C IUD.. D Injections.. E Implants .... F Condom ....G Female condom .... H Diaphragm ....I Foam/jelly ....J Lactational amenorrhoea method (LAM) .... K Periodic abstinence ....L Withdrawal...M Other (*specify*) _____ X	If ONLY A,B,K,L,M mentioned, ⇨HA MODULE
CP7. WHERE DID YOU OBTAIN THE CURRENT METHOD THE LAST TIME?	Public health facility .... 1 Private health facility...................................... 2 Pharmacy... 3 Health worker in the community .... 4 Other(*specify*) 6	All skip to HA
CP8. IF NOT USING ANY FAMILY PLANNING METHOD, WHAT IS THE REASON? *Do not prompt.* *If more than one reason is mentioned, circle each one.*	Want to have more children……………….….. A Religious beliefs against family planning………. B Woman does not agree with family planning….. C Husband does not agree with family planning… D Relatives do not agree with family planning…… E Afraid of side effects……………………….…… F Not aware of family planning methods…………. G Difficulty in finding family planning methods…… H High cost……………………………….…………I Difficult to use…………………………………….J Menopause/ Infertility……………………………K Husband/ partner is not present…………………L Other (*specify*)…………………………………..X Don't know………………………………………….Z	
GO TO HIV/AIDS MODULE (HA)		

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes .... 1 No 2	2 ⇨ FW1
HA2. HOW CAN A PERSON GET AIDS? *Probe:* ANY OTHER WAY? *(multiple responses possible)*	Sexual intercourse ....A Not using condom ....B Blood transfusion ....C Injections ....D Mosquito bite ....E Supernatural means/ witchcraft .... F Sharing food ....G Other (*specify*) ....X DK ....Z	
HA3. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING AIDS?	Yes .... 1 No .... 2 DK 8	2 ⇨ HA5 8 ⇨ HA5
HA4. WHAT CAN A PERSON DO? *Probe:* ANY OTHER WAY? *(multiple responses possible)*	Sex with a single partner ....A Abstinence ....B Use condoms .... C Avoid blood transfusion .... D Avoid injections ....E Other(*specify*) ....X DK ....Z	
HA5. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV VIRUS?	Yes .... 1 No .... 2 DK 8	

HA6. CAN THE HIV VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		Yes	No	DK	
	HA6A. DURING PREGNANCY………..	1	2	8	
	HA6B. DURING DELIVERY…………..	1	2	8	
	HA6C. BY BREASTFEEDING…………	1	2	8	

GO TO FINAL WOMAN'S QUESTIONNAIRE INSTRUCTIONS (FW)

State Name: **Cluster Number:**   **Household Number:**   **Woman's Line Number:**

_____   ___ ___ - ___ ___   ___ ___ ___   ___ ___

FINAL WOMAN'S QUESTIONNAIRE INSTRUCTIONS	FW

FW1. *Check HL7, Is this woman a caretaker of a child under 5 in the household?*

☐ *Yes.* ⇨ *Go to UNDER 5 QUESTIONNAIRE*
       to administer the questionnaire to the caretaker of the eligible child.

☐ *No.* ⇨ *Continue.*

FW2. *Do any other eligible women reside in the household?*
Check household listing column. HH6.

☐ *Yes.* ⇨ *Go to the next WOMAN'S QUESTIONNAIRE*
       to administer the questionnaire to the next eligible woman.

☐ *No.* ⇨ *End the interview by thanking the respondent for her cooperation.*
       Gather together all questionnaires for this household and tally the number of interviews completed on the cover
       page on the household questionnaire.