

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
102A	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	
102B	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away? IF "NO OCCASIONS", RECORD '00	NO. TRIPS AWAY <input type="text"/> <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
105	In what month and year were you born?	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	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	How many years of school did you complete <u>at that level</u> ?	YEARS <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> ▼		→114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/> _____ CIRCLED ▼		→115
114	Do you read a newspaper or magazine almost every day, at least once a week, less often than that or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS OFTEN 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less often than that or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS OFTEN 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less often than that or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS OFTEN 3 NOT AT ALL 4	
117	What is your religion?	CATHOLIC 01 CCAP 02 ANGLICAN 03 SEVENTH DAY ADVENT./BAPTIST 04 OTHER CHRISTIAN 05 MUSLIM 06 NO RELIGION 07 OTHER _____ 96 (SPECIFY)	
118	What is your tribe or ethnic group?	CHEWA 01 TUMBUKA 02 LOMWE 03 TONGA 04 YAO 05 SENA 06 NKONDE 07 NGONI 08 OTHER _____ 96 (SPECIFY)	
119	Have you heard that when a child is born in Malawi, you can register that child with the government and receive a birth certificate?	YES 1 NO 2	

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	→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 <input type="text"/> DAUGHTERS AT HOME .. <input type="text"/>	
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 <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/>	
206	Have you ever 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 moments?	YES 1 NO 2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> GIRLS DEAD <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/>	
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="text"/> NO <input type="text"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		

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 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	FEMALE 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 2
02	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 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ▾	YES 1 NO 2
05	INJECTIONS Women can have an injection by a health provider which stops them from becoming pregnant for three months.	YES 1 NO 2 ▾	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ▾	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) 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.	YES 1 NO 2 ▾	YES 1 NO 2
12	RHYTHM, BILLINGS OR OTHER NATURAL METHODS Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ▾	YES 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
15	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 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> _____ (NEVER USED) ▾ (EVER USED)		→325A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you or any of your partners ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→325A
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
325A	Were you ever told by a health or family planning worker about methods of family planning which you could use?	YES 1 NO 2	
328	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→492
329	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>CBDA/FIELD WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL G</p> <p>HEALTH CENTER H</p> <p>MOBILE CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>MOBILE CLINIC M</p> <p>CBDA/FIELD WORKER N</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ O</p> <p>(SPECIFY)</p> <p>BLM P</p> <p>OTHER SOURCE</p> <p>SHOP Q</p> <p>CHURCH R</p> <p>FRIEND/RELATIVE S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 4. HEALTH CONCERNS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
492	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
492A	CHECK 492: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> _____ ▼		→493A
493	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
493A	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→493F
493B	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	
493C	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/NEVER 97	→493F
493D	CHECK 493B: YES <input type="checkbox"/> NO <input type="checkbox"/> _____ ▼		→493F
493E	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE/NEVER 97	
493F	Have you had any kind of injection In the last 3 months?	YES 1 NO 2	→494G
493G	How many times did you have an injection in the last 3 months?	NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/> EVERY DAY 96	
493H	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
494G	Did you have a fever at any time in the last two weeks?	YES 1 NO 2	→494K
494H	Did you take any medicine for the fever?	YES 1 NO 2	→494K
494I	Which medicines did you take? ASK TO SEE MEDICINE(S). IF NOT SEEN, SHOW MEDICINE(S) TO RESPONDENT. FOR EACH ANTI-MALARIAL MEDICINE: How long after the fever started did you start taking the medicine? RECORD ALL MENTIONED. DAY CODES: SAME DAY = 0 NEXT DAY AFTER THE FEVER = 1 TWO DAYS AFTER THE FEVER = 2 THREE DAYS OR MORE AFTER THE FEVER = 3	ANTI-MALARIAL SP (NOVIDAR, FANSIDAR) A 0 1 2 3 QUININE B 0 1 2 3 CHLOROQUINE C 0 1 2 3 AMODIAQUINE D 0 1 2 3 HALAFAN E 0 1 2 3 OTHER DRUGS ASPIRIN F PANADOL G OTHER _____ X (SPECIFY) UNKNOWN Z	
494J	How many occasions did you take this medicine(s)?	NO OF TIMES <input type="text"/>	
494K	Did you sleep under a mosquito net last night?	YES 1 NO 2	→501
494L	Where was the mosquito net you slept under bought or obtained?	SHOP 1 VENDOR 2 NGO OR OTHER ORGANIZATION .. 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
494M	How long ago was the mosquito net bought or obtained? WRITE THE ANSWER IN MONTHS (LESS THAN 1 MONTH = 00) IF MORE THAN 84 MONTHS, WRITE 95.	NO OF MONTHS <input type="text"/> DON'T KNOW 8	
494N	Since you got the mosquito net, was it ever soaked or dipped in an insecticide to repel mosquitoes or bugs?	YES 1 NO 2 DON'T KNOW 8	→501
494O	How long ago was the mosquito net last soaked or dipped? WRITE THE ANSWER IN MONTHS (LESS THAN 1 MONTH = 00) IF MORE THAN 84 MONTHS, WRITE 95.	MONTHS <input type="text"/> DON'T KNOW 98	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→504
502	Do you have more than one wife or live-in partner? IF YES: How many wives or live-in partners do you have?	ONE WIFE OR PARTNER 01 NUMBER OF WIVES/PARTNERS <input type="text"/>	→506 →506A
504	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→514
505	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→507
506 506A	What is your wife's/partner's name? NAME OF WIFE/PARTNER _____ LINE NO. <input type="text"/> Which of your current wives did you marry first? Which of your current wives did you marry second?..... FIRST RECORD ALL OF THE WIVES'/PARTNERS' NAMES AND THEN CHECK IN THE HOUSEHOLD SCHEDULE AND RECORD THE NUMBER FROM THE HOUSEHOLD SCHEDULE FOR EACH WIFE/PARTNER MENTIONED. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. NAME OF WIFE/PARTNER _____ LINE NO. <input type="text"/> NAME OF WIFE/PARTNER _____ LINE NO. <input type="text"/> CHECK THAT THE NUMBER OF WIVES LISTED IS EQUAL TO THE NUMBER IN 502.		
507	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
508	CHECK 507: MARRIED/ <input type="checkbox"/> LIVED WITH A <input type="checkbox"/> WOMAN ONCE MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/> Now we will talk about your first wife/partner. In what month and year did you start living with her?	MONTH <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> DON'T KNOW YEAR 9998	→514
509	How old were you when you started living with her?	AGE <input type="text"/>	
514	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 IN YEARS <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ... 96	→524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
515	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																	→524
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→516C																																
516A	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 PARTNER/FEELS PARTNER HAS OTHER PARTNERS 4 PARTNER INSISTED 5 DON'T KNOW 6 OTHER _____ 7 (SPECIFY)																																	
516B	On that occasion, in addition to the condom, did you or your partner do something or use any other method to avoid pregnancy?	YES 1 NO 2	→516DX →516DY																																
516C	On that occasion, did you or your partner do something or use anything to avoid pregnancy?	YES 1 NO 2	→517																																
516D	Which method did you or your partner use?	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→517																																
516DX	CIRCLE 'G', THEN ASK: In addition to the condom, which method did you or your partner use?																																		
516DY	CIRCLE 'G', THEN CONTINUE TO 516E																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
516E	<p>Where did you or your partner obtain (HIGHEST METHOD: 516D) the last time?</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>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>FIELD WORKER 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>MOBILE CLINIC 23</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>MOBILE CLINIC 34</p> <p>FIELD WORKER 35</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>BLM 41</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIEND/RELATIVE 53</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>									
517	<p>What is your relationship to the woman with whom you last had sex?</p> <p>IF "GIRLFRIEND" OR "FIANCEE", ASK:</p> <p>Was your girlfriend/fiance living with you when you last had sex?</p> <p>IF 'YES' RECORD '1'</p> <p>IF 'NO' RECORD '2'</p>	<p>WIFE/COHAB. PARTNER 01</p> <p>GIRLFRIEND/FIANCEE 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>COMMERCIAL SEX WORKER 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	→519								
518	<p>For how long have you had sexual relations with this woman?</p>	<p>DAYS 1 <table border="1" data-bbox="1278 1227 1377 1279"><tr><td></td><td></td></tr></table></p> <p>WEEKS 2 <table border="1" data-bbox="1278 1285 1377 1337"><tr><td></td><td></td></tr></table></p> <p>MONTHS 3 <table border="1" data-bbox="1278 1344 1377 1395"><tr><td></td><td></td></tr></table></p> <p>YEARS 4 <table border="1" data-bbox="1278 1402 1377 1453"><tr><td></td><td></td></tr></table></p>									
519	<p>Have you had sex with any other woman in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→523A								
520	<p>The last time you had sexual intercourse with this other woman, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	→521								
520A	<p>What was the main reason you used a condom on that occasion?</p>	<p>OWN CONCERN PREVENT STD/HIV 1</p> <p>OWN CONCERN TO PREVENT PREGNANCY 2</p> <p>OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3</p> <p>DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 4</p> <p>PARTNER INSISTED 5</p> <p>DON'T KNOW 6</p> <p>OTHER _____ 7</p> <p>(SPECIFY)</p>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
521	What is your relationship to this woman? IF "GIRLFRIEND" OR "FIANCEE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF 'YES' RECORD '1' IF 'NO' RECORD '2'	WIFE/COHAB. PARTNER 01 GIRLFRIEND/FIANCEE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→522A																
522	For how long have you had sexual relations with this woman?	DAYS 1 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 2 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS 3 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 4 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	
522A	Other than these two women, have you had sex with anyone else in the last 12 months?	YES 1 NO 2	→523A																
522B	The last time you had sexual intercourse with this other woman, was a condom used?	YES 1 NO 2	→522D																
522C	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 PARTNER/FEELS PARTNER HAS OTHER PARTNERS 4 PARTNER INSISTED 5 DON'T KNOW 6 OTHER _____ 7 (SPECIFY)																	
522D	What is your relationship to this woman? IF "GIRLFRIEND" OR "FIANCEE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF 'YES' RECORD '1' IF 'NO' RECORD '2'	WIFE/COHAB. PARTNER 01 GIRLFRIEND/FIANCEE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→523																
522E	For how long have you had a sexual relationship with this woman?	DAYS 1 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 2 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS 3 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 4 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	
523	Altogether, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS . <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>																	
523A	Have you ever paid for sex?	YES 1 NO 2	→524																
523B	How long ago was the last time you paid for sex?	DAYS AGO 1 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS AGO 2 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS AGO 3 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS AGO 4 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
523C	The last time that you paid for sex, was a condom used on that occasion?	YES 1 NO 2	
524	Do you know of a place where one can get condoms?	YES 1 NO 2	→530
525	Where is that? RECORD FIRST RESPONSE ONLY. IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELD WORKER 15 OTHER PUBLIC 16 (SPECIFY) MISSION HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 FIELD WORKER 35 OTHER PRIVATE MEDICAL 36 (SPECIFY) BLM 41 OTHER SOURCE SHOP 51 CHURCH 52 FRIEND/RELATIVE 53 OTHER 96 (SPECIFY)	
526	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
530	Have you heard of a condom called "Chishango"?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
622	<p>Now I want to ask you about your (last) 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>	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
623	<p>How often have you talked to your (last) wife/partner about family planning in the past year?</p>	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
623A	<p>CHECK 302 (02):</p> <p style="text-align: center;"> NOT STERILIZED <input type="checkbox"/> STERILIZED <input type="checkbox"/> </p> <p style="text-align: center;"> _____ ▼ </p>	→624A	
624	<p>Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?</p>	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
624A	<p>CHECK 501 & 504:</p> <p style="text-align: center;"> EVER IN UNION CODE '3' NOT CIRCLED IN 501 OR 504 <input type="checkbox"/> </p> <p style="text-align: center;"> NEVER IN UNION CODE '3' CIRCLED IN 501 AND 504 <input type="checkbox"/> </p> <p style="text-align: center;"> _____ ▼ </p>	→707	
625	<p>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:</p> <p style="padding-left: 20px;">She knows her husband has a sexually transmitted disease?</p> <p style="padding-left: 20px;">She knows her husband has sex with other women?</p> <p style="padding-left: 20px;">She has recently given birth?</p> <p style="padding-left: 20px;">She is tired or not in the mood?</p>	<p style="text-align: right;">YES NO DK</p> HAS STD 1 2 8 OTHER WOMEN 1 2 8 RECENT BIRTH 1 2 8 TIRED/MOOD 1 2 8	

SECTION 7. WORK AND HOUSEHOLD DECISIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	Are you currently working?	YES 1 NO 2	→710
709	Have you done any work in the last 12 months?	YES 1 NO 2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px auto;"></div> <hr style="width: 80%; margin: 5px auto;"/> <hr style="width: 80%; margin: 5px auto;"/> <hr style="width: 80%; margin: 5px auto;"/>	
711	CHECK 710: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> WORKS IN FARMING <div style="border: 1px solid black; width: 30px; height: 15px; margin: 5px auto;"></div> </div> <div style="text-align: center;"> DOES NOT WORK IN FARMING <div style="border: 1px solid black; width: 30px; height: 15px; margin: 5px auto;"></div> </div> </div> <hr style="width: 80%; margin: 5px auto;"/>		→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
713	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	
713A	Do you usually work at home or away from home?	HOME 1 AWAY 2	
714	Do you usually work 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	
715	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→719
716	Who mainly decides how the money you earn will be used?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
717	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
719	<p>Who in your family usually has the final say on the following decisions:</p> <p>Your own health care?</p> <p>Making large household purchases?</p> <p>Making household purchases for daily needs?</p> <p>Visits to family or relatives?</p> <p>What food should be cooked each day?</p> <p>The number of children you should have?</p>	<p>RESPONDENT = 1 WIFE/PARTNER = 2 RESPONDENT & WIFE/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6</p> <table> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table>	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
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720	<p>PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)</p>	<table> <thead> <tr> <th></th> <th>PRES/ LISTEN.</th> <th>PRES/ NOT LISTEN.</th> <th>NOT PRS</th> </tr> </thead> <tbody> <tr> <td>CHILDREN <10</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WIFE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS	CHILDREN <10	1	2	8	OTHER MALES	1	2	8	WIFE	1	2	8	OTHER FEMALES	1	2	8																	
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721	<p>Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8													
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SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→818
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳809
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES .. E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS, BLADES N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people protect themselves from getting the AIDS virus by having just one uninfected sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people protect themselves from getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can a person get the AIDS virus from sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people protect themselves from getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
811	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	
812	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	↳814

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY .. 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING ... 1 2 8	
814	CHECK 501: YES, CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→815A
815	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/the woman you are living with)?	YES 1 NO 2	
815A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: On the radio? On the TV? In newspapers?	ACCEP- NOT TABLE ACCEP- TABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2	
816	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8	
817	If a relative of yours became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
817A	Should persons with the AIDS virus who work with other persons such as in a shop, office, or farm be allowed to continue their work or not?	CAN CONTINUE WORK 1 SHOULD NOT CONTINUE WORK .. 2 DK/NOT SURE/DEPENDS 8	
817B	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
817BX	Do you think that condoms are safe to use?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
817BY	Do you think that men and women who intend to marry should be tested for the AIDS virus before marriage?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
817C	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→817FX
817D	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
817E	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817F 817FX	Where can you go for the test? Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC _____ 16 (SPECIFY) MISSION HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PRIVATE DOCTOR 32 MOBILE CLINIC 33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) BLM 41 MACRO 51 OTHER _____ 96 (SPECIFY)	
818	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→820C
820A	CHECK 514: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> _____ ▼		→821
820B	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?	YES 1 NO 2 DON'T KNOW 8	
820C	Sometimes, men experience a discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
820D	Sometimes, men experience a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
820E	CHECK 820B, 820C, 820D: HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION <input type="checkbox"/> _____ ▼		→821
820F	The last time you had (INFECTION FROM 820B/820C/820D), did you seek any kind of advice or treatment?	YES 1 NO 2	→820H
820G	The last time you had (INFECTION FROM 820B/820C/820D) did you do any of the following? Did you.... Go to a clinic, hospital, or private doctor? Consult a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Ask for advice from friends or relatives?	YES NO 1 2 1 2 1 2 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
820H	When you had (INFECTION FROM 820B/820C/820D), did you inform the persons with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3													
820I	When you had (INFECTION FROM 820B/820C/820D) did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED ... 3	↳821												
820J	What did you do to avoid infecting your partner(s)? Did you... Stop having sex? Use a condom when having sex? Use medicine?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO		1	2		1	2		1	2	
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821	RECORD THE TIME.	HOUR <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> MINUTES <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>													

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SIGNATURE OF THE INTERVIEWER: _____ DATE: _____

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____