

# Q Reproductive behaviour & HIV (Type 1)

## National Institute for Medical Research, Mwanza Centre Mwanza City and Magu District Health Departments Antenatal Clinic Surveillance 2007



### EXPLANATIONS FOR INTERVIEWERS

READ THE INFORMATION AND INTERVIEW CONSENT FORM

ASK ALL THE QUESTIONS CAREFULLY

ALL ANSWERS SHOULD BE WRITTEN ON LINES DRAWN LIKE THIS \_\_\_\_\_

IF THERE IS A CODE NUMBER YOU NEED TO CIRCLE THE ANSWER THAT SHE MENTIONS.

### Section A:

**Q 01:** Questionnaire number:

PUT ONE STICKER HERE

**Q 02:** Clinic name

(pre-complete) .....

**Q 03:** Interviewer's name .....

**Q 04:** Today's date .....

Day

Month

Year

### READ THE INTERVIEW INFORMATION AND CONSENT CARD TO THE RESPONDENT

**Q 05:** Has respondent agreed to participate?

Yes ..... 1 **→Q06**

**(CIRCLE ONE ANSWER AND PUT A SIGNATURE)**

No ..... 2 **→Section F**

### Section B:

### CHECK CONSENT CARD. IF ANSWER IS "YES" ASK THE FOLLOWING QUESTIONS TO THE RESPONDENT:

**Q 06:** What is your date of birth?

\_\_ / \_\_ / \_\_\_\_

**(CIRCLE 99 IF RESPONDENT DOESN'T KNOW/  
REMEMBER DAY, MONTH AND YEAR)**

Day Month Year

Don't know..... 99

**Q 07:** How old are you right now?

Age (in years).....

**Q 08:** In which village or ward do you live at present?

**08a:**

**LOOK FOR THE NAME OF THE VILLAGE OR WARD ON KADI 1, THEN WRITE THE CODE IN THE BOX. IF THE VILLAGE/WARD IS NOT ON KADI 1, WRITE THE NAME ON THE LINE**

**08b:** Other (specify):

\_\_\_\_\_

**Q 09:** Do you plan to move in the next 15 months?

Yes ..... 1 **→Q10**

No ..... 2 **→Q11**

Don't know..... 9 **→Q11**

**Q 10:** Where do you plan to move to?

**10a:**

**LOOK AT KADI 1 AND WRITE CODE OF VILLAGE OR WARD. IF IT IS NOT ON KADI 1, WRITE NAME OF VILLAGE AND WARD (AND REGION IF OUTSIDE MWANZA REGION)**

OR

**10b:** Other..... \_\_\_\_\_

**10c:** Don't know... 9

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<b>Q 11:</b> When did you get pregnant?	<b>11a:</b> Month..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
	OR	
	<b>11b:</b> Number of months ago..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<b>Q 12:</b> In total, how many times have you given live birth before this pregnancy? <b>(WRITE 0 IF FIRST PREGNANCY)</b>	Number of live births..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<b>If 0 →Q16</b>
<b>Q 13:</b> How many children are still alive?	Number of children alive..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<b>If 0 →Q16</b>
<b>Q 14:</b> When did you give birth to your last child?	<b>14a:</b> __ / __ / ____ Day Month Year	
	OR	
	<b>14b:</b> Months ago ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
	OR	
	<b>14c:</b> OR Years ago..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
	<b>14d:</b> Don't know..... 9	
<b>Q 15:</b> Is the child you last gave birth to still alive?	Yes..... 1 No..... 2	
<b>Q 16:</b> Have you already participated in this study during this pregnancy?	Yes..... 1 No..... 2	<b>→Section F</b>
<b>Q 17:</b> Is this the first time you have attended a clinic for this pregnancy?	Yes..... 1 No..... 2	<b>→Section F</b>
<b>Q 18:</b> What's the highest education level you have achieved? <b>(WRITE CLASS SHE REACHED OR CIRCLE RELEVANT CODE)</b> <b>Don't write roman numerals for class and form. Circle 0 if she never went to school.</b>	<b>18a:</b> Never went to school..... 0  <b>18b:</b> Standard (in primary) ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  <b>18c:</b> Form (in secondary) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  <b>18d:</b> Other (Specify) ..... 88	
<b>Q 19:</b> What is your religion?	Catholic..... 1  Protestant..... 2  Muslim..... 3  No religion..... 4  Other..... 5	

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**Section C: ASK THE FOLLOWING QUESTIONS TO THE RESPONDENTS:**

**READ TO RESPONDENT THE FOLLOWING DETAILS:**  
**Right now I want us to talk about your experience of contraception.**

**Q 20:** Have you ever used a FP method? Yes..... 1  
 No..... 2     **→Q25**

<p><b>Q 21:</b> Which of these method(s) have you used?  <b>WRITE 1 NEXT TO METHOD MENTIONED FIRST, 2 NEXT TO METHOD MENTIONED SECOND, ETC. WRITE 0 NEXT TO METHODS NOT MENTIONED</b></p>	<p><b>21a:</b> Oral contraceptive pill.....</p> <p><b>21b:</b> Injectable.....</p> <p><b>21c:</b> Implant.....</p> <p><b>21d:</b> IUD.....</p> <p><b>21e:</b> Condom.....</p> <p><b>21f:</b> Female condom.....</p> <p><b>21g:</b> Foam/ jelly.....</p> <p><b>21h:</b> Withdrawal.....</p> <p><b>21i:</b> Abstinence.....</p> <p><b>21j:</b> Other/traditional.....</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>											

**Q 22: Check Q12 & 13: if "zero", skip this question** Since your most recent baby, have you used a FP method? Yes..... 1  
 No..... 2     **→Q25**

**Q 23:** What is the **most** recent method were you using before your pregnancy? Choose one.

Oral contraceptive pill.....	1
Injectable.....	2
Implant.....	3
IUD.....	4
Condom.....	5
Female condom.....	6
Foam/ jelly.....	7
Withdrawal.....	8
Abstinence.....	9
Other/traditional.....	88

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<b>Q 24:</b> Why did you stop using contraception? <b>WRITE 1 NEXT TO REASON MENTIONED FIRST, 2 NEXT TO REASON MENTIONED SECOND, ETC. WRITE 0 NEXT TO REASONS NOT MENTIONED</b>	<b>24a:</b> Became pregnant while using		→Q26
	<b>24b:</b> Wanted a child.....		→Q26
	<b>24c:</b> Side effects/health concerns		→Q26
	<b>24d:</b> Partner disapproved.....		→Q26
	<b>24e:</b> Family disapproved.....		→Q26
	<b>24f:</b> Hard to get.....		→Q26
	<b>24g:</b> Cannot afford it.....		→Q26
	<b>24h:</b> Other.....		→Q26
<b>Q 25:</b> Why did you choose to not use contraception? <b>WRITE 1 NEXT TO REASON MENTIONED FIRST, 2 NEXT TO REASON MENTIONED SECOND, ETC. WRITE 0 NEXT TO REASONS NOT MENTIONED</b>	<b>25a:</b> Wanted a child.....		
	<b>25b:</b> Side effects/health concerns		
	<b>25c:</b> Partner disapproved.....		
	<b>25d:</b> Family disapproved.....		
	<b>25e:</b> Hard to get.....		
	<b>25f:</b> Cannot afford it.....		
	<b>25g:</b> Insufficient information.....		
	<b>25h:</b> Other.....		
<b>DECISION MAKING ABOUT FP:</b>			
<b>Q 26:</b> How often have you talked with your partner about contraception: never, once, a few times or many times?	Never .....	1	
	Once.....	2	
	A few times .....	3	
	Many times .....	4	
	Don't have regular partner.....	7	

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<b>Q 27:</b> Who mainly makes the decisions about contraception in your family?	Respondent..... 1 Partner..... 2 Joint decision..... 3 I don't use family planning..... 4 Other..... 8 (Specify: _____)
<b>READ THE RESPONDENT THE FOLLOWING DETAILS:            Right, now I want us to talk about your current pregnancy</b>	
<b>Q 28:</b> At the time that you became pregnant, did you want to have a child then, did you want to wait until later, or did you not want to have a child at all?	Wanted a child then..... 1 Wanted to wait until later..... 2 Did not want a child at all..... 3 Don't know..... 9
<b>Q 29:</b> At the time that you became pregnant, did your partner want to have a child then, did he want to wait until later, or did he not want to have a child at all?	Wanted a child then..... 1 Wanted to wait until later..... 2 Did not want a child at all..... 3 Doesn't know partner's views 4 Doesn't have regular partner... 7
<b>Q 30:</b> After this child, do you want another child?	Yes..... 1 <b>→Q32</b> No..... 2 Undecided..... 3 <b>→Q32</b>
<b>Q 31:</b> Would it be a big problem if you did have another child?	Big problem..... 1 <b>→Q33</b> Small problem..... 2 <b>→Q33</b> Not really a problem..... 3 <b>→Q33</b> Don't know..... 9 <b>→Q33</b>
<b>Q 32: 32a:</b> After the birth, do you want to wait before the birth of another child?	Yes..... 1 No ..... 2 <b>→Q33</b> Don't know..... 9 <b>→Q33</b>

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<b>32b:</b> How long do you want to wait?	Duration: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> months / years (CIRCLE MONTHS OR YEARS)
<b>Q 33:</b> After this child, does your partner want to have another child?	Yes..... 1 No..... 2 <b>→Q35</b> He's undecided..... 3 <b>→Q35</b> Don't know..... 9 <b>→Q35</b> Doesn't have regular partner..... 7 <b>→Q35</b>
<b>Q 34: 34a:</b> After the birth, does your partner want to wait before the birth of another child?	Yes..... 1 No ..... 2 <b>→Q35</b> He's undecided..... 8 <b>→Q35</b> Don't know ..... 9 <b>→Q35</b>
<b>34b:</b> How long does your partner want to wait?	Duration: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> months / years (CIRCLE MONTHS OR YEARS)
<b>CONTRACEPTIVE INTENTIONS:</b>	
<b>Q 35:</b> Do you intend to use contraception after giving birth?	Yes..... 1 No..... 2 <b>→Q41</b> Don't know..... 9 <b>→Q41</b>
<b>Q 36: 36a:</b> Do you intend to wait after the birth before starting to use contraception?	Yes..... 1 No ..... 2 <b>→Q39</b> Don't know..... 9 <b>→Q37</b>
<b>36b:</b> How long do you intend to wait?	Duration: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> months / years (CIRCLE MONTHS OR YEARS)
<b>Q 37:</b> Will you start using contraception before the baby is weaned?	Yes..... 1 No..... 2 Don't know..... 9
<b>Q 38:</b> Will you start using contraception before your menstrual periods have started?	Yes..... 1 No..... 2 Don't know..... 9

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<p><b>Q 39:</b> Which of these method(s) do you intend to use in the future?  <b>WRITE 1 NEXT TO METHOD MENTIONED FIRST, 2 NEXT TO METHOD MENTIONED SECOND, ETC. WRITE 0 NEXT TO METHODS NOT MENTIONED</b></p>	<p><b>39a:</b> Oral contraceptive pill.....</p> <p><b>39b:</b> Injectable.....</p> <p><b>39c:</b> Implant.....</p> <p><b>39d:</b> IUD.....</p> <p><b>39e:</b> Condom.....</p> <p><b>39f:</b> Female condom.....</p> <p><b>39g:</b> Foam/ jelly.....</p> <p><b>39h:</b> Withdrawal.....</p> <p><b>39i:</b> Abstinence.....</p> <p><b>39j:</b> Other/traditional.....</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<p><b>Q 40:</b> Do you think your partner will approve of you using this method?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 9</p> <p>Don't have regular partner..... 7</p>		
<p><b>Q 41: 41a:</b> Do you intend to breastfeed your baby?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 9</p>	<p><b>→Q42</b></p> <p><b>→Q42</b></p>	
<p><b>41b:</b> For how long do you intend to breastfeed?</p>	<p>Duration: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> days / months / years  <b>(CIRCLE DAYS, MONTHS OR YEARS)</b></p>		
<p><b>Q 42:</b> Is it possible for a woman to get pregnant while breastfeeding?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 9</p>		
<p><b>Q 43:</b> Is it possible for a woman to get pregnant if her menstrual periods have not started again?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 9</p>		

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### Section D:

**READ TO RESPONDENT THE FOLLOWING DETAILS:**  
**Right now I want us to talk about the father of the baby**

<p><b>Q 44:</b> How old is the baby's father?  <b>(IF RESPONDENT DOESN'T KNOW HIS AGE ASK HER TO ESTIMATE/GIVE APPROXIMATE NUMBER)</b></p>	<p><b>44a:</b> Age..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center;">OR</p> <p><b>44b:</b> Year of birth..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center;">OR</p> <p><b>44c:</b> Years younger..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center;">OR</p> <p><b>44d:</b> Years older..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p><b>44e:</b> Sijui..... 99</p>
<p><b>Q 45:</b> Where does he live?  <b>(IF RESPONDENT MENTIONS NAME OF PLACE HE LIVES, CHECK IF THEY LIVE TOGETHER)</b></p>	<p>Same house..... 1</p> <p>Same village..... 2</p> <p>Somewhere else ..... 3</p>
<p><b>Q 46:</b> Are you married to this man?</p>	<p>Yes..... 1</p> <p>No..... 2     <b>→Q48</b></p>
<p><b>Q 47:</b> How many other wives does he have?</p>	<p>Number of wives     <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>     <b>→Q49</b></p> <p style="text-align: center;"><b>Write 0 if he has no other wives</b></p>
<p><b>Q 48:</b> Have you ever been married?</p>	<p>Yes..... 1</p> <p>No..... 2     <b>→Q54</b></p>
<p><b>Q 49:</b> How many times have you been married?</p>	<p>Number of times..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center;"><b>IF SHE HAS ONLY BEEN MARRIED ONCE AND IS STILL MARRIED NOW, GO TO Q53</b></p>
<p><b>Q 50:</b> When did your last marriage end?</p>	<p><b>50a:</b> ___ / ____  Month   Year</p> <p style="text-align: center;">OR</p> <p><b>50b:</b> Months ago ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center;">OR</p> <p><b>50c:</b> Years ago..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<p><b>Q 51:</b> How did it your last marriage end?</p>	<p>Widowed..... 1     <b>→Q53</b></p> <p>Divorced/separated... 2     <b>→Q52</b></p>



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<p><b>Q 52:</b> Reason for separation/divorce</p> <p><b>WRITE 1 NEXT TO REASON MENTIONED FIRST, 2 NEXT TO REASON MENTIONED SECOND, ETC. WRITE 0 NEXT TO REASONS NOT MENTIONED</b></p>	<p><b>52a:</b> Quarrel</p> <p><b>52b:</b> Unfaithfulness</p> <p><b>52c:</b> Infertility</p> <p><b>52d:</b> Witchcraft</p> <p><b>52e:</b> Violence</p> <p><b>52f:</b> Alcoholism</p> <p><b>52g:</b> Lack of love</p> <p><b>52h:</b> Other reason</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<p><b>Q 53:</b> Age at first marriage</p>	<p><b>53a:</b> Age.....</p> <p style="text-align: center;">OR</p> <p><b>53b:</b> Years ago.....</p> <p style="text-align: center;">OR</p> <p><b>53c:</b> Year.....</p> <p><b>53d:</b> Don't know.....</p>	<input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>  99	
<p><b>Q 54:</b> How old were you when you had sex for the first time?</p>	<p><b>54a:</b> Age.....</p> <p style="text-align: center;">OR</p> <p><b>54b:</b> Year.....</p> <p style="text-align: center;">OR</p> <p><b>54c:</b> When first married...</p> <p><b>54d:</b> Don't know/don't remember .....</p>	<input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  96 99	
<p><b>Q 55:</b> In the last 12 months, do you think the baby's father has had sex with another woman besides you?</p>	<p>Yes.....</p> <p>No .....</p> <p>Don't know .....</p>	1 2 9	
<p><b>Q 56:</b> In the last 12 months did you had sex with any other person besides the baby's father?</p>	<p>Yes.....</p> <p>No.....</p> <p>Don't know/have no answer.....</p>	1 2 9	
<p><b>READ THE FOLLOWING DETAILS TO THE RESPONDENT:</b></p> <p><b>The following questions are about HIV testing. We only want to know if you have ever taken this test but we don't want you to tell us results of the tests.</b></p>			

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<b>Q 57:</b> I wouldn't like to know the results, but I would like to know if you have ever taken an HIV test?	Yes..... 1 No..... 2 Don't know/don't remember..... 99	→Q61 →Q61
<b>Q 58:</b> Did you get the results?	Yes..... 1 No..... 2	
<b>Q 59:</b> Have you had an HIV test during this pregnancy?	Yes..... 1 No..... 2 Don't know..... 99	→Q61 →Q61
<b>Q 60:</b> Did you get the results?	Yes..... 1 No..... 2	→Section F

<b>READ THE FOLLOWING DETAILS TO THE RESPONDENT:</b> <b>As you may know, condoms can prevent infection with STDs and HIV, as well as prevent unwanted pregnancy.</b>			
<b>Q 61:</b> Is it acceptable for a married couple to use a condom?	Acceptable..... 1 Unsure ..... 2 Yes if one has an STD..... 3 Unacceptable..... 4		
<b>Q 62: 62a:</b> In the future, would you want to use a condom if your husband/partner had an STD.....	Yes 1	No 2	Unsure 9
<b>62b:</b> In the future, would you want to use a condom if you know your husband/partner had sex with other women.....	Yes 1	No 2	Unsure 9
<b>62c:</b> In the future, would you want to use a condom if you had sex with someone who you were not married to.....	Yes 1	No 2	Unsure 9

<b>Section E</b>		
<b>READ THE CONSENT FORM (2) TO ACCESS TEST RESULTS WITHOUT RECORDING NAME</b>		
<b>Q 63:</b> Will you allow us to know results of your syphilis test at the end of this study? Your name won't be written anywhere.	Yes..... 1 No..... 2	Give participant 2 stickers for nurse/doctor who collects blood Attach 5 stickers with number at end of questionnaire <b>→Section F</b>

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<b>Q 64:</b>	Are you planning to have a voluntary HIV test at this clinic today?	Yes..... 1 No ..... 2	Attach 3 stickers with number at end of questionnaire → <b>Section F</b>
<b>Q 65:</b>	Does your partner know you have come to the clinic today?	Yes..... 1 No..... 2	
<b>Q 66:</b>	Does your partner know you will have an HIV test today?	Yes..... 1 No..... 2	
<b>Q 67:</b>	Will you tell him the results of the HIV test?	Yes..... 1 No..... 2	
<b>Q 68:</b>	Will you allow us to know the results of your HIV test at the end of this study? Your name won't be written anywhere.	Yes..... 1 No..... 2	Put one sticker on filter paper and the other sticker on the form for the HIV test results  Attach 3 stickers with number at end of questionnaire then go to <b>Section F.</b>
<b>TICK THE CORRECT BOXES:</b>			
	Is the woman 3 months pregnant or more?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Will she have an HIV test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><b>If you have answered yes to both questions, read the following paragraph and ask Q69.</b>  <b>If you have answered no to one or both questions, go to section F.</b></p>			
<b>READ THE FOLLOWING DETAILS TO THE RESPONDENT:</b>			
<p><b>We want to contact as many women as possible in 15 months' time. If you are still living in the area in a year, we would like to invite you back to the clinic for a health check for you and your baby. At this time we will ask you some more questions. If you agree to be contacted in a year, we will write down your name and address on a separate card. This card will be kept separate from your questionnaire at all times, so that it will not be possible for someone looking at your answers to know whose they are. Do you agree to be contacted in a year?</b></p>			
<b>Q 69:</b>	Has respondent agreed to be contacted for the health check in 15 months? <b>(CIRCLE ONE ANSWER AND PUT A SIGNATURE)</b>	Yes ..... 1 _____  No ..... 2 _____	Attach one sticker with number to the contact card, and fill in respondent's details on the contact card  Attach the leftover sticker at the end of the questionnaire then go to <b>section F</b>

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Section F:			
<b>Q 70:</b>	Language of interview	Kiswahili.....	1
		Kisukuma.....	2
		Other (Specify) .....	3
		_____	
<b>STICK UNUSED STICKERS HERE</b>			

**THANK MOTHER FOR GIVING HER TIME TO TALK WITH YOU.**

**END: PUT A STICKER IN THE TOP CORNER OF THE INFORMATION SHEET AND GIVE IT TO THE MOTHER.**