

SECTION: 10 FEMALE CIRCUMCISION MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Are women circumcised in this area?	YES.....1 NO.....2 DOES NOT KNOW.....8	
1002	Have you ever been circumcised?	YES.....1 NO.....2	→1006
1003	What type of circumcision did you have? Did you have clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER _____ 6 (SPECIFY)	
1004	How old were you when you were circumcised?	AGE IN COMPLETED YEARS.... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
1005	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8	
1006	CHECK 214 AND 216: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→1011
1007	Has (NAME OF ELDEST DAUGHTER) been circumcised?	YES.....1 NO.....2	→1011
1008	How old was she when she was circumcised?	AGE IN COMPLETED YEARS.... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
1009	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8	
1010	Did anyone object to your eldest daughter being circumcised? Anyone else? RECORD ALL PERSONS MENTIONED.	RESPONDENT.....A RESPONDENT'S HUSBAND.....B RESPONDENT'S MOTHER.....C RESPONDENT'S MOTHER-IN-LAW.....D OTHER RELATIVE OF RESPONDENT.....E OTHER RELATIVE OF HUSBAND.....F OTHER _____ X (SPECIFY)	
1011	RECORD THE TIME.	MORNING/AM....1 HOUR.... <input type="text"/> <input type="text"/> AFTERNOON/PM...2 MINUTES... <input type="text"/> <input type="text"/>	