

| IDENTIFICATION   |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
|--|----------------------|---|-------|---|-------|---|------------------------|---|--------------------------|---|--|-----------------------------------|--|---|------------------|------------|----------------------|--------|-------------------|------------|-----------|----------|----------------|
| EA NAME _____  |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| NAME OF HOUSEHOLD HEAD _____   |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| CLUSTER NUMBER .....   |                      |   |       |   |       |   |                        | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
|  |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
|  |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
|  |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| HOUSEHOLD NUMBER .....   |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| NAME AND LINE NUMBER OF MAN _____  |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| CHECK HOUSEHOLD QUESTIONNAIRE SL13: MAN SELECTED FOR DV MODULE? (1=YES, 2=NO) .....  |                      |   |       |   |       |   |                        |   | <input type="checkbox"/> |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| INTERVIEWER VISITS   |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
|  | 1                    |   | 2     |   | 3     |   | FINAL VISIT            |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| DATE   | _____                |   | _____ |   | _____ |   | DAY                    | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
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|  |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| INTERVIEWER'S NAME   | _____                |   | _____ |   | _____ |   | MONTH                  | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
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|  |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| RESULT*  | _____                |   | _____ |   | _____ |   | YEAR                   | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
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|  | _____                |   | _____ |   | _____ |   | INT. NO.               | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
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|  | _____                |   | _____ |   | _____ |   | RESULT*                | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
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|  |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| NEXT VISIT: DATE   | _____                |   | _____ |   |       |   | TOTAL NUMBER OF VISITS | <input type="checkbox"/>  |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| TIME   | _____                |   | _____ |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| <p>*RESULT CODES:    1 COMPLETED                      4 REFUSED</p> <p>                         2 NOT AT HOME                      5 PARTLY COMPLETED                      7 OTHER _____</p> <p>                         3 POSTPONED                      6 INCAPACITATED                      SPECIFY _____</p> |                      |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| LANGUAGE OF QUESTIONNAIRE**  |                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>   |       | LANGUAGE OF INTERVIEW**   |       | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |                        | NATIVE LANGUAGE OF RESPONDENT**   |                          | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |  | TRANSLATOR USED (YES = 1, NO = 2) |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                  |            |                      |        |                   |            |           |          |                |
| LANGUAGE OF QUESTIONNAIRE**  |                      | <b>ENGLISH</b>  |       | <p>**LANGUAGE CODES:</p> <table style="width: 100%;"> <tr> <td>01 ENGLISH</td> <td>06 NGAKARIMOJONG</td> </tr> <tr> <td>02 LUGANDA</td> <td>07 RUNYANKOLE/RUKIGA</td> </tr> <tr> <td>03 LUO</td> <td>08 RUNYORO/RUTORO</td> </tr> <tr> <td>04 LUGBARA</td> <td>09 LUSOGA</td> </tr> <tr> <td>05 ATESO</td> <td>96 OTHER _____</td> </tr> </table> <p style="text-align: right;">(SPECIFY)</p> |       |   |                        |   |                          |   |  |                                   |  | 01 ENGLISH  | 06 NGAKARIMOJONG | 02 LUGANDA | 07 RUNYANKOLE/RUKIGA | 03 LUO | 08 RUNYORO/RUTORO | 04 LUGBARA | 09 LUSOGA | 05 ATESO | 96 OTHER _____ |
| 01 ENGLISH   | 06 NGAKARIMOJONG     |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| 02 LUGANDA   | 07 RUNYANKOLE/RUKIGA |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| 03 LUO   | 08 RUNYORO/RUTORO    |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| 04 LUGBARA   | 09 LUSOGA            |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| 05 ATESO   | 96 OTHER _____       |   |       |   |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| SUPERVISOR   |                      |   |       | CAPI MANAGER  |       |   |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
| NAME   |                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |       | NAME  |       | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |
|  |                      | NUMBER  |       |   |       | NUMBER  |                        |   |                          |   |  |                                   |  |   |                  |            |                      |        |                   |            |           |          |                |

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with Uganda Bureau of Statistics. We are conducting a survey about health and other topics all over Uganda. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?  
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

### SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 101 | RECORD THE TIME.   | HOURS ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br>MINUTES ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>   |       |
| 102 | How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?<br><br>IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br><br>ALWAYS ..... 95<br>VISITOR ..... 96   | → 105 |
| 103 | Just before you moved here, did you live in a city, in a town, or in a rural area?   | CITY ..... 1<br>TOWN ..... 2<br>RURAL AREA ..... 3   |       |
| 104 | Before you moved here, which district did you live in?   | DISTRICT CODE ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br><br>OUTSIDE OF UGANDA ..... 996   |       |
| 105 | In what month and year were you born?  | MONTH ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br><br>DON'T KNOW MONTH ..... 98<br><br>YEAR ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/><br>DON'T KNOW YEAR ..... 9998 |       |
| 106 | How old were you at your last birthday?<br><br>COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.   | AGE IN COMPLETED YEARS ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>   |       |
| 107 | Have you ever attended school?   | YES ..... 1<br>NO ..... 2  | → 111 |
| 108 | What is the highest level of school you attended: primary, "O" level, "A" level, tertiary or university?   | PRIMARY ..... 1<br>"O" LEVEL ..... 2<br>"A" LEVEL ..... 3<br>TERTIARY ..... 4<br>UNIVERSITY ..... 5  |       |

**SECTION 1. RESPONDENT'S BACKGROUND**

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |  |  |
|-----|---|--|-------|--|--|
| 109 | What is the highest [CLASS/YEAR] you completed at that level?<br><br>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.  | [CLASS/YEAR] ..... <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>                        |       |  |  |
|     |   |  |       |  |  |
| 110 | CHECK 108:<br><br>PRIMARY OR "O" OR "A" LEVEL <input type="checkbox"/><br>↓<br><br>HIGHER <input type="checkbox"/> → 113  |  |       |  |  |
| 111 | Now I would like you to read this sentence to me.<br><br>SHOW CARD TO RESPONDENT.<br><br>IF RESPONDENT CANNOT READ WHOLE SENTENCE,<br>PROBE: Can you read any part of the sentence to me? | CANNOT READ AT ALL ..... 1<br>ABLE TO READ ONLY PART OF THE SENTENCE ..... 2<br>ABLE TO READ WHOLE SENTENCE ..... 3<br>NO CARD WITH REQUIRED LANGUAGE ..... 4<br>(SPECIFY LANGUAGE) _____<br>BLIND/VISUALLY IMPAIRED ..... 5 |       |  |  |
| 112 | CHECK 111:<br><br>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/><br>↓<br><br>CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 114  |  |       |  |  |
| 113 | Do you read a newspaper or magazine at least once a week, less than once a week or not at all?  | AT LEAST ONCE A WEEK ..... 1<br>LESS THAN ONCE A WEEK ..... 2<br>NOT AT ALL ..... 3  |       |  |  |
| 114 | Do you listen to the radio at least once a week, less than once a week or not at all?   | AT LEAST ONCE A WEEK ..... 1<br>LESS THAN ONCE A WEEK ..... 2<br>NOT AT ALL ..... 3  |       |  |  |
| 115 | Do you watch television at least once a week, less than once a week or not at all?  | AT LEAST ONCE A WEEK ..... 1<br>LESS THAN ONCE A WEEK ..... 2<br>NOT AT ALL ..... 3  |       |  |  |
| 116 | Do you own a mobile telephone?  | YES ..... 1<br>NO ..... 2  | → 118 |  |  |
| 117 | Do you use your mobile phone for any financial transactions?  | YES ..... 1<br>NO ..... 2  |       |  |  |
| 118 | Do you have an account in a bank or other financial institution that you yourself use?  | YES ..... 1<br>NO ..... 2  |       |  |  |
| 119 | Have you ever used the internet?  | YES ..... 1<br>NO ..... 2  | → 122 |  |  |
| 120 | In the last 12 months, have you used the internet?<br><br>IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.   | YES ..... 1<br>NO ..... 2  | → 122 |  |  |
| 121 | During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?  | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4  |       |  |  |

## SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 122 | What is your religion?   | NO RELIGION ..... 10<br>ANGLICAN ..... 11<br>CATHOLIC ..... 12<br>MUSLIM ..... 13<br>SEVENTH DAY ADVENTIST ..... 14<br>ORTHODOX ..... 15<br>PENTECOSTAL/BORN AGAIN/EVANGELICAL ..... 16<br>BAHA'I ..... 17<br>BAPTIST ..... 18<br>JEWISH ..... 19<br>PRESBYTERIAN ..... 20<br>MAMMON ..... 21<br>HINDU ..... 22<br>BUDDHIST ..... 23<br>JEHOVAH'S WITNESS ..... 24<br>SALVATION ARMY ..... 25<br>TRADITIONAL ..... 26<br><br>OTHER ..... 96<br>(SPECIFY) |       |
| 123 | What is your tribe?  | TRIBE CODE ..... <input type="text"/> <input type="text"/> <input type="text"/><br>OTHER ..... 996<br>(SPECIFY)  |       |
| 124 | In the last 12 months, how many times have you been away from home for one or more nights? | NUMBER OF TIMES ..... <input type="text"/> <input type="text"/><br>NONE ..... 00   | → 201 |
| 125 | In the last 12 months, have you been away from home for more than one month at a time?     | YES ..... 1<br>NO ..... 2  |       |

**SECTION 2. REPRODUCTION**

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP           |  |  |  |  |  |  |  |  |
|-----|---|---|----------------|--|--|--|--|--|--|--|--|
| 201 | 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. Have you ever fathered any children with any woman?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 206          |  |  |  |  |  |  |  |  |
| 202 | Do you have any sons or daughters that you have fathered who are now living with you?   | YES ..... 1<br>NO ..... 2   | → 204          |  |  |  |  |  |  |  |  |
| 203 | a) How many sons live with you?<br>b) And how many daughters live with you?<br>IF NONE, RECORD '00'.  | a) SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>b) DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>     |                |  |  |  |  |  |  |  |  |
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|     |   |   |                |  |  |  |  |  |  |  |  |
| 204 | Do you have any sons or daughters that you have fathered who are alive but do not live with you?  | YES ..... 1<br>NO ..... 2   | → 206          |  |  |  |  |  |  |  |  |
| 205 | a) How many sons are alive but do not live with you?<br>b) And how many daughters are alive but do not live with you?<br>IF NONE, RECORD '00'.  | a) SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>b) DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |                |  |  |  |  |  |  |  |  |
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|     |   |   |                |  |  |  |  |  |  |  |  |
| 206 | Have you ever fathered a son or a daughter who was born alive but later died?<br><br>IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 208          |  |  |  |  |  |  |  |  |
| 207 | a) How many boys have died?<br>b) And how many girls have died?<br>IF NONE, RECORD '00'.  | a) BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>b) GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>               |                |  |  |  |  |  |  |  |  |
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|     |   |   |                |  |  |  |  |  |  |  |  |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.  | TOTAL CHILDREN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>   |                |  |  |  |  |  |  |  |  |
|     |   |   |                |  |  |  |  |  |  |  |  |
| 209 | CHECK 208:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             HAS HAD<br/>MORE THAN<br/>ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;">             HAS NOT HAD<br/>ANY CHILDREN <input type="checkbox"/> </div> <div style="text-align: center;">             HAS HAD<br/>ONLY<br/>ONE CHILD <input type="checkbox"/> </div> </div> |   | → 211<br>→ 301 |  |  |  |  |  |  |  |  |
| 210 | Did all of the children you have fathered have the same biological mother?  | YES ..... 1<br>NO ..... 2   |                |  |  |  |  |  |  |  |  |
| 211 | CHECK 208:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             HAS HAD<br/>MORE THAN<br/>ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;">             HAS HAD<br/>ONLY<br/>ONE CHILD <input type="checkbox"/> </div> </div> a) How old were you when your first child was born?      b) How old were you when your child was born?     | AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>   |                |  |  |  |  |  |  |  |  |
|     |   |   |                |  |  |  |  |  |  |  |  |
| 212 | CHECK 203 AND 205:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             AT LEAST ONE<br/>LIVING CHILD <input type="checkbox"/> </div> <div style="text-align: center;">             NO LIVING<br/>CHILDREN <input type="checkbox"/> </div> </div>  |   | → 301          |  |  |  |  |  |  |  |  |

**SECTION 2. REPRODUCTION**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP         |
|-----|--|---|--------------|
| 213 | <p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MORE THAN ONE<br/>LIVING CHILD <input type="checkbox"/></p> <p>a) How old is your<br/>youngest child?</p> </div> <div style="text-align: center;"> <p>ONLY ONE<br/>LIVING CHILD <input type="checkbox"/></p> <p>b) How old is your child?</p> </div> </div>                       | <p>AGE IN YEARS ..... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p>                             |              |
| 214 | <p>CHECK 213:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>(YOUNGEST) CHILD IS<br/>AGE 0-2 YEARS <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>(YOUNGEST) CHILD IS <input type="checkbox"/><br/>AGE 3 YEARS OR OLDER</p> </div> </div>  | <p>→ 301</p>  |              |
| 215 | <p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MORE THAN ONE<br/>LIVING CHILD <input type="checkbox"/></p> <p>a) What is the name of<br/>your youngest child?</p> </div> <div style="text-align: center;"> <p>ONLY ONE<br/>LIVING CHILD <input type="checkbox"/></p> <p>b) What is the name of<br/>your child?</p> </div> </div> | <p>_____<br/>(NAME OF (YOUNGEST) CHILD)</p>   |              |
| 216 | <p>When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?</p>  | <p>YES ..... 1<br/>NO ..... 2<br/>DON'T KNOW ..... 8</p>  | <p>→ 218</p> |
| 217 | <p>Were you ever present during any of those antenatal check-ups?</p>  | <p>PRESENT ..... 1<br/>NOT PRESENT ..... 2</p>  |              |
| 218 | <p>Was (NAME) born in a hospital or health facility?</p>   | <p>HOSPITAL/HEALTH FACILITY ..... 1<br/>OTHER ..... 2</p>   |              |
| 219 | <p>When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?</p>  | <p>MORE THAN USUAL ..... 1<br/>ABOUT THE SAME ..... 2<br/>LESS THAN USUAL ..... 3<br/>NOTHING TO DRINK ..... 4<br/>DON'T KNOW ..... 8</p> |              |

SECTION 3. CONTRACEPTION

|     |   |   |
|-----|---|---|
| 301 | 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. Have you ever heard of (METHOD)?  |   |
| 01  | Female Sterilization.<br>PROBE: Women can have an operation to avoid having any more children.  | YES ..... 1<br>NO ..... 2   |
| 02  | Male Sterilization.<br>PROBE: Men can have an operation to avoid having any more children.  | YES ..... 1<br>NO ..... 2   |
| 03  | IUD.<br>PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.   | YES ..... 1<br>NO ..... 2   |
| 04  | Injectables.<br>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.  | YES ..... 1<br>NO ..... 2   |
| 05  | Implants.<br>PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.   | YES ..... 1<br>NO ..... 2   |
| 06  | Pill.<br>PROBE: Women can take a pill every day to avoid becoming pregnant.   | YES ..... 1<br>NO ..... 2   |
| 07  | Condom.<br>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.   | YES ..... 1<br>NO ..... 2   |
| 08  | Female Condom.<br>PROBE: Women can place a sheath in their vagina before sexual intercourse.  | YES ..... 1<br>NO ..... 2   |
| 09  | Emergency Contraception.<br>PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.                                  | YES ..... 1<br>NO ..... 2   |
| 10  | Standard Days Method/Moon Beads.<br>PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse. | YES ..... 1<br>NO ..... 2   |
| 11  | Lactational Amenorrhea Method (LAM).<br>PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.                    | YES ..... 1<br>NO ..... 2   |
| 12  | Rhythm Method.<br>PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.  | YES ..... 1<br>NO ..... 2   |
| 13  | Withdrawal.<br>PROBE: Men can be careful and pull out before climax.  | YES ..... 1<br>NO ..... 2   |
| 14  | Have you heard of any other ways or methods that women or men can use to avoid pregnancy?   | YES, MODERN METHOD<br>_____ A<br>(SPECIFY)<br>YES, TRADITIONAL METHOD<br>_____ B<br>(SPECIFY)<br>NO ..... Y |

**SECTION 3. CONTRACEPTION**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES                      |   |   | SKIP  |
|-----|--|--|---|---|-------|
| 302 | In the last few months have you:<br>a) Heard about family planning on the radio?<br>b) Seen anything about family planning on the television?<br>c) Read about family planning in a newspaper or magazine?<br>d) Received a voice or text message about family planning on a mobile phone? | YES      NO                            |   |   |       |
|     |  | a) RADIO .....                         | 1 | 2 |       |
|     |  | b) TELEVISION .....                    | 1 | 2 |       |
|     |  | c) NEWSPAPER OR MAGAZINE .....         | 1 | 2 |       |
|     |  | d) MOBILE PHONE .....                  | 1 | 2 |       |
| 303 | In the last few months, have you discussed family planning with a health worker or health professional?  | YES .....                              | 1 |   |       |
|     |  | NO .....                               | 2 |   |       |
| 304 | 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 when she has sexual relations?   | YES .....                              | 1 |   |       |
|     |  | NO .....                               | 2 |   |       |
|     |  | DON'T KNOW .....                       | 8 |   | → 306 |
| 305 | Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?   | JUST BEFORE HER PERIOD BEGINS .....    | 1 |   |       |
|     |  | DURING HER PERIOD .....                | 2 |   |       |
|     |  | RIGHT AFTER HER PERIOD HAS ENDED ..... | 3 |   |       |
|     |  | HALFWAY BETWEEN TWO PERIODS .....      | 4 |   |       |
|     |  | OTHER _____<br>(SPECIFY)               | 6 |   |       |
|     |  | DON'T KNOW .....                       | 8 |   |       |
| 306 | After the birth of a child, can a woman become pregnant before her menstrual period has returned?  | YES .....                              | 1 |   |       |
|     |  | NO .....                               | 2 |   |       |
|     |  | DON'T KNOW .....                       | 8 |   |       |
| 307 | I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.<br>a) Contraception is a woman's concern and a man should not have to worry about it.<br>b) Women who use contraception may become promiscuous.                            | DIS-<br>AGREE    AGREE    DK           |   |   |       |
|     |  | a) CONTRACEPTION<br>WOMAN'S CONCERN    | 1 | 2 | 8     |
|     |  | b) WOMEN MAY BECOME<br>PROMISCUOUS     | 1 | 2 | 8     |



**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 | → 404   |
|      |  | NO, NOT IN UNION .....   | 3 | → 402   |
| 401A | What kind of marriage are you in?  | CIVIL MARRIAGE .....   | A | → 404   |
|      |  | CUSTOMARY MARRIAGE .....   | B |   |
|      |  | RELIGIOUS MARRIAGE .....   | C |   |
| 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 | → 410   |
|      |  | DIVORCED .....   | 2 |   |
|      |  | SEPARATED .....  | 3 |   |
| 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 other wives or do you live with other women as if married?   | YES (MORE THAN ONE WIFE) .....   | 1 |   |
|      |  | NO (ONLY ONE WIFE) .....   | 2 | → 407   |
| 406  | Altogether, how many wives or live-in partners do you have?  | TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS .....   |   | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> |
| 407  | <p>CHECK 405:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ONE WIFE/<br/>PARTNER <input type="checkbox"/></p> <p>↓</p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="text-align: center;"> <p>MORE THAN<br/>ONE WIFE/<br/>PARTNER <input type="checkbox"/></p> <p>↓</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <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, RECORD '00'.</p> | <div style="display: flex; justify-content: space-between;"> <div> <p>NAME</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <p>LINE<br/>NUMBER</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> </div> <div> <p>AGE</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> </div> </div> |   | <p>408</p> <p>How old was (NAME) on her last birthday?</p>  |
| 408  | ASK 408 FOR EACH PERSON.   |  |   |   |
| 409  | <p>CHECK 407:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE WIFE/<br/>PARTNER <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MORE THAN<br/>ONE WIFE/<br/>PARTNER <input type="checkbox"/></p> </div> </div>   |  |   | → 411   |
| 410  | Have you been married or lived with a woman only once or more than once?   | MORE THAN ONCE .....   | 1 |   |
|      |  | ONLY ONCE .....  | 2 |   |

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|---|
| 411 | <p>CHECK 405 AND 410:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>BOTH ARE <input type="checkbox"/></p> <p>CODE '2'</p> <p>a) In what month and year did you start living with your (wife/partner)?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p> </div> </div> | <div style="display: flex; justify-content: space-between;"> <div> <p>MONTH .....</p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... </p> <p>DON'T KNOW YEAR ..... 9998</p> </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; 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> </div> | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <p>→ 413</p> </div>  |
| 412 | How old were you when you first started living with her?  | <div style="display: flex; justify-content: space-between;"> <div>AGE .....</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>   |   |
| 413 | <b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>  |   |   |
| 414 | I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If 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. How old were you when you had sexual intercourse for the very first time?  | <div style="display: flex; justify-content: space-between;"> <div> <p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... </p> </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> </div>  | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <p>→ 501</p> </div>  |
| 415 | <p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>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.</p>  | <div style="display: flex; justify-content: space-between;"> <div> <p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p> </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; 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> </div>      | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <p>→ 417</p> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <p>→ 427</p> </div> |

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

|     |   | LAST SEXUAL PARTNER  | SECOND-TO-LAST SEXUAL PARTNER   | THIRD-TO-LAST SEXUAL PARTNER   |   |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|---|--|---|--|---|--|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 416 | When was the last time you had sexual intercourse with this person?   |  | DAYS<br>AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table><br>WEEKS<br>AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table><br>MONTHS<br>AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> |  |   |  |  |   |  | DAYS<br>AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table><br>WEEKS<br>AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table><br>MONTHS<br>AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 417 | The last time you had sexual intercourse with this person, was a condom used?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 419) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 419) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 419) ←   |   |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 418 | Was a condom used every time you had sexual intercourse with this person in the last 12 months?   | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2   | YES ..... 1<br>NO ..... 2  |   |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 419 | What was your relationship to this person with whom you had sexual intercourse?<br><br>IF GIRLFRIEND: Were you living together as if married?<br><br>IF YES, RECORD '2'.<br>IF NO, RECORD '3'.        | WIFE ..... 1<br>LIVE-IN PARTNER ..... 2<br>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3<br>CASUAL ACQUAINTANCE .. 4<br>CLIENT/SEX WORKER .. 5<br>OTHER ..... 6<br>(SPECIFY)   | WIFE ..... 1<br>LIVE-IN PARTNER ..... 2<br>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3<br>CASUAL ACQUAINTANCE .. 4<br>CLIENT/SEX WORKER .. 5<br>OTHER ..... 6<br>(SPECIFY)  | WIFE ..... 1<br>LIVE-IN PARTNER ..... 2<br>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3<br>CASUAL ACQUAINTANCE .. 4<br>CLIENT/SEX WORKER .. 5<br>OTHER ..... 6<br>(SPECIFY) |   |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 420 | How long ago did you first have sexual intercourse with this person?  | DAYS<br>AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table><br>WEEKS<br>AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table><br>MONTHS<br>AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table><br>YEARS<br>AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table> |   |  |   |  |  |   |  |   | DAYS<br>AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table><br>WEEKS<br>AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table><br>MONTHS<br>AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table><br>YEARS<br>AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  | DAYS<br>AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table><br>WEEKS<br>AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table><br>MONTHS<br>AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table><br>YEARS<br>AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |
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| 421 | How many times during the last 12 months did you have sexual intercourse with this person?<br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.         | NUMBER OF TIMES ..... <table border="1"><tr><td></td><td></td></tr></table>  |   |  | NUMBER OF TIMES ..... <table border="1"><tr><td></td><td></td></tr></table>                 |  |  | NUMBER OF TIMES ..... <table border="1"><tr><td></td><td></td></tr></table>                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 422 | How old is this person?   | AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table><br>DON'T KNOW ..... 98  |   |  | AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table><br>DON'T KNOW ..... 98 |  |  | AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table><br>DON'T KNOW ..... 98 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |  |   |  |   |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 423 | Apart from this person, have you had sexual intercourse with any other person in the last 12 months?  | YES ..... 1<br>(GO BACK TO 416 IN NEXT COLUMN) ←<br>NO ..... 2<br>(SKIP TO 425) ←  | YES ..... 1<br>(GO BACK TO 416 IN NEXT COLUMN) ←<br>NO ..... 2<br>(SKIP TO 425) ←   |  |   |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 424 | In total, with how many different people have you had sexual intercourse in the last 12 months?<br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'. |  |   | NUMBER OF PARTNERS LAST 12 MONTHS .. <table border="1"><tr><td></td><td></td></tr></table><br>DON'T KNOW ..... 98  |   |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |  |   |  |   |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP           |
|-----|--|---|----------------|
| 425 | CHECK 419 (ALL COLUMNS):<br>AT LEAST ONE PARTNER <input type="checkbox"/><br>IS A SEX WORKER   | NO PARTNERS <input type="checkbox"/><br>ARE SEX WORKERS   | → 427          |
| 426 | CHECK 419 AND 417 (ALL COLUMNS):<br>CONDOM USED WITH <input type="checkbox"/><br>EVERY SEX WORKER  | OTHER <input type="checkbox"/>  | → 430<br>→ 431 |
| 427 | In the last 12 months, did you pay anyone in exchange for having sexual intercourse?   | YES ..... 1<br>NO ..... 2   | → 429          |
| 428 | Have you ever paid anyone in exchange for having sexual intercourse?   | YES ..... 1<br>NO ..... 2   | → 431          |
| 429 | The last time you paid someone in exchange for having sexual intercourse, was a condom used?   | YES ..... 1<br>NO ..... 2   | → 431          |
| 430 | 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<br>NO ..... 2<br>DON'T KNOW ..... 8   |                |
| 431 | In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?   | YES ..... 1<br>NO ..... 2   | → 433          |
| 432 | Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?  | YES ..... 1<br>NO ..... 2   |                |
| 433 | In total, with how many different people have you had sexual intercourse in your lifetime?<br><br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'. | NUMBER OF PARTNERS<br>IN LIFETIME ..... <input type="text"/><br><br>DON'T KNOW ..... 98   |                |
| 434 | CHECK 417: MOST RECENT PARTNER (FIRST COLUMN)<br><br>CONDOM USED <input type="checkbox"/><br>NOT ASKED <input type="checkbox"/><br>NO CONDOM USED <input type="checkbox"/>                           |   | → 438<br>→ 438 |
| 435 | You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time?<br><br>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.                             | PROTECTOR ..... 01<br>CONDOM O ..... 02<br>ENGABU ..... 03<br>TRUST ..... 04<br>LIFE GUARD ..... 05<br>GOVT BRAND ..... 06<br>NO BRAND ..... 07<br><br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW ..... 98 |                |

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                      |
|-----|--|--|---------------------------|
| 436 | <p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p> | <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVERNMENT HEALTH CENTEF..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>COMMUNITY HEALTH WORKER/VH' ..... 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>PHARMACY/DRUG SHOP ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>COMMUNITY HEALTH WORKER ..... 25</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 31</p> <p>CHURCH ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p> |                           |
| 437 | 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>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   | <p>→ 439</p> <p>→ 440</p> |
| 438 | The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   | → 440                     |
| 439 | <p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>  | <p>FEMALE STERILIZATION ..... A</p> <p>MALE STERILIZATION ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>PILL ..... F</p> <p>CONDOM..... G</p> <p>FEMALE CONDOM ..... H</p> <p>EMERGENCY CONTRACEPTION ..... I</p> <p>STANDARD DAYS METHOD/MOON BEADS ..... J</p> <p>LACTATIONAL AMENORRHEA METHOI ..... K</p> <p>RHYTHM METHOD ..... L</p> <p>WITHDRAWAL ..... M</p> <p>OTHER MODERN METHOD ..... X</p> <p>OTHER TRADITIONAL METHOD ..... Y</p>   | → 501                     |
| 440 | Do you know of a place where you can obtain a method of family planning?   | <p>YES ..... 1</p> <p>NO ..... 2</p>   |                           |

**SECTION 5. FERTILITY PREFERENCES**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|-----|--|---|-------|
| 501 | CHECK 401:<br>CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>   |   | → 514 |
| 502 | CHECK 439:<br>MAN NOT STERILIZED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>   |   | → 514 |
| 503 | CHECK 407:<br>ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>  |   | → 509 |
| 504 | Is your (wife/partner) currently pregnant?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 507 |
| 505 | Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?  | HAVE ANOTHER CHILD ..... 1<br>NO MORE ..... 2<br>UNDECIDED/DON'T KNOW ..... 8   | → 514 |
| 506 | After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?   | MONTHS ..... 1<br>YEARS ..... 2<br>SOON/NOW ..... 993<br>OTHER ..... 996<br>(SPECIFY)<br>DON'T KNOW ..... 998   | → 514 |
| 507 | CHECK 208:<br>HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/><br>a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?<br>b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children? | HAVE (A/ANOTHER) CHILD ..... 1<br>NO MORE/NONE ..... 2<br>SAYS COUPLE CAN'T GET PREGNANT ..... 3<br>WIFE/PARTNER STERILIZED ..... 4<br>UNDECIDED/DON'T KNOW ..... 8 | → 514 |
| 508 | CHECK 208:<br>HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/><br>a) How long would you like to wait from now before the birth of another child?<br>b) How long would you like to wait from now before the birth of a child?  | MONTHS ..... 1<br>YEARS ..... 2<br>SOON/NOW ..... 993<br>SAYS COUPLE CAN'T GET PREGNANT ..... 994<br>OTHER ..... 996<br>(SPECIFY)<br>DON'T KNOW ..... 998           | → 514 |
| 509 | Are any of your (wives/partners) currently pregnant?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 512 |

## SECTION 5. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |  |                             |  |  |  |  |  |       |
|-----|--|---|-------|--|-----------------------------|--|--|--|--|--|-------|
| 510 | Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children?   | HAVE ANOTHER CHILD ..... 1<br>NO MORE ..... 2<br>UNDECIDED/DON'T KNOW ..... 8   | → 514 |  |                             |  |  |  |  |  |       |
| 511 | After the birth of the child you are expecting now, how long would you like to wait before the birth of 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><br>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><br>SOON/NOW ..... 993<br>OTHER ..... 996<br>(SPECIFY)<br>DON'T KNOW ..... 998   |       |  |                             |  |  |  |  |  | → 514 |
|     |  |   |       |  |                             |  |  |  |  |  |       |
|     |  |   |       |  |                             |  |  |  |  |  |       |
|     |  |   |       |  |                             |  |  |  |  |  |       |
|     |  |   |       |  |                             |  |  |  |  |  |       |
| 512 | CHECK 208:<br><br>HAS FATHERED CHILDREN <input type="checkbox"/><br>↓<br>a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?<br><br>HAS NOT FATHERED CHILDREN <input type="checkbox"/><br>↓<br>b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?  | HAVE (A/ANOTHER) CHILD ..... 1<br>NO MORE/NONE ..... 2<br>SAYS COUPLE CAN'T GET PREGNANT ..... 3<br>(WIFE/WIVES/PARTNER(S)) STERILIZED ..... 4<br>UNDECIDED/DON'T KNOW ..... 8  | → 514 |  |                             |  |  |  |  |  |       |
| 513 | CHECK 208:<br><br>HAS FATHERED CHILDREN <input type="checkbox"/><br>↓<br>a) How long would you like to wait from now before the birth of another child?<br><br>HAS NOT FATHERED CHILDREN <input type="checkbox"/><br>↓<br>b) How long would you like to wait from now before the birth of a 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><br>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><br>SOON/NOW ..... 993<br>SAYS COUPLE CAN'T GET PREGNANT ..... 994<br>OTHER ..... 996<br>(SPECIFY)<br>DON'T KNOW ..... 998 |       |  |                             |  |  |  |  |  |       |
|     |  |   |       |  |                             |  |  |  |  |  |       |
|     |  |   |       |  |                             |  |  |  |  |  |       |
|     |  |   |       |  |                             |  |  |  |  |  |       |
|     |  |   |       |  |                             |  |  |  |  |  |       |
| 514 | CHECK 203 AND 205:<br><br>HAS LIVING CHILDREN <input type="checkbox"/><br>↓<br>a) 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?<br><br>NO LIVING CHILDREN <input type="checkbox"/><br>↓<br>b) If you could choose exactly the number of children to have in your whole life, how many would that be?<br><br>PROBE FOR A NUMERIC RESPONSE. | NONE ..... 00<br><br>NUMBER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>DON'T KNOW/FATALISTIC ..... 95<br><br>OTHER ..... 96<br>(SPECIFY)   |       |  | → 601<br><br>→ 601<br>→ 601 |  |  |  |  |  |       |
|     |  |   |       |  |                             |  |  |  |  |  |       |
| 515 | How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?  | BOYS      GIRLS      EITHER<br>NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br>OTHER ..... 96<br>(SPECIFY)  |       |  |                             |  |  |  |  |  |       |
|     |  |   |       |  |                             |  |  |  |  |  |       |

**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<br>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<br>NO ..... 2   | → 604 |
| 603 | Have you done any work in the last 12 months?   | YES ..... 1<br>NO ..... 2   | → 607 |
| 604 | What is your occupation? That is, what kind of work do you mainly do?   | _____<br>_____<br>_____   |       |
| 605 | Do you usually work throughout the year, or do you work seasonally, or only once in a while?  | THROUGHOUT THE YEAR ..... 1<br>SEASONALLY/PART OF THE YEAR ..... 2<br>ONCE IN A WHILE ..... 3                                   |       |
| 606 | Are you paid in cash or kind for this work or are you not paid at all?  | CASH ONLY ..... 1<br>CASH AND KIND ..... 2<br>IN KIND ONLY ..... 3<br>NOT PAID ..... 4  |       |
| 607 | CHECK 401:<br><br>CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/><br>NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/> |   | → 612 |
| 608 | CHECK 606:<br><br>CODE '1' OR '2' <input type="checkbox"/> CIRCLED<br>OTHER <input type="checkbox"/>  |   | → 610 |
| 609 | Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?  | RESPONDENT ..... 1<br>WIFE/PARTNER ..... 2<br>RESPONDENT AND WIFE/PARTNER JOINTLY .. 3<br><br>OTHER ..... 6<br>(SPECIFY) _____  |       |
| 610 | Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?                           | RESPONDENT ..... 1<br>WIFE/PARTNER ..... 2<br>RESPONDENT AND WIFE/PARTNER JOINTLY .. 3<br>SOMEONE ELSE ..... 4<br>OTHER ..... 6 |       |
| 611 | Who usually makes decisions about making major household purchases?   | RESPONDENT ..... 1<br>WIFE/PARTNER ..... 2<br>RESPONDENT AND WIFE/PARTNER JOINTLY .. 3<br>SOMEONE ELSE ..... 4<br>OTHER ..... 6 |       |



**SECTION 6. EMPLOYMENT AND GENDER ROLES**

| NO.                                     | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
|---|---|---|-------|-----|----|----|---|---|---|---|----------------------------------|---|---|---|----------------------------|---|---|---|---|---|---|---|---------------------------|---|---|---|--|
| 612                                     | Do you own this or any other house either alone or jointly with someone else?                       | ALONE ONLY ..... 1<br>JOINTLY ONLY ..... 2<br>BOTH ALONE AND JOINTLY ..... 3<br>DOES NOT OWN ..... 4  | → 615 |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| 613                                     | Do you have a title deed for any house you own?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 615 |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| 614                                     | Is your name on the title deed?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| 615                                     | Do you own any agricultural or non-agricultural land either alone or jointly with someone else?     | ALONE ONLY ..... 1<br>JOINTLY ONLY ..... 2<br>BOTH ALONE AND JOINTLY ..... 3<br>DOES NOT OWN ..... 4  | → 618 |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| 616                                     | Do you have a title deed for any land you own?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 618 |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| 617                                     | Is your name on the title deed?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| 618                                     | In your opinion, is a husband justified in hitting or beating his wife in the following situations: | <table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) If she goes out without telling him?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) If she neglects the children?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) If she argues with him?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) If she refuses to have sex with him?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) If she burns the food?</td><td>1</td><td>2</td><td>8</td></tr> </table> |       | YES | NO | DK | a) If she goes out without telling him? | 1 | 2 | 8 | b) If she neglects the children? | 1 | 2 | 8 | c) If she argues with him? | 1 | 2 | 8 | d) If she refuses to have sex with him? | 1 | 2 | 8 | e) If she burns the food? | 1 | 2 | 8 |  |
|   | YES   | NO  | DK    |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| a) If she goes out without telling him? | 1   | 2   | 8     |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| b) If she neglects the children?        | 1   | 2   | 8     |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| c) If she argues with him?              | 1   | 2   | 8     |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| d) If she refuses to have sex with him? | 1   | 2   | 8     |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |
| e) If she burns the food?               | 1   | 2   | 8     |     |    |    |   |   |   |   |                                  |   |   |   |                            |   |   |   |   |   |   |   |                           |   |   |   |  |

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 HIV or AIDS?   | YES ..... 1<br>NO ..... 2   | → 727 |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 702                      | HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 703                      | Can people get HIV from mosquito bites?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 704                      | Can people reduce their chance of getting HIV by using a condom every time they have sex?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 705                      | Can people get HIV by sharing food with a person who has HIV?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 706                      | Can people get HIV because of witchcraft or other supernatural means?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 707                      | Is it possible for a healthy-looking person to have HIV?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 708                      | Can HIV be transmitted from a mother to her baby:<br><br>a) During pregnancy?<br>b) During delivery?<br>c) By breastfeeding?   | <table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) DURING PREGNANCY ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) DURING DELIVERY .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BREASTFEEDING .....</td><td>1</td><td>2</td><td>8</td></tr> </table> |       | YES | NO | DK | a) DURING PREGNANCY .. | 1 | 2 | 8 | b) DURING DELIVERY ..... | 1 | 2 | 8 | c) BREASTFEEDING ..... | 1 | 2 | 8 |  |
|                          | YES  | NO  | DK    |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| a) DURING PREGNANCY ..   | 1  | 2   | 8     |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| b) DURING DELIVERY ..... | 1  | 2   | 8     |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| c) BREASTFEEDING .....   | 1  | 2   | 8     |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 709                      | CHECK 708:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div>AT LEAST ONE 'YES' <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/> → 711</div> </div> |   |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 710                      | Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 711                      | <b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>   |   |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 712                      | I don't want to know the results, but have you ever been tested for HIV?   | YES ..... 1<br>NO ..... 2   | → 716 |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |
| 713                      | How many months ago was your most recent HIV test?   | MONTHS AGO ..... <input type="text"/> <input type="text"/><br>TWO OR MORE YEARS ..... 95  |       |     |    |    |                        |   |   |   |                          |   |   |   |                        |   |   |   |  |

## SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|-----|---|--|-------|
| 714 | I don't want to know the results, but did you get the results of the test?  | YES ..... 1<br>NO ..... 2  |       |
| 715 | Where was the test done?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE.<br><br>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE)               | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVERNMENT HEALTH CENTER ..... 12<br>FAMILY PLANNING CLINIC ..... 13<br>MOBILE VCT SERVICES ..... 14<br>COMMUNITY HEALTH WORKER/VH' ..... 15<br>OTHER PUBLIC SECTOR .....<br>_____ 16<br>(SPECIFY)<br><b>PRIVATE MEDICAL SECTOR</b><br>PRIVATE HOSPITAL/CLINIC/<br>PRIVATE DOCTOR ..... 21<br>PHARMACY/DRUG SHOP ..... 22<br>MOBILE VCT SERVICES ..... 23<br>COMMUNITY HEALTH WORKER ..... 24<br>OTHER PRIVATE MEDICAL SECTOR .....<br>_____ 26<br>(SPECIFY)<br><b>OTHER SOURCE</b><br>HOME ..... 31<br>WORKPLACE ..... 32<br>CORRECTIONAL FACILITY ..... 33<br>OTHER ..... 96<br>_____<br>(SPECIFY) | → 718 |
| 716 | Do you know of a place where people can go to get an HIV test?  | YES ..... 1<br>NO ..... 2  | → 718 |
| 717 | Where is that?<br><br>Any other place?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE.<br><br>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... A<br>GOVERNMENT HEALTH CENTER ..... B<br>FAMILY PLANNING CLINIC ..... C<br>MOBILE VCT SERVICES ..... D<br>COMMUNITY HEALTH WORKER/VH' ..... E<br>OTHER PUBLIC SECTOR .....<br>_____ F<br>(SPECIFY)<br><b>PRIVATE MEDICAL SECTOR</b><br>PRIVATE HOSPITAL/CLINIC/<br>PRIVATE DOCTOR ..... G<br>PHARMACY/DRUG SHOP ..... H<br>MOBILE VCT SERVICES ..... I<br>COMMUNITY HEALTH WORKER ..... J<br>OTHER PRIVATE MEDICAL SECTOR .....<br>_____ K<br>(SPECIFY)<br>OTHER ..... X<br>_____<br>(SPECIFY)   |       |
| 718 | Have you heard of test kits people can use to test themselves for HIV?  | YES ..... 1<br>NO ..... 2  | → 720 |
| 719 | Have you ever tested yourself for HIV using a self-test kit?  | YES ..... 1<br>NO ..... 2  |       |

SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|-----|--|---|------|
| 720 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8                            |      |
| 721 | Do you think children living with HIV should be allowed to attend school with children who do not have HIV?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8                            |      |
| 722 | Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8                            |      |
| 723 | Do people talk badly about people living with HIV, or who are thought to be living with HIV?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8                            |      |
| 724 | Do people living with HIV, or thought to be living with HIV, lose the respect of other people?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8                            |      |
| 725 | Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.   | AGREE ..... 1<br>DISAGREE ..... 2<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8                    |      |
| 726 | Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?   | YES ..... 1<br>NO ..... 2<br>SAYS HE HAS HIV ..... 3<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8 |      |
| 727 | CHECK 701:<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HEARD ABOUT <input type="checkbox"/><br/>HIV OR AIDS ↓<br/> a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> NOT HEARD ABOUT <input type="checkbox"/><br/>HIV OR AIDS ↓<br/> b) Have you heard about infections that can be transmitted through sexual contact? </div> </div> | YES ..... 1<br>NO ..... 2   |      |
| 728 | CHECK 414:<br><br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS HAD SEXUAL <input type="checkbox"/><br/>INTERCOURSE ↓ </div> <div style="text-align: center;"> NEVER HAD SEXUAL <input type="checkbox"/><br/>INTERCOURSE → 736 </div> </div>   |   |      |
| 729 | CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?<br><br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> YES <input type="checkbox"/><br/>↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> → 731 </div> </div>   |   |      |
| 730 | 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<br>NO ..... 2<br>DON'T KNOW ..... 8   |      |
| 731 | 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<br>NO ..... 2<br>DON'T KNOW ..... 8   |      |
| 732 | Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |      |

SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 733 | CHECK 730, 731 AND 732:<br><br>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/><br>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>   |  | → 736 |
| 734 | The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?  | YES ..... 1<br>NO ..... 2  | → 736 |
| 735 | Where did you go?<br><br>Any other place?<br><br>PROBE TO IDENTIFY THE TYPE OF SOURCE.<br><br>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... A<br>GOVERNMENT HEALTH CENTER ..... B<br>FAMILY PLANNING CLINIC ..... C<br>MOBILE VCT SERVICES ..... D<br>COMMUNITY HEALTH WORKER/VH ..... E<br>OTHER PUBLIC SECTOR<br>_____<br>(SPECIFY) F<br><b>PRIVATE MEDICAL SECTOR</b><br>PRIVATE HOSPITAL/CLINIC/<br>PRIVATE DOCTOR ..... G<br>PHARMACY/DRUG SHOP ..... H<br>MOBILE VCT SERVICES ..... I<br>COMMUNITY HEALTH WORKER ..... J<br>OTHER PRIVATE MEDICAL SECTOR<br>_____<br>(SPECIFY) K<br><b>OTHER SOURCE</b><br>SHOP ..... L<br>OTHER ..... X<br>_____<br>(SPECIFY) |       |
| 736 | 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<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 737 | Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP                           |
|-----|--|---|--------------------------------|
| 801 | Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | <input type="checkbox"/> → 805 |
| 802 | How old were you when you got circumcised?   | AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/><br><br>DURING CHILDHOOD (<5 YEARS) ..... 95<br>DON'T KNOW ..... 98   |                                |
| 803 | Who did the circumcision?  | RELIGIOUS PERSON/TRADITIONAL<br>PRACTITIONER/FAMILY/FRIEND ..... 1<br>HEALTH WORKER/PROFESSIONAL ..... 2<br>OTHER ..... 3<br>DON'T KNOW ..... 8                                       |                                |
| 804 | Where was it done?   | HEALTH FACILITY ..... 1<br>HOME OF A HEALTH WORKER/PROFESSIONAL ..... 2<br>CIRCUMCISION DONE AT HOME ..... 3<br>RITUAL SITE ..... 4<br>OTHER HOME/PLACE ..... 5<br>DON'T KNOW ..... 8 |                                |
| 805 | Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?<br><br>IF YES: How many injections have you had?<br><br>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/><br><br>NONE ..... 00   | → 808                          |
| 806 | Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?<br><br>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.   | NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/><br><br>NONE ..... 00   | → 808                          |
| 807 | The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |                                |
| 808 | Do you currently smoke tobacco every day, some days, or not at all?  | EVERY DAY ..... 1<br>SOME DAYS ..... 2<br>NOT AT ALL ..... 3  | → 811<br>→ 810                 |
| 809 | In the past, have you smoked tobacco every day?  | YES ..... 1<br>NO ..... 2   | <input type="checkbox"/> → 812 |
| 810 | In the past, have you ever smoked tobacco every day, some days, or not at all?   | EVERY DAY ..... 1<br>SOME DAYS ..... 2<br>NOT AT ALL ..... 3  | <input type="checkbox"/> → 813 |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP   |
|-----|--|--|--|
| 811 | <p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe/Shisha sessions?</p> <p>g) Any others? _____<br/>(SPECIFY)</p>    | <p align="right">NUMBER DAILY</p> <p>a) MANUFACTURED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>  | <p align="center">813</p>                            |
| 812 | <p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe/Shisha sessions?</p> <p>g) Any others? _____<br/>(SPECIFY)</p> | <p align="right">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> |  |
| 813 | <p>Do you currently use smokeless tobacco every day, some days, or not at all?</p>   | <p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>  | <p align="center">815</p> <p align="center">815A</p> |

SECTION 8. OTHER HEALTH ISSUES

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP          |
|------|---|--|---------------|
| 814  | <p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>    | <p align="center">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>  | <p>→ 815A</p> |
| 815  | <p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p> | <p align="center">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> |               |
| 815A | Do you know about health insurance for paying for your health care?   | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → DV00        |
| 816  | Are you covered by any health insurance?  | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → 817A        |
| 817  | <p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>   | <p>MUTUAL HEALTH ORGANIZATION/<br/>COMMUNITY-BASED HEALTH<br/>INSURANCE ..... A</p> <p>HEALTH INSURANCE THROUGH<br/>EMPLOYER ..... B</p> <p>SOCIAL SECURITY ..... C</p> <p>OTHER PRIVATELY PURCHASED<br/>COMMERCIAL HEALTH INSURANCE ..... D</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>  | <p>→ DV00</p> |
| 817A | Would you consider joining a health insurance scheme to pay for your health care?   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |               |



DOMESTIC VIOLENCE MODULE

| NO.                 | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                  |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
|---------------------|--|--|-----------------------|-------|------------|-----------------------|---------------|---|---|---|---------------|---|---|---|---------------------|---|---|---|-----------------|---|---|---|---------------------|---|---|---|--|
| DV00                | CHECK COVER PAGE: MAN SELECTED FOR DV MODULE?<br><br><div style="display: flex; justify-content: space-around;"> <div>MAN SELECTED <input type="checkbox"/><br/>FOR THIS SECTION ↓</div> <div>MAN <input type="checkbox"/><br/>NOT SELECTED →</div> </div>   |  | 818                   |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| DV01                | CHECK FOR PRESENCE OF OTHERS:<br>DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.<br><br><div style="display: flex; justify-content: space-around;"> <div>PRIVACY<br/>OBTAINED ..... 1<br/>↓</div> <div>PRIVACY<br/>NOT POSSIBLE ..... 2 →</div> </div>   |  | 818                   |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| DV01A               | READ TO THE RESPONDENT:<br>Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Uganda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question. |  |                       |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| DV02                | CHECK 401 AND 402:<br><br><div style="display: flex; justify-content: space-around;"> <div>CURRENTLY<br/>MARRIED/<br/>LIVING<br/>WITH A WOMAN <input type="checkbox"/><br/>↓</div> <div>FORMERLY<br/>MARRIED/<br/>LIVED WITH A WOMAN<br/>(READ IN PAST TENSE<br/>AND USE 'LAST' WITH<br/>'WIFE/PARTNER') <input type="checkbox"/><br/>↓</div> <div>NEVER MARRIED/<br/>NEVER LIVED WITH<br/>A WOMAN <input type="checkbox"/> →</div> </div>   |  | DV16                  |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| DV03                | First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) (wife/partner)?<br><br>a) She (is/was) jealous or angry if you (talk/talked) to other women?<br>b) She frequently (accuses/accused) you of being unfaithful?<br>c) She (does/did) not permit you to meet your male friends?<br><br>d) She (tries/tried) to limit your contact with your family?<br>e) She (insists/insisted) on knowing where you (are/were) at all times?                                      | <table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table> |                       | YES   | NO         | DK                    | JEALOUS ..... | 1 | 2 | 8 | ACCUSES ..... | 1 | 2 | 8 | NOT MEET FRIENDS .. | 1 | 2 | 8 | NO FAMILY ..... | 1 | 2 | 8 | WHERE YOU ARE ..... | 1 | 2 | 8 |  |
|                     | YES  | NO   | DK                    |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| JEALOUS .....       | 1  | 2  | 8                     |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| ACCUSES .....       | 1  | 2  | 8                     |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| NOT MEET FRIENDS .. | 1  | 2  | 8                     |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| NO FAMILY .....     | 1  | 2  | 8                     |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| WHERE YOU ARE ..... | 1  | 2  | 8                     |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| DV04                | Now I need to ask some more questions about your relationship with your (last) (wife/partner).<br><br>A. Did your (last) (wife/partner) ever:<br><br><div style="display: flex; justify-content: space-around;"> <div> a) say or do something to humiliate you in front of others?<br/><br/> YES 1<br/>NO 2<br/>↓ </div> <div> b) threaten to hurt or harm you or someone you care about?<br/><br/> YES 1<br/>NO 2<br/>↓ </div> <div> c) insult you or make you feel bad about yourself?<br/><br/> YES 1<br/>NO 2<br/>↓ </div> </div>                            | B. How often did this happen during the last 12 months: often, only sometimes, or not at all?<br><br><table border="1"> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>→</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>   | EVER                  | OFTEN | SOME-TIMES | NOT IN LAST 12 MONTHS | →             | 1 | 2 | 3 | →             | 1 | 2 | 3 | →                   | 1 | 2 | 3 |                 |   |   |   |                     |   |   |   |  |
| EVER                | OFTEN  | SOME-TIMES   | NOT IN LAST 12 MONTHS |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| →                   | 1  | 2  | 3                     |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| →                   | 1  | 2  | 3                     |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |
| →                   | 1  | 2  | 3                     |       |            |                       |               |   |   |   |               |   |   |   |                     |   |   |   |                 |   |   |   |                     |   |   |   |  |

DOMESTIC VIOLENCE MODULE

| NO.   | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP       |                       |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
|---|---|--|------------|-----------------------|------------|-----------------------|--|--------------------|-----|---|---|--------------|--------------------|-----|---|---|--------------------------------------|--------------------|-----|---|---|---|--------------------|-----|---|---|--|--------------------|-----|---|---|---|--------------------|-----|---|---|---|--------------------|-----|---|---|---|--------------------|-----|---|---|---|--------------------|-----|---|---|---|--------------------|-----|---|---|--|--|
| DV05  | A. Did your (last) (wife/partner) ever do any of the following things to you:   | B. How often did this happen during the last 12 months: often, only sometimes, or not at all?                          |            |                       |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
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|   | EVER  | OFTEN  | SOME-TIMES | NOT IN LAST 12 MONTHS |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| a) push you, shake you, or throw something at you?  | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| b) slap you?  | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| c) twist your arm or pull your hair?  | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| d) punch you with her fist or with something that could hurt you?                         | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| e) kick you, drag you, or beat you up?  | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| f) try to choke you or burn you on purpose?   | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| g) threaten or attack you with a knife, gun, or other weapon?                             | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| h) physically force you to have sexual intercourse with her when you did not want to?     | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| i) physically force you to perform any other sexual acts you did not want to?             | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| j) force you with threats or in any other way to perform sexual acts you did not want to? | YES 1<br>NO 2<br>↓  | → 1  | 2          | 3                     |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| DV06  | CHECK DV05A (a-j):<br><br>AT LEAST ONE 'YES' <input type="checkbox"/>   | NOT A SINGLE 'YES' <input type="checkbox"/>  | → DV09     |                       |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| DV07  | How long after you first (got married/started living together) with your (last) (wife/partner) did (this/any of these things) first happen?<br><br>IF LESS THAN ONE YEAR, RECORD '00'.  | NUMBER OF YEARS ..... <input type="text"/> <input type="text"/><br><br>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95 |            |                       |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |
| DV08  | Did the following ever happen as a result of what your (last) (wife/partner) did to you:<br><br>a) You had cuts, bruises, or aches?<br><br>b) You had eye injuries, sprains, dislocations, or burns?<br><br>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?  | YES ..... 1<br>NO ..... 2<br><br>YES ..... 1<br>NO ..... 2<br><br>YES ..... 1<br>NO ..... 2                            |            |                       |            |                       |  |                    |     |   |   |              |                    |     |   |   |                                      |                    |     |   |   |   |                    |     |   |   |  |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |   |                    |     |   |   |  |  |

DOMESTIC VIOLENCE MODULE

| NO.   | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP   |                |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
|---|--|---|--|----------------|-------------------|----------------|----------------|--|---------------|-----|---|---|---|---------------|-----|---|---|--|
| DV09  | Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/partner) at times when she was not already beating or physically hurting you?   | YES ..... 1<br>NO ..... 2   | → DV11   |                |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
| DV10  | In the last 12 months, how often have you done this to your (last) (wife/partner): often, only sometimes, or not at all?   | OFTEN ..... 1<br>SOMETIMES ..... 2<br>NOT AT ALL ..... 3                            |  |                |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
| DV11  | Does (did) your (last) (wife/partner) drink alcohol?   | YES ..... 1<br>NO ..... 2   | → DV13   |                |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
| DV12  | How often does (did) she get drunk: often, only sometimes, or never?   | OFTEN ..... 1<br>SOMETIMES ..... 2<br>NEVER ..... 3                                 |  |                |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
| DV13  | Are (Were) you afraid of your (last) (wife/partner): most of the time, sometimes, or never?  | MOST OF THE TIME AFRAID ..... 1<br>SOMETIMES AFRAID ..... 2<br>NEVER AFRAID ..... 3 |  |                |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
| DV14  | CHECK 409:<br><br><div style="display: flex; justify-content: space-around;"> <div>MARRIED MORE THAN ONCE <input type="checkbox"/></div> <div>MARRIED ONLY ONCE <input type="checkbox"/></div> </div>  |   | → DV16   |                |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
| DV15  | <div style="display: flex;"> <div style="flex: 1;">           A. So far we have been talking about the behavior of your (current/last) (wife/partner). Now I want to ask you about the behavior of any previous (wife/partner).         </div> <div style="flex: 1;">           B. How long ago did this last happen?         </div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th><th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically?</td><td>YES 1<br/>NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will?</td><td>YES 1<br/>NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table> |   |  | EVER           | 0 - 11 MONTHS AGO | 12+ MONTHS AGO | DON'T REMEMBER | a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically? | YES 1<br>NO 2 | → 1 | 2 | 3 | b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will? | YES 1<br>NO 2 | → 1 | 2 | 3 |  |
|   | EVER   | 0 - 11 MONTHS AGO   | 12+ MONTHS AGO   | DON'T REMEMBER |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
| a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically?                            | YES 1<br>NO 2  | → 1   | 2  | 3              |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
| b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will? | YES 1<br>NO 2  | → 1   | 2  | 3              |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |
| DV16  | CHECK 401 AND 402:<br><div style="display: flex;"> <div style="flex: 1;">             EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> </div> <div style="flex: 1;">             NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> </div> </div> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1;">           a) From the time you were 15 years old has anyone other than (your/any) (wife/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?         </div> <div style="flex: 1;">           b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?         </div> </div>   |   | YES ..... 1<br>NO ..... 2<br>REFUSED TO ANSWER/<br>NO ANSWER ..... 3<br>→ DV22 |                |                   |                |                |  |               |     |   |   |   |               |     |   |   |  |

DOMESTIC VIOLENCE MODULE

| NO.   | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP              |
|-------|---|---|-------------------|
| DV17  | Who has hurt you in this way?<br><br>Anyone else?<br><br>RECORD ALL MENTIONED.  | MOTHER/STEP-MOTHER ..... A<br>FATHER/STEP-FATHER ..... B<br>SISTER/BROTHER ..... C<br>DAUGHTER/SON ..... D<br>OTHER RELATIVE ..... E<br>CURRENT GIRLFRIEND ..... F<br>FORMER GIRLFRIEND ..... G<br>MOTHER-IN-LAW ..... H<br>FATHER-IN-LAW ..... I<br>OTHER IN-LAW ..... J<br>TEACHER ..... K<br>EMPLOYER/SOMEONE AT WORK ..... L<br>POLICE/SOLDIER ..... M<br>FRIEND/ACQUAINTANCE ..... N<br><br>OTHER ..... X<br>(SPECIFY) |                   |
| DV18  | In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?  | OFTEN ..... 1<br>SOMETIMES ..... 2<br>NOT AT ALL ..... 3  |                   |
| DV22  | CHECK 401 AND 402:<br><br><div style="display: flex; justify-content: space-around;"> <div> EVER MARRIED/EVER <input type="checkbox"/><br/> LIVED WITH A WOMAN ↓ </div> <div> NEVER MARRIED/NEVER <input type="checkbox"/><br/> LIVED WITH A WOMAN </div> </div>                                    |   | → DV22B           |
| DV22A | Now I want to ask you about things that may have been done to you by someone other than (your/any) (wife/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? | YES ..... 1<br>NO ..... 2<br>REFUSED TO ANSWER/<br>NO ANSWER ..... 3  | → DV23<br>→ DV24A |
| DV22B | At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?  | YES ..... 1<br>NO ..... 2<br>REFUSED TO ANSWER/<br>NO ANSWER ..... 3  | → DV26            |
| DV23  | Who was the person who was forcing you the very first time this happened?   | CURRENT/FORMER GIRLFRIEND ..... 01<br>MOTHER/STEP-MOTHER ..... 02<br>SISTER/STEP-SISTER ..... 03<br>OTHER RELATIVE ..... 04<br>IN-LAW ..... 05<br>OWN FRIEND/ACQUAINTANCE ..... 06<br>FAMILY FRIEND ..... 07<br>TEACHER ..... 08<br>EMPLOYER/SOMEONE AT WORK ..... 09<br>POLICE/SOLDIER ..... 10<br>PRIEST/RELIGIOUS LEADER ..... 11<br>STRANGER ..... 12<br><br>OTHER ..... 96<br>(SPECIFY)                                |                   |
| DV23A | After being forced to have sexual intercourse or perform sexual acts, have you ever sought help from a doctor or medical personnel?   | YES ..... 1<br>NO ..... 2   | → DV23G           |
| DV23B | How long after you were forced to have sexual intercourse or perform sexual acts did you seek help?   | WITHIN 3 DAYS ..... 1<br>AFTER 3 DAYS OF MORE ..... 2   |                   |
| DV23C | Were you offered drugs to prevent you from getting HIV after you were forced to have sexual intercourse or perform sexual acts?   | YES ..... 1<br>NO ..... 2   |                   |

DOMESTIC VIOLENCE MODULE

| NO.   | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP                            |
|-------|---|--|---------------------------------|
| DV23D | Were you offered a test for HIV after you were forced to have sexual intercourse or perform sexual acts?  | YES ..... 1<br>NO ..... 2  |                                 |
| DV23G | After being forced to have sexual intercourse or perform sexual acts, have you ever sought:<br><br>a) Psychological support?<br>b) Legal support?   | YES NO<br>PSYCHOLOGICAL ..... 1 2<br>LEGAL ..... 1 2   |                                 |
| DV24  | CHECK 401 AND 402:<br><br>EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/><br>a) In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to?<br><br>NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/><br>b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?          | YES ..... 1<br>NO ..... 2  | <input type="checkbox"/> → DV25 |
| DV24A | CHECK DV05A (h-j) and DV15A(b)<br><br>AT LEAST ONE 'YES' <input type="checkbox"/><br>NOT A SINGLE 'YES' <input type="checkbox"/>  |  | <input type="checkbox"/> → DV26 |
| DV25  | CHECK 401 AND 402:<br><br>EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/><br>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) wife/partner?<br><br>NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/><br>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? | AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  |                                 |
| DV26  | CHECK DV05A (a-j), DV15A (a,b), DV16, DV22A, AND DV22B:<br><br>AT LEAST ONE 'YES' <input type="checkbox"/><br>NOT A SINGLE 'YES' <input type="checkbox"/>   |  | <input type="checkbox"/> → DV30 |
| DV27  | Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?  | YES ..... 1<br>NO ..... 2  | <input type="checkbox"/> → DV29 |
| DV28  | From whom have you sought help?<br><br>Anyone else?<br><br>RECORD ALL MENTIONED.  | OWN FAMILY ..... A<br>WIFE'S/PARTNER'S FAMILY ..... B<br>CURRENT/FORMER WIFE/PARTNER ..... C<br>CURRENT/FORMER GIRLFRIEND ..... D<br>FRIEND ..... E<br>NEIGHBOR ..... F<br>RELIGIOUS LEADER ..... G<br>DOCTOR/MEDICAL PERSONNEL ..... H<br>POLICE ..... I<br>LAWYER ..... J<br>SOCIAL SERVICE ORGANIZATION ..... K<br>COMMUNITY LEADERSHIP ..... L<br><br>OTHER ..... X<br>(SPECIFY) _____ | <input type="checkbox"/> → DV30 |

DOMESTIC VIOLENCE MODULE

| NO.                   | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
|-----------------------|---|--|------|-----------|---------------------|----|------------|---|---|---|-----------------------|---|---|---|------------------|---|---|---|--|
| DV29                  | Have you ever told any one about this?  | YES ..... 1<br>NO ..... 2  |      |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
| DV30                  | As far as you know, did your father or any other husband or boyfriend your mother had ever hit or beat her?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |      |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
|                       | THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY. |  |      |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
| DV31                  | DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?   | <table> <tr> <td></td><td>YES, ONCE</td><td>YES, MORE THAN ONCE</td><td>NO</td></tr> <tr> <td>WIFE .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALE ADULT ..</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>MALE ADULT .....</td><td>1</td><td>2</td><td>3</td></tr> </table>                     |      | YES, ONCE | YES, MORE THAN ONCE | NO | WIFE ..... | 1 | 2 | 3 | OTHER FEMALE ADULT .. | 1 | 2 | 3 | MALE ADULT ..... | 1 | 2 | 3 |  |
|                       | YES, ONCE   | YES, MORE THAN ONCE  | NO   |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
| WIFE .....            | 1   | 2  | 3    |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
| OTHER FEMALE ADULT .. | 1   | 2  | 3    |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
| MALE ADULT .....      | 1   | 2  | 3    |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
| DV32                  | INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.<br><br>_____<br><br>_____<br><br>_____  |  |      |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
| 818                   | RECORD THE TIME.  | HOURS.....<br>MINUTE..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> |      |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
|                       |   |  |      |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |
|                       |   |  |      |           |                     |    |            |   |   |   |                       |   |   |   |                  |   |   |   |  |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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