

Appendix :

QUESTIONNAIRE SUDAN HOUSEHOLD HEALTH SURVEY(SHHS):

SUDAN HOUSEHOLD HEALTH SURVEY														
QUESTIONNAIRE FOR INDIVIDUAL WOMEN														
WOMAN'S INFORMATION PANEL		WM												
<i>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.</i>														
WM1. CODES OF:	STATE CLUSTER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
WM2. HOUSEHOLD NUMBER:	<input type="text"/> <input type="text"/>													
WM4. Woman's Name and Household Line Number:	<input type="text"/> <input type="text"/>													
WM5. Interviewer Name and Number:	<input type="text"/> <input type="text"/>													
WM6. Day/Month/Year of interview:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
<i>After this woman's questionnaire has been completed, fill in the following information:</i>														
WM7. Result of women's interview <i>Circle the appropriate code</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Completed</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Not at home</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Refused</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">Partly completed.....</td> <td style="text-align: right; padding: 2px;">4</td> </tr> <tr> <td style="padding: 2px;">Incapacitated</td> <td style="text-align: right; padding: 2px;">5</td> </tr> <tr> <td style="padding: 2px;">Other(SPECIFY).....</td> <td style="text-align: right; padding: 2px;">6</td> </tr> </table>		Completed	1	Not at home	2	Refused	3	Partly completed.....	4	Incapacitated	5	Other(SPECIFY).....	6
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: <table style="margin-left: 20px;"> <tr> <td style="padding: 2px;">Month.....</td> <td style="text-align: right; padding: 2px;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td style="padding: 2px;">DK month</td> <td style="text-align: right; padding: 2px;">98</td> </tr> <tr> <td style="padding: 2px;">Year</td> <td style="text-align: right; padding: 2px;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td style="padding: 2px;">DK year.....</td> <td style="text-align: right; padding: 2px;">9998</td> </tr> </table>		Month.....	<input type="text"/> <input type="text"/>	DK month	98	Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DK year.....	9998				
Month.....	<input type="text"/> <input type="text"/>													
DK month	98													
Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
DK year.....	9998													
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)..... <input type="text"/> <input type="text"/>													

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 <input type="text"/> <input type="text"/>	
WM13. CHECK WM11: <input type="checkbox"/> SECONDARY OR HIGHER GO NEXT MODULE <input type="checkbox"/> 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 Married With Partner Widowed Divorced/ Separated/ No longer in partnership	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?	<i>If date of first marriage/partnership is known:</i> Month: <input type="text"/> <input type="text"/> DK MONTH 98 Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK YEAR 9998	
<i>If date of first marriage/partnership is not known:</i> MA2A. HOW OLD WERE YOU WHEN YOU FIRST GOT MARRIED/ BEGAN LIVING WITH PARTNER?	Age: <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/>	
GO TO REPRODUCTION AND CHILD SURVIVAL MODULE (CM)		

Now I would like to ask you about all the births you have had during your life.

<p>CM1. HAVE YOU EVER GIVEN BIRTH?</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 style="text-align: center;">No 2</p>	<p>2⇒ MN MODULE</p>
<p>CM2. 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 style="text-align: center;">No 2</p>	<p>2⇒ CM4</p>
<p>CM3. HOW MANY SONS LIVE WITH YOU? AND HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none record '00'</i></p>	<p>CM3A. Number of Sons at home: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>CM3B. Number of Daughters at home: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
<p>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?</p>	<p>Yes..... 1</p> <p style="text-align: center;">No 2</p>	<p>2⇒ CM6</p>
<p>CM5. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? AND HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none record '00'</i></p>	<p>CM5A. Number of Sons elsewhere: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>CM5B. Number of Daughters elsewhere: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
<p>CM6. HAVE YOU EVER GIVEN BIRTH TO A BOY OR A GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i></p> <p>ANY BABY WHO CRIED OR SHOWED ANY SIGN OF LIFE BUT ONLY SURVIVED A FEW HOURS OR DAYS?</p>	<p>Yes..... 1</p> <p style="text-align: center;">No 2</p>	<p>2⇒ CM8</p>
<p>CM7. IN ALL, HOW MANY BOYS HAVE DIED? AND HOW MANY GIRLS HAVE DIED?</p> <p><i>If none record '00'</i></p>	<p>CM7A. Number of Boys dead: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>CM7B. Number of Girls dead: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	

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 (<i>If yes, then go to BH1</i>)	
	No.....2 (<i>Probe and correct as necessary</i>)	

GO TO LIVE BIRTH HISTORY TABLE (BH)

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
<i>Live birth Line No.</i>	<i>Name</i> ALL CHILDREN, WHETHER ALIVE OR DEAD:	WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE	IS (<i>name</i>) MALE OR FEMALE? 1 MALE 2 FEMALE	IN WHAT MONTH AND YEAR WAS (<i>name</i>) 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 (<i>name</i>) STILL ALIVE? 1 YES 2 NO ⁹⁸ BH9	<i>If alive</i> HOW OLD WAS (<i>name</i>) 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 (<i>name</i>) LIVING WITH YOU? 1 YES 2 NO	<i>If alive</i> Record household line number of child (from HLI). Write "00" if child is not listed on household listing form (HL module).	HOW OLD WAS (<i>name</i>) 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	1ST CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	DAYS. 1 <input type="text"/> <input type="text"/> DK DAYS.....98 MONTHS. 2 <input type="text"/> <input type="text"/> DK MONTHS.....98 YEARS. 3 <input type="text"/> <input type="text"/> DK YEARS.....98
02	2ND CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	DAYS. 1 <input type="text"/> <input type="text"/> DK DAYS.....98 MONTHS. 2 <input type="text"/> <input type="text"/> DK MONTHS.....98 YEARS. 3 <input type="text"/> <input type="text"/> DK YEARS.....98

LIVE BIRTH HISTORY TABLE

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
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 \square 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
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N
03	3RD CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2
04	4TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2

LIVE BIRTH HISTORY TABLE

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
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 ⁹ 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
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N
05	5TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2
06	6TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2

LIVE BIRTH HISTORY TABLE

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
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 ⁹ 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
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N
07	7TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2
08	8TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2

LIVE BIRTH HISTORY TABLE

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
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 ⁹⁸ 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
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N
09	9TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2
10	10TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2

LIVE BIRTH HISTORY TABLE

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
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 ⁹ 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
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N
11	11TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2
12	12TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2

LIVE BIRTH HISTORY TABLE

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

Live birth Line No.	BH1 <i>Name</i> ALL CHILDREN, WHETHER ALIVE OR DEAD:	BH2 WERE ANY OF THESE BIRTHS TWINS? 1 SINGLE 2 MULTIPLE	BH3 IS (<i>name</i>) MALE OR FEMALE? 1 MALE 2 FEMALE	BH4 IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If they don't know write "98" for months and "9998" for year</i>	BH5 IS (<i>name</i>) STILL ALIVE? 1 YES 2 No ⁹ BH9	BH6 HOW OLD WAS (<i>name</i>) ON HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i> 98 DK	BH7 <i>If alive:</i> IS (<i>name</i>) LIVING WITH YOU? 1 YES 2 No	<i>R li ch W cl on li m</i>
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N	
13	13TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	
14	14TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	

LIVE BIRTH HISTORY TABLE

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
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 ⁹ 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
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N
15	15TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2
16	16TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2

LIVE BIRTH HISTORY TABLE

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
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 ⁹ 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
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N
17	17TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2
18	18TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2

LIVE BIRTH HISTORY TABLE

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
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 Δ 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
LINE	NAME	S M	M F	MONTH & YEAR	Y N	AGE	Y N
19	19TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2
20	20TH CHILD _____	1 2	1 2	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2

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	
	No.....	2⇒ TT1
MN2. HOW MANY PREGNANCIES DID YOU HAVE DURING THE PAST TWO YEARS?	Number: <input type="text"/>	
MN3. HOW DID THESE PREGNANCIES END? <i>Ask for each outcome and record conclusion for each pregnancy reported in MN2.</i> <i>Check that total number is equal to the number of pregnancies reported in MN2. If different, probe for MN2 and correct if necessary.</i>	MN3A. LIVE BIRTH:1 <input type="text"/> MN3B. STILL BIRTH:2 <input type="text"/> MN3C. MISCARRIAGE:.....3 <input type="text"/>	
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? <i>Probe to make sure respondent differentiate between live and still births and include only last pregnancy.</i>	LIVE BIRTH1 STILL BIRTH2	
MN4. BEFORE YOU GAVE BIRTH TO THIS CHILD, DID YOU SEE ANYONE FOR ANTENATAL CARE? <i>If yes: WHOM DID YOU SEE?</i> <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor	
	Nurse midwife.....	
	Midwife.....	
	Other person: Traditional birth attendant.....	
	Community health worker.....	
	Relative/friend.....	
	Other (specify).....	
	No one	Y ⇒ MN10

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

<p>MN11. AT ANY TIME DURING THIS PREGNANCY, DID YOU EXPERIENCE ANY OF THE FOLLOWING?</p> <p><i>Read aloud each and circle the corresponding answers.</i></p>	<p><u>MN11A. Excessive vaginal bleeding</u> Yes No Don't know.....</p> <p><u>MN11B. High blood pressure</u> Yes No Don't know.....</p> <p><u>MN11C. Swelling of face or body</u> Yes No Don't know.....</p> <p><u>MN11D. Severe headache</u> Yes No Don't know.....</p> <p><u>MN11E. Very high fever</u> Yes No Don't know.....</p> <p><u>MN11F. Pain in the upper abdomen</u> Yes No Don't know.....</p> <p><u>MN11G. Convulsions (not from fever)</u> Yes No Don't know.....</p> <p><u>MN11H. Painful urination</u> Yes No Don't know.....</p> <p><u>MN11I. Jaundice</u> Yes No Don't know.....</p> <p><u>MN11J. Severe breathlessness...</u> Yes No Don't know.....</p>	
<p>MN12. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST COMPLETED PREGNANCY?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional: Doctor Nurse midwife..... Midwife</p> <p>Other person: Traditional birth attendant..... Community health worker</p> <p>Relative/friend</p> <p>Other (<i>specify</i>).....</p> <p>No one</p>	

<p>MN13. WHERE DID YOU GIVE BIRTH TO YOUR LAST CHILD (EITHER LIVE OR STILL BIRTH)?</p>	<p>Home6 PHCC (Primary Health Care Center) PHCU (Primary Health Care Unit) Public Hospital..... Private Hospital Other (specify).....</p>	
<p>MN14. PLEASE TELL ME THE MODE OF DELIVERY OF YOUR LAST CHILD (LIVE OR STILL BIRTH).</p>	<p>Vaginal..... Forceps/extractor Caesarian Section..... DK.....</p>	
<p>MN15. DURING LABOUR OR SOON AFTER DELIVERY OF YOUR LAST COMPLETED PREGNANCY, DID YOU EXPERIENCE ANY OF THE FOLLOWING?</p> <p><i>Read aloud each and circle the corresponding answers.</i></p>	<p><u>MN15A. PROLONGED LABOUR LASTING MORE THAN 12 HOURS</u> Yes No Don't know.....</p> <p><u>MN15B. VERY HIGH FEVER</u> Yes No Don't know.....</p> <p><u>MN15C. CONVULSIONS/FITS</u> Yes No Don't know.....</p> <p><u>MN15D. EXCESSIVE VAGINAL BLEEDING</u> Yes No Don't know.....</p>	
<p>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?</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>Health professional: Doctor Nurse midwife..... Midwife</p> <p>Other person: Traditional birth attendant..... Community health worker Relative/friend</p> <p>No one</p>	<p>All responses other than "no one" ⇒ MN18</p> <p>Y ⇒ MN17</p>
<p>MN17. IF 'NO ONE', WHAT WAS THE MAIN REASON FOR NOT RECEIVING A POSTNATAL CHECK-UP?</p>	<p>No complication..... Able to manage from experience..... Did not know check up was needed..... Service not available..... Cost too much Too busy..... Husband too busy Other(<i>specify</i>).....</p>	

<p>MN18. AT ANY TIME DURING THE 6 WEEKS AFTER DELIVERY, DID YOU EXPERIENCE ANY OF THE FOLLOWING PROBLEMS?</p> <p><i>Read aloud each and circle the corresponding answers.</i></p>	<p><u>MN18A. MASSIVE VAGINAL BLEEDING</u> Yes No Don't know.....</p> <p><u>MN18B. SWELLING & PAIN IN LEGS</u> Yes No Don't know.....</p> <p><u>MN18C. FOUL-SMELLING VAGINAL DISCHARGE WITH FEVER</u> Yes No Don't know.....</p> <p><u>MN18D. LOWER ABDOMINAL PAIN WITH HIGH FEVER</u> Yes No Don't know.....</p> <p><u>MN18E. SEVERE LOWER BACK PAIN WITH HIGH FEVER</u> Yes No Don't know.....</p> <p><u>MN18F. SEVERE UPPER BACK PAIN WITH HIGH FEVER</u> Yes No Don't know.....</p> <p><u>MN18G. PAINFUL URINATION WITH FEVER</u> Yes No Don't know.....</p> <p><u>MN18H. SWOLLEN, PAINFUL BREAST WITH HIGH FEVER</u> Yes No Don't know.....</p> <p><u>MN18I. DRIPPING OF URINE</u> Yes No Don't know.....</p>	
<p>MN19. IN THE FIRST 6 WEEKS AFTER THE LAST DELIVERY, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes No Don't know.....</p>	
<p>MN20. IF YOU HAD MISCARRIAGE DURING THE LAST TWO YEARS, DID YOU SEEK MEDICAL CARE FOLLOWING YOUR LAST MISCARRIAGE?</p>	<p>Yes No</p>	
<p>GO TO TETANUS TOXOID MODULE (TT)</p>		

TETANUS TOXOID MODULE TT		
<p>TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT?</p> <p><i>If a card is presented, use it to assist with answers to the following questions (TT2, TT3).</i></p>	<p>Yes (card seen)</p> <p>Yes (card not seen)</p> <p>No</p> <p>DK</p>	
<p>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)?</p>	<p>Yes</p> <p>No</p> <p>DK</p>	<p>2 ⇒ CP MODULE</p> <p>8 ⇒ CP MODULE</p>
<p>TT3. IF YES: HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTIONS DURING YOUR LIFE?</p>	<p>No. of times: <input type="text"/> <input type="text"/></p> <p>DK</p>	
<p>GO TO CONTRACEPTION MODULE (CP)</p>		

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.</p>		
<p>CP1. SOME PEOPLE USE METHODS TO DELAY OR AVOID PREGNANCY. HAVE YOU HEARD ABOUT THE FOLLOWING METHODS TO AVOID OR DELAY PREGNANCY?</p> <p><i>List and describe methods. Circle each method known by respondent.</i></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. Lactational 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 Z ⇒ HA1</p> <p>CP1X. Other methods..... X</p> <p>CP1Z. DK/difficult answer..... Z</p>	
<p>Check Marital Status (MA1).</p> <p><i>If MA1 = 1 (never married) ⇒ HA Module.</i></p> <p><i>If MA1 = 2, 3, 4, or 5 ⇒ continue with CP2.</i></p>		
<p>CP2. HAVE YOU EVER USED ANYTHING OR TRIED IN ANY WAY TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes</p> <p>No</p>	<p>2 ⇒ CP5</p>

<p>CP3. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes No Currently pregnant</p>	<p>1 ⇒ CP6 2 ⇒ CP5 3 ⇒ CP4</p>
<p>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?</p>	<p>Pregnant then Wait till later Did not want to become pregnant</p>	<p>All ⇒ HA MODULE</p>
<p>CP5. Only ask non-pregnant women: DO YOU INTEND TO GET PREGNANT NOW?</p>	<p>Yes No</p>	<p>All ⇒ CP8</p>
<p>CP6. WHICH METHOD ARE YOU USING?</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 Male sterilization PillC IUD..... Injections Implants Condom Female condom Diaphragm Foam/jelly Lactational amenorrhoea method (LAM) Periodic abstinence..... Withdrawal..... Other (<i>specify</i>)</p>	<p>IF ONLY A,B,K,L,M mentioned, ⇒HA MODULE</p>
<p>CP7. WHERE DID YOU OBTAIN THE CURRENT METHOD THE LAST TIME?</p>	<p>Public health facility..... Private health facility Pharmacy..... Health worker in the community Other(<i>specify</i>)</p>	<p>All skip to HA</p>
<p>CP8. IF NOT USING ANY FAMILY PLANNING METHOD, WHAT IS THE REASON?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one reason is mentioned, circle each one.</i></p>	<p>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 (<i>specify</i>)..... X Don't know..... Z</p>	
<p>GO TO HIV/AIDS MODULE (HA)</p>		

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? <i>Probe: ANY OTHER WAY? (multiple responses possible)</i>	Sexual intercourse A Not using condom E Blood transfusion C Injections D Mosquito bite E Supernatural means/ witchcraft F Sharing food G Other (<i>specify</i>) 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? <i>Probe: ANY OTHER WAY? (multiple responses possible)</i>	Sex with a single partner A Abstinence B Use condoms C Avoid blood transfusion D Avoid injections E Other(<i>specify</i>) 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	
	<u>HA6A. DURING PREGNANCY</u>	1 2 8	
	<u>HA6B. DURING DELIVERY</u>	1 2 8	
	<u>HA6C. BY BREASTFEEDING</u>	1 2 8	
GO TO FINAL WOMAN'S QUESTIONNAIRE INSTRUCTIONS (FW)			

FINAL WOMAN'S QUESTIONNAIRE INSTRUCTIONS	FW
FW1. <i>Check HL7, Is this woman a caretaker of a child under 5 in the household?</i>	
<input type="checkbox"/> Yes. ⇨ Go to UNDER 5 QUESTIONNAIRE to administer the questionnaire to the caretaker of the eligible child.	
<input type="checkbox"/> 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.

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