

MALAWI DEMOGRAPHIC AND HEALTH SURVEY
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE
MEN'S QUESTIONNAIRE

IDENTIFICATION																						
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																						
DISTRICT																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																						
NAME AND LINE NUMBER OF MAN _____																						

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT. CODE RESULT
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		_____
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				

LANGUAGE OF QUESTIONNAIRE***: 3	NATIVE LANGUAGE OF RESPONDENT***:
LANGUAGE OF INTERVIEW***: 	WAS A TRANSLATOR USED? (YES=1, NO=2)
*** LANGUAGE CODES: 1 CHICHEWA 2 TUMBUKA 3 ENGLISH 4 OTHER _____ (SPECIFY)	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Statistical Office. The National Statistical Office, together with the Ministry of Health, is conducting a national survey about the health of women and children. Your household is one that has been randomly selected out of all households in Malawi to be asked the questions in this survey. We would very much appreciate your participation in this survey.

I would like to ask you some questions related to health. This information will help the government to plan health services. The survey usually takes about 30 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 <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY <input type="text"/> <input type="text"/> NONE 00	<input type="checkbox"/> → 107
106	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	
107	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	
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	<input type="checkbox"/> → 113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
111	What is the highest (class/form/year) you completed at that level?	CLASS <input type="text"/> <input type="text"/>	
112	CHECK 110: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		116
113	Now I would like you to read this sentence to me. SHOW SENTENCES BELOW 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) BLIND/VISUALLY IMPAIRED 5	

SENTENCES FOR LITERACY TEST (Q 113)

CHICHEWA

**Makolo amakonda ana awo.
Ulimi ndi khama.
Mwana akuwerenga bukhu.
Ana amalimbikila kusukulu.**

TUMBUKA

**Bapapi wakutemwa wana wawo.
Kulima ndi ntchito yinonono.
Mwana wakuwerenga bukhu.
Wana wakulimbikira kusukulu.**

ENGLISH

**Parents love their children.
Farming is hard work.
The child is reading a book.
Children work hard at school.**

YAO

**Anangolo akusyanonyela wanachewawo.
Kulima kukusoseka kulimbichila
Mwanache akuwalanga buku.
Wanache akusyalimbichila sukulu.**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	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	
115	CHECK 113: CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→ 117
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 NO 2	→ 122
120	Have you done any work in the last 12 months?	YES 1 NO 2	→ 122
121	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 RETIRED 3 UNABLE TO WORK, ILL/ HANDICAPPED 4 HOUSEWORK/CHILDCARE 5 OTHER 6 (SPECIFY)	→ 129
122	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
123	CHECK 122: WORKS IN <input type="checkbox"/> AGRICULTURE DOES NOT WORK <input type="checkbox"/> IN AGRICULTURE		→ 125
124	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	
125	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/>	
126	Are you paid 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	→ 129

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127	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	
128	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	
129	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)	
130	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)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered 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 you have fathered 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 fathered 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 did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 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	(In addition to the children that you have just told me about), do you have: a) any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? b) any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name? NO <input type="checkbox"/> → TO BOTH OTHER <input type="checkbox"/> → PROBE AND CORRECT 201-207 AS NECESSARY.										
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 213 → 301								
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→ 213								
212	In all, how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

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 IF APPLICABLE.

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	
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	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	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	
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	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	YES 1 NO 2 DON'T KNOW 8
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 72 hours after sexual intercourse to avoid becoming pregnant.	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
303	<p>Now I would like to ask you about a woman's risk of pregnancy.</p> <p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 305</p>																
304	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>																	
305	<p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p> <p>c) A woman is the one who gets pregnant so she should be the one to use contraception.</p>	<table> <tr> <td></td> <td>AGREE</td> <td>DISAGREE</td> <td>DK</td> </tr> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	
	AGREE	DISAGREE	DK																
a)	1	2	8																
b)	1	2	8																
c)	1	2	8																

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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	→ 404 → 406		
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, RECORD '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <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>			
403	Are there any other women with whom you live as if married?	YES 1 NO 2	→ 405		
404	Are you living with one (other) woman or more than one (other) woman as if married? IF ONLY ONE LIVE-IN PARTNER, RECORD '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF LIVE-IN 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>			
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4	→ 409		
406	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4			
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY 1 YES, LIVED WITH A WOMAN ONLY 2 YES, BOTH 3 NO 4	→ 411 → 416		
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 411		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
409	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS . (IF RESPONDENT HAS MORE THAN FIVE WIVES/ PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).)			
410	<p>CHECK: 402 AND 404</p> <p>SUM OF 402 AND 404 = 1 <input type="checkbox"/></p> <p>Please tell me the name of your wife/partner.</p> <p>WIFE/PARTNER NUMBER</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>SUM OF 402 AND 404 > 1 <input type="checkbox"/></p> <p>Please tell me the name of each (wife/partner that you live with as if married), starting with the one you lived with first.</p>	<p>LINE NUMBER IN HHD. QUEST.</p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>	<p>WIFE PARTNER</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
410A	<p>CHECK 410:</p> <p>ONLY ONE WIFE/PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> → 412</p>			
411	Have you been married or lived with a woman only once or more than once?	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	→ 414 → 413	
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	<p>YES 1</p> <p>NO 2</p>	→ 414	
413	In total, how many women have you been married to or lived with as if married in your whole life?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>		
414	<p>CHECK 409 AND 411:</p> <p>ONLY ONE WIFE/PARTNER AND 411=1 <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner?</p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 416	
415	How old were you when you started living with her?	AGE <input type="text"/> <input type="text"/>		


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse with a woman (if ever)?</p>	<p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ... 95</p>	→ 448
416A	<p>CHECK 108:</p> <p>15-24 YEARS OLD <input type="checkbox"/> 25-54 YEARS OLD <input type="checkbox"/></p>		→ 417
416B	The first time you had sexual intercourse, was a condom used?	<p>YES 1</p> <p>NO 2</p>	
417	<p>When was the last time you had sexual intercourse with a woman?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 445
418	The last time you had sexual intercourse with a woman, was a condom used?	<p>YES 1</p> <p>NO 2</p>	→ 420
419	What was the main reason you used a condom on that occasion?	<p>RESPONDENT WANTED TO PREVENT STD/HIV 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04</p> <p>PARTNER REQUESTED/INSISTED 5</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
420	<p>CHECK 302(02):</p> <p>RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/></p>		→ 424
421	<p>CHECK 419:</p> <p>CONDOM USED TO PREVENT PREGNANCY (CODE '02' OR '03') <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>The last time you had sexual intercourse with a woman, did you or she do something else or use any other method besides a condom to avoid a pregnancy?</p> <p>The last time you had sexual intercourse with a woman, did you or she do something or use any method to avoid a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE/DON'T KNOW 8</p>	→ 424 → 424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	<p>What method was used?</p> <p>IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>FEMALE CONDOM 08</p> <p>LACTATIONAL AMENORRHEA 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
424	<p>What is your relationship to the woman with whom you last had sex?</p> <p>IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:</p> <p>Was your girlfriend/fiancée living with you when you last had sex with her?</p> <p>IF YES, CIRCLE '01'.</p> <p>IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER ... 01</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE ... 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>WOMAN IS COMMERCIAL SEX WORKER 06</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	→ 426
425	<p>For how long (have you had/did you have) sexual relations with this woman?</p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>WEEKS 2 <input type="text"/> <input type="text"/></p> <p>MONTHS 3 <input type="text"/> <input type="text"/></p> <p>YEARS 4 <input type="text"/> <input type="text"/></p>	
426	<p>Have you had sex with any other woman in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 445
427	<p>The last time you had sexual intercourse with another woman, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	→ 430
428	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03</p> <p>DID NOT TRUST PARTNER/ FELT PARTNER HAD OTHER PARTNERS 04</p> <p>PARTNER REQUESTED/INSISTED 05</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	<p>CHECK 428:</p> <p>CONDOM USED TO PREVENT PREGNANCY (CODE '02' OR '03') <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>The last time you had sexual intercourse with this woman, did you or she do something else or use any other method besides a condom to avoid a pregnancy?</p> <p>The last time you had sexual intercourse with this woman, did you or she do something or use any method to avoid a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE/DON'T KNOW 8</p>	<p>→ 433</p> <p>→ 433</p>
431	<p>What method was used?</p> <p>IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>FEMALE CONDOM 08</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
433	<p>What is your relationship to this woman?</p> <p>IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:</p> <p>Was your girlfriend/fiancée living with you when you last had sex with her?</p> <p>IF YES, CIRCLE '01'.</p> <p>IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER ... 01</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE ... 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>WOMAN IS COMMERCIAL SEX WORKER 06</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 435</p>
434	<p>For how long (have you had/did you have) sexual relations with this woman?</p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>WEEKS 2 <input type="text"/> <input type="text"/></p> <p>MONTHS 3 <input type="text"/> <input type="text"/></p> <p>YEARS 4 <input type="text"/> <input type="text"/></p>	
435	<p>Other than these two women, have you had sex with any other woman in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 445</p>
436	<p>The last time you had sexual intercourse with this third woman, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 438</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98	
438	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→ 442
439	CHECK 437: CONDOM USED TO PREVENT PREGNANCY (CODE '02' OR '03') <input type="checkbox"/> OTHER <input type="checkbox"/> The last time you had sexual intercourse with this third woman, did you or she do something else or use any other method besides a condom to avoid a pregnancy? The last time you had sexual intercourse with this third woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→ 442 → 442
440	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER 96 (SPECIFY) DON'T KNOW 98	
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER ... 01 WOMAN IS GIRLFRIEND/FIANCÉE ... 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 WOMAN IS COMMERCIAL SEX WORKER 06 OTHER 96 (SPECIFY)	→ 444

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
443	<p>For how long (have you had/did you have) sexual relations with this woman?</p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>WEEKS 2 <input type="text"/> <input type="text"/></p> <p>MONTHS 3 <input type="text"/> <input type="text"/></p> <p>YEARS 4 <input type="text"/> <input type="text"/></p>	
444	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/>	
445	Have you ever paid for sex?	<p>YES 1</p> <p>NO 2</p>	→ 448
446	How long ago was the last time you paid for sex?	<p>DAYS AGO <input type="text"/> <input type="text"/></p> <p>WEEKS AGO <input type="text"/> <input type="text"/></p> <p>MONTHS AGO <input type="text"/> <input type="text"/></p> <p>YEARS AGO <input type="text"/> <input type="text"/></p>	
447	The last time that you paid for sex, was a condom used on that occasion?	<p>YES 1</p> <p>NO 2</p>	
448	Do you know of a place where a person can get condoms?	<p>YES 1</p> <p>NO 2</p>	→ 451
449	<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>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER . B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELD WORKER E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELD WORKER K</p> <p>OTHER PRIVATE MEDICAL L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
450	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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
451	CHECK 302(07), 416B, 418, 427, 436, AND 447: USE OF CONDOMS AT LEAST <input type="checkbox"/> ONE 'YES'  OTHER <input type="checkbox"/>		→455																												
452	How old were you when you used a condom for the first time?	AGE AT FIRST USE <input type="text"/> <input type="text"/> DOES NOT REMEMBER 98																													
453	Why did you use a condom that first time? PROBE: Any other reason? RECORD ALL REASONS MENTIONED.	TO AVOID PREGNANCY A TO AVOID GETTING AIDS/HIV B TO AVOID GETTING AN STI C TO AVOID INFECTING PARTNER ... D TO EXPERIMENT/TRY A CONDOM ... E OTHER X (SPECIFY)																													
454	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.	DIFFICULT TO DISPOSE OF A DIFFICULT TO PUT ON/TAKE OFF ... B SPOILS THE MOOD C DIMINISHES PLEASURE D WIFE PARTNER OBJECTS/ DOES NOT LIKE E WIFE/PARTNER GOT PREGNANT ... F INCONVENIENT TO USE/MESSY ... G CONDOM BROKE H OTHER X (SPECIFY) NO PROBLEM Y																													
455	Have you heard of a condom called "Chishango"?	YES 1 NO 2 DON'T KNOW 8																													
456	I will now read you some statements about condom use. Please tell me if you agree or disagree with each. a) Condoms diminish a man's sexual pleasure. b) A condom is very inconvenient to use. c) A condom can be reused. d) A condom protects against AIDS or STIs. e) Buying condoms is embarrassing. f) A woman has no right to ask a man to use a condom.	<table border="0"> <thead> <tr> <th></th><th>AGREE</th><th>DISAGREE</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	f)	1	2	8	
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f)	1	2	8																												

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 410:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">HAS ONE WIFE/ PARTNER </div> <div style="text-align: center;">HAS MORE THAN ONE WIFE/ PARTNER </div> </div> <p style="text-align: right;">QUESTION SKIPPED → 505</p>		
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES 1 NO 2 UNSURE 3	
503	<p>CHECK 502:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">YES, WIFE/WIVES/ PREGNANT </div> <div style="text-align: center;">NO WIFE/PARTNER PREGNANT OR UNSURE </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Now I have some questions about the future. After the child(ren) your wife/wives/partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all?</p> </div> <div style="width: 48%;"> <p>Now I have some questions the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children at all?</p> </div> </div>	HAVE A/ANOTHER CHILD 1 NO MORE/NONE 2 WIFE/WIVES INFECUND/ STERILIZED 3 UNDECIDED/DON'T KNOW 8	→ 505
504	How long would you like to wait from now before the birth of (a/another) child ?	MONTHS 1 YEARS 2 SOON/NOW 993 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
505	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">HAS LIVING CHILDREN </div> <div style="text-align: center;">NO LIVING CHILDREN </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="width: 48%;"> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div>	NONE 00 NUMBER OTHER _____ 96 (SPECIFY)	→ 507 → 507
506	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	<div style="display: flex; justify-content: space-around;"> <div>BOYS</div> <div>GIRLS</div> <div>EITHER</div> </div> <div style="display: flex; justify-content: space-around;"> <div>NUM- BER </div> <div></div> <div></div> </div> OTHER _____ (SPECIFY)	
507	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? On a poster? On clothing (i.e., cap, chitenji, t-shirt)? In a drama? Somewhere else? (SPECIFY)	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER 1 2 CLOTHING 1 2 DRAMA 1 2 OTHER _____(SPECIFY).. 1 2	
509	In the last few months, have you listened to any of the following program series about family planning or health on the radio? Uchembere Wabwino? Phukusi la Moyo? Pa Mtondo? Women's Talking Point? Window Through Health? Umoyo M'Malawi? Tikuferanji? Radio Doctor? Chitukuku M'Malawi? Women's Forum? Tichitenji? Kulera? Other? (SPECIFY)	YES NO UCHEMBERE WABWINO . . 1 2 PHUKUSI LA MOYO . . . 1 2 PA MTONDO 1 2 WOMEN'S TALKING PT . . 1 2 WINDOW THRU HEALTH . . 1 2 UMOYO M'MALAWI . . . 1 2 TIKUFERANJI 1 2 RADIO DOCTOR 1 2 CHITUKUKU M'MALAWI . . 1 2 WOMEN'S FORUM 1 2 TICHITENJI 1 2 KULERA 1 2 OTHER _____(SPECIFY) 1 2	
510	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→ 512
511	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE(WIVES)/PARTNER(S) A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER(S)-IN-LAW H FATHER(S)-IN-LAW I FRIENDS/NEIGHBORS J OTHER _____ X (SPECIFY)	
512	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 209:</p> <p>HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/></p> <p>HAS NOT HAD ANY CHILDREN <input type="checkbox"/></p>		→ 617
602	<p>Please tell me the name and sex of your child (who was born most recently).</p> <p>_____</p> <p align="center">(NAME OF CHILD)</p>	<p>BOY 1</p> <p>GIRL 2</p>	
603	<p>In what month and year was (NAME OF CHILD) born?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
604	<p>Is (NAME OF CHILD) still living?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 606</p> <p>→ 606</p>
605	<p>How old was (NAME OF CHILD) when he/she died?</p> <p>IF '1 YEAR', PROBE: How many months old was (NAME)?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>YEARS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
606	<p>CHECK 603:</p> <p>(LAST) CHILD BORN IN 2001 OR LATER <input type="checkbox"/></p> <p>(LAST) CHILD BORN IN 2000 OR EARLIER <input type="checkbox"/></p>		→ 617
607	<p>What is the name of (NAME OF CHILD)'s mother?</p> <p>WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE.</p> <p>IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00'</p> <p>NAME OF CHILD'S MOTHER _____</p>	<p>LINE NUMBER IN HHD. QUEST <input type="text"/> <input type="text"/></p>	
608	<p>CHECK 606:</p> <p>LINE NUMBER IS '00' <input type="checkbox"/></p> <p>OTHER LINE NUMBER <input type="checkbox"/></p>		→ 610
609	<p>What is your relationship with (NAME OF CHILD)'s mother?</p>	<p>CURRENT SPOUSE 01</p> <p>FORMER SPOUSE 02</p> <p>CURRENT LIVE-IN PARTNER 03</p> <p>FORMER LIVE-IN PARTNER 04</p> <p>REGULAR SEXUAL PARTNER 05</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE ... 06</p> <p>OCCASIONAL SEXUAL PARTNER ... 07</p> <p>FRIEND/ACQUAINTANCE 08</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
610	ASK QUESTIONS 610A-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.			
		PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY
610A-610C	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)? YES 1 NO 2 (SKIP TO 612) ← DK 8 (GO TO 610B IN NEXT COLUMN) ←	610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)? YES 1 NO 2 (SKIP TO 612) ← DK 8 (GO TO 610C IN NEXT COLUMN) ←	610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery? YES 1 NO 2 (SKIP TO 612) ← DK 8 (SKIP TO 613) ←
611	Did you pay for this care? IF YES ASK: Who mainly provided the money or goods or services to pay for this care?	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (SKIP TO 613) ←
612	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) (SKIP TO 613) ←
613	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES 1 NO 2		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING <input type="checkbox"/> (LAST) CHILD NOT LIVING OR DON'T KNOW <input type="checkbox"/>		→ 617
615	Does (NAME OF CHILD) live with you in your household?	YES 1 NO 2	→ 617
616	In your household who usually decides what to do if (NAME OF CHILD) is ill? RECORD ALL PERSONS MENTIONED.	RESPONDENT A CHILD'S MOTHER B WIFE/PARTNER WHO IS NOT CHILD'S MOTHER C FEMALE RELATIVE D MALE RELATIVE E OTHER X (SPECIFY) CHILD HAS NEVER BEEN ILL Y	
616A	Have you yourself ever taken (NAME OF CHILD) to a health facility for care?	YES 1 NO 2 DON'T KNOW 8	
617	Now, I want to talk to you about pregnancy and the health of children. Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING A HIGH FEVER B ABDOMINAL PAIN C SWELLING OF HANDS AND FEET D DIFFICULT LABOR FOR MORE THAN 12 HOURS E CONVULSIONS F OTHER X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS Z	
618	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS 1 ABOUT THE SAME 2 MORE 3 DON'T KNOW 4	
619	Have you ever heard of a special product called THANZI you can get for the treatment of diarrhea?	YES 1 NO 2	
620	Now, please tell me about yourself. In the past 12 months, did you receive any injections?	YES 1 NO 2	→ 621
620A	In the past 12 months, how many injections did you receive?	NUMBER <input type="text"/>	
620B	Who gave you the injection the last time you got it?	DOCTOR 1 NURSE 2 PHARMACIST 3 DRUG VENDOR 4 SELF-ADMINISTERED 5 FRIEND OR FAMILY 6 LOCAL INJECTION DOCTOR 7 OTHER 8 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
621	<p>Do you currently smoke cigarettes or use tobacco?</p> <p>IF YES: What type of tobacco do you use?</p> <p>RECORD ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES A</p> <p>YES, PIPE B</p> <p>YES, OTHER TOBACCO C</p> <p>YES, CHEWING TOBACCO D</p> <p>YES, SNUFF E</p> <p>NO Y</p>	
622	Do you drink alcohol?	<p>YES 1</p> <p>NO 2</p>	→ 701
622A	How often do you get drunk: very often, only sometimes, or never?	<p>VERY OFTEN 1</p> <p>SOMETIMES 2</p> <p>NEVER 3</p>	

SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

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	→ 724A
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	└→ 709
703	What can a person do? Anything else? RECORD ALL WAYS 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 SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and has no other partners?	YES 1 NO 2 DON'T KNOW 8	
705	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
707	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
708	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
708A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 713
712	Can the virus that causes AIDS be transmitted from a mother to her 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	
712A	Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES 1 NO 2 DON'T KNOW 8	
713	CHECK 401: YES, CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		<input type="checkbox"/> → 715
714	Have you ever talked with (your wife/the woman you are living with) about ways to prevent getting the virus that causes AIDS? IF MORE THAN ONE WIFE/PARTNER, ASK ABOUT ANY OF HIS WIVES/PARTNERS.	YES 1 NO 2	
715	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	ACCEPT-ABLE NOT ACCEPT-ABLE ON THE RADIO ... 1 2 ON THE TV 1 2 IN NEWSPAPERS . 1 2	
715A	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
716	If a member of your family got infected with the virus that causes AIDS, would you fear disclosing their status?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
717	If a member of your extended family such as a cousin died of AIDS and left orphaned children behind, would you be willing to take those children as part of your family?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS . 8	
718	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DON'T KNOW/UNSURE/DEPENDS ... 8	
718A	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	
718B	Are people who have AIDS immoral?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
719	Should children age 12-14 years be taught about using a condom to avoid AIDS?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS . 8	
719A	Do you think that condoms are safe to use?	YES 1 NO 2 DK/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719B	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	
719C	Have you heard any radio spots or messages with regard to HIV/AIDS in the last 30 days?	YES 1 NO 2	
719D	Have you seen any TV spots or programs with regard to HIV/AIDS in the last 30 days?	YES 1 NO 2	
719E	Have you read articles, messages or advertisements about HIV/AIDS in a magazine or newspaper in the last 30 days?	YES 1 NO 2	
720	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 722
720A	When was the last time you were tested?	LESS THAN 12 MONTHS 1 12-23 MONTHS 2 2 YEARS OR MORE 3	
720B	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
720C	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 723A
722	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→ 724
723	Where can you go for the test?	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELD WORKER 15 OTHER PUBLIC 16 (SPECIFY)	
723A	Where did you go for the test?	MISSION HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 FIELD WORKER 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) BLM 41 MACRO 51 OTHER 96 (SPECIFY)	
	RECORD ONLY FIRST RESPONSE GIVEN. _____ (NAME OF PLACE) 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		
724	Do you know the HIV status of any partner with whom you have had sex in the past year?	YES 1 NO 2	
724A	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 727


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
725	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
726	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/ HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
727	<p>CHECK 416:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		737
727A	<p>CHECK 724:</p> <p>KNOWS STI <input type="checkbox"/> DOES NOT KNOW STI <input type="checkbox"/></p>		729
728	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
729	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
730	Sometimes men have 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?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
731	<p>CHECK 728/729/730:</p> <p>HAS HAD AN INFECTION <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 737															
732	The last time you had (PROBLEM(S) FROM 728/729/730), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 734															
733	<p>The last time you had (PROBLEM(S) FROM 728/729/730), did you do any of the following? Did you....</p> <p>Go to a clinic, hospital or private doctor?</p> <p>Consult a traditional healer?</p> <p>Seek advice or buy medicines in a shop or pharmacy?</p> <p>Ask for advice from friends or relatives?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRADITIONAL HEALER .</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHOP/PHARMACY</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIENDS/RELATIVES ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER .	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES ...	1	2	
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TRADITIONAL HEALER .	1	2																
SHOP/PHARMACY	1	2																
FRIENDS/RELATIVES ...	1	2																
734	When you had (PROBLEM(S) FROM 728/729/730), did you inform the person(s) with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3 DID NOT HAVE A PARTNER 4	→ 737															
735	When you had (PROBLEM(S) FROM 728/729/730), did you do anything to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER(S) ALREADY INFECTED .. 8	→ 737															
736	<p>What did you do to avoid infecting your partner(s)? Did you....</p> <p>Use medicine?</p> <p>Stop having sex?</p> <p>Use a condom when having sex?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2				
	YES	NO																
USE MEDICINE	1	2																
STOP SEX	1	2																
USE CONDOM	1	2																
737	Some men are circumcised. Are you circumcised?	YES 1 NO 2																

SECTION 8. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP																												
801	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally: a) making large household purchases? b) making small daily household purchases? c) deciding when to visit family, friends or relatives? d) deciding what to do with the money she earns for her work? e) deciding how many children to have and when to have them?	HUS- BAND	WIFE	BOTH EQU- ALLY	DON'T KNOW/ DEPENDS																													
	a) making large household purchases?	a) 1	2	3	8																													
	b) making small daily household purchases?	b) 1	2	3	8																													
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	e) deciding how many children to have and when to have them?	e) 1	2	3	8																													
802	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she has an extramarital affair?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <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> <tr> <td>AFFAIR</td><td>1</td><td>2</td><td>8</td></tr> </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	AFFAIR	1	2	8	
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AFFAIR	1	2	8																															
802A	Sometimes a wife is annoyed or angered by things that her husband does. In your opinion, is a wife justified in hitting or beating her husband in the following situations: If he neglects to support the family financially? If he gets drunk frequently? If he argues with her? If he refuses to have sex with her? If he has sex with a woman who is not his wife?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>NEGLECTS SUPPORT .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DRUNK</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>SEX WITH ANOTHER .</td><td>1</td><td>2</td><td>8</td></tr> </table>					YES	NO	DK	NEGLECTS SUPPORT .	1	2	8	DRUNK	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	SEX WITH ANOTHER .	1	2	8					
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SEX WITH ANOTHER .	1	2	8																															
803	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	<table> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </table>				YES	1	NO	2	DON'T KNOW	8																							
YES	1																																	
NO	2																																	
DON'T KNOW	8																																	
804	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 if... a) She is tired and not in the mood? b) She has recently given birth? c) She knows her husband has sex with women other than his wife or wives? d) She knows her husband has a sexually transmitted disease?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DON'T KNOW, DEPENDS</td></tr> <tr> <td>a) 1</td><td>2</td><td>8</td></tr> <tr> <td>b) 1</td><td>2</td><td>8</td></tr> <tr> <td>c) 1</td><td>2</td><td>8</td></tr> <tr> <td>d) 1</td><td>2</td><td>8</td></tr> </table>					YES	NO	DON'T KNOW, DEPENDS	a) 1	2	8	b) 1	2	8	c) 1	2	8	d) 1	2	8													
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d) 1	2	8																																
805	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to... a) Get angry and reprimand her? b) Refuse to give her money or other means of financial support? c) Use force and have sex with her even if she doesn't want to? d) Go and have sex with another woman?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DON'T KNOW, DEPENDS</td></tr> <tr> <td>a) 1</td><td>2</td><td>8</td></tr> <tr> <td>b) 1</td><td>2</td><td>8</td></tr> <tr> <td>c) 1</td><td>2</td><td>8</td></tr> <tr> <td>d) 1</td><td>2</td><td>8</td></tr> </table>					YES	NO	DON'T KNOW, DEPENDS	a) 1	2	8	b) 1	2	8	c) 1	2	8	d) 1	2	8													
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c) 1	2	8																																
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806	As far as you know, did your father ever hit your mother?	<table> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </table>				YES	1	NO	2	DON'T KNOW	8																							
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807	RECORD THE TIME.	<table> <tr> <td>HOUR</td><td><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td></tr> <tr> <td>MINUTES</td><td><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td></tr> </table>				HOUR	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																					
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SECTION 9. HIV TESTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 108: AGE IS 15-17 <input type="checkbox"/> 	AGE IS 18-54 <input type="checkbox"/> _____ →	904
902	LINE NUMBER OF PARENT/ RESPONSIBLE ADULT: (FROM COLUMN 1 IN HOUSEHOLD SCHEDULE) (IF PARENT OR RESPONSIBLE ADULT IS NOT IN HOUSEHOLD, WRITE "00") <input type="text"/> <input type="text"/>		
903	READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT CIRCLE CODE AND SIGN	CONSENT_____ ... 1 (SIGN) REFUSED 2 NOT READ 8	<input type="checkbox"/> → 905
904	READ THE CONSENT TO THE MAN OR ADOLESCENT CIRCLE CODE AND SIGN	CONSENT_____ ... 1 (SIGN) REFUSED 2 NOT READ 8	<input type="checkbox"/> → 905
905	RESULTS: BLOOD TAKEN 1 REFUSED 2 ABSENT 3 TECHNICAL PROBLEM 4 OTHER _____ 6 (SPECIFY)	<div style="border: 1px solid black; padding: 10px;"> PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM </div>	

REQUEST FOR CONSENT FOR HIV TEST

We would like to ask you to participate in the HIV test by allowing us to collect a few drops of blood from your finger. As part of the survey, we are asking people all over the country to help find out how big the AIDS problem is in Malawi.

The test uses sterile, disposable instruments that are completely clean and safe. This blood will be tested later in the laboratory. To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your test and no one will be able to trace the test back to you.

However, if you want to know whether you have HIV, I can tell you where you can go to get tested. You can go to a Voluntary Counselling and testing (VCT) Centre where you will receive free counselling and confirmed HIV test results that same day. We will provide you with a voucher for yourself, and a voucher for your partner, which either of you can use at the VCT Centre in the next 30 days. With the voucher, there will be no charge for this service, and you will be reimbursed for your travel costs upon receiving the VCT services. At this centre you will meet trained staff available to discuss with you all issues and matters regarding HIV/AIDS. They will provide you with an HIV test and appropriate counselling.

Do you have any questions?

I hope you will agree to participate in the HIV testing. You can say yes or you can say no; it is up to you. However, if you agree, it will help the government to develop programs to fight the problem of HIV/AIDS in Malawi.

Will you agree to participate in the HIV test?

GO TO 904, CIRCLE THE APPROPRIATE CODE (AND SIGN).

IF RESPONDENT IS AGE 15-17:

ASK APRENT/GUARDIAN: Will you tell me if you will allow (NAME OF YOUTH) to participate in the HIV test? GO TO COLUMN 903, CIRCLE THE APPROPRIATE CODE(AND SIGN).

IF PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT. GO TO COLUMN 904, CIRCLE THE APPROPRIATE CODE (AND SIGN).

*DON'T FORGET TO GIVE EACH ELIGIBLE PERSON TWO REFERRAL VOUCHERS FOR FREE HIV TESTS/TRAVEL EXPENSES TO VCT SITE.