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**LQAS HOUSEHOLD SURVEY 2012**

**QUESTIONNAIRE FOR MOTHERS OF CHILDREN 0-5 MONTHS**

**UNICEF/LSTM**

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| IDENTIFICATION | CODES (OFFICE USE ONLY) |
| QUESTIONNAIRE IDENTIFICATION |  |
| LQAS NUMBER OUT OF 19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SUPERVISION AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sub-County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Interviewer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Interview** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ Day /Month / Year**Checked by (SA Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

| **INFORMED CONSENT**Greeting. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I work with \_\_\_\_\_\_\_\_\_\_ district. We are conducting a district survey about maternal and child health care in our communities. We would very much appreciate your participation in this survey. This information you provide will help the district to plan and improve health services. The interview usually takes about 20 minutes to complete.We very much appreciate your participation in this survey. Whatever information you provide will be kept confidential and will not be shown to other persons.Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.At this time, do you want to ask me anything about the survey? Do you agree to participate in this survey? YES NO**IF NO, MARK THIS HOUSE AS A REFUSAL IN THE TABLE FOR SEQUENCE OF HOUSEHOLDS VISITED AND GO TO THE NEXT HOUSE.** **THANK YOU** |
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| **RECOMMENDATIONS FOR THE INTERVIEWER****VERIFY THAT THE MOTHER HAS CHILD AGED 0-5 MONTHS OF AGE; USE THE VACCINATION CARD OR MATERNAL CARD IF POSSIBLE TO VERIFY.** **IF MORE THAN ONE CHILD AGED 0-5 MONTHS LIVES IN THIS HOUSEHOLD CHOOSE ONE AT RANDOM.** **FOR ALL QUESTIONS IN THIS SURVEY, NEVER READ THE POSSIBLE OPTIONS UNLESS THERE IS A SPECIAL INSTRUCTION (CAPITAL AND IN BOLD). WAIT FOR THE RESPONDENT TO ANSWER THE QUESTION AND THEN CIRCLE THE RESPONSE GIVEN.** |

| Record the time the interview BEGINS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_  | HOUR: MINUTE |
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**Section 1: Mother’s Background**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| MB1 | In what month and year were you born? | DATE OF BIRTHMONTH \_\_ \_\_ DK MONTH 98YEAR \_\_ \_\_ \_\_ \_\_ DK YEAR………………………….……………………..98 |  |
| MB2 | How old are you? **PROBE: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?** | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |
| MB3 | Have you ever attended school or preschool? | YES 1NO 2 | 🡺MB5 |
| MB4 | What is the highest level of school you attended? | PRESCHOOL 1PRIMARY 2SECONDARY 3HIGHER …………………………………………..…………4 |  |
| MB5 | What is your current marital status?**READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1SINGLE, NON REGULAR PARTNER…… ...…..2SINGLE WITH REGULAR PARTNER…… ……..3MARRIED....................................... ...........4COHABITING 5WIDOWED............................. 6DIVORCED/SEPARATED 7   |  |

**Section 2: Infant’s Background**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CB1 | **RECORD THE NAME OF SELECTED CHILD:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME OF SELECTED CHILD |  |
| CB2 | What is the sex of [NAME]? | MALE…………….……….………………..…...1FEMALE……………….….…………………….2 |  |
| CB3 | Now I would like to ask you some questions about the health of (NAME). In what month and year was (NAME) born?**PROBE: WHAT IS HIS / HER BIRTHDAY?****IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY****MONTH AND YEAR MUST BE RECORDED.** |  DATE OF BIRTHDAY \_\_ \_\_DK DAY 98MONTH \_\_ \_\_YEAR \_\_ \_\_ \_\_ \_\_ |  |
| CB4 | How old is (NAME)?**PROBE:** **HOW OLD WAS (NAME) AT HIS / HER LAST BIRTHDAY?****RECORD AGE IN COMPLETED MONTHS.****RECORD ‘0’ IF LESS THAN 1 MONTH.** | AGE (IN COMPLETED MONTHS) \_\_ \_\_ |  |

**Section 3: Exclusive Breastfeeding**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| BF1 | Did you ever breastfeed (NAME)? | YES 1NO 2 | 🡺 BF6 |
| BF2 | How long after birth did you first put (NAME) to the breast?**IF LESS THAN 1 HOUR, RECORD ‘00’ HOURS.****IF LESS THAN 24 HOURS, RECORD HOURS.****OTHERWISE, RECORD DAYS.** | IMMEDIATELY 00HOURS……………… …………1 \_\_ \_\_DAYS………………. …………..2 \_\_ \_\_DON’T KNOW / REMEMBER 98 |  |
| BF3 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES 1NO 2DON’T KNOW 98 |  |
| BF4 | Is he/she still being breastfed? | YES 1NO 2DON’T KNOW 98 | 🡺 BF6 |
| BF5 | For how many months did you breastfeed (NAME)?**IF LESS THAN ONE MONTH, RECORD “00” MONTHS** |

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MONTHS |  |
| BF6 | Did (NAME) drink any of the following liquids in the last 24 hours?**READ THE LIST OF LIQUIDS. AND CIRCLE ALL MENTIONED** | BREASTMILK? 1 1PLAIN WATER? 2INFANT FORMULA? 3ANY OTHER MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK? 4FRUIT JUICE? 5TEA OR COFFEE OR INFUSIONS? 6THIN SOUP OR BROTH 7ORS 8LIQUID OR SEMI-LIQUID TRADITIONAL MEDICINE? 9NOTHING 10OTHER LIQUID (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  |  |
| BF7 | Did (NAME) eat any solid or semi-solid food yesterday during the day or night? | YES 1NO 2DON’T KNOW 98 |  |
| BF8 | Did (NAME) drink anything from a bottle with a teat yesterday or last night? | YES 1NO 2DON’T KNOW 98 |  |

**Section 4: Antenatal Care**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| AC1 | Did you see anyone for antenatal care during your pregnancy with (NAME)? | YES 1NO 2 | 🡺 AC4 |
| AC2 | Whom did you see? **PROBE: ANYONE ELSE?****PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.** | HEALTH PROFESSIONAL:DOCTOR 1NURSE / MIDWIFE 2AUXILIARY MIDWIFE 3OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 COMMUNITY HEALTH WORKER 5OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96   |  |
| AC3 | How many times did you receive antenatal care during this pregnancy? | NUMBER OF TIMES \_\_ \_\_DON’T KNOW 98 |  |
| AC4 | Do you have a maternal card when you were pregnant with (NAME)?**IF MOTHER ANSWERS YES THEN ASK: MAY I SEE THE CARD?** | YES, SEEN BY INTERVIEWER 1YES, BUT NOT AVAILABLE/ LOST/MISPLACED 2NEVER HAD A CARD 3DON’T KNOW……………………………………………98 | 🡺 IT1🡺 IT1🡺 IT1 |
| AC5 | **RECORD THE NUMBER OF ANTENATAL CARE VISITS LISTED ON THE MATERNAL CARD** |

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NUMBER OF ANTENATAL CARE VISITS |  |
| AC6 | How many months pregnant were you when you first received antenatal care for this pregnancy?**CHECK IN MATERNAL CARD IF AVAILABLE** | 3 MONTHS OR LESS…………………………………..1MORE THAN 3 MONTHS……………………………2DON’T KNOW…………………………………………..98 |  |

**Section 5: Tetanus**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| TT1 | Look at the antenatal card or vaccination card and record the dates (day / Month / year) for the last five TT injections.**IF A TT INJECTION WAS NOT GIVEN, WRITE 00 IN EACH SPACE**  |

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| **TT** | **DAY** | **MONTH** | **YEAR** |
| FIRST |  |  |  |
| SECOND |  |  |  |
| THIRD |  |  |  |
| FOURTH |  |  |  |
| FIFTH |  |  |  |

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**Section 6: Intermittent Preventive Treatment**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| IT1 | When you were pregnant with (NAME), did you take any medicine to prevent you from getting malaria? | YES 1NO 2DON’T KNOW 98 | 🡺BA1🡺 BA1 |
| IT2 | Which medicines did you take to prevent malaria?Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.  | SP/FANSIDAR 1CHLOROQUINE 2DON’T KNOW 98OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 | 🡺 BA1🡺 BA1🡺 BA1 |
| IT3 | During this pregnancy, how many times did you take SP/ Fansidar? |

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NUMBER OF TIMESDON’T KNOW 98 |  |
| IT4 | How many tablets of SP/Fansidar were you given during your pregnancy with (NAME)? |

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 NUMBER OF TABLETSDON’T KNOW 98 |  |

**Section 7: Skilled Birth Attendant and Post Natal Check Up**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| BA1 | Who assisted with the delivery of (NAME)?**PROBE: ANYONE ELSE?****PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.****IF RESPONDENT SAYS NO ONE ASSISTED,** **PROBE TO DETERMINE WHETHER ANY** **ADULTS WERE PRESENT AT THE DELIVERY.** | HEALTH PROFESSIONAL:DOCTOR 1NURSE / MIDWIFE 2AUXILIARY MIDWIFE 3OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 COMMUNITY HEALTH WORKER 5 RELATIVE / FRIEND 6NO ONE 7OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96  |  |
| BA2 | Where did you give birth to (NAME)? **PROBE TO IDENTIFY THE TYPE OF SOURCE.****IF UNABLE TO DETERMINE WHETHER PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.****(NAME OF PLACE)** | HOME YOUR HOME 1 OTHER HOME 2PUBLIC SECTOR GOVT. HOSPITAL 3 GOVT. CLINIC / HEALTH CENTRE 4 GOVT. HEALTH POST 5 OTHER PUBLIC (SPECIFY) 6PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 7 PRIVATE CLINIC 8 PRIVATE MATERNITY HOME 9 OTHER PRIVATE MEDICAL (SPECIFY) 10OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96  | 🡺 BA5🡺 BA5 |
| BA3 | I would like to talk to you aboutchecks on your health after delivery,for example, someone asking youquestions about your health orexamining you. Did anyone checkon your health while you were still inthe facility? | YES 1NO 2 | 🡺 BA6 |
| BA4 | Did anyone check on your healthafter you left the facility? | YES 1NO 2 | 🡺 BA6🡺 BA8 |
| BA5 | I would like to talk to you aboutchecks on your health after delivery,for example, someone asking youquestions about your health orexamining you. Did anyone checkon your health after you gave birth to(NAME)? | YES 1NO 2 | 🡺 BA8 |
| BA6 | Who checked on your health at thattime?  | HEALTH PROFESSIONAL:DOCTOR 1NURSE / MIDWIFE 2AUXILIARY MIDWIFE 3OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 COMMUNITY HEALTH WORKER 5 RELATIVE / FRIEND 6NO ONE 7OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96  |  |
| BA7 | How long after delivery did the firstcheck take place?**IF LESS THAN ONE DAY, RECORD HOURS****IF LESS THAN ONE WEEK, RECORD DAYS** |

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HOURSDAYSWEEKSDON’T KNOW 98 |  |
| BA8 | In the two months after (NAME) wasborn, did any health care provider ora traditional birth attendant check onhis/her health? | YES 1NO 2DON’T KNOW 98 | 🡺 BA12🡺 BA12 |
| BA9 | How many hours, days or weeksafter the birth of (NAME) did the firstcheck take place?**IF LESS THAN ONE DAY, RECORD HOURS****IF LESS THAN ONE WEEK, RECORD DAYS** |

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HOURSDAYSWEEKSDON’T KNOW 98 |  |
| BA10 | Who checked on (NAME)'s health atthat time? (2) | HEALTH PROFESSIONAL:DOCTOR 1NURSE / MIDWIFE 2AUXILIARY MIDWIFE 3OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 COMMUNITY HEALTH WORKER 5 RELATIVE / FRIEND 6NO ONE 7OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96  |  |
| BA11 | Where did this first check of (NAME)take place? (2) | HOME YOUR HOME 1 OTHER HOME 2PUBLIC SECTOR GOVT. HOSPITAL 3 GOVT. CLINIC / HEALTH CENTRE 4 GOVT. HEALTH POST 5 OTHER PUBLIC (SPECIFY) 6PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 7 PRIVATE CLINIC 8 PRIVATE MATERNITY HOME 9 OTHER PRIVATE MEDICAL (SPECIFY) 10OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96  |  |
| BA12 | When (NAME) was born, what instrument was used to cut the umbilical cord? | NEW/BOILED BLADE 1USED BLADE 2KNIFE 3SCISSORS 4DON’T KNOW 98OTHER (SPECIFY)--------------------------------------------------------96 |  |
| BA13 | Was anything applied to the cord after the cord of (NAME) was cut and tied until the cord fell off? | YES 1NO 2DON’T KNOW 98 | 🡺CH1🡺CH1 |
| BA14 | What was applied to the cord?**PROBE: ANYTHING ELSE?** **MULTIPLE RESPONSES ARE POSSIBLE** **THE LIST SHOULD BE MADE COUNTRY SPECIFIC** | ANTISEPTIC………………………………………………..1NOTHING…………………………………………………..2TRADITIONAL MEDICINE……………………………3EARTH………………………………………………………..4OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DON’T KNOW 98 |  |

**Section 8: Home Visit from Community Health Worker**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CH1 | Have you ever been visited by a CHW? | YES…………………………………………………………….1NO…………………………………………………………….2 | 🡺 ET1 |
| CH2 | Were you visited by a CHW at home after delivery (NAME)?  | YES…………………………………………………………….1NO…………………………………………………………….2 | 🡺 CH5 |
| CH3 | How long after the delivery of (NAME) did the CHW visit you at home? | SAME DAY 1NEXT DAY 2WITHIN 48 HOURS 3WITHIN 72 HOURS 44 TO 6 DAYS 5A WEEK LATER 6A MONTH LATER 7TWO MONTHS LATER 8THREE OR MORE MONTHS LATER 9OTHER (SPECIFY)\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 DON’T KNOW 98 |  |

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| CH4 | What did the CHW do during that visit?**CIRCLE ALL MENTIONED****PROBE: ANYTHING ELSE?** | EDUCATION ON HYGIENE, HAND WASHING AND SANITATION 1COUNSELLING ON INFANT FEEDING 2COUNSELLING ON EXCLUSIVE BREASTFEEDING 3CORD CARE 4IDENTIFICATION AND REFERRAL OF ILLNESSES 5EDUCATION ON HOME CARE FOR SICK INFANTS 6COUNSELLING ON CARE SEEKING FOR SICK INFANTS………………………………………………….7OTHER (SPECIFY)­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 DON’T KNOW 98 | 🡺ET1 🡺ET1 🡺ET1 🡺ET1 🡺ET1 🡺ET1 🡺ET1 🡺ET1 🡺ET1 |
| CH5 | Have you been visited by a CHW in the past three months?  | YES 1NO 2 | 🡺 ET1 |
| CH6 | What did the CHW do during that visit?**CIRCLE ALL MENTIONED****PROBE: ANYTHING ELSE?** | EDUCATION ON HYGIENE, HAND WASHING AND SANITATION 1COUNSELLING ON INFANT FEEDING 2COUNSELLING ON EXCLUSIVE BREASTFEEDING 3CORD CARE 4IDENTIFICATION AND REFERRAL OF ILLNESSES 5EDUCATION ON HOME CARE FOR SICK INFANTS 6COUNSELLING ON CARE SEEKING FOR SICK INFANTS………………………………………………….7OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 DON’T KNOW 98 |  |

**Section 9: EMTCT**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| ET1 | Can HIV be transmitted from an infected mother to her baby? | YES 1NO 2DON’T KNOW 98 | **🡺ET5****🡺ET5** |
| ET2 | Can the virus that causes AIDS be transmitted from a mother to her baby:[A] During pregnancy?[B] During delivery?[C] By breastfeeding? |  **Yes No DK****DURING PREGNANCY 1 2 98****DURING DELIVERY 1 2 98****BY BREASTFEEDING 1 2 98** |  |
| ET3 | Can the risk of transmitting HIV from an infected mother to her child be reduced? | YES 1NO 2DON’T KNOW 98 | **🡺ET5****🡺ET5** |
| ET4 | What are the ways of reducing HIV transmission from an infected mother to child?**CIRCLE ALL MENTIONED****DO NOT READ THE POSSIBLE RESPONSES****PROBE: ANYTHING ELSE?** | **MOTHER** DELIVERY IN THE HANDS OF A TRAINED HEALTH WORKER 1USE ARVs 2TESTING AND RECEIVING RESULTS FOR HIV 3PREVENTION OF MALARIA DURING PREGNANCY 4BY OPERATING ON THE MOTHER (CAESERIAN SECTION) 5STI SCREENING, PREVENTION AND TREATMENT 6ATTENDING ANC 7**CHILD**BABYUSING ARV SYRUP 8SUPPLEMENTATION OF VITAMIN A AND DEWORMING TABLETS 9REPLACEMENT FEEDING 10EXCLUSIVE BREAST FEEDING FOR FIRST SIX MONTHS 11 OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DON’T KNOW 98 |  |
| ET5 | Were you counselled to take an HIV test during your pregnancy with [NAME] as part of your antenatal care? | YES 1NO 2 | **🡺BN1** |

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| ET6 | I don’t want to know the results, but were you tested for HIV as part of your antenatal care? | YES 1NO 2DON’T KNOW 98 | **🡺BN1****🡺BN1** |
| ET7 | I don’t want to know the results, but did you receive the result of your HIV test as part of your antenatal care? | YES 1NO 2DON’T KNOW 98 | **🡺BN1****🡺BN1** |
| ET8 | Regardless of the result, all women who are tested are supposed to receive counselling after getting the result. After you were tested, did you receive counselling? | YES 1NO 2DON’T KNOW 98 |  |

**Section 10: Use of Bednets During Pregnancy**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| BN1 | Did you sleep under a bednet during your pregnancy with NAME)? | YES 1NO 2 | **🡺 END** |
| BN2 | Was that bednet a Long lasting Insecticide treated net (LLIN)?  | YES 1NO 2DON’T KNOW 98 | **🡺 END** |
| BN3 | Was the bed net that you were sleeping under while you were pregnant with (NAME) soaked or dipped in a liquid in the last six months? | YES 1NO 2DON’T KNOW 98 |  |

| Record the time the interview ENDS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_  | HOUR: MINUTE |
| --- | --- | --- |

**THANK YOU - THE END**