

**GUYANA DEMOGRAPHIC AND HEALTH SURVEY 2009
MAN'S QUESTIONNAIRE**

MINISTRY OF HEALTH

BUREAU OF STATISTICS

IDENTIFICATION																													
PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																												
NAME OF HOUSEHOLD HEAD _____																													
CLUSTER NUMBER																													
GDHS HOUSEHOLD NUMBER																													
VILLAGE/WARD NUMBER																													
REGION																													
TYPE OF PLACE (GEORGETOWN=1, OTHER URBAN=2, RURAL=3)																													
NAME AND LINE NUMBER OF MAN _____																													

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>												
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>												
				YEAR <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">9</table>												
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INT. NUMBER <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>												
NEXT VISIT: DATE	_____	_____		RESULT <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>												
TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>												
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> <td>(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED			2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	(SPECIFY)	3 POSTPONED	6 INCAPACITATED		
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2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	(SPECIFY)													
3 POSTPONED	6 INCAPACITATED															

LANGUAGE													
LANGUAGE OF INTERVIEW _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>												
LANGUAGE OF RESPONDENT _____													
LANGUAGE CODES: 1=ENGLISH, 2=OTHER													
WAS A TRANSLATOR USED? (1=YES; 2=NO)													

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Bureau of Statistics of Guyana. We are conducting a national survey to ask men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. 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?
 May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table> ALWAYS 95 VISITOR 96			→ 104						
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3									
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table> NONE 00			→ 106						
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2									
106	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> DON'T KNOW YEAR 9998									
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table>									
108	Have you ever attended school?	YES 1 NO 2	→ 112								
109	What is the highest level of school you attended: nursery, primary, secondary, or higher?	NURSERY 1 PRIMARY 2 SECONDARY 3 HIGHER 4									
110	What is the highest year you completed at that level? RECORD '00' IF LESS THAN ONE YEAR COMPLETED AT THAT LEVEL.	YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: NURSERY OR PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me. SHOW SENTENCES AT THE BOTTOM TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including nursery or primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	CHRISTIAN 1 HINDU 2 MUSLIM 3 RASTAFARIAN 4 NOT RELIGIOUS 5 OTHER _____ 6 SPECIFY	
119	Which ethnic group do you belong to?	AFRICAN 01 INDIAN 02 AMERINDIAN 03 PORTUGUESE 04 CHINESE 05 MIXED 06 OTHER _____ 96 SPECIFY	

SENTENCES FOR Q.112: ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	<p>Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name.</p> <p>Have you ever fathered any children with any woman?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<input type="checkbox"/> → 206								
202	<p>Do you have any sons or daughters that you have fathered who are now living with you?</p>	<p>YES 1</p> <p>NO 2</p>	<input type="checkbox"/> → 204								
203	<p>How many sons live with you?</p> <p>And how many daughters live with you?</p> <p>IF NONE, RECORD '00'.</p>	<p>SONS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAUGHTERS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									
204	<p>Do you have any sons or daughters that you have fathered who are alive but do not live with you?</p>	<p>YES 1</p> <p>NO 2</p>	<input type="checkbox"/> → 206								
205	<p>How many sons are alive but do not live with you?</p> <p>And how many daughters are alive but do not live with you?</p> <p>IF NONE, RECORD '00'.</p>	<p>SONS ELSEWHERE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									
206	<p>Have you ever fathered a son or a daughter who was born alive but later died?</p> <p>IF NO, PROBE: Any baby who cried or showed signs of live but did not survive?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<input type="checkbox"/> → 208								
207	<p>How many boys have died?</p> <p>And how many girls have died?</p> <p>IF NONE, RECORD '00'.</p>	<p>BOYS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>GIRLS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.</p> <p>IF NONE, RECORD '00'.</p>	<p>TOTAL CHILDREN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p>									
209	<p>CHECK 208:</p> <p style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → 212 HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 212 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301 </p>										
210	<p>Did all of the children you have fathered have the same biological mother?</p>	<p>YES 1</p> <p>NO 2</p>	<input type="checkbox"/> → 212								
211	<p>In all, how many women have you fathered children with?</p>	<p>NUMBER OF WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p>									
212	<p>How old were you when your (first) child was born?</p>	<p>AGE IN YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/>	NO LIVING CHILDREN <input type="checkbox"/>	→ 301
214	How many years old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH 01 FACILITY CLOSED 02 TOO FAR/NO TRANSPORTATION ... 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 HE DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK IT WAS NECESSARY 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 12, AND 13, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>	302 Have you ever used (METHOD)?	
01	<p>Female sterilization/Tie-off Women can have an operation to avoid having</p>	YES..... 1 NO 2	
02	<p>Male sterilization Men can have an operation to avoid having any more children.</p>	YES..... 1 NO 2 ↓	Have you ever had an operation to avoid having any more children? YES..... 1 NO 2
03	<p>Pill Women can take a pill every day to avoid becoming pregnant.</p>	YES..... 1 NO 2	
04	<p>IUD/Coil Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	YES..... 1 NO 2	
05	<p>Injectables Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	YES..... 1 NO 2	
06	<p>Implants Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	YES..... 1 NO 2	
07	<p>Condom Men can put a rubber sheath on their penis before sexual intercourse.</p>	YES..... 1 NO 2 ↓	YES..... 1 NO 2
08	<p>Female condom Women can place a sheath in their vagina before sexual intercourse.</p>	YES..... 1 NO 2	
09	<p>Diaphragm Women can place a thin flexible disk in their vagina before sexual intercourse.</p>	YES..... 1 NO 2	
10	<p>Foam/Jelly/Spermicides Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.</p>	YES..... 1 NO 2	
11	<p>Lactational Amenorrhea method (LAM) DO NOT EXPLAIN</p>	YES..... 1 NO 2	
12	<p>Rhythm/Save method Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	YES..... 1 NO 2 ↓	YES..... 1 NO 2
13	<p>Withdrawal Men can be careful and pull out before climax</p>	YES..... 1 NO 2 ↓	YES..... 1 NO 2
14	<p>Emergency contraception As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within days to prevent pregnancy.</p>	YES..... 1 NO 2	
15	<p>Other methods Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	YES..... 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																		
303	In the last few months have you: a) Heard about family planning on the radio? b) Seen about family planning on the television? c) Read about family planning in a newspaper or magazine?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>a) RADIC.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) NEWSPAPER/MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	a) RADIC.....	1	2	b) TELEVISION	1	2	c) NEWSPAPER/MAGAZINE	1	2																																							
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304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	<table style="width: 100%; border: none;"> <tr> <td>YES.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </table>	YES.....	1	NO	2																																															
YES.....	1																																																				
NO	2																																																				
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	<table style="width: 100%; border: none;"> <tr> <td>YES.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	YES.....	1	NO	2	DON'T KNOW	8	→ 307																																												
YES.....	1																																																				
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306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table style="width: 100%; border: none;"> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DURING HER PERIOD.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td> <td style="text-align: center;">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td> <td style="text-align: center;">4</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	JUST BEFORE HER PERIOD BEGINS	1	DURING HER PERIOD.....	2	RIGHT AFTER HER PERIOD HAS ENDED	3	HALFWAY BETWEEN TWO PERIODS	4	OTHER _____	6	(SPECIFY)		DON'T KNOW	8																																					
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307	Do you think that a woman who is breastfeeding her baby can become pregnant?	<table style="width: 100%; border: none;"> <tr> <td>YES.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DEPENDS</td> <td style="text-align: center;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	YES.....	1	NO	2	DEPENDS	3	DON'T KNOW	8																																											
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308	I will now read you some statements about contraception. Please, tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">DIS- AGREE</td> <td style="text-align: center;">AGREE</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>a) CONTRACEPTION IS WOMAN'S BUSINESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) WOMAN MAY BECOME PROMISCUOUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		DIS- AGREE	AGREE	DK	a) CONTRACEPTION IS WOMAN'S BUSINESS	1	2	8	b) WOMAN MAY BECOME PROMISCUOUS	1	2	8																																							
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309	CHECK 301 (07) KNOWS MALE CONDOM <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES <input type="checkbox"/></td> <td style="text-align: center;">NO <input type="checkbox"/></td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>		→ 313																																																
YES <input type="checkbox"/>	NO <input type="checkbox"/>																																																				
310	Do you know of a place where a person can get male condoms?	<table style="width: 100%; border: none;"> <tr> <td>YES.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </table>	YES.....	1	NO	2	→ 313																																														
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NO	2																																																				
311	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	<table style="width: 100%; border: none;"> <tr> <td colspan="2">PUBLIC SECTOR</td> </tr> <tr> <td>GOVERNMENT HOSPITAL</td> <td style="text-align: center;">A</td> </tr> <tr> <td>GOVT. HEALTH CENTER</td> <td style="text-align: center;">B</td> </tr> <tr> <td>GOVT. HEALTH POST</td> <td style="text-align: center;">C</td> </tr> <tr> <td>FAMILY PLANNING CLINIC</td> <td style="text-align: center;">D</td> </tr> <tr> <td>MOBILE/OUTREACH CLINIC</td> <td style="text-align: center;">E</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER</td> <td style="text-align: center;">F</td> </tr> <tr> <td>OTHER PUBLIC _____</td> <td style="text-align: center;">G</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td colspan="2">PRIVATE MEDICAL SECTOR</td> </tr> <tr> <td>PRIVATE HOSPITAL/CLINIC</td> <td style="text-align: center;">H</td> </tr> <tr> <td>PHARMACY</td> <td style="text-align: center;">I</td> </tr> <tr> <td>PRIVATE DOCTOR</td> <td style="text-align: center;">J</td> </tr> <tr> <td>MOBILE CLINIC</td> <td style="text-align: center;">K</td> </tr> <tr> <td>PVT. MATERNITY HOME</td> <td style="text-align: center;">L</td> </tr> <tr> <td>OTHER PRIVATE MEDICAL _____</td> <td style="text-align: center;">M</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td colspan="2">OTHER SOURCE</td> </tr> <tr> <td>SHOP/MARKET/GAS STATION</td> <td style="text-align: center;">N</td> </tr> <tr> <td>CHURCH.....</td> <td style="text-align: center;">O</td> </tr> <tr> <td>FRIEND/RELATIVE</td> <td style="text-align: center;">P</td> </tr> <tr> <td>NGO</td> <td style="text-align: center;">Q</td> </tr> <tr> <td>CONDOM VENDING MACHINE</td> <td style="text-align: center;">R</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </table>	PUBLIC SECTOR		GOVERNMENT HOSPITAL	A	GOVT. HEALTH CENTER	B	GOVT. HEALTH POST	C	FAMILY PLANNING CLINIC	D	MOBILE/OUTREACH CLINIC	E	COMMUNITY HEALTH WORKER	F	OTHER PUBLIC _____	G	(SPECIFY)		PRIVATE MEDICAL SECTOR		PRIVATE HOSPITAL/CLINIC	H	PHARMACY	I	PRIVATE DOCTOR	J	MOBILE CLINIC	K	PVT. MATERNITY HOME	L	OTHER PRIVATE MEDICAL _____	M	(SPECIFY)		OTHER SOURCE		SHOP/MARKET/GAS STATION	N	CHURCH.....	O	FRIEND/RELATIVE	P	NGO	Q	CONDOM VENDING MACHINE	R	OTHER _____	X	(SPECIFY)		
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	If you wanted to, could you yourself get a condom?	YES..... 1 NO 2	
313	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
314	Do you know of a place where a person can get female condoms?	YES..... 1 NO 2	→ 401
315	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C FAMILY PLANNING CLINIC D MOBILE/OUTREACH CLINIC E COMMUNITY HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PHARMACY I PRIVATE DOCTOR J MOBILE CLINIC K PVT. MATERNITY HOME L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP/MARKET/GAS STATION N CHURCH O FRIEND/RELATIVE P NGO Q OTHER _____ X (SPECIFY)	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
405	Do you have more than one wife or woman you live with as if married?	YES, MORE THAN ONE 1 NO, ONLY ONE 2	→ 407
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/>	
407	<p>CHECK 405:</p> <p>ONE WIFE/PARTNER <input type="checkbox"/></p> <p>↓</p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>-----</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD QUESTIONNAIRE, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>MORE THAN ONE WIFE/PARTNER <input type="checkbox"/></p> <p>↓</p> <p>Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>NAME LINE NUMBER AGE</p> <p>----- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>----- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>----- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>408 How old was (NAME) on her last birthday?</p> <p>AGE</p> <p><input type="text"/> <input type="text"/></p>
409	CHECK 407:	<p>ONE WIFE/PARTNER <input type="checkbox"/></p> <p> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/></p>	→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A
411	In what month and year did you start living with your (wife/partner)?	MONTH <input type="text"/> <input type="text"/>	
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> → 417 FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95 → 417	
415	CHECK 107: CURRENT AGE AGE <input type="text"/> 15-24 ↓ AGE <input type="text"/> 25-49 →		501
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	501
417	CHECK 107: CURRENT AGE AGE <input type="text"/> 15-24 ↓ AGE <input type="text"/> 25-49 →		419
418	The first time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
419	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> → 435	

No.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. When we should come to any question that you don't want to answer, just let me know and we will go to the next question. → GO TO 422			
421	How long ago did you last have sexual intercourse with this (second/third) person?		DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>
422	The last time you had sexual intercourse with this (second/third) person, was a condom used?	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←
423	Was a condom used every time you had sexual intercourse with this (second/third) person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2' IF NO, CIRCLE '3'	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 424C) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 424C) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 424C) ←
424A	CHECK 410: MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE.	ONLY ONCE <input type="checkbox"/> MORE THAN ONCE <input type="checkbox"/> (SKIP TO 424C) ←	ONLY ONCE <input type="checkbox"/> MORE THAN ONCE <input type="checkbox"/> (SKIP TO 424C) ←	ONLY ONCE <input type="checkbox"/> MORE THAN ONCE <input type="checkbox"/> (SKIP TO 424C) ←
424B	CHECK 414: WHEN HAD INTERCOURSE FOR THE FIRST TIME	FIRST TIME WITH (FIRST) WIFE/PARTNER <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424D) →	FIRST TIME WITH (FIRST) WIFE/PARTNER <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424D) →	FIRST TIME WITH (FIRST) WIFE/PARTNER <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424D) →
424C	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/>	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/>	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/>
424D	How many times during the last 12 months did you have sexual intercourse with this (second/third) person?	ONCE 1 TWICE 2 MORE 3	ONCE 1 TWICE 2 MORE 3	ONCE 1 TWICE 2 MORE 3
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 429) ←
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4
428	Apart from this person (these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←	YES 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←	
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> DONT KNOW 9 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/> → 432	
431	CHECK 424 AND 422 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> → 434 → 435	
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2 → 435	
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2 → 435	
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): QUESTION NOT ASKED <input type="checkbox"/> → 442 CONDOM USED <input type="checkbox"/> → 442 NO CONDOM USED <input type="checkbox"/>		
437	You told me that a condom was used the last time you had sexual intercourse. May I see the package of condoms you were using at that time? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN 1 ↓ <input type="text"/> <input type="text"/> BRAND NAME _____ (SPECIFY) → 439 DOES NOT HAVE/NOT SEEN 2	
438	Do you know the brand name of the condom used at that time? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/> DON'T KNOW 98	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
440	The last time you obtained the condom(s), how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE/OUTREACH CLINIC 15</p> <p>COMMUNITY HEALTH WORKER... 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET/GAS STATION ... 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</p> <p>NGO 34</p> <p>CONDOM VENDING MACHINE 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
442	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 501</p>
443	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
444	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>PILL B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>FEMALE CONDOM F</p> <p>DIAPHRAGM G</p> <p>FOAM/JELLY H</p> <p>LAM I</p> <p>RHYTHM METHOD J</p> <p>WITHDRAWAL K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
501	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/>	QUESTION NOT ASKED <input type="checkbox"/>	→ 508	
502	CHECK 302: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 508	
503	[Is your wife (partner)/Are any of your wives (partners)] currently pregnant?	YES 1 NO 2 DON'T KNOW 8		
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/>	WIFE(WIVES)/PARTNER(S) PREGNANT <input type="checkbox"/>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE INFECUND 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 508
505	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 507	
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/>	WIFE/PARTNER PREGNANT <input type="checkbox"/>	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 508
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 601</p> <p>NUMBER <input type="text"/></p> <p>OTHER _____ 96 → 601 (SPECIFY)</p>
509	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 9 6 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604		
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604		
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 613		
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> _____ _____			
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 607		
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4			
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3			
608	Do you usually work throughout the year, or or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3			
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4			
610	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> QUESTION NOT ASKED <input type="checkbox"/>		→ 613		
611	CHECK 609: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 613		
612	Who usually decides how the money you earn will be used: mainly you, mainly your wife (wives)/partner(s), or you and your wife (wives)/partner(s) jointly?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 OTHER _____ 6 SPECIFY			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
613	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) Making major household purchases?</p> <p>b) Making purchases for daily household needs?</p> <p>c) Deciding about visits to the wife's family or relatives?</p> <p>d) Deciding what to do with the money she earns for her work?</p> <p>e) Deciding how many children to have?</p>		<p>HUS- BAND</p>	<p>WIFE</p>	<p>BOTH EQUALLY</p>	<p>DON'T KNOW/ DEPENDS</p>	
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.</p>					<p>DIS- AGREE</p> <p>AGREE</p> <p>DK</p>	
615	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a) If she goes out without telling him?</p> <p>b) If she neglects the children?</p> <p>c) If she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) If she burns the food?</p>					<p>YES</p> <p>NO</p> <p>DK</p>	
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to:</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go ahead and have sex with another woman?</p>					<p>YES</p> <p>NO</p> <p>DON'T KNOW/ DEPENDS</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 733
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
709	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 a) DURING PREGNANCY ... 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	
710	CHECK 709: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 712
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
712	Have you heard about special antiretroviral drugs (ARV/HART) that people infected with the AIDS virus can get from doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8	
712A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 718
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
715	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
716	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST 13</p> <p>STAND-ALONE VCT CENTER 14</p> <p>FAMILY PLANNING CLINIC 15</p> <p>MOBILE/OUTREACH CLINIC 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 21</p> <p>PRIVATE VCT CENTER 22</p> <p>LAB 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>NGO 31</p> <p>FACILITY/LAB ABROAD 32</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 720</p>
718	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 720</p>
719	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>STAND-ALONE VCT CENTER D</p> <p>MOBILE/OUTREACH CLINIC F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>PRIVATE VCT CENTER I</p> <p>LAB J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>NGO M</p> <p>FACILITY/LAB ABROAD N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
720	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
721	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
722	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
723	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2 DK ANYONE WITH AIDS 3	→ 729
725	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
726	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
727	CHECK 724, 725, AND 726: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 729
728	Do you personally know someone who has or is suspected to have the AIDS virus?	YES 1 NO 2	
729	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
730	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
731	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
732	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
733	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS. YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 737
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 742
741	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C STAND-ALONE VCT CENTER D FAMILY PLANNING CLINIC E MOBILE/OUTREACH CLINIC F COMMUNITY HEALTH WORKER G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I PRIVATE VCT CENTER J PHARMACY K LAB L MOBILE CLINIC M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP/MARKET/GAS STATION O NGO P TRADITIONAL PRACTITIONER Q OTHER _____ X (SPECIFY)	
742	Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	
743	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
807	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/></p> <p>NONE 00</p>	→ 810
808	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST 13</p> <p>MOBILE/OUTREACH CLINIC 14</p> <p>COMMUNITY HEALTH WORKER 15</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>DENTAL CLINIC/OFFICE 22</p> <p>PHARMACY 23</p> <p>OFFICE OR HOME OF NURSE/ HEALTH WORKER 24</p> <p>OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER PLACE</p> <p>AT HOME 31</p> <p>OTHER _____ 96 (SPECIFY)</p>	
809	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
810	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 812
811	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES <input type="text"/></p>	
812	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES 1</p> <p>NO 2</p>	→ 813A
813	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>CIGAR D</p> <p>'M' E</p> <p>OTHER _____ X (SPECIFY)</p>	
813A	<p>Have you consumed alcohol such as beer, wine, spirits, fermented cider, within the past 30 days?</p>	<p>YES 1</p> <p>NO 2</p>	→ 814
813B	<p>In the past 30 days, on how many days have you had at least one drink: daily, 5-6 days per week, 1-4 days per week, or less often?</p>	<p>DAILY 1</p> <p>5-6 DAYS PER WEEK 2</p> <p>1-4 DAYS PER WEEK 3</p> <p>LESS OFTEN 4</p>	
813C	<p>In the past 30 days, what was the largest number of drinks you had on a single occasion, counting all types of alcoholic drinks together?</p> <p>IF 7 OR MORE, RECORD '7'</p>	<p>NUMBER OF DRINKS <input type="text"/></p>	
813D	<p>On the days when you drink alcohol, how many drinks do you have during one day?</p> <p>IF 7 OR MORE, RECORD '7'</p>	<p>NUMBER OF DRINKS <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Are you covered by any health insurance?	YES 1 NO 2	→ 816
815	What type of health insurance? RECORD ALL MENTIONED.	NATIONAL INSURANCE SCHEME ... A PRIVATELY PURCHASED HEALTH INSURANCE B EMPLOYER PURCHASED INSURANCE C FOREIGN HEALTH INSURANCE D OTHER _____ X (SPECIFY)	
816	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 OTHER <input type="checkbox"/>		→ 818
817	Now I would like to ask you about your own child/children who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8	
818	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 820
819	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8	
820	Have you had fever in the last 12 months?	YES 1 NO 2	→ 822
821	How many times have you had fever?	TIMES WITH FEVER <input type="text"/> <input type="text"/>	
822	Do you personally know someone who has got Malaria in the last 3 months?	YES 1 NO 2	
823	Do you know a place where a person can get diagnosis and treatment for malaria?	YES 1 NO 2	→ 825
824	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE/OUTREACH CLINIC D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J OTHER PRIVATE MEDICAL _____ K (SPECIFY) OTHER SOURCE NGO L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)	
825	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____