

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2001
MAN'S QUESTIONNAIRE
FOR EVER-MARRIED MEN AGE 15-59

IDENTIFICATION	
NAME AND CODE OF DISTRICT _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME AND CODE OF VILLAGE/MUNICIPALITY _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
WARD NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
CLUSTER NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
CITY=1/TOWN=2/COUNTRYSIDE=3.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME OF HOUSEHOLD HEAD _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME AND LINE NUMBER OF MAN _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	DAY MONTH YEAR <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> </div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	INT. CODE RESULT <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>
RESULT*	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
NEXT VISIT: DATE TIME	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	TOTAL NO. OF VISITS <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>

*RESULT CODES:

1 COMPLETED	4 REFUSED	
2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____
3 POSTPONED	6 INCAPACITATED	(SPECIFY)

LANGUAGE	
LANGUAGE OF QUESTIONNAIRE: <u>ENGLISH</u>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">5</div>
LANGUAGE OF INTERVIEW *** _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOME LANGUAGE OF RESPONDENT*** _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
WAS A TRANSLATOR USED? (YES=1, NO=2)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
*** LANGUAGE CODES: 1 NEPALI 2 BHOJPURI 3 MAITHILI 4 THARU 5 OTHER	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health. We are conducting a national survey about the health of people in Nepal. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 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 INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR MINUTES	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY1 TOWN.....2 COUNTRYSIDE3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS.....95 VISITOR96	→105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY1 TOWN.....2 COUNTRYSIDE3	
105	In what month and year were you born?	MONTH DON'T KNOW MONTH98 YEAR..... 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	
107	Have you ever attended school?	YES1 NO2	→110
108	What is the highest grade you completed?	GRADE	
109	CHECK 108: GRADE 5 OR BELOW <input type="checkbox"/> GRADE 6 AND ABOVE <input type="checkbox"/>		→113
110	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL1 ABLE TO READ ONLY PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE.....4 (SPECIFY LANGUAGE)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	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	
112	CHECK 110: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' CIRCLED <input type="checkbox"/>	→ 114	
113	Do you usually read a newspaper or magazine at least once a week?	YES 1 NO 2	
114	Do you usually listen to the radio every day?	YES 1 NO 2	
115	Do you usually watch television at least once a week?	YES 1 NO 2	
116	What is your religion?	HINDU 1 BUDDHIST 2 MUSLIM 3 CHRISTIAN 4 OTHER _____ 6 (SPECIFY)	
117	What is your caste? WRITE CASTE IN SPACE PROVIDED. DO NOT FILL BOX. CODE WILL BE ENTERED BY FIELD EDITOR.	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> _____ CASTE	
118	Are you currently married or are you widowed, divorced or separated?	CURRENTLY MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	→ 124
119	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	→ 121
120	How long has she been away without coming back? IF LESS THAN 1 MONTH, WRITE '00'.	MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> MORE THAN 2 YEARS 95 DOES NOT KNOW 98	
121	RECORD THE WIFE'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
122	Do you have more than one wife?	YES 1 NO 2	→ 124
123	How many wives do you have?	NUMBER <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DON'T KNOW 98	→ 125
124	Have you been married only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
125	How old were you when you (first) got married?	AGE <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	<p>CHECK 122 OR 124:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>MARRIED ONLY ONCE</p> <p>↓</p> <p>In what month and year did you start living with your wife?</p> </div> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE</p> <p>↓</p> <p>Now we will talk about your first wife. In what month and year did you start living with her?</p> </div> </div>	<p>MONTH <input style="width: 40px;" type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input style="width: 40px;" type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>HAS NOT STARTED LIVING WITH HER 9996</p>	<p>→128</p> <p>→END</p>
127	<p>How old were you when you started living with her?</p> <p>PROMPT: At gauna?</p>	<p>AGE <input style="width: 40px;" type="text"/></p>	
128	<p>Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you fathered any children?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→301</p>
129	<p>In total, how many children do you have that you have fathered?</p>	<p>TOTAL LIVING CHILDREN <input style="width: 40px;" type="text"/></p>	
130	<p>Have any of your children died? In total, how many children have you fathered that have died?</p>	<p>NUMBER THAT DIED <input style="width: 40px;" type="text"/></p>	

THERE IS NO SECTION 2.

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 (also known as tubal ligation).	YES1 NO2 ↘	Has your wife ever had an operation to avoid having any more children? YES1 NO2
02	MALE STERILIZATION Men can have an operation to avoid having any more children (also known as vasectomy).	YES1 NO2 ↘	Have you ever had an operation to avoid having any more children? YES1 NO2
03	PILL Women can take a pill every day to avoid becoming pregnant (example: Nilocon).	YES1 NO2 ↘	YES1 NO2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse (example: Copper-T, Loop).	YES1 NO2 ↘	YES1 NO2
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months (example: Sangini/Depo Provera).	YES1 NO2 ↘	YES1 NO2
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 (also known as NORPLANT)..	YES1 NO2 ↘	YES1 NO2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse (example: Daal)..	YES1 NO2 ↘	YES1 NO2
08	FOAM OR JELLY Women can place a suppository, foaming tablets, jelly, or cream in their vagina before intercourse (example: Kamal).	YES1 NO2 ↘	YES1 NO2
09	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.	YES1 NO2 ↘	YES1 NO2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES1 NO2 ↘	YES1 NO2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES1 _____ (SPECIFY) _____ (SPECIFY) NO2 ↘	YES1 NO2 YES1 NO2
303	CHECK 301 (01), 301 (04) AND 301 (05): KNOWS ABOUT FEMALE STER., INJECTION, OR IUD <input type="checkbox"/> DOES NOT KNOW ANY OF THE 3 METHODS <input type="checkbox"/>		→308

304	Now I want to talk to you about contraceptive methods that women can use to delay or avoid becoming pregnant.	<p>CHECK 301(05): KNOWS INJECTABLES</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO TO 304 IN NEXT COLUMN</p>	<p>CHECK 301(04): KNOWS IUD</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO TO 304 IN NEXT COLUMN</p>	<p>CHECK 301(01): KNOWS FEMALE STERILIZATION</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO TO 308</p>
		INJECTABLES	IUD	FEMALE STERILIZATION
305	In your opinion, is (METHOD) a good method for a couple to use if they want to plan their family?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 307) ←</p> <p>DEPENDS/UP TO THEM ... 3</p> <p>DON'T KNOW 8</p> <p>(GO TO 304 IN NEXT COLUMN) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 307) ←</p> <p>DEPENDS/UP TO THEM ... 3</p> <p>DON'T KNOW 8</p> <p>(GO TO 304 IN NEXT COLUMN) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 307) ←</p> <p>DEPENDS/UP TO THEM ... 3</p> <p>DON'T KNOW 8</p> <p>(GO TO 308) ←</p>
306	<p>Why do you think (METHOD) is a good method for a couple to use if they want to plan their family?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>SIMPLE TO USE A</p> <p>EFFECTIVE B</p> <p>AFFORDABLE C</p> <p>NO/FEW SIDE EFFECTS D</p> <p>CAN STOP WHEN CHILDREN DESIRED E</p> <p>LASTS FOR SEVERAL MONTHS F</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p> <p>(GO TO 304 IN NEXT COLUMN) ←</p>	<p>SIMPLE TO USE A</p> <p>EFFECTIVE B</p> <p>AFFORDABLE C</p> <p>NO/FEW SIDE EFFECTS D</p> <p>CAN BE REMOVED IF CHILDREN DESIRED E</p> <p>ONCE INSERTED, NO DAILY WORRY F</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p> <p>(GO TO 304 IN NEXT COLUMN) ←</p>	<p>EFFECTIVE B</p> <p>AFFORDABLE C</p> <p>NO/FEW SIDE EFFECTS D</p> <p>NO RISK OF GETTING PREGNANT AGAIN G</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p> <p>(GO TO 308) ←</p>
307	<p>Why do you think (METHOD) is not a good method for a couple to use if they want to plan their family?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>TOO EXPENSIVE A</p> <p>AGAINST RELIGION B</p> <p>MAY HARM WOMEN'S HEALTH C</p> <p>HAS SIDE EFFECTS D</p> <p>INCREASES PROMISCUITY E</p> <p>CAN CAUSE STERILITY F</p> <p>METHOD CAN FAIL G</p> <p>NO MENSTRUATION H</p> <p>INVOLVES DOCTOR/ MED. PERSONNEL I</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p> <p>(GO TO 304 IN NEXT COLUMN) ←</p>	<p>TOO EXPENSIVE A</p> <p>AGAINST RELIGION B</p> <p>MAY HARM WOMEN'S HEALTH C</p> <p>HAS SIDE EFFECTS D</p> <p>INCREASES PROMISCUITY E</p> <p>CAN CAUSE STERILITY F</p> <p>METHOD CAN FAIL G</p> <p>BABY IN DANGER IF PREGNANCY OCCURS H</p> <p>INVOLVES DOCTOR/ MED. PERSONNEL I</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p> <p>(GO TO 304 IN NEXT COLUMN) ←</p>	<p>TOO EXPENSIVE A</p> <p>AGAINST RELIGION B</p> <p>MAY HARM WOMEN'S HEALTH C</p> <p>HAS SIDE EFFECTS D</p> <p>INCREASES PROMISCUITY E</p> <p>CANNOT HAVE CHILDREN AGAIN F</p> <p>METHOD CAN FAIL G</p> <p>INVOLVES DOCTOR/ MED. PERSONNEL I</p> <p>CAN LEAD TO MED. COMPLICATIONS J</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p> <p>(GO TO 308) ←</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	CHECK 302 (02): <div style="display: flex; justify-content: space-around;"> <div>MAN NOT STERILIZED <input type="checkbox"/></div> <div>MAN STERILIZED <input type="checkbox"/></div> </div>		→310A
309	Are you or your wife currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→311
310	Which method are you using?	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FOAM/JELLY H PERIODIC ABSTINENCE I WITHDRAWAL J OTHER X (SPECIFY)	
310A	CIRCLE 'B' FOR MALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, CIRCLE ALL METHODS MENTIONED.		
311	CHECK 301 (07) AND 302 (07): <div style="display: flex; justify-content: space-around;"> <div>HAS HEARD OF AND USED CONDOMS <input type="checkbox"/></div> <div>HAS HEARD OF CONDOMS BUT HAS NEVER USED THEM <input type="checkbox"/></div> <div>HAS NOT HEARD OF CONDOMS <input type="checkbox"/></div> </div>		→318 →319
312	Now I would like to talk to you about condoms. How old were you when you used a condom for the first time?	AGE AT FIRST USE <input type="text"/> DOES NOT REMEMBER 98	
313	Why did you use a condom that first time? Any other reason? CIRCLE ALL MENTIONED.	TO AVOID PREGNANCY A TO AVOID GETTING HIV/AIDS B TO AVOID GETTING STDs C TO AVOID INFECTING WIFE/PARTNER D PARTNER INSISTED E OTHER X (SPECIFY)	
314	Now when you have sex, do you use a condom every time, sometimes, or not at all?	EVERY TIME 1 SOMETIMES 2 NOT AT ALL 3 NOT HAVING SEX 4	→316 →316
315	When do you use a condom? PROBE: Any other times? RECORD ALL MENTIONED.	ON PARTNER'S FERTILE DAYS A DURING PARTNER'S MENSTRUATION B WHEN NOT USING SOME OTHER METHOD C WITH WIFE/REGULAR PARTNER D WITH A STRANGER E WITH A SEX WORKER F WITH ANYONE OTHER THAN WIFE G OTHER X (SPECIFY)	
316	Have you ever experienced any problems with using condoms? IF YES: What problems? PROBE: Any other problems? RECORD ALL MENTIONED.	TOO EXPENSIVE A EMBARRASSING TO BUY B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF D SPOILS THE MOOD E REDUCES PLEASURE F WIFE/PARTNER DOES NOT LIKE G WIFE/PARTNER GOT PREGNANT H INCONVENIENT TO USE/MESSY I CONDOM BROKE J OTHER X (SPECIFY) NO PROBLEM Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	<p>Where do you usually obtain condoms?</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>GOVERNMENT SECTOR</p> <p>GOVT. HOSPITAL/CLINIC..... 11</p> <p>PRIMARY HEALTH CARE CENTRE/ HEALTH CENTRE 12</p> <p>HEALTH POST 13</p> <p>SUB-HEALTH POST 14</p> <p>PHC OUTREACH CLINIC 15</p> <p>FCHV 17</p> <p>CONDOM BOX..... 18</p> <p>OTHER GOV'T 16</p> <p>(SPECIFY)</p> <p>NON-GOV'T (NGO) SECTOR</p> <p>FP ASSN. OF NEPAL 21</p> <p>MARIE STOPES 22</p> <p>ADRA 23</p> <p>NEPAL RED CROSS 24</p> <p>OTHER NGO 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC, NURSING HOME 31</p> <p>PHARMACY 32</p> <p>OTHER PRIVATE 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>FRIEND/RELATIVE..... 42</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
318	<p>I am going to read you some statements about condoms. Please tell me if you agree or disagree with each statement:</p> <p>a) Condoms reduce a man's pleasure.</p> <p>b) A condom is very inconvenient to use.</p> <p>c) A condom can be re-used.</p> <p>d) A condom protects against disease.</p> <p>e) A woman has no right to tell a man to use a condom.</p>	<p>AGR DIS DK</p> <p>REDUCE PLEASURE 1 2 8</p> <p>INCONVENIENT 1 2 8</p> <p>CAN BE RE-USED 1 2 8</p> <p>PROTECTS AGAINST DIS ... 1 2 8</p> <p>WOMAN HAS NO RIGHT..... 1 2 8</p>	
319	<p>CHECK 301 (02) AND 302 (02):</p> <p>HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/></p> <p>HE IS STERILIZED <input type="checkbox"/></p> <p>HAS NOT HEARD OF MALE STERILIZATION <input type="checkbox"/></p>		<p>→321</p> <p>→327</p>
320	Once you have all the children you want, would you yourself ever consider getting sterilized?	<p>YES, WOULD CONSIDER 1</p> <p>NO, WOULD NOT 2</p> <p>UNSURE/DEPENDS 3</p> <p>WIFE ALREADY STERILIZED/NO NEED4</p>	<p>→325</p> <p>→326</p> <p>→325</p> <p>→327</p>
321	Before your sterilization operation, were you told that you would not be able to have any more children because of the operation?	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>	
322	Do you regret that you had the operation?	<p>YES..... 1</p> <p>NO 2</p>	→324

SECTION 4. HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>Now I would like to ask you some questions about how to know when an illness is serious and requires treatment.</p> <p>Sometimes a pregnancy can have problems that lead to miscarriage or death. What are signs that indicate that a pregnant woman is having serious problems and should be taken to a health facility?</p> <p>PROBE: Any other signs or symptoms?</p> <p>DO NOT READ CODES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>VAGINAL BLEEDING..... A</p> <p>HIGH FEVER..... B</p> <p>ABDOMINAL PAIN..... C</p> <p>SWELLING OF HANDS AND FEET..... D</p> <p>DIFFICULT LABOR FOR MORE THAN 12 HOURS..... E</p> <p>CONVULSIONS..... F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ANY SIGNS..... Z</p>	
402	<p>When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility?</p> <p>PROBE: Any other signs or symptoms?</p> <p>DO NOT READ CODES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>RAPID BREATHING..... A</p> <p>DIFFICULT BREATHING..... B</p> <p>NOISY BREATHING..... C</p> <p>FEVER..... D</p> <p>UNABLE TO DRINK OR SWALLOW..... E</p> <p>NOT EATING OR DRINKING WELL..... F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ANY SIGNS..... Z</p>	
403	<p>When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility?</p> <p>PROBE: Any other signs or symptoms?</p> <p>DO NOT READ CODES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>REPEATED WATERY STOOLS..... A</p> <p>ANY WATERY STOOLS..... B</p> <p>REPEATED VOMITING..... C</p> <p>ANY VOMITING..... D</p> <p>BLOOD IN STOOLS..... E</p> <p>FEVER..... F</p> <p>EXTREME THIRST..... G</p> <p>NOT EATING OR DRINKING WELL..... H</p> <p>NOT GETTING BETTER..... I</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ANY SIGNS..... Z</p>	
404	<p>When a child has diarrhea, should he or she be given less to drink than usual, about the same amount or more than usual?</p>	<p>LESS THAN USUAL..... 1</p> <p>ABOUT THE SAME..... 2</p> <p>MORE..... 3</p> <p>DON'T KNOW..... 8</p>	
405	<p>Do you smoke cigarettes or bidis or tobacco?</p>	<p>YES, CIGARETTES/BIDIS..... A</p> <p>YES, PIPE..... B</p> <p>YES, OTHER TOBACCO..... C</p> <p>NO..... Y</p>	
406	<p>CHECK 405:</p> <p>CODE 'A' <input type="checkbox"/> CIRCLED</p> <p>CODE 'A' <input type="checkbox"/> NOT CIRCLED</p>		→409
407	<p>In the last 24 hours, how many cigarettes/bidis did you smoke?</p>	<p>CIGARETTES/BIDIS..... <input type="text"/> <input type="text"/></p>	
408	<p>How old were you when you first started smoking?</p>	<p>AGE..... <input type="text"/> <input type="text"/></p>	
409	<p>Have you ever drunk an alcohol-containing beverage?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→501
410	<p>In the last 7 days, on how many days did you drink an alcohol-containing beverage? IF NONE, WRITE '00'.</p>	<p>NUMBER OF DAYS..... <input type="text"/> <input type="text"/></p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 118: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/>		→509
502	CHECK 302 (02): RESPONDENT IS NOT STERILIZED <input type="checkbox"/> HE IS STERILIZED <input type="checkbox"/>		→509
503A	Is any of your wife(s) currently pregnant?	YES.....1 NO2 UNSURE/DON'T KNOW8	
503	CHECK 503A: WIFE(S) NOT PREGNANT OR UNSURE <input type="checkbox"/> WIFE (S) PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD1 NO MORE/NONE2 WIFE(S) INFECUND/STERILIZED.....3 UNDECIDED/DON'T KNOW4	→505
504	CHECK 503A: WIFE(S) NOT PREGNANT OR UNSURE <input type="checkbox"/> WIFE (S) PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS1 <input type="text"/> YEARS.....2 <input type="text"/> SOON/NOW993 OTHER996 (SPECIFY) DON'T KNOW.....998	
505	CHECK 310/310A NOT USING ANY METHOD <input type="checkbox"/> CURRENTLY USING A METHOD <input type="checkbox"/>		→509
506	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO2 DON'T KNOW.....8	→508
507	Which method would you prefer to use?	FEMALE STERILIZATION.....01 MALE STERILIZATION02 PILL03 IUD04 INJECTABLES05 IMPLANTS.....06 CONDOM07 FOAM, JELLY.....08 PERIODIC ABSTINENCE09 WITHDRAWAL10 OTHER96 (SPECIFY) UNSURE98	→509

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 WIFE(S) MENOPAUSAL/ HYSTERECTOMY..... 23 COUPLE SUBFECUND/INFECUND..... 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED..... 31 WIFE(S) OPPOSED..... 32 OTHERS OPPOSED..... 33 RELIGIOUS PROHIBITION..... 34 LACK OF KNOWLEDGE KNOWS NO METHOD..... 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS..... 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH..... 54 INCONVENIENT TO USE..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES..... 56 OTHER 96 (SPECIFY) DON'T KNOW..... 98	
509	CHECK 129: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→511
510	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?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
511	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	
512	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? In street drama?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 STREET DRAMA 1 2	
513	In the last few months, have you heard the following programs on the radio: Jana Swastha Karyakram? Ghanti Heri Had Nilaun, the drama? Ghanti Heri Had Nilaun, the song? Shriman Shrimatile Pariwarbare Kurakani Gareko Chhoto Radio Natak?	YES NO JANA SWASTHA..... 1 2 GHANTI HERI DRAMA..... 1 2 GHANTI HERI SONG..... 1 2 SHRIMAN SHRIMATILE 1 2	
514	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES..... 1 NO 2	→516

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
515	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SON.....G MOTHER-IN-LAW.....H FRIENDS/NEIGHBORS.....I OTHER _____ X (SPECIFY)																					
516	CHECK 118: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/>		→523																				
517	CHECK 310/310A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→519																				
518	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your wife's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY WIFE'S 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)																					
519	Now I want to ask you about your wife's views on family planning. Do you think that your wife approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																					
520	How often have you talked to your wife about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3																					
521	CHECK 310/310A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→523																				
522	Do you think your wife wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																					
523	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: She is tired or not in the mood? She has recently given birth? She knows her husband has sex with other women? She knows her husband has a sexually transmitted disease?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>TIRED/MOOD.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RECENT BIRTH.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER WOMEN.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HAS STD.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	TIRED/MOOD.....	1	2	8	RECENT BIRTH.....	1	2	8	OTHER WOMEN.....	1	2	8	HAS STD.....	1	2	8	
	YES	NO	DK																				
TIRED/MOOD.....	1	2	8																				
RECENT BIRTH.....	1	2	8																				
OTHER WOMEN.....	1	2	8																				
HAS STD.....	1	2	8																				

SECTION 6. WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently working?	YES 1 NO 2	→604
602	Have you done any work in the last 12 months?	YES 1 NO 2	→604
603	What have you been doing most of the time during the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 INACTIVE 3 COULD NOT WORK/HANDICAPPED 4 OTHER 6 (SPECIFY)	→611
604	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→607
606	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/FAMILY LAND 1 RENTED LAND/TENANCY 2 SOMEONE ELSE'S LAND 3	
607	Are you self-employed, employed by someone else, or do you do this work for a member of your family?	SELF-EMPLOYED 1 BY SOMEONE ELSE 2 FOR FAMILY MEMBER 3	
608	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	
609	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	→611
610	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	
611	Who in your family usually has the final say on the following decisions: Your wife's health care? Making large household purchases? Making household purchases for daily needs? Visits to family, friends, or relatives? What food should be cooked each day?	RESPONDENT = 1 WIFE = 2 RESPONDENT & WIFE JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 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	
612	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: 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?	<div style="text-align: right; margin-bottom: 10px;">YES NO DK</div> GOES OUT 1 2 8 NEGL. CHILDREN 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 7: AIDS AND SEXUAL BEHAVIOUR

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	→ 710
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	→ 706
703	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEX 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 AVOID SEX WITH SOMEONE WHO HAS AIDS O OTHER X (SPECIFY) OTHER Y (SPECIFY) DON'T KNOW Z	
704	Can people protect themselves from getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
705	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	
706	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
707	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	
708	CHECK 118: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/>		→ 710
709	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife?	YES 1 NO 2	
710	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?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE 96	→ 733

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
711	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>																																	→733
712	The last time you had sexual intercourse, did you use a condom?	YES 1 NO 2	→714																																
713	What is the main reason you used a condom on that occasion?	TO AVOID PREGNANCY 1 TO AVOID GETTING HIV/AIDS 2 TO AVOID GETTING STDs 3 TO AVOID INFECTING WIFE/PARTNER 4 WIFE/PARTNER INSISTED 5 OTHER 6 (SPECIFY)	→718																																
714	CHECK 302 (02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→718																																
715	The last time you had sexual intercourse, did you or your wife/partner do something or use any method to avoid a pregnancy?	YES 1 NO 2 DOES NOT KNOW/UNSURE 8	→717 →718																																
716	What method did you or she use on that occasion?	FEMALE STERILIZATION 01 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FOAM/JELLY 08 RHYTHM/PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	→718																																
717	What is the main reason you did not use a method to avoid pregnancy?	FERTILITY-RELATED REASONS CASUAL SEX PARTNER 11 WIFE/PARTNER IS MENOPAUSAL, HAD HYSTERECTOMY 23 COUPLE SUBFECUND/INFECUND 24 WIFE/PARTNER WAS PREGNANT 25 WIFE/PARTNER RECENTLY DELIVERED AND NOT YET MENSTRUATING 26 WIFE/PARTNER WAS BREASTFEEDING 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DOES NOT KNOW 98																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
718	What is your relationship to the woman with whom you last had sex?	WIFE/COHABITING PARTNER 1 WOMAN IS GIRLFRIEND/FIANCÉ 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 COMMERCIAL SEX WORKER 5 OTHER 6 (SPECIFY)	→720								
719	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></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
720	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→730								
721	The last time you had sexual intercourse with another woman, did you use a condom?	YES 1 NO 2	→723								
722	What is the main reason you used a condom on that occasion?	TO AVOID PREGNANCY 1 TO AVOID GETTING HIV/AIDS 2 TO AVOID GETTING STDs 3 TO AVOID INFECTING WIFE/PARTNER 4 WIFE/PARTNER INSISTED 5 OTHER 6 (SPECIFY)	→727								
723	CHECK 302 (02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→727								
724	The last time you had sexual intercourse, with this other woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 DOES NOT KNOW/UNSURE 8	→726 →727								
725	What method did you or she use on that occasion?	FEMALE STERILISATION 01 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FOAM/JELLY 08 RHYTHM/PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	→727								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
726	What is the main reason you did not use a method to avoid pregnancy?	FERTILITY-RELATED REASONS CASUAL SEX PARTNER..... 11 WIFE/PARTNER IS MENOPAUSAL, HAD HYSTERECTOMY..... 23 COUPLE SUBFECUND/INFECUND.... 24 WIFE/PARTNER WAS PREGNANT 25 WIFE/PARTNER RECENTLY DELIVERED AND NOT YET MENSTRUATING..... 26 WIFE/PARTNER WAS BREASTFEEDING 27 WANTED (MORE)CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED..... 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED..... 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS..... 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH..... 54 INCONVENIENT TO USE..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES..... 56 OTHER 96 (SPECIFY) DOES NOT KNOW..... 98																	
727	What is your relationship to this woman?	WIFE/COHABITING PARTNER 1 WOMAN IS GIRLFRIEND/FIANCE 2 OTHER FRIEND..... 3 CASUAL ACQUAINTANCE..... 4 COMMERCIAL SEX WORKER..... 5 OTHER 6 (SPECIFY)	→729																
728	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></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
729	In total, with how many 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></td><td></td></tr></table>																	
730	Have you ever paid for sex?	YES 1 NO 2	→733																
731	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></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></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></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></table>																	
732	The last time that you paid for sex, did you use a condom?	YES 1 NO 2																	
733	CHECK 317: SOURCE FOR CONDOM NOT CIRCLED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>		SOURCE FOR CONDOM CIRCLED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>		→736														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
734	Do you know of a place where one can get condoms?	YES 1 NO 2	→ 736								
735	<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>GOVERNMENT SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A</p> <p>PRIMARY HEALTH CARE CENTRE/ HEALTH CENTRE B</p> <p>HEALTH POST C</p> <p>SUB-HEALTH POST D</p> <p>PHC OUTREACH CLINIC E</p> <p>FCHV F</p> <p>CONDOM BOX G</p> <p>OTHER GOV'T H (SPECIFY)</p> <p>NON-GOV'T (NGO) SECTOR</p> <p>FP ASSN. OF NEPAL I</p> <p>MARIE STOPES J</p> <p>ADRA K</p> <p>NEPAL RED CROSS L</p> <p>OTHER NGO M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC, NURSING HOME N</p> <p>PHARMACY O</p> <p>OTHER PRIVATE P (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP Q</p> <p>FRIEND/RELATIVE R</p> <p>OTHER X (SPECIFY)</p>									
736	RECORD THE TIME.	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

EDITOR'S OBSERVATIONS

NAME OF THE EDITOR: _____ DATE: _____

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

SENTENCES FOR LITERACY TEST

1. Parents love their children.
2. Farming is hard work.
3. The child is reading a book.
4. Children should go to school.
5. Boys and girls are equal.