

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT
CENTRAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 3
MAN'S QUESTIONNAIRE

CONFIDENTIAL
Data used
for research
purposes only

IDENTIFICATION				
PROVINCE _____				
DISTRICT _____				
LOCATION/TOWN _____				
SUBLOCATION/WARD _____				
NASSEP CLUSTER NUMBER.....				
KDHS CLUSTER NUMBER.....				
HOUSEHOLD NUMBER.....				
NAIROBI/MOMBASA=1, SMALL CITY=2, TOWN=3, RURAL=4...				
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF MAN _____				
INTERVIEWER VISITS	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				NAME
RESULT *				RESULT
NEXT VISIT: DATE				TOTAL NUMBER
TIME				OF VISITS
* RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) _____				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				1 0
LANGUAGE USED IN INTERVIEW**.....				
RESPONDENT'S LOCAL LANGUAGE**.....				
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....				
** LANGUAGE CODES: 01 KALENJIN 05 LUHYA 09 KISWAHILI 02 KAMBA 06 LUO 10 ENGLISH 03 KIKUYU 07 MERU/EMBU 11 MASAI 04 KISII 08 MIJIKENDA 12 OTHER				
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
DATE				

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 □(s0p16.67h8.5v0s0b0T□&l8D

□&dSECTION 1. RESPONDENT'S BACKGROUND□&d@

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 in Nairobi or Mombasa, in another town or city, or in the countryside?	NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	□105
104	Just before you moved here, did you live in Nairobi or Mombasa, in another city or town, or in the countryside?	NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3	
105	In what month and year were you born?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DOES NOT KNOW YEAR.....9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	□111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	What is the highest (standard/form/year) you completed at that level?	STANDARD/FORM/YEARS.....	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		□112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	□113
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113	Do you usually listen to a radio every day?	YES.....1 NO.....2	
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Are you currently working?	YES.....1 NO.....2	117
116	Have you done any work in the last 12 months?	YES.....1 NO.....2	124
117	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
118	CHECK 117: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		120
119	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	
120	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	
121	Do you usually work at this job throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	123
122	During the last 12 months, how many months did you work at this job?	NUMBER OF MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
123	How much do you earn for this work per month? Is it less than 1,000 shillings? 1,000-5,000 shillings? 5,000-10,000 shillings? or more than 10,000 shillings?	LESS THAN 1,000.....1 1,000-5,000.....2 5,000-10,000.....3 MORE THAN 10,000.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	What is your religion?	CATHOLIC.....1 PROTESTANT/OTHER CHRISTIAN.....2 MUSLIM.....3 NO RELIGION.....4 OTHER.....6 (SPECIFY)	
125	What is your ethnic group/tribe?	KALENJIN.....01 KAMBA.....02 KIKUYU.....03 KISII.....04 LUHYA.....05 LUO.....06 MASAI.....07 MERU/EMBU.....08 MIJIKENDA/SWAHILI.....09 SOMALI.....10 TAITA/TAVETA.....11 OTHER.....96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	<input type="checkbox"/> 206
202	Do you have any sons or daughters who are now living with you?	YES.....1 NO.....2	<input type="checkbox"/> 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters who are alive but do not live with you?	YES.....1 NO.....2	<input type="checkbox"/> 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..... DAUGHTERS ELSEWHERE.....	
206	Sometimes it happens that children die. It may be very painful to talk about and I am sorry to ask you about painful memories, but it is important to get the right information. Have you ever given had a boy or girl 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	<input type="checkbox"/> 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ 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 NEVER HAD CHILDREN (NONE) <input type="checkbox"/>		<input type="checkbox"/> 301
210A	In what month and year was your last child born?	MONTH..... YEAR.....	
210B	CHECK 210A, LAST CHILD: BORN SINCE JANUARY 1995 <input type="checkbox"/> BEFORE JANUARY 1995 <input type="checkbox"/>		<input type="checkbox"/> 301
211	When you were expecting your lastborn child, did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	

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 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard of?	SPONTANEOUS YES	302 Have you ever heard of (METHOD)? PROBED YES NO	303 Have you ever used (METHOD)?
01 PILL Women can take a pill every day.	1	2	YES.....1 NO.....2
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	YES.....1 NO.....2
04 NORPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	YES.....1 NO.....2
05 DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	YES.....1 NO.....2
06 CONDOM Men can use a rubber sheath on their penis during sexual intercourse.	1	2	YES.....1 NO.....2
07 FEMALE STERILISATION Women can have an operation to avoid having any more children.	1	2	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
08 MALE STERILISATION Men can have an operation to avoid having any more children.	1	2	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
09 NATURAL METHODS 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.	1	2	YES.....1 NO.....2
10 WITHDRAWAL Men can be careful and pull out before the fluids come out.	1	2	YES.....1 NO.....2
11 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3	YES.....1 NO.....2 YES.....1 NO.....2

304 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐ AT LEAST ONE "YES" (EVER USED) ☐ SKIP TO 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you or any of your partners ever used anything or tried in any way to delay or avoid pregnancy?	YES.....1 NO.....2	<input type="checkbox"/> 309
306	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
307	Are you or your partner doing something or using a method to delay or avoid a pregnancy?	YES.....1 NO.....2	<input type="checkbox"/> 309
308	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILISATION.....07 MALE STERILISATION.....08 NATURAL METHODS.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	<input type="checkbox"/> 401
309	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11 NOT INTENDING TO MARRY.....12 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTERECTOMY.....23 WIFE SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 WIFE PREGNANT.....27 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 UP TO THE WOMAN TO USE.....61 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A WOMAN.....2 NO, NOT IN UNION.....3	<input type="checkbox"/> 402A <input type="checkbox"/> 404
402	How many wives do you have?	NUMBER OF WIVES.....	
402A	How many women are you living with as if you are married?		
403	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE/WIVES. IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00'. THE NUMBER OF BOXES FILLED MUST EQUAL THE NUMBER OF WIVES.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 407
404	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	
405	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED.....1 YES, LIVED WITH A WOMAN.....2 NO.....3	<input type="checkbox"/> 407 <input type="checkbox"/> 410F
406	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3	
407	Have you been married or lived with a woman only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
408	CHECK 407: 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/woman? Now we will talk about your first wife/woman you lived with. In what month and year did you start living with her?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR.....9998	<input type="checkbox"/> 409A
409	How old were you when you started living with her?	AGE..... <input type="text"/> <input type="text"/>	
409A	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A WOMAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	<input type="checkbox"/> 410F
410	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with (your wife/the woman you are living with)?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410A	<p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>The last time you had sex with (your wife/the woman you are living with), did you use a condom?</p> <p>Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your wife/the woman you are living with) did you use a condom?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW/NOT SURE.....8</p>	
410B	<p>Have you had sex with anyone other than (your wife/the woman you are living with) in the last 12 months?</p>	<p>YES.....1</p> <p>NO.....2</p>	413
410C	<p>When was the last time you had sexual intercourse with someone other than (your wife/the woman you are living with)?</p>	<p>DAYS AGO.....1</p> <p>WEEKS AGO.....2</p> <p>MONTHS AGO.....3</p> <p>YEARS AGO.....4</p>	
410D	<p>Did you use a condom that time?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW/NOT SURE.....8</p>	
410E	<p>In the last 12 months, how many different persons other than (your wife/the woman you are living with) have you had sex with?</p>	<p>NUMBER OF PERSONS.....</p> <p>DOES NOT KNOW.....98</p>	410J
410F	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse (if ever)?</p>	<p>NEVER.....000</p> <p>DAYS AGO.....1</p> <p>WEEKS AGO.....2</p> <p>MONTHS AGO.....3</p> <p>YEARS AGO.....4</p>	509

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
410G	<p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>The last time you had sex, did you use a condom?</p>	<p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex, did you use a condom?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
410H	<p>CHECK 410F:</p> <p>LESS THAN 12 MONTHS SINCE LAST SEX <input type="checkbox"/></p>	<p>12 MONTHS OR LONGER SINCE LAST SEX <input type="checkbox"/></p>		410J
410I	<p>In the last 12 months, how many different persons have you had sex with?</p>	<p>NUMBER OF PERSONS..... <input type="text"/></p> <p>DOES NOT KNOW.....98</p>		
410J	<p>CHECK 401:</p> <p>CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/></p> <p>The last time you had sex, was it with your (wife/the woman you live with), a regular partner, an acquaintance, someone you paid for sex, or someone else?</p>	<p>NOT CURRENTLY MARRIED AND NOT LIVING WITH A WOMAN <input type="checkbox"/></p> <p>The last time you had sex, was it with a regular partner, an acquaintance, someone you paid for sex, or someone else?</p>	<p>WIFE/WOMAN LIVES WITH.....1</p> <p>REGULAR PARTNER.....2</p> <p>ACQUAINTANCE.....3</p> <p>SOMEONE HE PAID FOR SEX.....4</p> <p>SOMEONE ELSE.....5</p>	
413	<p>Do you know of a place where you can get condoms?</p>	<p>YES.....1</p> <p>NO.....2</p>		415
414	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTRE.....12</p> <p>GOVERNMENT DISPENSARY.....13</p> <p>MEDICAL PRIVATE SECTOR</p> <p>MISSION,CHURCH HOSPITAL/CLINIC.....21</p> <p>FPAK HEALTH CENTRE/CLINIC.....22</p> <p>OTHER NON-GOVERNMENTAL SERVICE.....23</p> <p>PRIVATE HOSPITAL OR CLINIC.....24</p> <p>PHARMACY.....25</p> <p>PRIVATE DOCTOR.....26</p> <p>MOBILE CLINIC.....31</p> <p>COMMUNITY BASED DISTRIBUTOR.....41</p> <p>SHOP.....51</p> <p>FRIENDS/RELATIVES.....61</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>		
415	<p>Have you ever heard of a condom called "Trust"?</p>	<p>YES.....1</p> <p>NO.....2</p>		
415a	<p>Would you be willing to pay for condoms?</p>	<p>YES.....1</p> <p>NO.....2</p>		416

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
415b	How much would you be willing to pay for a package of 3 condoms? Would you pay as much as 50 shillings? IF NO: would you pay as much as 25 shillings? IF NO: would you pay as much as 10 shillings? IF NO: would you pay as much as 5 shillings? IF NO: ENTER < 5 SHILLINGS	50 SHILLINGS.....1 25 SHILLINGS.....2 10 SHILLINGS.....3 5 SHILLINGS.....4 < 5 SHILLINGS.....5 DON'T KNOW.....8	
416	How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED.....96	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: NOT IN UNION <input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>		503
502	CHECK 404: REGULAR SEXUAL PARTNER <input type="checkbox"/> OCCASIONAL SEXUAL PARTNER <input type="checkbox"/> NO SEXUAL PARTNER <input type="checkbox"/>		505A
503	Is your wife (or one of your wives)/partner pregnant now?	YES.....1 NO.....2 UNSURE.....8	505A
504	When she became pregnant, did you want her to become pregnant then, did you want her to wait until later, or did you not want this pregnancy at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	505B
505	CHECK 503: A) WIFE/PARTNER NOT PREG-NANT OR UNSURE OR NO WIFE/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? B) WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child your wife/partner is expecting, would you like to have another child or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS WIFE CAN'T GET PREGNANT....3 SAYS HE CAN'T HAVE ONE ANY MORE.4 UNDECIDED/DOES NOT KNOW.....8	507
506	CHECK 503: WIFE/PARTNER NOT PREG-NANT OR UNSURE OR NO WIFE/PARTNER <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? 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?	MONTHS.....1 YEARS.....2 SOON/NOW.....993 SAYS WIFE CAN'T GET PREGNANT..994 AFTER MARRIAGE.....995 OTHER (SPECIFY) 996 DOES NOT KNOW.....998	
507	CHECK 308: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		512
508	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	510
509	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	511

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILISATION.....07 MALE STERILISATION.....08 NATURAL METHODS.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) UNSURE.....98	512
511	What is the main reason that you think you will never use a method?	NOT MARRIED.....11 NOT INTENDING TO MARRY.....12 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTERECTOMY..23 WIFE SUBFECUND/INPECUND.....24 WANTS MORE CHILDREN.....26 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 NORMAL PROCESSES.....56 UP TO THE WOMAN TO USE.....61 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	
512	CHECK 202 AND 204: HAS LIVING CHILDREN <input type="checkbox"/> NO 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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER..... <input type="text"/> <input type="text"/> OTHER.....96 (SPECIFY)	514
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?	BOYS NUMBER..... <input type="text"/> <input type="text"/> GIRLS NUMBER..... <input type="text"/> <input type="text"/> EITHER NUMBER..... <input type="text"/> <input type="text"/> OTHER.....999996 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
514	Would you say that you approve or disapprove of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 NO OPINION.....3																						
515	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table border="1"> <thead> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> <th>DO NOT KNOW</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....1</td> <td></td> <td>2</td> <td>8</td> </tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DO NOT KNOW	RADIO.....1		2	8	TELEVISION.....1		2	8										
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DO NOT KNOW																					
RADIO.....1		2	8																					
TELEVISION.....1		2	8																					
516	In the last six months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a billboard? At a live drama? At a community event?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td>2</td> <td></td> </tr> <tr> <td>TELEVISION.....1</td> <td>2</td> <td></td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>BILLBOARD.....1</td> <td>2</td> <td></td> </tr> <tr> <td>LIVE DRAMA.....1</td> <td>2</td> <td></td> </tr> <tr> <td>COMMUNITY EVENT.....1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	RADIO.....1	2		TELEVISION.....1	2		NEWSPAPER OR MAGAZINE.....1	2		BILLBOARD.....1	2		LIVE DRAMA.....1	2		COMMUNITY EVENT.....1	2		
	YES	NO																						
RADIO.....1	2																							
TELEVISION.....1	2																							
NEWSPAPER OR MAGAZINE.....1	2																							
BILLBOARD.....1	2																							
LIVE DRAMA.....1	2																							
COMMUNITY EVENT.....1	2																							
516a	CHECK 516: FAMILY PLANNING ON RADIO? YES <input type="checkbox"/> NO <input type="checkbox"/>		516C																					
516b	Which programs have you heard? Any others? DO NOT READ CODES TO RESPONDENT. CIRCLE ALL MENTIONED.	UGUA POLE.....A MTU NI AFYA.....B DAKTARI WA RADIO.....C KINGA YASHINDA TIBA.....D TEMBEA NA MAJIRA.....E USIPOZIBA UFA UTAJENGA UKUTA...F HEALTH WATCH.....G HEALTH IS LIFE.....H MAN AND MEDICINE.....I AQUAFRESH HEALTH.....J OTHER.....X (SPECIFY) DOES NOT KNOW/CANNOT REMEMBER...Z																						
516c	Do you think that information about family planning should be available for persons under 18 years of age?	YES.....1 NO.....2 DOES NOT KNOW.....8																						
516d	Do you think that family planning services should be available for persons under 18 years of age?	YES.....1 NO.....2 DOES NOT KNOW.....8																						
518	In the last six months have you discussed family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	520																					
519	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H OTHER.....X (SPECIFY)																						

520	CHECK 401:		
	CURRENTLY MARRIED	<input type="checkbox"/>	LIVING WITH A WOMAN
		<input type="checkbox"/>	NOT IN UNION
		<input type="checkbox"/>	601A

521	Spouses do not always agree on everything. Now I want to ask you about your wife's/the woman you live with's views on family planning. Do you think that your wife/the woman you live with approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOES NOT KNOW.....8
522	How often have you talked to your wife/the woman you live with about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3
523	Do you think your wife/the woman you live with 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. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	<input type="checkbox"/> 601F
601B	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS.....C GENITAL WARTS.....D UGONGWA ZINAA.....E OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
601C	CHECK 410 AND 410F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	<input type="checkbox"/> 601F
601D	During the last twelve months, did you have any of these diseases?	YES.....1 NO.....2 DOES NOT KNOW.....8	<input type="checkbox"/> 601F
601E	Which of the diseases did you have? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS.....C GENITAL WARTS.....D UGONGWA ZINAA.....E OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
601F	During the last twelve months, did you have a discharge from your penis?	YES.....1 NO.....2 DOES NOT KNOW.....8	
601G	During the last twelve months, did you have a sore or ulcer on your penis?	YES.....1 NO.....2 DOES NOT KNOW.....8	
601H	CHECK 601E, 601F AND 601G HAD ONE OR MORE DISEASES <input type="checkbox"/>	NONE OF THE DISEASES <input type="checkbox"/>	<input type="checkbox"/> 601N
601I	The last time you had (DISEASE FROM 601E/DISCHARGE/SORE) did you seek advice or treatment?	YES.....1 NO.....2	<input type="checkbox"/> 601JA
601J	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC.....D OTHER PVT.HOSP/CLINIC.....E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMMUNITY BASED DISTRIBUTOR.....I COMM. HEALTH WORKER.....J OTHER SOURCE SHOP.....K HERBALIST./TRAD.PRACT.....L RELATIVE/FRIEND.....M OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601JA	CHECK 410 AND 410F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	<input type="checkbox"/> 601N
601K	When you had (DISEASE FROM 601E/DISCHARGE/SORE) did you inform your partner(s)?	YES.....1 NO.....2	
601L	When you had (DISEASE FROM 601E/DISCHARGE/SORE) did you do something not to infect your partner(s)?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	<input type="checkbox"/> 601N
601M	What did you do? RECORD ALL MENTIONED	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C OTHER_____X (SPECIFY)	
601N	CHECK 601B DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/>		<input type="checkbox"/> 602
601O	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	<input type="checkbox"/> 611C
602	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J DRAMA/PERFORMANCE.....K OTHER_____X (SPECIFY)	
602B	How can a person get AIDS? Any other ways? RECORD ALL MENTIONED	SEXUAL INTERCOURSE.....A SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....B SEX WITH PROSTITUTES.....C NOT USING CONDOM.....D HOMOSEXUAL CONTACT.....E MOTHER TO CHILD.....F BLOOD TRANSFUSION.....G SHARING RAZOR BLADES.....H INJECTIONS.....I KISSING.....J MOSQUITO BITES.....K OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
603	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	<input type="checkbox"/> 607

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
604	<p>What can a person do?</p> <p>Any other ways?</p> <p>RECORD ALL MENTIONED</p>	<p>ABSTAIN FROM SEX.....B</p> <p>USE CONDOMS.....C</p> <p>AVOID MULTIPLE SEX PARTNERS.....D</p> <p>AVOID SEX WITH PROSTITUTES.....E</p> <p>AVOID SEX WITH HOMOSEXUALS.....F</p> <p>BE FAITHFUL TO PARTNER.....G</p> <p>AVOID BLOOD TRANSFUSIONS.....H</p> <p>AVOID INJECTIONS.....I</p> <p>AVOID KISSING.....J</p> <p>AVOID MOSQUITO BITES.....K</p> <p>SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....L</p> <p>OTHER.....W (SPECIFY)</p> <p>OTHER.....X (SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>	
607	<p>Is it possible for a healthy-looking person to have the AIDS virus?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
608	<p>Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?</p>	<p>ALMOST NEVER.....1</p> <p>SOMETIMES.....2</p> <p>ALMOST ALWAYS.....3</p> <p>DOES NOT KNOW.....8</p>	
608A	<p>Can AIDS be cured?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
608B	<p>Can AIDS be transmitted from mother to child?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
608C	<p>Do you personally know someone who has AIDS or has died of AIDS?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
609	<p>Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?</p>	<p>SMALL.....1</p> <p>MODERATE.....2</p> <p>GREAT.....3</p> <p>NO RISK AT ALL.....4</p> <p>HAS AIDS.....5</p>	<p>609C</p> <p>611A</p>
609B	<p>Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED</p>	<p>ABSTAIN FROM SEX.....B</p> <p>USE CONDOMS.....C</p> <p>HAVE ONLY ONE SEX PARTNER.....D</p> <p>LIMITED NUMBER OF SEX PARTNERS.....E</p> <p>AVOID SEX WITH PROSTITUTES.....F</p> <p>SPOUSE HAS NO OTHER PARTNER.....G</p> <p>NO HOMOSEXUAL CONTACT.....H</p> <p>NO BLOOD TRANSFUSIONS.....I</p> <p>NO INJECTIONS.....J</p> <p>OTHER.....X (SPECIFY)</p>	<p>611A</p>

NO.	QUESTIONS AND FILTERS	CODES	SKIP
609C	<p>Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED</p>	<p>DO NOT USE CONDOMS.....C</p> <p>MORE THAN ONE SEX PARTNER.....D</p> <p>MANY SEX PARTNERS.....E</p> <p>SEX WITH PROSTITUTES.....F</p> <p>SPOUSE HAS OTHER PARTNER(S).....G</p> <p>HOMOSEXUAL CONTACT.....H</p> <p>HAD BLOOD TRANSFUSION.....I</p> <p>HAD INJECTIONS.....J</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>	
611A	<p>Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?</p> <p>IF YES, what did you do?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED</p>	<p>DIDN'T START SEX.....A</p> <p>STOPPED ALL SEX.....B</p> <p>STARTED USING CONDOMS.....C</p> <p>RESTRICTED SEX TO ONE PARTNER...D</p> <p>REDUCED NUMBER OF PARTNERS.....E</p> <p>AVOID SEX WITH PROSTITUTES.....F</p> <p>ASK SPOUSE TO BE FAITHFUL.....G</p> <p>NO MORE HOMOSEXUAL CONTACTS....H</p> <p>STOPPED INJECTIONS.....J</p> <p>OTHER.....W</p> <p>(SPECIFY)</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>NO BEHAVIOR CHANGE.....Y</p>	611C
611B	<p>Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?</p> <p>IF YES, In what way?</p> <p>RECORD ALL MENTIONED</p>	<p>DIDN'T START SEX.....A</p> <p>STOPPED ALL SEX.....B</p> <p>STARTED USING CONDOMS.....C</p> <p>RESTRICTED SEX TO ONE PARTNER...D</p> <p>REDUCED NUMBER OF PARTNERS.....E</p> <p>AVOID SEX WITH PROSTITUTES.....F</p> <p>NO MORE HOMOSEXUAL CONTACTS....H</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>NO CHANGE IN SEXUAL BEHAVIOR...Y</p> <p>DOES NOT KNOW.....Z</p>	
611C	<p>Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?</p>	<p>YES.....1</p> <p>NO.....2</p>	611F
611D	<p>CHECK 410 AND 410F:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		613
611E	<p>We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?</p>	<p>YES.....1</p> <p>NO.....2</p>	611G
611F	<p>CHECK 410 AND 410F:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		612
611G	<p>Have you given or received money, gifts or favours in return for sex at any time in the last 12 months?</p>	<p>YES.....1</p> <p>NO.....2</p>	

612	CHECK 601B and 601O	
	KNOWS 'AIDS' <input type="checkbox"/>	DOES NOT KNOW 'AIDS' <input type="checkbox"/> 616

613	Have you ever been tested to see if you have the AIDS virus?	YES.....1 613D NO.....2 DOES NOT KNOW/NOT SURE.....8
613A	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8
613B	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8 614
613C	Where could you go?	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC.....D OTHER PVT.HOSP/CLINIC.E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMMUNITY BASED DISTRIBUTOR.....I COMM. HEALTH WORKER.....J OTHER SOURCE SHOP.....K HERBALIST./TRAD.PRACT.....L RELATIVE/FRIEND.....M OTHER.....X (SPECIFY) DOES NOT KNOW.....Z
613D	Where did you go?	
614	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL PEOPLE.....3 NOT BE INVOLVED.....4 OTHER.....6 (SPECIFY)
615	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?	YES.....1 NO.....2 DEPENDS.....3 NOT SURE/DO NOT KNOW.....8

616	RECORD THE TIME.	HOUR..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> MINUTES..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>
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To be filled in after completing interview

Comments
about Respondent:

Comments on
Specific Questions:

Any Other Comments:

☐&dSUPervisor'S OBSERVATIONS☐&d@

Name of Supervisor: _____ Date: _____

☐&dEDITOR'S OBSERVATIONS☐&d@

Name of Editor: _____ Date: _____

