

REPUBLIC OF KAZAKHSTAN
ACADEMY OF PREVENTIVE MEDICINE

	KAZAKH	RUSSIAN	OTHER
1. LANGUAGE OF INTERVIEW	1	2	3
2. NATIVE LANGUAGE OF RESPONDENT	1	2	3
3. WHETHER TRANSLATOR USED	YES 1	NO 2	

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SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

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

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR MINUTES	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	In the last 12 months, how many times have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY NONE..... 00	> 105
104	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
105	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD "00" YEARS	YEARS ALWAYS 95 VISITOR 96	→107
106	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
107	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/>	
109	Have you ever attended school?	YES 1 NO 2 → 116	
110	What is the highest level of school you attended: primary, secondary, or higher? ¹	PRIMARY/SECONDARY 1 SECONDARY-SPECIAL 2 HIGHER 3	
111	What is the highest (grade/form/year) you completed at that level? ¹	GRADE <input type="text"/> <input type="text"/>	
116	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Are you currently working?	YES 1 → 122 NO 2	
120	Have you done any work in the last 12 months	YES 1 → 122 NO 2	
121	What have you been doing over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 INACTIVE 3 COULD NOT WORK/HANDICAPPED .. 4 OTHER _____ 6 (SPECIFY)	→ 131
122	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
123	CHECK 122: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> _____ → 127		
124	Do you work mainly on your own land or on family land, or do you rent land or work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
125	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
126	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 → 128 SEASONALLY/PART OF THE YEAR ... 2 ONCE IN A WHILE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
128	Do you think that what you earn is sufficient to provide for your family's basic needs?	YES 1 NO 2	→130
129	What do you think is the reason your earnings are insufficient? Is it because you cannot WORK as much as you would like to, or is it because you work enough but what you earn from your work is insufficient, or is a combination of the two?	CANNOT WORK AS MUCH 1 EARNINGS ARE INSUFFICIENT 2 BOTH 3 OTHER 6 (SPECIFY)	
130	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HIS INCOME IS ALL SAVED ... 6	
131	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→135
132	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	
133	In the last 3 months, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE 00	→135
134	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	
135	Have you had any kind of injection in the last 3 months?	YES 1 NO 2	→138
136	How many times did you have an injection in the last 3 months?	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> EVERY DAY 90	
137	The last time you had an injection, who was the person who gave you the injection?	HEALTH PROFESSIONAL 1 PHARMACIST 2 TRADITIONAL HEALER 3 FRIEND/RELATIVE 4 SELF 5 OTHER 6 (SPECIFY)	
138	What is your religion: Are you Muslim, Christian,, another religion, or do you not practice any religion?	MUSLIM 1 CHRISTIAN 2 OTHER 6 (SPECIFY) NOT RELIGIOUS 7 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	What is your nationality? Are you Kazakh? Russian? Ukrainian? German? Korean? Other?	KAZAKH 1 RUSSIAN 2 UKRAINIAN 3 GERMAN 4 KOREAN 5 OTHER 6 (SPECIFY) DON'T KNOW 8	
140	Have you heard of illness called tuberculosis?	YES 1 NO 2	► 201
140 a	Did you know that TB can be totally cured with the help of medicines?	YES 1 NO 2	
141	Did you or anyone in your family suffer from tuberculosis?	YES 1 NO 2	
142	Do you know people from other families with whom you have a frequent contact (neighbors, colleagues or close friends) who are suffering or suffered in the past from TB.	YES 1 NO 2	
143	What are the symptoms of tuberculosis which lead you to think that a person has tuberculosis?	COUGHING A COUGHING WITH PHLEGM B COUGHING MORE THAN 3 WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST H TIREDNESS I FATIGUE K LETHARGY L OTHER X (SPECIFY) DON'T KNOW Y	
144	What are the symptoms of tuberculosis which would convince you to seek medical assistance?	COUGHING A COUGHING WITH PHLEGM B COUGHING MORE THAN 3 WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST H TIREDNESS I FATIGUE K LETHARGY L OTHER X (SPECIFY) DON'T KNOW Y	
145	When a person first discovers that he or she has tuberculosis, how should that person be treated initially: hospitalized, treated at home, or both?	HOSPITALIZED 1 TREATED AT HOME 2 INITIALLY HOSPITALIZED FOLLOWED BY HOME TREATMENT 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
146	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN COUGHING 1 OTHER 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
147	Where would you go for help if you thought you or your child had tuberculosis?	PUBLIC SECTOR HOSPITAL 11 POLYCLINIC 12 FGP 13 TB DISPENSARY 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE. HOSPITAL/CLINIC 21 PRIVATE. DOCTOR 22 OTHER PRIVATE POLYCLINIC 23 OTHER 96 (SPECIFY) DONT KNOW 98	
148	Would you be willing to take your family member at home for part of his/her treatment?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKI								
201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2	→206								
202	Do you have any sons or daughters who are now living with you?	YES 1 NO 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	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> 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>									
204	Do you have any sons or daughters who are alive but do not live with you?	YES 1 NO 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	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> 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>									
206	Have you ever had a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	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> 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>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ children during your life. Is that correct? IF HE HAS NOT HAD CHILDREN (208 IS "00") Just to make sure that I have this right: you have not had any children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: HAS HAD CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> _____		→212								
211	In what month and year was your last child born?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	Now I would like to ask you about the risk of pregnancy. Do you know if from one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→301
213	Is this time just before her period begins, during her period, right after her period has ended, or half way 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 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 303.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever had a partner who used (METHOD)?
1	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2		Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO, DOES NOT KNOW 2
2	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2		Have you ever had an operation to avoid having any more children? YES 1 NO, DOES NOT KNOW 2
3	PILL ¹ Women can take a pill every day	YES 1 NO 2		YES 1 NO, DOES NOT KNOW 2
4	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2		YES 1 NO, DOES NOT KNOW 2
5	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES 1 NO 2		YES 1 NO, DOES NOT KNOW 2
6	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	YES 1 NO 2		YES 1 NO, DOES NOT KNOW 2
7	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	YES 1 NO 2		Have you ever used a condom? YES 1 NO 2
8	FEMALE CONDOM ² : Women can place a rubber sheath in their vagina to prevent pregnancy.	YES 1 NO 2		YES 1 NO, DOES NOT KNOW 2
9	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream in their vagina before intercourse.	YES 1 NO 2		YES 1 NO, DOES NOT KNOW 2
10	LACTATIONAL AMENORRHEA METHOD (LAM) ³ Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned. [USE LOCAL NAME OF LAM]	YES 1 NO 2		YES 1 NO, DOES NOT KNOW 2
11	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2		YES 1 NO, DOES NOT KNOW 2
12	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2		YES 1 NO, DOES NOT KNOW 2
13	EMERGENCY CONTRACEPTION Women can take pills the day after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2		YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 (SPECIFY) (SPECIFY) NO 2		YES 1 NO, DOES NOT KNOW 2 YES 1 NO, DOES NOT KNOW 2
303	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> CHECK 302: NOT A SINGLE "YES" <input type="checkbox"/> (NEVER USED) </div> <div> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> </div> <div> <input type="checkbox"/> → SKIP TO 306 </div> </div>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you or any of your sex partners ever used anything or tried in any way to delay or avoid pregnancy?	YES 1 NO 2	→3
305	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
306	CHECK 302 (2): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/> → 308A		
307	Are you, your wife (wives), or any other partner with whom you have sex doing something or using a method to delay or avoid a pregnancy?	YES 1 NO, DOES NOT KNOW 2	→3
308	Which method are you using? ¹	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM/FOAM/JELLY I LACTATIONAL AMENORRHEA J RHYTHM/PERIODIC ABSTINENCE K WITHDRAWAL L EMERGENCY CONTRACEPTION.....M	→311
308A	CIRCLE 'B' FOR MALE STERILIZATION IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST	OTHER _____ X (SPECIFY)	
309	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED 11 FERTILITY-RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 WIFE/PRTNER MENOPA./HYSTERIC. 23 COUPLE SUBFECUND/INFECUND 24 WIFE/PARTNER POSTP./BREASTF. 25 WANTS (MORE) CHILDREN 26 WIFE PREGNANT 27 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NATURAL PROCESSES .. 56 UP TO WOMAN TO USE 61 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→401
310	CHECK 308 - 308A WIFE/PARTNER IS USING ANY MODERN FEMALE METHOD – FEMALE STERILIZATION, PILL, IUD, INJECTIONS, IMPLANTS, FEMALE CONDOM OR DIAPHRAGM/FOAM/JELLY YES <input type="checkbox"/> NO <input type="checkbox"/> → 314		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>CHECK 308: WIFE/PARTNER WAS STERILIZED</p> <p><input type="checkbox"/></p> <p>You mentioned that your wife/partner had an operation to stop having children. Did you and your wife/partner discuss the different family planning methods available before she had this operation?</p> <p>WIFE/PARTNER IS USING A FEMALE METHOD OTHER THAN STERILIZATION</p> <p><input type="checkbox"/></p> <p>You mentioned that your wife/partner is currently using (METHOD RECORDED IN 310). Did you and your wife/partner discuss the different family planning methods available before she started using this method?</p>	<p>YES 1</p> <p>NO 2</p>	→ 314
312	<p>CHECK 308: WIFE/PARTNER WAS STERILIZED</p> <p><input type="checkbox"/></p> <p>Whose decision was it to have this operation instead of using some other family planning method?</p> <p>WIFE/PARTNER IS USING A FEMALE METHOD OTHER THAN STERILIZATION</p> <p><input type="checkbox"/></p> <p>Whose decision was it to start using (METHOD RECORDED IN 310) instead of using some other family planning method?</p> <p>IF DECISION WAS MADE JOINTLY, RECORD ALL PERSONS MENTIONED</p>	<p>RESPONDENT A</p> <p>WIFE/PARTNER B</p> <p>FEMALE RELATIVE C</p> <p>MALE RELATIVE D</p> <p>DOCTOR/HEALTH PROFESSIONAL E</p> <p>RESPONDENT NOT LIVING WITH PARTNER AT THE TIME F</p> <p>OTHER _____ X (SPECIFY)</p>	
313	<p>Would you say that at that time both of you were in agreement or that you had different opinions about the contraceptive methods to avoid unwanted pregnancies?</p>	<p>BOTH AGREED 1</p> <p>HAD DIFFERENT OPINIONS 2</p>	
314	<p>CHECK 308 RESPONDENT IS USING A MODERN MALE METHOD – MALE STERILIZATION OR CONDOMS</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		→ 401
315	<p>CHECK 308: RESPONDENT WAS STERILIZED</p> <p><input type="checkbox"/></p> <p>Before you made the decision to have the sterilization operation, did you discuss it with your wife/partner?</p> <p>RESPONDENT IS USING CONDOMS</p> <p><input type="checkbox"/></p> <p>Before you started using condoms, did you discuss it with your wife/partner?</p>	<p>DECIDED ON HIS OWN 1</p> <p>DISCUSSED WITH WIFE/PARTNER 2</p> <p>NOT LIVING WITH HER AT THE TIME 3</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman ? ¹	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	 →404 →406
402	Besides your wife, do you have any other women with whom you live as if married?	YES 1 NO 2	→405
403	How many wives do you have?	NUMBER OF WIVES <input style="width: 40px;" type="text"/>	→405
404	How many women are you living with as if you were married?	NUMBER OF <input style="width: 40px;" type="text"/> LIVE-IN PARTNERS	
405	<p>WRITE THE NAMES AND LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE OR WIVES. IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00' IN THE LINE NUMBER BOX. THE NUMBER OF BOXES FILLED MUST BE EQUAL TO THE NUMBER OF WIVES.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <p>IF 402 IS "NO Please tell me the name of your wife/partner</p> <p>1 _____</p> <p>IF 402 IS "YES Please tell me the names of all your wives and live-in partners</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p> </div> <div style="width: 40%; text-align: right;"> <p>LINE NUMBER</p> <p>..... <input style="width: 40px;" type="text"/></p> <p>..... <input style="width: 40px;" type="text"/></p> <p>..... <input style="width: 40px;" type="text"/></p> <p>..... <input style="width: 40px;" type="text"/></p> <p>..... <input style="width: 40px;" type="text"/></p> <p>..... <input style="width: 40px;" type="text"/></p> <p>..... <input style="width: 40px;" type="text"/></p> </div> </div>		
406	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER 1 OCCASIONAL SEXUAL PARTNER 2 NO SEXUAL PARTNER 3	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	 →409 →412

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408	What is your marital status now: are you widowed, divorced or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
409	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
410	CHECK 409: MARRIED./LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your wife/partner? Now we will talk about your first wife/partner. In what month and year did you start living with her?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→412
411	How old were you when you started living with her?	AGE <input type="text"/> <input type="text"/>	
412	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE <input type="text"/> <input type="text"/> WHEN FIRST UNION STARTED 96	→438
413	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> DOES NOT REMEMBER 998	→438
414	The last time you had sexual intercourse, did you use a condom?	YES 1 NO 2 DOES NOT KNOW CONDOMS 3	→416
415	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV 1 OWN CONCERN TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→417B
416	The last time you had sexual intercourse, did you or your partner do something or use some method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DOES NOT KNOW 8	→418

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
417	What did you do or what did you use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 LACTATIONAL AMENORRHEA 10 RHYTHM/PERIODIC ABSTINENCE 11 WITHDRAWAL 12 EMERGENCY CONTRACEPTION 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
417B	Circle "CONDOM"		
418	What is your relationship to the woman with whom you last had sex? IF "BOYFRIEND" OR "FIANCEE", PROBE BY ASKING: "Was your (girlfriend/fiancee) living with you when you last had sex?"	SPOUSE/COHABITING PARTNER 1 BOYFRIEND/FIANCEE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 COMMERCIAL SEX CUSTOMER 5 RELATIVE 6 OTHER _____ 7 (SPECIFY)	→420
419	How long have you had a sexual relationship with the woman you last had sex with?	DAYS 1 WEEKS 2 MONTHS 3 YEARS 4	
420	Have you had sex with anyone else in the last 12 months?	YES 1 NO 2	→435
421	The last time you had sexual intercourse with this other woman, did you use a condom?	YES 1 NO 2 DOES NOT KNOW CONDOMS 3	→423
422	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV 1 OWN CONCERN TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→424B
423	The last time you had sexual intercourse with this woman, did you or she do something or use some method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DOES NOT KNOW 8	→425

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
439	<p>Where is that?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>POLYCLINIC 12</p> <p>FGP 13</p> <p>PHARMACY 15</p> <p>OTHER PUBLIC 16</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRV. HOSPITAL/CLINIC 20</p> <p>PHARMACY 21</p> <p>PRV. DOCTOR 22</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
440	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
441	Do you know of a place where one can get female condoms?	<p>YES 1</p> <p>NO 2</p>	→501
442	<p>Where is that?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL.....11</p> <p>POLYCLINIC.....12</p> <p>FGP.....13</p> <p>PHARMACY.....15</p> <p>OTHER PUBLIC 16</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRV. HOSPITAL/CLINIC.....20</p> <p>PHARMACY.....21</p> <p>PRV. DOCTOR..... 22</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p>	
443	If you wanted to, could you yourself get a female condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: <div style="display: flex; justify-content: space-around;"> <div> CURRENTLY NOT IN UNION <input type="checkbox"/> </div> <div> CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/> </div> </div>		→ 503A
502	CHECK 406: <div style="display: flex; justify-content: space-around;"> <div> NOT IN UNION BUT HAS A REGULAR SEXUAL PARTNER <input type="checkbox"/> </div> <div> HAS ONLY AN OCCASIONAL SEXUAL PARTNER OR NO SEXUAL PARTNER <input type="checkbox"/> </div> </div>		→ 505A
503	CHECK 401 AND 406: <div style="display: flex;"> <div style="flex: 1;"> A HAS A WIFE OR LIVING WITH WOMAN <input type="checkbox"/> 1. Is your wife / the woman you are living with currently pregnant? 2. Are any of your wives/ any of the women your are living with currently pregnant? </div> <div style="flex: 1;"> B HAS A REGULAR SEXUAL PARTNER <input type="checkbox"/> 3. Is your regular partner currently pregnant? 4. Is one of your regular partners currently pregnant? </div> </div>	YES 1 NO 2 DOES NOT KNOW/UNSURE 8	→ 505A
504	When she became pregnant, did you want her to become pregnant then, did you want her to have a child but wanted to wait or did you not want her to have a child at all?	THEN 1 WANTED TO WAIT 2 NOT AT ALL 3	→ 505 B
505	CHECK 502 AND 503: <div style="display: flex;"> <div style="flex: 1;"> A WIFE/PARTNER NOT PREGNANT OR UNSURE, OR HAS NO WIFE/REGULAR PARTNER <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? </div> <div style="flex: 1;"> B WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child your wife/partner is expecting now, would you like to have another child, or would you prefer not to have any more children? </div> </div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS WIFE CAN'T GET PREGNANT 3 SAYS HE CAN'T HAVE ANY MORE 4 UNDECIDED/DOESN'T KNOW 8	→ 507
506	CHECK 503: <div style="display: flex;"> <div style="flex: 1;"> WIFE/PARTNER NOT PREGNANT OR UNSURE, OR HAS NO WIFE/PARTNER <input type="checkbox"/> 5. How long would you like to wait to have a child? 6. How long would you like to wait to have another child? </div> <div style="flex: 1;"> WIFE/PARTNER PREGNANT <input type="checkbox"/> After the child your wife/partner is expecting, how long would you like to wait before the birth of another child? </div> </div>	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> SOON/NOW 993 SAYS WIFE CAN'T GET PREGNANT AFTER MARRIAGE 994 OTHER 996 (SPECIFY) DOESN'T KNOW 998	
507	CHECK 308: USING A METHOD <div style="display: flex; justify-content: space-around;"> <div> NOT ASKED <input type="checkbox"/> </div> <div> NOT CURRENTLY USING <input type="checkbox"/> </div> <div> CURRENTLY USING <input type="checkbox"/> </div> </div>		→ 512

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	Do you think you will use a method to avoid pregnancies within the next 12 months?	YES 1 NO 2 DON'T KNOW 8	→510
509	Do you think you will use a method to avoid pregnancies at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→511
510	Which method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 LACTATIONAL AMENORRHEA 10 RHYTHM/PERIODIC ABSTINENCE 11 WITHDRAWAL 12 EMERGENCY CONTRACEPTION 13 OTHER 96 (SPECIFY) UNDECIDED 98	→512
511	What is the main reason that you think you will never use a method?	NOT CURRENTLY MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX 22 WIFE/PARTNER MENOP./HYSTEREC 23 COUPLE SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98	
512	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS LIVING CHILDREN <input type="checkbox"/> 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? </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div>	NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→514

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
	PROBE FOR A NUMERIC RESPONSE.																				
513	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?	<p>BOYS</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>GIRLS</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>																			
514	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	<p>APPROVE 1</p> <p>DISAPPROVE 2</p> <p>DO NOT KNOW/UNSURE 8</p>																			
515	Is it acceptable or not acceptable to you for information on family planning to be provided on the radio?	<p>ACCEPTABLE 1</p> <p>NOT ACCEPTABLE 2</p> <p>DO NOT KNOW/UNSURE 8</p>																			
516	Is it acceptable or not acceptable to you for information on family planning to be provided on the television?	<p>ACCEPTABLE 1</p> <p>NOT ACCEPTABLE 2</p> <p>DO NOT KNOW/UNSURE 8</p>																			
517	In the last few months have you heard about family planning:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	POSTER	1	2	LEAFLETS OR BROCHURES	1	2	
	YES	NO																			
RADIO	1	2																			
TELEVISION	1	2																			
NEWSPAPER OR MAGAZINE	1	2																			
POSTER	1	2																			
LEAFLETS OR BROCHURES	1	2																			
519	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	<p>YES 1</p> <p>NO 2</p>	→ 521																		
520	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>WIFE/PARTNER A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SISTER(S) D</p> <p>BROTHER(S) E</p> <p>DAUGHTER F</p> <p>MOTHER-IN-LAW G</p> <p>FATHER-IN-LAW H</p> <p>FRIENDS/NEIGHBORS I</p> <p>OTHER X</p> <p>(SPECIFY)</p>																			
521	<p>CHECK 401:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A WOMAN <input type="checkbox"/></p> <p>NO NOT IN UNION <input type="checkbox"/></p>		→ 601																		
522	<p>Spouses/partners do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning.</p> <p>Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES 1</p> <p>DISAPPROVES 2</p> <p>DON'T KNOW 8</p>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
523	How often have you talked to your wife/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
524	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 211: LAST CHILD BORN SINCE JANUARY 1994 ¹ <input type="checkbox"/>	HAS NO CHILDREN OR THE LAST CHILD WAS BORN BEFORE JANUARY 1994 <input type="checkbox"/>	→701
602	What is the name of your last child, that is the one who was born in (DATE AS INDICATED IN 211)?	_____ (NAME OF LAST CHILD)	
603	Who is the mother of (NAME OF CHILD)	WRITE THE CHILD'S MOTHER'S NAME AND LINE NUMBER AS INDICATED IN QUESTION 405. IF THE MOTHER IS NOT A HOUSEHOLD MEMBER WRITE "00" _____ (NAME OF LAST CHILD'S MOTHER)	
604	CHECK 603: MOTHER OF LAST CHILD DOES NOT LIVE IN THE HOUSEHOLD (CODE 00) <input type="checkbox"/>	MOTHER OF LAST CHILD LIVES IN THE HOUSEHOLD <input type="checkbox"/>	→606
605	What is your relationship with (NAME OF LAST CHILD'S MOTHER)?	CURRENT WIFE 1 FORMER WIFE 2 FORMER LIVE-IN PARTNER 3 REGULAR SEXUAL PARTNER 4 OCCASIONAL SEXUAL PARTNER 5 OTHER 6 (SPECIFY)	
606	When (NAME OF LAST CHILD'S MOTHER) became pregnant of (NAME OF LAST BORN CHILD), did you want to have a child then, did you want to have a child but wanted to wait until later, or did you not want to have any (more) children at all?	WANTED THEN 1 WANTED LATER 2 DID NOT WANT AT ALL 3	→608 →608
607	How much longer would you like to have waited?	MONTHS 1 YEARS 2 UNDECIDED/DON'T KNOW 998	
608	Did (NAME OF LAST CHILD'S MOTHER) go to a health facility to receive antenatal care for this pregnancy?	YES 1 NO 2 DON'T KNOW 8	→613
609	At any time during this pregnancy, did you accompany (NAME OF LAST CHILD'S MOTHER) when she went to the health facility for antenatal care?	YES 1 NO 2	
610	At any time while (NAME OF LAST CHILD'S MOTHER) was pregnant, did any health professional talk to you about this particular pregnancy?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	During this pregnancy, did you ever talk with (NAME OF LAST CHILD'S MOTHER) about what the health professional told her about her own health and the baby's health?	YES 1 NO 2	
612	In your opinion, was this a normal pregnancy or were there health complications more serious than those that commonly occur during pregnancies?	NORMAL PREGNANCY 1 THERE WERE COMPLICATIONS 2 UNSURE/DON'T KNOW 8	
613	Where did (NAME OF LAST CHILD'S MOTHER) give birth to (NAME OF LAST BORN CHILD)?	HOME 1 GOV. HOSPITAL/HEALTH CENTER 2 PRIVATE HOSPITAL/CLINIC 3 OTHER 6 (SPECIFY)	→615 →615
614	When she gave birth to (NAME OF LAST BORN CHILD), did you go to the (HOSPITAL/HEALTH CENTER/CLINIC) with her?	YES 1 NO 2	
615	In the first two months after (NAME OF LAST BORN CHILD) was born, did (NAME OF LAST CHILD'S MOTHER) visit a health facility to have her own health or the child's health checked?	YES 1 NO 2 DON'T KNOW 8	→619
616	Did you accompany (NAME OF LAST CHILD'S MOTHER) on any of these visits?	YES 1 NO 2	→618
617	At any time during these visits, did the health professional talk to you about (NAME OF LAST CHILD'S MOTHER)'s health or (NAME OF LAST BORN CHILD)'s health?	YES 1 NO 2	
618	Did you talk with (NAME OF LAST CHILD'S MOTHER) about what the health professional told her concerning her own health or the child's health?	YES 1 NO 2	
619	Did (NAME OF LAST BORN CHILD) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 DON'T KNOW 8	→622
620	Were any of these vaccines given at a health facility?	YES 1 NO 2	→622
621	The last time (NAME OF LAST BORN CHILD) was vaccinated in a health facility, who took him/her to the health facility? RECORD ALL MENTIONED	RESPONDENT A CHILD'S MOTHER B FEMALE RELATIVE C MALE RELATIVE D OTHER X (SPECIFY)	
622	Did (NAME OF LAST BORN CHILD) have a fever, cough or diarrhea at any time in the last four weeks?	YES 1 NO 2 DON'T KNOW 8	→701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
623	Who took care of (NAME OF LAST BORN CHILD) when he/she was sick? RECORD ALL MENTIONED	RESPONDENT A CHILD'S MOTHER B FEMALE RELATIVE C MALE RELATIVE D OTHER X (SPECIFY)	
624	Was (NAME OF LAST BORN CHILD) seen by a health professional when he/she was sick?	YES 1 NO 2 DON'T KNOW 8	↳701
625	Who took the decision that (NAME OF LAST BORN CHILD) needed to be seen by a health professional? RECORD ALL MENTIONED	RESPONDENT A CHILD'S MOTHER B FEMALE RELATIVE C MALE RELATIVE D OTHER X (SPECIFY)	
626	The last time (NAME OF LAST BORN CHILD) was seen by a health professional, who took him/her to the health facility? RECORD ALL MENTIONED	RESPONDENT A CHILD'S MOTHER B FEMALE RELATIVE C MALE RELATIVE D OTHER X (SPECIFY)	
627	Were you present when (NAME OF LAST BORN CHILD) was seen by the health professional?	YES 1 NO 2	

SECTION 7. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→718
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→710
703	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS, BLADES N OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
704	Is it possible to avoid AIDS by having only one not infected sexual partner who doesn't have other partners?	YES 1 NO 2 DON'T KNOW 8	
705	Can a person get AIDS through mosquito bite?	YES 1 NO 2 DON'T KNOW 8	
706	In your view, is a person's chance of getting AIDS affected by using a condom every time he or she has sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
707	Is it possible to prevent AIDS by avoiding eating together with AIDS carrier?	YES 1 NO 2 DON'T KNOW 8	
708	Is it possible to prevent AIDS by total abstinence from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
711	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	
712	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→714
713	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted... During pregnancy? During delivery? During breastfeeding?	YES NO DK 1 2 8 1 2 8 1 2 8	

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719	<p>In a man, what signs and symptoms would lead you to think that he has such an infection?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN</p> <p> GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>BLOOD IN URINE I</p> <p>LOSS OF WEIGHT J</p> <p>IMPOTENCE K</p> <p>NO SYMPTOMS L</p>
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720	<p>In a woman, what signs and symptoms would lead you to think that she has such an infection?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>BLOOD IN URINE I</p> <p>LOSS OF WEIGHT J</p> <p>NO SYMPTOMS K</p> <p>OTHER _____ (SPECIFY) W</p> <p>OTHER _____ (SPECIFY) X</p> <p>DON'T KNOW Z</p>	
721	<p>CHECK 412:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 801
722	During the last 12 months, have you had a sexually-transmitted disease?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
723	<p>Now I would like to ask you some questions about your health in the last 12 months. Sometimes, men experience a discharge from their penis.</p> <p>During the last 12 months, have you had a discharge from your penis?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
724	<p>Sometimes, men experience a sore or ulcer on or near their penis?.</p> <p>During the last 12 months, have you had a sore or ulcer on or near your penis?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
725	<p>CHECK 722, 723, and 724:</p> <p>HAS HAD AN INFECTION <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION <input type="checkbox"/></p>		→ 801
726	The last time you had (INFECTION FROM 722/723/724), did you seek any kind of advice or treatment?	<p>YES 1</p> <p>NO 2</p>	→ 728

727	The last time you had (INFECTION FROM 822/823/824) did you do any of the following? Did you....	YES	NO	
	Seek advice from a health worker in a clinic or hospital?	1	2	
	Seek advice or medicine from a traditional healer?	1	2	
	Seek advice or buy medicines in a shop or pharmacy?	1	2	
	Ask for advice from friends or relatives?	1	2	
728	When you had (INFECTION FROM 822/823/824), did you inform the persons with whom you have been having sex?	YES	1	
		NO	2	
		SOME/ NOT ALL	3	
729	When you had (INFECTION FROM 822/823/824) did you do something to avoid infecting your sexual partner(s)?	YES	1	
		NO	2	
		PARTNER ALREADY INFECTED	3	801
730	What did you do to avoid infecting your partner? Did you....	YES	NO	
	Stop having sex?	1	2	
	Use a condom when having sex?	1	2	
	Take medicine?	1	2	

SECTION 8. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	Now I would like to ask you a few questions regarding couples. People have many different opinions on these subjects and we would like to know what it is that you think about it.				
801	If the husband can provide enough money, do you believe that it is acceptable for the wife/partner to work outside the home to earn an income?	ACCEPTABLE TO WORK OUTSIDE ... 1 UNACCEPTABLE TO WORK OUTSIDE . 2 NO OPINION/DON'T KNOW 8			→ 803
802	If for some reason the husband cannot provide enough money for the family, do you believe that it is acceptable for wife/partner to work outside the home to earn an income?	ACCEPTABLE TO WORK OUTSIDE ... 1 UNACCEPTABLE TO WORK OUTSIDE . 2 NO OPINION/DON'T KNOW 8			
803	In a couple, do you think the woman should have a say about:	<div>YES NO DO NOT KNOW/DEPENDS</div>			
	a) large household expenses, that require a lot of money?	a)	1 2 8		
	b) minor daily household expenses?	b)	1 2 8		
	c) when to visit family, friends or relatives?	c)	1 2 8		
	d) what to do with the money she earns for her work?	d)	1 2 8		
804	Sometimes a husband is annoyed or angered by things which his wife/partner does. In your opinion, is a husband/partner justified in hitting or beating his wife/partner in the following situations:	<div>YES NO DO NOT KNOW/DEPENDS</div>			
	a) If she goes out without telling him?	a)	1 2 8		
	b) If she neglects the children?	b)	1 2 8		
	c) If she argues with him?	c)	1 2 8		
	d) If she refuses sex with him?	d)	1 2 8		
	e) If she burns the food?	e)	1 2 8		
805	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:	<div>YES NO DO NOT KNOW/DEPENDS</div>			
	a) She has recently given birth to a child?	a)	1 2 8		
	b) She know or suspects that her husband has a sexually transmitted disease or AIDS?	b)	1 2 8		
	c) She know or suspects that her husband has been having sex with other women?	c)	1 2 8		
	d) She is not feeling well or she is tired?	d)	1 2 8		
	e) She is not in the mood to have sex?	e)	1 2 8		
806	Do you think that if a woman refuses to have sex with her husband, he has the right to	<div>YES NO DO NOT KNOW/DEPENDS</div>			
	a) Get angry and reprimand her?	a)	1 2 8		
	b) Refuse to give her money or other means of financial support?	b)	1 2 8		
	c) Use force and have sex with her even if she doesn't want to?	c)	1 2 8		
807	In a household who do you think should have the main responsibility to maintain the discipline among the children, the man, the woman or both?	MAN 1 WOMAN 2 BOTH 3 ANY OTHER RELATIVE 4			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
809	In a couple, who do you think has the main responsibilities in the house, that is to say, cooking, cleaning, washing clothes and utensils, fetching water, tending the animals, collecting fuelwood?	MAN 1 WOMAN 2 BOTH 3 ANY OTHER RELATIVE 4 OTHER 6 (SPECIFY) DO NOT KNOW/DEPENDS 8									
810	As far as you can remember, has your father ever hit your mother?	YES 1 NO 2 DON'T KNOW/DOES NOT REMEMBER 8									
811	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									

SECTION 9. HEMOGLOBIN TESTING

READ TO THE RESPONDENT THE FOLLOWING INFORMATION ABOUT ANEMIA AND REQUEST HIS PARTICIPATION IN THE ANEMIA TESTING PART OF THE SURVEY. IF THE RESPONDENT AGREES TO PARTICIPATE, ASK HIM TO SIGN AND DATE THE RESPONDENT CONSENT FORM. THEN RECORD THE OUTCOME OF THIS REQUEST BY CIRCLING THE APPROPRIATE CODE AT THE BOTTOM OF THIS PAGE.

KAZAKHSTAN ACADEMY OF PREVENTIVE MEDICINE

Dear Respondent:

The Academy of Preventive Medicine is conducting Demographic and Health Survey in Kazakhstan. As part of this program we study the prevalence of anemia among men, women and their children. We ask you to participate in this program, which will assist the Committee of Health of MECH RK to develop the specific measures to prevent and treat anemia.

Anemia is a disease, which is characterized by a low count of red blood cells. It results from poor nutrition and other causes

Today, it is possible to rapidly (within a few minutes) diagnose this disease. A low level of hemoglobin (less than 12 g/dl) can be determined by a Hemocue machine on the basis of a single drop of blood.

If you decide to participate in this program, we will ask you to provide a drop of blood from your finger for the analysis. The procedure will be done by sterile instruments. The blood will be analyzed using the new sophisticated American equipment, Hemocue. The result of analysis will be available to you right after the blood is taken and assessed by Hemocue. We will also keep the results confidential.

If you decide to participate in this program, please sign at the bottom of this form that you agree to provide a drop of blood.

If you decide not to participate, it is your right, and we will respect your choice.

I am _____

Last name, First name Middle name

agree to donate a drop of blood for the purpose of anemia diagnosis.

Signature: _____ Date: _____

901	RESPONDENT AGREES TO TESTING 1 <div style="text-align: center;">↓</div> <div style="text-align: center;">902</div>	RESPONDENT DOES NOT AGREE TO TESTING 2 <div style="text-align: center;">↓</div> <div style="text-align: right;">END</div>
902	RESPONDENT'S HEMOGLOBIN LEVEL (G/DL)	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
903	RESULT	MEASURED 1 NOT MEASURED 2 REFUSED 3 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>