

MINISTRY OF HEALTH AND SOCIAL SERVICES AND CENTRAL BUREAU OF STATISTICS
DEMOGRAPHIC AND HEALTH SURVEY 2000

10 September 2000

MAN'S QUESTIONNAIRE

IDENTIFICATION	
NAME AND CODE OF REGION * _____	<input type="text"/>
NAME OF VILLAGE/TOWN/CITY _____	<input type="text"/>
DHS CLUSTER NUMBER.....	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
NAME OF HOUSEHOLD HEAD _____	<input type="text"/>
NAME AND LINE NUMBER OF MAN _____	<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INT.CODE <input type="text"/> RESULT <input type="text"/>
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RESULT**	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NO. OF VISITS <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
** RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)				

LANGUAGE	
LANGUAGE OF QUESTIONNAIRE: <u>ENGLISH</u>	<input type="text"/>
LANGUAGE OF INTERVIEW *** _____	<input type="text"/>
HOME LANGUAGE OF RESPONDENT*** _____	<input type="text"/>
WAS A TRANSLATOR USED? (YES=1, NO=2).....	<input type="text"/>
*** LANGUAGE CODES: 1 AFRIKAANS 3 ENGLISH 5 KWANGALI 7 OSHIWAMBO 2 DAMARA/NAMA 4 HERERO 6 LOZI 8 OTHER	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
DATE _____	DATE _____	<input type="text"/>	<input type="text"/>

* Region codes: CAPRIVI=01; ERONGO=02; HARDAP=03; KARAS=04; KHOMAS=05; KUNENE=06; OHANGWENA=07; KAVANGO=08; OMAHEKE=09; OMUSATI=10; OSHANA=11; OSHIKOTO=12; OTJOZONDJUPA=13.

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Services. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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 INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR96	→105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES.....1 NO2	→111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY1 SECONDARY2 HIGHER.....3	
109	What is the highest grade you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→112
111	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT.	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	→113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	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 DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
113	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 DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
114	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
115	What is your religion?	ROMAN CATHOLIC1 PROTESTANT2 NO RELIGION3 OTHER6 (SPECIFY)	
116	What is the main language spoken in your home?	AFRIKAANS01 DAMARA/NAMA02 ENGLISH03 HERERO04 KWANGALI05 LOZI06 OSHIWAMBO07 SAN08 TSWANA09 OTHER96 (SPECIFY)	
117	Are you currently working?	YES1 NO2	→120
118	Have you done any work in the last 12 months?	YES1 NO2	→120
119	What have you been doing most of the time during the last 12 months?	GOING TO SCHOOL/STUDYING1 LOOKING FOR WORK2 INACTIVE3 COULD NOT WORK/HANDICAPPED4 OTHER6 (SPECIFY)	→127
120	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
121	CHECK 120: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> WORKS IN AGRICULTURE <input type="checkbox"/> </div> <div style="text-align: center;"> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> </div> </div>		→123
122	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 LAND1 FAMILY LAND2 RENTED LAND3 SOMEONE ELSE'S LAND4	
123	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER1 FOR SOMEONE ELSE2 SELF-EMPLOYED3	
124	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR1 SEASONALLY/PART OF THE YEAR2 ONCE IN A WHILE3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	<div> <div></div> <div>127</div> </div>
126	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HER INCOME IS ALL SAVED.6	
127	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you fathered any children?	YES1 NO2	→301
128	In total, how many living children do you have that you have fathered?	TOTAL LIVING CHILDREN <div><div></div><div></div></div>	
129	Have any of your children died? In total, how many children have you fathered that have died?	NUMBER THAT DIED <div><div></div><div></div></div>	

THERE IS NO SECTION 2.

SECTION 3. CONTRACEPTION

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. 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 RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ▾		
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ▾	Have you ever had an operation to avoid having any more children? YES 1 NO 2	
03	PILL Women can take a pill every day to stop them from becoming pregnant	YES 1 NO 2 ▾		
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ▾		
05	INJECTIONS Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES 1 NO 2 ▾		
06	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2	
07	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ▾		
08	DIAPHRAGM /FOAM/JELLY Women can place a sponge, suppository, diaphragm, jelly or cream in their vagina before intercourse.	YES 1 NO 2 ▾		
09	RHYTHM OR PERIODIC ABSTINENCE 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.	YES 1 NO 2 ▾	YES 1 NO 2 DOES NOT KNOW 8	
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ▾	YES 1 NO 2	
11	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ▾		
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 (SPECIFY) (SPECIFY) NO 2 ▾		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 301 (06) AND 302 (06): <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS HEARD OF AND USED CONDOMS <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HEARD OF CONDOMS BUT HAS NEVER USED THEM <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HEARD OF CONDOMS <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> →310 →311 </div>	
304	Now I would like to talk to you about condoms.. How old were you when you used a condom for the first time?	AGE AT FIRST USE <input type="text"/> <input type="text"/> DOES NOT REMEMBER..... 98	
305	Why did you use a condom that first time? Any other reason? CIRCLE ALL MENTIONED.	TO AVOID PREGNANCY A TO AVOID GETTING HIV/AIDS B TO AVOID GETTING AN STD C TO AVOID INFECTING PARTNER..... D OTHER X (SPECIFY)	
306	Now when you have sex, do you use a condom every time, sometimes, or not at all?	EVERY TIME 1 SOMETIMES 2 NOT AT ALL 3 NOT HAVING SEX..... 4	→308 ↘308
307	When do you use a condom? RECORD ALL MENTIONED.	ON PARTNER'S FERTILE DAYS A DURING PARTNER'S MENSTRUATIONB ONLY WITH A STRANGER C ONLY WITH A SEX WORKER..... D WITH ANYONE OTHER THAN REGULAR PARTNER/WIFE E OTHER X (SPECIFY)	
308	Have you ever experienced any problems with using condoms? IF YES: What problems? RECORD ALL MENTIONED.	TOO EXPENSIVE A EMBARRASSING TO BUY B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF D SPOILS THE MOOD E REDUCES PLEASURE..... F PARTNER/WIFE DOES NOT LIKE..... G PARTNER/WIFE GOT PREGNANT H INCONVENIENT TO USE/MESSY I CONDOM BROKE J OTHER X (SPECIFY) NO PROBLEM Y	
309	Where do you usually obtain condoms? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTRE/CLINIC 12 PHC CLINIC (MOBILE)..... 13 COMMUNITY HEALTH WORKER..... 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH/SCHOOL 32 FRIEND/RELATIVE 33 TRAD.BIRTH ATTENDANT 34 TRADITIONAL HEALER 35 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	I am going to read you some statements about condoms. Please tell me if you agree or disagree with each statement:	<div>AGR DIS DK</div> <div>REDUCE PLEASURE 1 2 8</div> <div>INCONVENIENT..... 1 2 8</div> <div>CAN BE RE-USED 1 2 8</div> <div>PROTECTS AGAINST DIS ... 1 2 8</div> <div>WOMAN HAS NO RIGHT 1 2 8</div>	
311	I am going to read you some statements about contraception. Please tell me if you agree or disagree with each statement:	<div>AGR DIS DK</div> <div>MAN SHOULDN'T WORRY .. 1 2 8</div> <div>PROMISCUOUS..... 1 2 8</div> <div>CASTRATION..... 1 2 8</div> <div>WOMAN SHOULD..... 1 2 8</div>	
312	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke?	<div>YES, CIGARETTES 1</div> <div>YES, PIPE 2</div> <div>YES, OTHER TOBACCO 3</div> <div>NO 4</div>	<div>→314</div> <div>→314</div> <div>→315</div>
313	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
314	How old were you when you first started smoking?	AGE <input type="text"/>	
315	Have you ever drunk an alcohol-containing beverage?	<div>YES 1</div> <div>NO 2</div>	→501
316	In the last month, on how many days did you drink an alcohol-containing beverage?	<div>NUMBER OF DAYS <input type="text"/></div> <div>NONE/NEVER.....95</div>	→501
317	Have you ever gotten 'drunk' from drinking an alcohol-containing beverage?	<div>YES 1</div> <div>NO 2</div>	→501
318	In the last month, how many times did you get 'drunk'?	<div>NUMBER OF TIMES <input type="text"/></div> <div>NONE/NEVER.....95</div>	

THERE IS NO SECTION 4.

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED WITH CERTIFICATE.....1 YES, MARRIED BY CUSTOM2 YES, LIVING WITH A WOMAN.....3 NO, NOT IN UNION4	}→504
502	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED WITH CERTIFICATE.....1 YES, FORMERLY MARRIED BY CUSTOM.....2 YES, LIVED WITH A WOMAN3 NO4	→507 →508
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED1 DIVORCED2 SEPARATED3	}→507
504	Do you have only one wife/woman, or do you have more than one woman with whom you are living as if married?	ONE WIFE1 TWO OR MORE WIVES2	→506
505	How many wives or women are you living with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
506	<p>RECORD THE NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR ALL HIS WIVES AND LIVE-IN PARTNERS. IF ANY ARE NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>THE NUMBER OF LINES FILLED SHOULD EQUAL THE NUMBER OF WIVES/LIVE-IN PARTNERS HE TOLD YOU ABOUT IN 504/505.</p>	NAME <input type="text"/> <input type="text"/> LINE NO..... <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> LINE NO..... <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> LINE NO..... <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> LINE NO..... <input type="text"/> <input type="text"/>	
507	How old were you when you first started living with a woman?	AGE..... <input type="text"/> <input type="text"/>	
508	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	NEVER.....00 AGE IN YEARS..... <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER96	→518
509	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.</p>	DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO4 <input type="text"/> <input type="text"/>	→518
510	The last time you had sexual intercourse, did you use a condom?	YES1 NO2	→510E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD 02 TRUSTED PARTNER 03 PARTNER TESTED NEGATIVE/NO RISK 04 RESPONDENT DOESN'T LIKE 05 PARTNER REFUSED/OBJECTED 06 PARTNER DRUNK/ON DRUGS 07 WANTED WOMAN TO GET PREGNANT 08 OTHER 96 (SPECIFY)	→511
510B	Did you or your partner use something to avoid a pregnancy?	YES 1 NO 2 DOES NOT KNOW/UNSURE 3	→510D →511
510C	What method did you or she use on that occasion?	FEMALE STERILISATION 01 MALE STERILISATION 02 PILL 03 IUD 04 INJECTIONS 05 FEMALE CONDOM 07 DIAPHRAGM/FOAM/JELLY 08 RHYTHM/PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	→511
510D	What is the main reason you did not use a method to avoid pregnancy?	FERTILITY-RELATED REASONS CASUAL SEX PARTNER 11 WOMAN IS MENOPAUSAL, HAD HYSTERECTOMY 23 COUPLE UNABLE TO HAVE KIDS 24 PARTNER WAS PREGNANT 25 PARTNER RECENTLY DELIVERED AND NOT YET MENSTRUATING ... 26 PARTNER WAS BREASTFEEDING ... 27 WANTED HER TO GET PREGNANT . 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DOES NOT KNOW 98	→511

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510E	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY..... 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3 DID NOT TRUST PARTNER/SHE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER 6 (SPECIFY)	
511	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCEE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	WIFE/LIVE-IN PARTNER 01 WOMAN IS GIRLFRIEND/FIANCEE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER 96 (SPECIFY)	→513
512	For how long have you had a sexual relationship with this woman?	DAYS 1 WEEKS 2 MONTHS..... 3 YEARS 4	
513	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→517A
514	The last time you had sex with another woman, did you use a condom?	YES 1 NO 2	→514E
514A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD 02 TRUSTED PARTNER 03 PARTNER TESTED NEGATIVE/NO RISK 04 RESPONDENT DOESN'T LIKE 05 PARTNER REFUSED/OBJECTED 06 PARTNER DRUNK/ON DRUGS 07 WANTED WOMAN TO GET PREGNANT 08 OTHER 96 (SPECIFY)	→515
514B	Did you or your partner use something to avoid a pregnancy?	YES 1 NO 2 DOES NOT KNOW/UNSURE 3	→514D →515
514C	What method did you or she use on that occasion?	FEMALE STERILISATION 01 MALE STERILISATION 02 PILL 03 IUD 04 INJECTIONS 05 FEMALE CONDOM 07 DIAPHRAGM/FOAM/JELLY 08 RHYTHM/PERIODIC ABSTINENCE..... 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	→515

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514D	What is the main reason you did not use a method to avoid pregnancy?	FERTILITY-RELATED REASONS CASUAL SEX PARTNER 11 WOMAN IS MENOPAUSAL, HAD HYSTERECTOMY..... 23 COUPLE UNABLE TO HAVE KIDS..... 24 PARTNER WAS PREGNANT..... 25 PARTNER RECENTLY DELIVERED AND NOT YET MENSTRUATING 26 PARTNER WAS BREASTFEEDING ... 27 WANTED HER TO GET PREGNANT . 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE..... 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS..... 52 LACK OF ACCESS/TOO FAR..... 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DOES NOT KNOW 98	→515
514E	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY..... 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3 DID NOT TRUST PARTNER/SHE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER 6 (SPECIFY)	
515	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCEE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	WIFE/LIVE-IN PARTNER 01 WOMAN IS GIRLFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE..... 05 COMMERCIAL SEX WORKER 06 OTHER 96 (SPECIFY)	→515B
515A	For how long have you had a sexual relationship with this woman?	DAYS 1 WEEKS 2 MONTHS..... 3 YEARS 4	
515B	Other than these two women, have you had sexual intercourse with anyone else in the last 12 months?	YES 1 NO 2	→517A
516	The last time you had sex with this third woman, did you use a condom?	YES 1 NO 2	→516E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH...01 USED A FAMILY PLAN. METHOD02 TRUSTED PARTNER03 PARTNER TESTED NEGATIVE/NO RISK04 RESPONDENT DOESN'T LIKE05 PARTNER REFUSED/OBJECTED06 PARTNER DRUNK/ON DRUGS07 WANTED WOMAN TO GET PREGNANT08 OTHER96 (SPECIFY)	→516F
516B	Did you or your partner use something to avoid a pregnancy?	YES1 NO2 DOES NOT KNOW/UNSURE3	→516D →516F
516C	What method did you or she use on that occasion?	FEMALE STERILISATION01 MALE STERILISATION02 PILL03 IUD04 INJECTIONS05 FEMALE CONDOM07 DIAPHRAGM/FOAM/JELLY08 RHYTHM/PERIODIC ABSTINENCE09 WITHDRAWAL10 OTHER96 (SPECIFY)	→516F
516D	What is the main reason you did not use a method to avoid pregnancy?	FERTILITY-RELATED REASONS CASUAL SEX PARTNER 11 WOMAN IS MENOPAUSAL, HAD HYSTERECTOMY 23 COUPLE UNABLE TO HAVE KIDS 24 PARTNER WAS PREGNANT 25 PARTNER RECENTLY DELIVERED AND NOT YET MENSTRUATING ... 26 PARTNER WAS BREASTFEEDING ... 27 WANTED HER TO GET PREGNANT . 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DOES NOT KNOW 98	→516F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516E	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV1 RESPONDENT WANTED TO PREVENT PREGNANCY.....2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY.....3 DID NOT TRUST PARTNER/SHE HAS OTHER PARTNERS4 PARTNER INSISTED5 OTHER6 (SPECIFY)	
516F	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCEE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	WIFE/LIVE-IN PARTNER01 WOMAN IS GIRLFRIEND/FIANCEE02 OTHER FRIEND03 CASUAL ACQUAINTANCE04 RELATIVE05 COMMERCIAL SEX WORKER06 OTHER96 (SPECIFY)	→517
516G	For how long have you had a sexual relationship with this woman?	DAYS1 WEEKS2 MONTHS.....3 YEARS4	
517	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS	
517A	Have you ever paid for sex?	YES1 NO2	→517D
517B	How long ago was the last time you paid for sex?	DAYS AGO.....1 WEEKS AGO2 MONTHS AGO.....3 YEARS AGO4	
517C	The last time you paid for sex, did you use a condom?	YES1 NO2	
517D	CHECK 309: SOURCE NOT CIRCLED <input type="checkbox"/> SOURCE CIRCLED <input type="checkbox"/>		→521
518	Do you know of a place where one can get condoms?	YES.....1 NO2	→520

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
519	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/CLINIC..... B</p> <p>PHC CLINIC (MOBILE) C</p> <p>COMMUN.HEALTH WORKER D</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH..... N</p> <p>FRIENDS/RELATIVES O</p> <p>TRAD'L BIRTH ATTENDANT P</p> <p>TRADITIONAL HEALER Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>													
520	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
521	<p>In the last few months have you heard about condoms:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p>	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>RADIO</td><td>1</td><td>2</td></tr><tr><td>TELEVISION.....</td><td>1</td><td>2</td></tr><tr><td>NEWSPAPER OR MAGAZINE.....</td><td>1</td><td>2</td></tr></table>		YES	NO	RADIO	1	2	TELEVISION.....	1	2	NEWSPAPER OR MAGAZINE.....	1	2	
	YES	NO													
RADIO	1	2													
TELEVISION.....	1	2													
NEWSPAPER OR MAGAZINE.....	1	2													

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
601	Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8	→603 →603								
602	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998									
603	CHECK 510, 510B, 514, 514B, 516, 516B: 'NO/BLANK' IN ANY <input type="checkbox"/> OF THE QUESTIONS 'YES' IN ANY <input type="checkbox"/> OF THE QUESTIONS		→607								
604	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→606								
605	Which method would you prefer to use?	FEMALE STERILISATION 01 MALE STERILISATION 02 PILL 03 IUD 04 INJECTIONS 05 CONDOM 06 FEMALE CONDOM 07 DIAPHRAGM, FOAM, JELLY 08 RHYTHM, PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY) UNSURE 98	→607								
606	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 WIFE/PARTNER MENOPAUSAL HAD HYSTERECTOMY 23 COUPLE UNABLE TO HAVE KIDS 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 128:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO 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? 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>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	→609
608	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>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	
609	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	<p>APPROVE 1</p> <p>DISAPPROVE 2</p> <p>DON'T KNOW/UNSURE 3</p>	
610	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	<p>YES 1</p> <p>NO 2</p>	→612
611	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>WIFE/PARTNER A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SISTER(S) D</p> <p>BROTHER(S) E</p> <p>DAUGHTER F</p> <p>SON G</p> <p>MOTHER-IN-LAW H</p> <p>FRIENDS/NEIGHBORS I</p> <p>OTHER X (SPECIFY)</p>	
612	<p>CHECK 501:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/></p>		→616
613	<p>Now I want to ask you about your wife's/partner's views on family planning.</p> <p>Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?</p> <p>IF MORE THAN ONE WIFE, ASK ABOUT THE FIRST LISTED IN Q.506.</p>	<p>APPROVES 1</p> <p>DISAPPROVES 2</p> <p>DON'T KNOW 8</p>	
614	How often have you talked to your wife/partner about family planning in the past year?	<p>NEVER 1</p> <p>ONCE OR TWICE 2</p> <p>MORE OFTEN 3</p>	
615	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	<p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p>	
616	<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>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p>	<p>YES NO DK</p> <p>NEGLECTS CHILDREN 1 2 8</p> <p>ARGUES WITH HIM 1 2 8</p> <p>REFUSES SEX 1 2 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
617	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:	<div>YES NO DK</div> <div>TIRED/MOOD..... 1 2 8</div> <div>RECENT BIRTH 1 2 8</div> <div>OTHER WOMEN 1 2 8</div> <div>HAS DISEASE 1 2 8</div>	
618	Do you think that if a wife refuses to have sex with her husband when he wants her to, he has the right to:	<div>YES NO DK</div> <div>GET ANGRY AND YELL 1 2 8</div> <div>REFUSE TO SUPPORT 1 2 8</div> <div>FORCE HER TO HAVE SEX. 1 2 8</div> <div>HAVE ANOTHER WOMAN ... 1 2 8</div>	

THERE IS NO SECTION 7.

SECTION 8. AIDS AND OTHER SEXUALLY-TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→815
801A	Where have you heard about AIDS? RECORD ALL MENTIONED.	RADIO.....A TELEVISION.....B NEWSPAPERS/MAGAZINES.....C DOCTOR, NURSE, HEALTH STAFF.....D FRIENDS/RELATIVES.....E OTHER.....W (SPECIFY) DON'T KNOW.....X	
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	↳808
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX.....A USE CONDOMS.....B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER.....C LIMIT NUMBER OF SEXUAL PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS.....F AVOID SEX WITH HOMOSEXUALS.....G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY...H AVOID BLOOD TRANSFUSIONS.....I AVOID INJECTIONS.....J AVOID KISSING.....K AVOID MOSQUITO BITES.....L SEEK PROTECTION FROM TRADITIONAL HEALER.....M AVOID SHARING RAZORS, BLADES....N OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DON'T KNOW.....Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES.....1 NO.....2 DON'T KNOW.....8	
805	Can a person get the AIDS virus from mosquito bites?	YES.....1 NO.....2 DON'T KNOW.....8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES.....1 NO.....2 DON'T KNOW.....8	
807	Can people protect themselves from getting the AIDS virus by not sharing food with a person who has AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	
808	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8	
809	Can the virus that causes AIDS be transmitted from a mother to a child?	YES.....1 NO.....2 DON'T KNOW.....8	↳810A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted... During pregnancy? During delivery? During breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY 1 2 8 DURING BREASTFEEDING 1 2 8	
810A	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 DON'T KNOW 8	→810C →810D
810B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	NOT HAVING SEX THESE DAYS A USE CONDOMS B HAS ONLY 1 PARTNER C HAS LIMITED NUMBER OF PARTNERS D OTHER E (SPECIFY) DON'T KNOW X	→810D
810C	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	DO NOT USE CONDOMS A MULTIPLE PARTNERS B PARTNER HAS MANY PARTNERS C HAD TRANSFUSION/INJECTIONS D OTHER E (SPECIFY) DON'T KNOW X	
810D	Since you have heard of AIDS have you changed your behaviour?	YES 1 NO 2 DON'T KNOW 8	→810F
810E	How have you changed your behaviour since you heard about AIDS? Any other ways? RECORD ALL MENTIONED.	STOPPED HAVING SEX A STARTED USING CONDOMS B STAYED WITH ONLY 1 PARTNER C REDUCED NUMBER OF PARTNERS D STOPPED SEX WITH PROSTITUTES E OTHER F (SPECIFY) DON'T KNOW X	
810F	If a teacher has the AIDS virus but is not sick, should he or she be allowed to continue teaching in school?	YES 1 NO 2 DON'T KNOW 8	
810G	If you knew that a shopkeeper or food seller had AIDS or the virus that causes it, would you buy food from him or her?	YES 1 NO 2 DON'T KNOW 8	
811	CHECK 501: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> NOT CURRENTLY MARRIED/ NOT LIVING WITH A WOMAN <input type="checkbox"/>		→812A
812	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/the woman you are living with)?	YES 1 NO 2	
812A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? In newspapers?	ACCEP- NOT TABLE ACCEP- TABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2	
813	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES.....1 NO.....2 DK/NOT SURE/DEPENDS.....8	
814A	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES.....1 NO.....2 DK/NOT SURE/DEPENDS.....8	
814B	We are interested to know how much demand there is in your community for HIV testing and counselling. I do not want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES.....1 NO.....2	→814E
814C	When you went to get tested, did the staff at the health facility talk to you about the consequences of getting the results?	YES.....1 NO.....2	
814D	I do not want you to tell me the results of the test, but have you been told the results?	YES.....1 NO.....2	→814H →814H
814E	Would you want to be tested for the AIDS virus?	YES.....1 NO.....2 DON'T KNOW/UNSURE.....8	
814F	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2	→814I
814G	Where can you go for the test?	PUBLIC SECTOR GOVERNMENT HOSPITAL11 GOVT. HEALTH CENTRE12	
814H	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	OTHER PUBLIC16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC21 PHARMACY.....22 PRIVATE DOCTOR23 OTHER PRIVATE MEDICAL26 (SPECIFY) OTHER SOURCE BLOOD TRANSFUSION SERVICE31 OTHER96 (SPECIFY)	
814I	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES.....1 NO.....2	→815
814J	How well do (did) you know this person? IF MORE THAN 1 PERSON, ASK ABOUT THE CLOSEST PERSON.	CLOSE RELATIVE (PARENT, SIBLING) ..1 CLOSE FRIEND2 DISTANT RELATIVE (COUSIN, UNCLE)..3 ACQUAINTANCE/COLLEAGUE4	
815	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES.....1 NO.....2	→827

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
816	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>BLOOD IN URINE I</p> <p>LOSS OF WEIGHT J</p> <p>IMPOTENCE K</p> <p>NO SYMPTOMS L</p> <p>OTHER W (SPECIFY)</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>																
817	<p>CHECK 508:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→827															
818	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 sexually-transmitted disease?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
819	<p>Sometimes, men experience a discharge from their penis.</p> <p>During the last 12 months, have you had a discharge from your penis?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
820	<p>Sometimes, men have a sore on or near their penis.</p> <p>During the last 12 months, have you had a sore on or near your penis?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
821	<p>CHECK 818, 819, 820:</p> <p>'YES' IN ANY OF THE Qs. 818,819,820 <input type="checkbox"/> 'NO/DK' IN ALL THREE Qs. 818,819,820 <input type="checkbox"/></p>		→827															
822	The last time you had (INFECTION FROM 818/819/820), did you seek any kind of advice or treatment?	<p>YES 1</p> <p>NO 2</p>	→824															
823	<p>The last time you had (INFECTION FROM 818/819/820) did you do any of the following? Did you....</p> <p>Seek advice from a health worker in a clinic or hospital?</p> <p>Seek advice or medicine from a traditional healer?</p> <p>Seek advice or buy medicines in a shop or pharmacy?</p> <p>Ask for advice from friends or relatives?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td><td>1</td><td>2</td></tr> <tr> <td>TRADITIONAL HEALER</td><td>1</td><td>2</td></tr> <tr> <td>SHOP/PHARMACY</td><td>1</td><td>2</td></tr> <tr> <td>FRIENDS/RELATIVES</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	
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824	When you had (INFECTION FROM 818/819/820), did you inform the persons with whom you have been having sex?	<p>YES 1</p> <p>NO 2</p> <p>SOME/ NOT ALL 3</p>																
825	When you had (INFECTION FROM 818/819/820) did you do something to avoid infecting your sexual partner(s)?	<p>YES 1</p> <p>NO 2</p> <p>PARTNER ALREADY INFECTED 3</p>	→827															
826	<p>What did you do to avoid infecting your partner? Did you....</p> <p>Stop having sex?</p> <p>Use a condom when having sex?</p> <p>Take medicine?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>STOP SEX</td><td>1</td><td>2</td></tr> <tr> <td>USE CONDOMS</td><td>1</td><td>2</td></tr> <tr> <td>TAKE MEDICINE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	STOP SEX	1	2	USE CONDOMS	1	2	TAKE MEDICINE	1	2				
	YES	NO																
STOP SEX	1	2																
USE CONDOMS	1	2																
TAKE MEDICINE	1	2																
827	RECORD THE TIME.	HOURS <input type="text"/>																

		MINUTES..... <table border="1"><tr><td></td><td></td></tr></table>		

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 THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

SENTENCES FOR LITERACY TEST (Q. 111)

NOTE: These should be translated into all the languages that respondents might be literate in.

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.