



55777177

**You MUST interview the woman herself**

**Section 1. Identification**

Name	DSID	Age	years old	Sex
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**Section 2. General Health**

1. How would you describe your general health at present?      Excellent, Very Good or Good       Fair       Poor
2. Has there been any change in your health over the past 12 months?      Yes, improved       Same       Yes, worsened

3. Major common illnesses

	Have you ever received treatment for X?	Have you received treatment for X in the last 12 months?	Are you currently receiving treatment for X?	Have you received injections during this course of TB treatment?	If you received treatment for X in the last 12 months, where did you get this treatment?
<b>High Blood Pressure</b>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on BP go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on BP go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>		Traditional healer <input type="radio"/> Clinic <input type="radio"/> Private doctor <input type="radio"/> Hospital <input type="radio"/> Other <input type="radio"/> Refused <input type="radio"/> Specify _____
<b>High Blood Sugar</b>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on sugar go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on sugar go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>		Traditional healer <input type="radio"/> Clinic <input type="radio"/> Private doctor <input type="radio"/> Hospital <input type="radio"/> Other <input type="radio"/> Refused <input type="radio"/> Specify _____
<b>TB</b>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on TB go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on TB go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>	Traditional healer <input type="radio"/> Clinic <input type="radio"/> Private doctor <input type="radio"/> Hospital <input type="radio"/> Other <input type="radio"/> Refused <input type="radio"/> Specify _____
<b>Other*</b> ↓ Specify _____		Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, go to question 4 below)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>		Traditional healer <input type="radio"/> Clinic <input type="radio"/> Private doctor <input type="radio"/> Hospital <input type="radio"/> Other <input type="radio"/> Refused <input type="radio"/> Specify _____

\*Other: Only include serious illnesses like cancer, meningitis or STIs. Do NOT include minor illnesses like a common cold.

4. Have you been admitted to (i.e. have you slept in) a hospital in the last 12 months?

Yes       No       Refused

→ How often? \_\_\_\_\_ admissions      → Skip to Question 5

For what reason? \_\_\_\_\_  
Please be specific

5. Have you visited a clinic in the last six months?

Yes       No       Refused

→ Which was the most recent clinic you went to? \_\_\_\_\_ Clinic

6. Have you been to a private doctor in the last six months?      Yes       No       Refused

*We would like to ask you some further questions about HIV testing. Please remember that you are completely free to answer some or none of these questions. Your answers will be treated with absolute confidentiality.*

7. There are many places to get an HIV test. Which is the best place for you to get tested?      Tick ONE answer only

- At home
- Counselling Centre
- At the clinic
- Mobile testing unit
- At the hospital
- Private doctor
- Other  → Specify \_\_\_\_\_
- Don't know
- Prefers not to answer

8. Do you know your HIV status?

Yes

No  → Q11

Prefers not to answer

9. When was the last time you had a HIV test

In last 6 month  More than a year ago

6 month to 1 year ago  Prefers not to answer

10. Where did you test the last time Tick ONE answer only

At home

Counselling Centr

At the clinic  →

Mobile testing unit

At the hospital

Private docto

Other  →

Don't know

Prefers not to answer

11. Have you ever heard about anti-retroviral treatment (ART)?

Yes

No  → Section 3

Prefers not to answer  → Section 3

12. Do you think ART can help people to improve their health?

Yes  Don't know

No  Prefers not to answer

13. Do you know places where one could get ART

Yes  →

No

Prefers not to answer

Section 3. Marital Status

1. Have you had a sexual partner in the past 12 months

Yes

No

Prefers not to answer

2. What is your current Marital Status?

Enter cod

CHECK: Is Status 'NBM', 'NVE' or 'NNE'

N  Yes  → Skip to Section 4

How old were you when you married for the first time?   years old

Are you currently living with a husband/partner? Yes  No  Refuse

Is Status 'PLG', 'PCM' or 'PTM'? Yes  No  → Skip to Section 4

How many co-wives are there in your marriage?   co-wives

Section 4. Pregnancy and contraception

1. Have you ever been pregnant?

Yes  No  Refused

CHECK: Aged under 50 years?

Yes  No, older  → Skip to Section 5

2. Have you ever used contraceptives?

Yes  No  Refused  → Skip to Section 5

Which method are you currently using?  None

Tick all that apply

Male condom

Female condom

Female Sterilisation ("Tubal Ligation")

Male sterilisation

Injections

Pill

Other →

Refused

1. Have you ever had sex? Yes  No  → FORM COMPLETE

Explain what is meant by "Having sex".

Check answer is consistent with answers on paternity

How old were you when you first had sex? \_\_\_\_\_ years If under age 12, comment \_\_\_\_\_

Don't know/remember

Refused

The following questions are to be asked about sexual partners in the past year. Repeat for up to three partners, starting with the most recent. If the most recent relationship was more than a year ago, do still ask about this.

	MOST RECENT PARTNER	PREVIOUS PARTNER	PREVIOUS PARTNER
2. Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	Current husband (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former husband/ regular partner <input type="radio"/> Casual partner <input type="radio"/> Other → Specify _____	Current husband (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former husband/ regular partner <input type="radio"/> Casual partner <input type="radio"/> Other → Specify _____	Current husband (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former husband/ regular partner <input type="radio"/> Casual partner <input type="radio"/> Other → Specify _____
3. Are you still in a sexual relationship with him?	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>
4. Is he older, younger or about the same age?	Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> → Q5 Don't know <input type="radio"/> → Q5	Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> → Q5 Don't know <input type="radio"/> → Q5	Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> → Q5 Don't know <input type="radio"/> → Q5
4a. About how many years [older/younger]? <small>Record actual number or 98=Don't know</small>	_____ years younger/older	_____ years younger/older	_____ years younger/older
5. Is he a member of this household?	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>
6. Where does he normally reside?	With member <input type="radio"/> In this Isigodi <input type="radio"/> His Outside this Isigodi <input type="radio"/> → isigodi/Location of residence Don't know <input type="radio"/> Refused <input type="radio"/> _____	With member <input type="radio"/> In this Isigodi <input type="radio"/> His Outside this Isigodi <input type="radio"/> → isigodi/Location of residence Don't know <input type="radio"/> Refused <input type="radio"/> _____	With member <input type="radio"/> In this Isigodi <input type="radio"/> His Outside this Isigodi <input type="radio"/> → isigodi/Location of residence Don't know <input type="radio"/> Refused <input type="radio"/> _____
Have you and your partner ever used a condom? If "Yes": 7. How often do you use a condom?	Always <input type="radio"/> Sometimes/inconsistently <input type="radio"/> Never <input type="radio"/> → Q8	Always <input type="radio"/> Sometimes/inconsistently <input type="radio"/> Never <input type="radio"/> → Q8	Always <input type="radio"/> Sometimes/inconsistently <input type="radio"/> Never <input type="radio"/> → Q8
7a. Did you use a condom the last time you had sex with this partner?	Yes <input type="radio"/> Don't know/remember <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know/remember <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know/remember <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>
8. How long were you/have you been sexually involved with this partner? <i>If less than one week, unit is days; less than one month, use weeks, less than one year, use months, otherwise use years</i>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>
9. When was the last time you had sex with him? <i>If less than one week, unit is days; less than one month, use weeks, less than one year, use months, otherwise use years</i>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>

Now tell me about the sexual partner before the one we just discussed?  
Did you have sex with him in the past 12 months?  
If "Yes", then repeat questions for up to two additional partners before going to Q10.  
If "No", go straight to Q10.

10. How many different sexual partners have you had in your lifetime? \_\_\_\_\_ Partners

11. How many sexual partners, in total, have you had in the past 12 months? \_\_\_\_\_ Partners  
*Sometimes women have more than one relationship at the same time*

12. How many relationships are you in at the moment? \_\_\_\_\_ relationships

Deliberately blank