

AGE – BIRTH YEAR CONSISTENCY CHART

Age	Has not had birthday in 2003	Has already had birthday in 2003
	Don't Know	
0	2002	–
1	2001	2002
2	2000	2001
3	1999	2000
4	1998	1999
5	1997	1998
6	1996	1997
7	1995	1996
8	1994	1995
9	1993	1994
10	1992	1993
11	1991	1992
12	1990	1991
13	1989	1990
14	1988	1989
15	1987	1988
16	1986	1987
17	1985	1986
18	1984	1985
19	1983	1984
20	1982	1983
21	1981	1982
22	1980	1981
23	1979	1980
24	1978	1979
25	1977	1978
26	1976	1977
27	1975	1976
28	1974	1975
29	1973	1974

Age	Has not had birthday in 2003	Has already had birthday in 2003
	Don't Know	
30	1972	1973
31	1971	1972
32	1970	1971
33	1969	1970
34	1968	1969
35	1967	1968
36	1966	1967
37	1965	1966
38	1964	1965
39	1963	1964
40	1962	1963
41	1961	1962
42	1960	1961
43	1959	1960
44	1958	1959
45	1957	1958
46	1956	1957
47	1955	1956
48	1954	1955
49	1953	1954
50	1952	1953
51	1951	1952
52	1950	1951
53	1949	1950
54	1948	1949
55	1947	1948
56	1946	1947
57	1945	1946
58	1944	1945
59	1943	1944

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Philippines National Statistics Office. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions about yourself and your family. This information will help the government to plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Do you have any questions about the survey? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME STARTED.	HOUR..... MINUTES.....	
102	First I would like to ask some questions about you. For most of the time until you were 12 years old, did you live in a city, in a town/poblacion, or in the barrio/rural area?	CITY 1 TOWN/POBLACION..... 2 BARRIO/RURAL AREA..... 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 SINCE BIRTH..... 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in a city, in a town/poblacion, or in the barrio/rural area?	CITY 1 TOWN/POBLACION..... 2 BARRIO/RURAL AREA..... 3	
105	In the last 12 months, on how many separate occasions have you traveled away from your barangay and slept away?	NUMBER OF TRIPS AWAY NONE 00	→ 107
106	In the last 12 months, have you been away from your barangay for more than 1 month at a time?	YES 1 NO 2	
107	In what month and year were you born?	MONTH DOES NOT KNOW MONTH 98 YEAR..... DOES NOT 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.....	
109	Have you ever attended school?	YES 1 NO 2	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
110	What is the highest grade/year you completed?	NO GRADE COMPLETED00 PRE SCHOOL01 ELEMENTARY GRADE 1 11 ELEMENTARY GRADE 2 12 ELEMENTARY GRADE 3 13 ELEMENTARY GRADE 4 14 ELEMENTARY GRADE 5 15 ELEMENTARY GRADE 6 16 ELEMENTARY GRADUATE 17 HIGH SCHOOL YEAR 1.....21 HIGH SCHOOL YEAR 2.....22 HIGH SCHOOL YEAR 3.....23 HIGH SCHOOL YEAR 4.....24 HIGH SCHOOL GRADUATE25 POST SECONDARY YEAR 131 POST SECONDARY YEAR 2 OR MORE32 COLLEGE YEAR 141 COLLEGE YEAR 2.....42 COLLEGE YEAR 3.....43 COLLEGE YEAR 4.....44 COLLEGE YEAR 5.....45 COLLEGE YEAR 6 OR HIGHER46 COLLEGE GRADUATE.....47 POST-BACCALAUREATE51 DON'T KNOW98	
111	CHECK 110: ELEMENTARY GRADUATE OR LOWER <input type="checkbox"/> HIGH SCHOOL YEAR 1 OR HIGHER <input type="checkbox"/>		115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL1 ABLE TO READ ONLY PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE4 (SPECIFY LANGUAGE) VISION PROBLEMS5	117
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES1 NO2	
114	CHECK 112: CODE '2', '3' OR '4' ENCIRCLED <input type="checkbox"/> CODE '1' ENCIRCLED <input type="checkbox"/>		116
115	Do you read a newspaper or magazine daily, at least once a week, less than once a week or not at all?	DAILY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
116	Do you watch television daily, at least once a week, less than once a week or not at all?	DAILY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
117	Do you listen to the radio daily, at least once a week, less than once a week or not at all?	DAILY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
118	Are you currently working?	YES1 NO2	→ 121
119	Have you done any work in the last 12 months?	YES1 NO2	→ 121
120	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING1 LOOKING FOR WORK2 INACTIVE3 COULD NOT WORK/HANDICAPPED4 RETIRED5 OTHER6 (SPECIFY)	→ 128
121	What is your occupation, that is, what kind of work do you mainly do?	<input type="checkbox"/> _____ _____	
122	CHECK 121: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 124
123	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 LAND1 FAMILY LAND2 RENTED LAND3 SOMEONE ELSE'S LAND4	
124	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="checkbox"/> <input type="checkbox"/>	
125	Are you paid in cash only, in cash and in kind, or in kind only for this work or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	→ 127
126	Who mainly decides how the money you earn will be used?	RESPONDENT1 WIFE/PARTNER2 RESPONDENT AND WIFE/ PARTNER JOINTLY3 SOMEONE ELSE4 RESPONDENT AND SOMEONE ELSE JOINTLY5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
127	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	
128	What is your religion?	ROMAN CATHOLIC 1 PROTESTANT 2 IGLESIA NI KRISTO 3 AGLIPAY 4 ISLAM 5 OTHER 6 (SPECIFY) NONE 7	
129	How do you classify yourself? Are you a Tagalog, Cebuano, Ilocano, Ilonggo, Bicolano, Waray, Kapampangan, or something else?	TAGALOG 1 CEBUANO 2 ILOCANO 3 ILONGGO 4 BICOLANO 5 WARAY 6 KAPAMPANGAN 7 OTHER 8 (SPECIFY)	

SECTION 3. CONTRACEPTION

Now I would like to talk about the various ways or methods that a man or woman can use to delay or avoid a pregnancy. ENCIRCLE 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. ENCIRCLE CODE 1 IF METHOD IS RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 ENCIRCLED 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 (Have you ever had a partner who used) (METHOD)?
01	LIGATION/FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↓	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2 DON'T KNOW 8
02	VASECTOMY/MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↓	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
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 ↓	YES 1 NO 2 DON'T KNOW 8
06	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
07	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
08	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
09	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
10	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
11	MUCUS, BILLINGS, OVULATION Women can monitor the cervical mucus to determine the days of the month they are most likely to get pregnant.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
12	BASAL BODY TEMPERATURE Women can monitor the body temperature to determine the days of the month they are most likely to get pregnant.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
13	SYMPTOTHERMAL It is combination of Basal Body Temperature and Mucus, Billings, Ovulation method.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8
14	STANDARD DAYS METHOD (SDM) This method uses a beaded necklace on which each bead represents the days of a woman's cycle. The necklace would help determine the days when the woman is likely to get pregnant.	YES 1 NO 2 ↓	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	CONTINUATION...	302 CONTINUATION...	
15	LACTATIONAL AMENORRHEA METHOD (LAM) Method used by women with less than 6 months old baby whose period has not returned and are breastfeeding the baby day and night. The baby maybe given little food or drink except breastmilk.	YES 1 NO 2 ↓	YES..... 1 NO 2 DON'T KNOW..... 8
16	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ↓	YES..... 1 NO 2 DON'T KNOW..... 8
17	CALENDAR OR 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
18	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↓	YES..... 1 NO 2 DON'T KNOW..... 8
19	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES..... 1 NO 2 YES..... 1 NO 2
302A	CHECK 301: AT LEAST ONE 'YES' ENCIRCLED (EVER HEARD) <input type="checkbox"/> NOT A SINGLE 'YES' ENCIRCLED (NEVER HEARD) <input type="checkbox"/>		→ 303
302B	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 302E
302C	Have you ever used anything or tried in any way to delay or avoid a pregnancy?	YES 1 NO 2	→ 303
302D	What have you used or done? CORRECT 302 AND 302A (AND 301 IF NECESSARY).		
302E	CHECK 301 (02): VASECTOMY/MALE STERILIZATION CODE '1' ENCIRCLED <input type="checkbox"/> CODE '2' ENCIRCLED <input type="checkbox"/>		→ 302H
302F	CHECK 302 (02): VASECTOMY/MALE STERILIZATION RESPONDENT WAS NOT STERILIZED /VASECTOMIZED <input type="checkbox"/> (302(02) = 2) RESPONDENT WAS STERILIZED/ VASECTOMIZED <input type="checkbox"/> (302(02) = 1)		→ 302H

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
302G	What have you heard about vasectomy or male sterilization? Anything else? RECORD ALL MENTIONED.	PERMANENT/EFFECTIVE METHOD A SIMPLE/SAFE SURGERY B NO EFFECT ON SEXUAL ACTIVITY C NO SERIOUS SIDE EFFECTS D NONE OF THE ABOVE E NONE/DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
302H	CHECK 301 (06): CONDOM CODE '1' <input type="checkbox"/> ENCIRCLED (EVER HEARD) ↓ CODE '2' <input type="checkbox"/> ENCIRCLED (NEVER HEARD)		→ 302K
302I	CHECK 302 (06): CONDOM RESPONDENT <input type="checkbox"/> HAS NEVER USED CONDOM (302(06) = 2) ↓ RESPONDENT <input type="checkbox"/> HAS USED CONDOM (302(06) = 1)		→ 302K

302J	What have you heard about condoms? Anything else? RECORD ALL MENTIONED.	PREVENT STDs/STIs A PRACTICAL/EASY TO USE B AVAILABLE IN STORES C RUBBER SHEATH PUT ON PENIS DURING SEX D PREVENT FERTILIZATION E NO NEED FOR MEDICAL CONSULTATION F NONE OF THE ABOVE G NONE/DON'T KNOW Z	
------	---	---	--

302K	Now I would like to ask you about the first time you did something or used a method to avoid a pregnancy. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
------	---	--	--

302L	How old were you when you started using a method of family planning?	AGE <input type="text"/> <input type="text"/>	
------	--	---	--

303	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, is there a time when woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 305
-----	--	---	-------

304	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS... 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
-----	--	--	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
305	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8	
306	I will now read to you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception.	DIS- AGREE AGREE DK a) CONTRACEPTION WOMAN'S BUSINESS 1 2 8 b) PROMISCUOUS 1 2 8 c) ONLY WOMEN SHOULD USE CONDOM 1 2 8	
307	CHECK 301(02) AND 302(02): KNOWLEDGE AND USE OF MALE STERILIZATION HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 401
308	Once you have had all the children you want, would you yourself ever consider getting sterilized/vasectomized?	WOULD NOT CONSIDER 1 WOULD CONSIDER 2 UNSURE/DEPENDS 3 WIFE ALREADY STERILIZED 4	→ 401
309	Why would you never consider getting sterilized/vasectomized? PROBE: Any other reasons? RECORD ALL REASONS MENTIONED.	AGAINST RELIGION A BAD FOR MAN'S HEALTH B OPERATION NOT SAFE C OTHER WAYS AVAILABLE D MAY WANT MORE CHILDREN/MAY WANT TO REPLACE CHILD WHO DIED E MAY REMARRY SOME DAY F COST TOO MUCH/LOSS OF WAGES G LOSS OF SEXUAL FUNCTION H LOSS OF MANLINESS I OTHER _____ X (SPECIFY)	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																				
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED1 YES, LIVING WITH A WOMAN2 NO, NOT IN UNION3	→ 406																				
402	How many wife/living-in partner do you currently have?	NUMBER OF WIFE/ LIVING-IN PARTNER..... <input type="text"/> <input type="text"/>																					
405	Apart from the woman/women you have already mentioned, do you currently have any other regular, occasional, or regular and occasional sexual partners?	REGULAR PARTNER(S) ONLY1 OCCASIONAL PARTNER(S) ONLY2 REGULAR AND OCCASIONAL PARTNERS3 NO SEXUAL PARTNER4	→ 409																				
406	Do you currently have regular, occasional, regular and occasional, or no sexual partner?	REGULAR PARTNER(S) ONLY1 OCCASIONAL PARTNER(S) ONLY2 REGULAR AND OCCASIONAL PARTNERS3 NO SEXUAL PARTNER4																					
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY1 YES, LIVED WITH A WOMAN ONLY2 YES, BOTH.....3 NO4	→ 411 → 416																				
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3	→ 411																				
409	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/LIVING-IN PARTNER REPORTED IN QUESTIONS 402 ONLY. IF A WIFE/LIVING-IN 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 LIVING-IN PARTNERS. (IF RESPONDENT HAS MORE THAN FOUR WIVES/ LIVING-IN PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).)</p> <p>CHECK 402:</p> <p align="center">402 = 01 <input type="checkbox"/> 402 > 01 <input type="checkbox"/></p> <p>Please tell me the name of your wife/living-in partner. Please tell me the name of each (wife/living-in partner that you live with as if married), starting with the one you lived with first.</p> <table border="1"> <thead> <tr> <th>NAME OF WIFE/LIVING-IN PARTNER</th> <th>LINE NUMBER IN HHD. QUEST</th> <th>WIFE</th> <th>LIVING-IN PARTNER</th> </tr> </thead> <tbody> <tr> <td>1 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td>2 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td>3 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td>4 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> </tbody> </table>			NAME OF WIFE/LIVING-IN PARTNER	LINE NUMBER IN HHD. QUEST	WIFE	LIVING-IN PARTNER	1 _____	<input type="text"/> <input type="text"/>	1	2	2 _____	<input type="text"/> <input type="text"/>	1	2	3 _____	<input type="text"/> <input type="text"/>	1	2	4 _____	<input type="text"/> <input type="text"/>	1	2
NAME OF WIFE/LIVING-IN PARTNER	LINE NUMBER IN HHD. QUEST	WIFE	LIVING-IN PARTNER																				
1 _____	<input type="text"/> <input type="text"/>	1	2																				
2 _____	<input type="text"/> <input type="text"/>	1	2																				
3 _____	<input type="text"/> <input type="text"/>	1	2																				
4 _____	<input type="text"/> <input type="text"/>	1	2																				
410	<p>CHECK 409:</p> <p>ONLY ONE WIFE/ LIVING-IN PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/LIVING-IN PARTNER <input type="checkbox"/></p>		→ 412																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
411	Have you been married or lived with a woman only once, or more than once?	ONCE1 MORE THAN ONCE.....2	→ 414
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	YES.....1 NO2	→ 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"/>	
414	CHECK 409 AND 411: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONLY ONE WIFE/ LIVING-IN PARTNER AND 411=1</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>OTHER</p> <input type="checkbox"/> </div> </div> <p>In what month and year did you start living with your wife/living-in partner? Now we will talk about your first wife/living-in partner. In what month and year did you start living with her?</p>	MONTH..... <input type="text"/> DOES NOT KNOW MONTH98 YEAR..... <input type="text"/> DOES NOT KNOW YEAR.....9998	→ 416
415	How old were you when you started living with her (first wife/living-in partner)?	AGE <input type="text"/>	
416	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 with a woman (if ever)?	NEVER00 AGE IN YEARS <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER95	→ 428
416A	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>15-24 YEARS OLD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>25-54 YEARS OLD</p> <input type="checkbox"/> </div> </div>		→ 417
416B	The first time you had sexual intercourse, was a condom used?	YES.....1 NO2	
417	How long ago was the last time you had sexual intercourse with a woman? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS1 <input type="text"/> WEEKS.....2 <input type="text"/> MONTHS3 <input type="text"/> YEARS.....4 <input type="text"/>	→ 428
418	The last time you had sexual intercourse with a woman, was a condom used?	YES.....1 NO2	→ 420
419	What is the main reason you used a condom on that occasion?	PREVENT STD/HIV.....01 PREVENT PREGNANCY.....02 PREVENT BOTH STD/HIV AND PREGNANCY.....03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS04 PARTNER REQUESTED/INSISTED05 OTHER96 (SPECIFY) DON'T KNOW.....98	→ 424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
423	<p>What is the main reason a method was not used?</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE.....11</p> <p>CONTRACEPTION WOMEN'S BUSINESS12</p> <p>FERTILITY-RELATED REASONS</p> <p>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY23</p> <p>COUPLE SUBFECUND/INFECUND24</p> <p>WIFE/PARTNER WAS PREGNANT25</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC26</p> <p>WIFE/PARTNER WAS BREASTFEEDING27</p> <p>WANTED (MORE) CHILDREN28</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED31</p> <p>WIFE/PARTNER OPPOSED32</p> <p>OTHERS OPPOSED33</p> <p>RELIGIOUS PROHIBITION.....34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD41</p> <p>KNOWS NO SOURCE42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS51</p> <p>FEAR OF SIDE EFFECTS52</p> <p>LACK OF ACCESS/TOO FAR53</p> <p>COST TOO MUCH54</p> <p>INCONVENIENT TO USE55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW98</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: Was your girlfriend/fiancée living with you when you last had sex with her?</p> <p>IF YES, RECORD '01'. IF NO, RECORD '02'.</p>	<p>SPOUSE/COHABITING PARTNER01</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE.....02</p> <p>OTHER FRIEND.....03</p> <p>CASUAL ACQUAINTANCE.....04</p> <p>RELATIVE05</p> <p>COMMERCIAL SEX WORKER06</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 426</p>								
425	<p>For how long have you had sexual relations with this woman?</p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.</p>	<p>DAYS1</p> <p>WEEKS.....2</p> <p>MONTHS3</p> <p>YEARS4</p>	<table border="1" data-bbox="1295 1732 1388 1932"> <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>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
426	Have you had sex with any other woman in the last 12 months?	YES1 NO2	→428
427	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"/>	
428	Have you had sex with a man?	YES1 NO2	→430
429	CHECK 416 AND 428: 416 ≠ 00 AND 428 IS NO <input type="checkbox"/> HAS HAD SEXUAL INTERCOURSE WITH A WOMAN 416 = 00 AND 428 IS NO <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE		→434 →437
430	How old were you when you first had sex with a man?	AGE IN YEARS <input type="text"/> <input type="text"/>	
431	The first time you had sex with a man, was a condom used?	YES1 NO2	
432	How long ago was the last time you had sex with a man?	DAYS1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS3 <input type="text"/> <input type="text"/> YEARS4 <input type="text"/> <input type="text"/>	→434
433	The last time you had sex with a man, was a condom used?	YES1 NO2	
434	Have you ever paid for sex?	YES1 NO2	→437
435	How long ago was the last time you paid for sex?	DAYS1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS3 <input type="text"/> <input type="text"/> YEARS4 <input type="text"/> <input type="text"/>	
436	The last time that you paid for sex, was a condom used?	YES1 NO2	
437	Do you know of a place where a person can get condoms?	YES1 NO2	→440

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
438	<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 ENCIRCLE 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>RURAL/URBAN HEALTH CENTER..... B</p> <p>BARANGAY HEALTH STATION..... C</p> <p>BARANGAY SUPPLY/ SERVICE POINT OFFICER/BHW D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>PRIVATE NURSE/MIDWIFE I</p> <p>NGO J</p> <p>INDUSTRY-BASED CLINIC..... K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PUERICULTURE CENTER..... M</p> <p>STORE N</p> <p>CHURCH..... O</p> <p>FRIENDS/RELATIVES..... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
439	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/UNSURE8</p>	
440	<p>CHECK 302(06), 416B, 418, 431, 433, AND 436: USE OF CONDOMS</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/></p>	<p>→ 445</p>	
441	<p>How old were you when you used a condom for the first time?</p>	<p>AGE AT FIRST USE..... <input type="text"/> <input type="text"/></p> <p>DOES NOT REMEMBER98</p>	
442	<p>Why did you use a condom that first time?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>TO AVOID PREGNANCY A</p> <p>TO AVOID GETTING HIV/AIDS B</p> <p>TO AVOID GETTING AN STD C</p> <p>TO AVOID INFECTING PARTNER..... D</p> <p>TO EXPERIMENT/TRY A CONDOM E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
443	<p>Have you ever experienced any problems with using condoms?</p>	<p>YES1</p> <p>NO2</p>	<p>→ 445</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																												
444	<p>What problems have you experienced?</p> <p>PROBE: Any other problems?</p> <p>RECORD ALL PROBLEMS MENTIONED.</p>	<p>DIFFICULT TO DISPOSE OF A</p> <p>DIFFICULT TO PUT ON/TAKE OFF B</p> <p>SPOILS THE MOOD C</p> <p>DIMINISHES PLEASURE D</p> <p>WIFE/PARTNER OBJECTS/DOES NOT LIKE E</p> <p>WIFE/PARTNER GOT PREGNANT..... F</p> <p>INCONVENIENT TO USE/MESSY G</p> <p>CONDOM BROKE..... H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																													
445	<p>I will now read you some statements about condom use. Please tell me if you agree or disagree with each.</p> <p>a) Condoms diminish a man's sexual pleasure.</p> <p>b) A condom is very inconvenient to use.</p> <p>c) A condom can be reused.</p> <p>d) A condom protects against disease.</p> <p>e) Buying condoms is embarrassing.</p> <p>f) A woman has no right to ask a man to use a condom.</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">DIS- AGREE</th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) DIMINISH MAN'S SEXUAL PLEASURE .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) INCONVENIENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) CAN BE REUSED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) PROTECT AGAINST DISEASE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) EMBARRASSING TO BUY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f) WOMAN HAVE NO RIGHT TO ASK MAN TO USE CONDOM...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		DIS- AGREE	AGREE	DK	a) DIMINISH MAN'S SEXUAL PLEASURE .	1	2	8	b) INCONVENIENT	1	2	8	c) CAN BE REUSED	1	2	8	d) PROTECT AGAINST DISEASE	1	2	8	e) EMBARRASSING TO BUY	1	2	8	f) WOMAN HAVE NO RIGHT TO ASK MAN TO USE CONDOM...	1	2	8	
	DIS- AGREE	AGREE	DK																												
a) DIMINISH MAN'S SEXUAL PLEASURE .	1	2	8																												
b) INCONVENIENT	1	2	8																												
c) CAN BE REUSED	1	2	8																												
d) PROTECT AGAINST DISEASE	1	2	8																												
e) EMBARRASSING TO BUY	1	2	8																												
f) WOMAN HAVE NO RIGHT TO ASK MAN TO USE CONDOM...	1	2	8																												

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 409: HAS ONE WIFE/ PARTNER <input type="checkbox"/> HAS MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	QUESTION SKIPPED <input type="checkbox"/>	505
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES 1 NO 2 UNSURE 3	
503	CHECK 502: YES, WIFE/WIVES/ PARTNER(S) PREGNANT <input type="checkbox"/> NO, WIFE/PARTNER PREGNANT OR UNSURE <input type="checkbox"/> 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? 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 at all?	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 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
505	CHECK 203 AND 205: 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.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	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?	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)	
507	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 8	
508	In the last few months have you heard/read/watch about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From a leaflet or brochure?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER 1 2 LEAFLET OR BROCHURE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO2	→ 512
511	With whom? Anyone else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	WIFE(VES)/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER.....F SON G MOTHER-IN-LAW H FATHER-IN-LAW I FRIENDS/NEIGHBORS J OTHER _____ X (SPECIFY)	
512	In the last 12 months, have you discussed the practice of family planning with a health worker or health professional?	YES.....1 NO2	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→617
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY 1 GIRL 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR9998	
603A	How old was (NAME OF CHILD) at his/her last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
604	Is (NAME OF CHILD) still living?	YES..... 1 NO 2 DOES NOT KNOW 8	→ 606 → 606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.....2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> DON'T KNOW998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER _____	LINE NUMBER OF MOTHER IN HH. QUESTIONNAIRE <input type="text"/> <input type="text"/>	
607	CHECK 603: (LAST) CHILD BORN IN 1998 OR LATER <input type="checkbox"/> (LAST) CHILD BORN IN 1997 OR EARLIER <input type="checkbox"/>		→ 617
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/> OTHER LINE NUMBER <input type="checkbox"/>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
609	What is your relationship with (NAME OF CHILD'S MOTHER)?	CURRENT SPOUSE01 FORMER SPOUSE02 CURRENT LIVE-IN PARTNER03 FORMER LIVE-IN PARTNER04 REGULAR SEXUAL PARTNER05 WOMAN IS GIRLFRIEND/ FIANCÉE06 OCCASIONAL SEXUAL PARTNER07 FRIEND/ACQUAINTANCE08 OTHER _____96 (SPECIFY)							
610	<p>ASK QUESTIONS 611-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.</p> <p>Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).</p>	<table border="1"> <thead> <tr> <th data-bbox="561 548 857 621">PREGNANCY</th> <th data-bbox="857 548 1143 621">DELIVERY</th> <th data-bbox="1143 548 1333 621">SIX WEEKS AFTER DELIVERY</th> </tr> </thead> <tbody> <tr> <td data-bbox="561 621 857 1037"> 610A: Did (NAME OF CHILD'S MOTHER) receive any prenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)? YES.1 (GO TO 611) ← NO.2 (SKIP TO 612) ← DK.8 (GO TO 610B IN NEXT COLUMN) ← </td> <td data-bbox="857 621 1143 1037"> 610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)? YES.1 (GO TO 611) ← NO.2 (SKIP TO 612) ← DK.8 (GO TO 610C IN NEXT COLUMN) ← </td> <td data-bbox="1143 621 1333 1037"> 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 (GO TO 611) ← NO.2 (SKIP TO 612) ← DK.8 (SKIP TO 613) ← </td> </tr> </tbody> </table>	PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY	610A: Did (NAME OF CHILD'S MOTHER) receive any prenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)? YES.1 (GO TO 611) ← 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 (GO TO 611) ← 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 (GO TO 611) ← NO.2 (SKIP TO 612) ← DK.8 (SKIP TO 613) ←	
PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY							
610A: Did (NAME OF CHILD'S MOTHER) receive any prenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)? YES.1 (GO TO 611) ← 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 (GO TO 611) ← 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 (GO TO 611) ← NO.2 (SKIP TO 612) ← DK.8 (SKIP TO 613) ←							
611	Who mainly provided the money or goods or services to pay for this care?	<table border="1"> <tbody> <tr> <td data-bbox="561 1507 857 1948"> FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILDS MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ← </td> <td data-bbox="857 1507 1143 1948"> FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 CHILDS MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ← </td> <td data-bbox="1143 1507 1333 1948"> FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 CHILDS MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____96 (SPECIFY) (SKIP TO 613) ← </td> </tr> </tbody> </table>	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILDS 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 CHILDS 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 CHILDS MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____96 (SPECIFY) (SKIP TO 613) ←				
FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILDS 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 CHILDS 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 CHILDS 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)?	<table border="1"> <tbody> <tr> <td data-bbox="561 1948 857 2060"> NOT NECESARRY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/ NO TRANSPORT 05 POOR SRVICE 06 LACK OF KNOWLEDGE 07 OTHER _____96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ← </td> <td data-bbox="857 1948 1143 2060"> NOT NECESARRY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/ NO TRANSPORT 05 POOR SRVICE 06 LACK OF KNOWLEDGE 07 OTHER _____96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ← </td> <td data-bbox="1143 1948 1333 2060"> NOT NECESARRY01 NOT CUSTOMARY02 RESPONDENT DIDN'T ALLOW03 TOO COSTLY04 TOO FAR/ NO TRANSPORT05 POOR SRVICE06 LACK OF KNOWLEDGE07 OTHER _____96 (SPECIFY) </td> </tr> </tbody> </table>	NOT NECESARRY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/ NO TRANSPORT 05 POOR SRVICE 06 LACK OF KNOWLEDGE 07 OTHER _____96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←	NOT NECESARRY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/ NO TRANSPORT 05 POOR SRVICE 06 LACK OF KNOWLEDGE 07 OTHER _____96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←	NOT NECESARRY01 NOT CUSTOMARY02 RESPONDENT DIDN'T ALLOW03 TOO COSTLY04 TOO FAR/ NO TRANSPORT05 POOR SRVICE06 LACK OF KNOWLEDGE07 OTHER _____96 (SPECIFY)				
NOT NECESARRY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/ NO TRANSPORT 05 POOR SRVICE 06 LACK OF KNOWLEDGE 07 OTHER _____96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←	NOT NECESARRY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/ NO TRANSPORT 05 POOR SRVICE 06 LACK OF KNOWLEDGE 07 OTHER _____96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←	NOT NECESARRY01 NOT CUSTOMARY02 RESPONDENT DIDN'T ALLOW03 TOO COSTLY04 TOO FAR/ NO TRANSPORT05 POOR SRVICE06 LACK OF KNOWLEDGE07 OTHER _____96 (SPECIFY)							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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	
614	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING (604 = 1) <input type="checkbox"/> (LAST) CHILD NOT LIVING OR DON'T KNOW (604 = 2 OR 8) <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	
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 8	
619	Have you ever heard of a special product called ORESOL/HYDRITE you can get for the treatment of diarrhea?	YES 1 NO 2	
620	Now, please tell me about yourself. Have you ever smoked cigarettes or tobacco?	YES 1 NO 2	623
620A	How old were you when you first smoked cigarettes or tobacco?	AGE <input type="text"/> <input type="text"/>	
620B	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, ROLLED TOBACCO C NO D	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
621	CHECK 620B: CODE 'A' ENCIRCLED <input type="checkbox"/> CODE 'A' NOT ENCIRCLED <input type="checkbox"/>		623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
623	Have you ever drunk an alcoholic beverage?	YES..... 1 NO 2	→701
624	In the last month, on how many days did you drink an alcoholic beverage? IF EVERY DAY, RECORD '30'.	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE 95	
625	Have you ever gotten "drunk" from drinking an alcoholic beverage?	YES..... 1 NO 2	→701
626	CHECK 624: DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/> NONE <input type="checkbox"/>		→ 701
627	In the last month, how many times did you get "drunk"?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 95	

SECTION 7. HIV/AIDS AND OTHER SEXUALLY-TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES..... 1 NO 2	→ 724
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 MENTIONED. DO NOT READ OUT RESPONSES.	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 PROSTITUTESE AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERSF AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS..... I AVOID INJECTIONS J AVOID SHARING SHARP OBJECTS/ INSTRUMENTSK AVOID KISSINGL AVOID MOSQUITO BITES..... M SEEK PROTECTION FROM TRADITIONAL HEALER..... N AVOID ORAL SEX..... O OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOWZ	
704	Can people reduce their chances of 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 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 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 HIV/AIDS?	YES..... 1 NO 2 DON'T KNOW..... 8	
708	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES..... 1 NO 2 DON'T KNOW..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
709	Can you tell from looking at a person that he/she has 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 HIV/AIDS?	YES..... 1 NO 2 DON'T KNOW..... 8	
711	Can a virus that causes AIDS be transmitted from a mother to a child?	YES..... 1 NO 2 DON'T KNOW..... 8	→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"/>		→ 715
714	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/woman you are living with)? 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 HIV/AIDS to be discussed: on the radio? on the TV? in newspapers?	ACCEP- NOT TABLE TABLE ON THE RADIO..... 1 2 ON THE TV..... 1 2 IN NEWSPAPERS..... 1 2	
716	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret?	YES..... 1 NO 2 DON'T KNOW/UNSURE 8	
717	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	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 school?	YES..... 1 NO 2 DON'T KNOW /UNSURE/DEPENDS 8	
719	Should children aged 12-14 be taught about using a condom to avoid HIV/AIDS?	YES..... 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	
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	→ 721

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
720A	When was the last time you were tested?	LESS THAN 12 MONTHS 1 12-23 MONTHS 2 2 YEARS OR MORE 8	
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 8	
720C	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 723A
721	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
722	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→ 724
723	<p>Where can you go for the test?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>RURAL/URBAN HEALTH CENTER 12</p> <p>OTHER PUBLIC _____ 13</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>NGO 24</p> <p>INDUSTRY-BASED CLINIC 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	→ 724
723A	<p>Where did you go for the test?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>RURAL/URBAN HEALTH CENTER 12</p> <p>OTHER PUBLIC _____ 13</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>NGO 24</p> <p>INDUSTRY-BASED CLINIC 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
724	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES.....1 NO2	→ 727
725	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN.....A GENITAL DISCHARGE/DRIPPINGB FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREAE SWELLING IN GENITAL AREA.....F GENITAL SORES/ULCERS..... G GENITAL WARTS..... H GENITAL ITCHING I BLOOD IN URINE..... J LOSS OF WEIGHTK IMPOTENCEL OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMSY DON'T KNOWZ	
726	If a woman has a sexually transmitted disease, what symptoms might she have? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN.....A GENITAL DISCHARGE/DRIPPINGB FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREAE SWELLING IN GENITAL AREA.....F GENITAL SORES/ULCERS..... G GENITAL WARTS..... H GENITAL ITCHING I BLOOD IN URINE..... J LOSS OF WEIGHTK HARD TO GET PREGNANT/HAVE A CHILDL OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMSY DON'T KNOWZ	
727	CHECK 416 AND 428: HAS HAD SEXUAL INTERCOURSE (416 ≠ 00 AND/OR 428 IS YES) <input type="checkbox"/>	HAS NOT HAD SEXUAL INTERCOURSE (416 = 00 AND 428 IS NO) <input type="checkbox"/>	→ 801
727A	CHECK 724: KNOWS STI (724 IS YES) <input type="checkbox"/>	DOES NOT KNOW STI (724 IS NO) <input type="checkbox"/>	→ 729

SECTION 8. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
801	<p>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:</p> <p>a) making large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit family, friends or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have and when to have them?</p>	<table border="0"> <tr> <td></td> <td align="center">HUS- BAND</td> <td align="center">WIFE</td> <td align="center">BOTH</td> <td align="center">DON'T KNOW</td> </tr> <tr> <td>a) LARGE PURCHASES....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td>b) SMALL PURCHASES....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td>c) VISIT FAMILY/ FRIENDS.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td>d) USE OF MONEY.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td>e) NUMBER AND WHEN TO HAVE CHILLDREN...1</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> </table>		HUS- BAND	WIFE	BOTH	DON'T KNOW	a) LARGE PURCHASES....	1	2	3	8	b) SMALL PURCHASES....	1	2	3	8	c) VISIT FAMILY/ FRIENDS.....	1	2	3	8	d) USE OF MONEY.....	1	2	3	8	e) NUMBER AND WHEN TO HAVE CHILLDREN...1	1	2	3	8	
	HUS- BAND	WIFE	BOTH	DON'T KNOW																													
a) LARGE PURCHASES....	1	2	3	8																													
b) SMALL PURCHASES....	1	2	3	8																													
c) VISIT FAMILY/ FRIENDS.....	1	2	3	8																													
d) USE OF MONEY.....	1	2	3	8																													
e) NUMBER AND WHEN TO HAVE CHILLDREN...1	1	2	3	8																													
802	<p>Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...</p> <p>a) If she goes out without telling him?</p> <p>b) If she neglects the children?</p> <p>c) If she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) If she burns the food?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DON'T KNOW/ DEPENDS</td> </tr> <tr> <td>a) GOES OUT WITHOUT TELLING.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSE SEX.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DON'T KNOW/ DEPENDS	a) GOES OUT WITHOUT TELLING.....	1	2	8	b) NEGLECTS CHILDREN.	1	2	8	c) ARGUES.....	1	2	8	d) REFUSE SEX.....	1	2	8	e) BURNS FOOD.....	1	2	8							
	YES	NO	DON'T KNOW/ DEPENDS																														
a) GOES OUT WITHOUT TELLING.....	1	2	8																														
b) NEGLECTS CHILDREN.	1	2	8																														
c) ARGUES.....	1	2	8																														
d) REFUSE SEX.....	1	2	8																														
e) BURNS FOOD.....	1	2	8																														
803	<p>When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>																															
804	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p> <p>a) She is tired and not in the mood?</p> <p>b) She has recently given birth?</p> <p>c) She knows her husband has sex with other women?</p> <p>d) She knows her husband has a sexually transmitted disease?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DON'T KNOW/ DEPENDS</td> </tr> <tr> <td>a) TIRED AND NOT IN THE MOOD.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) JUST GAVE BIRTH.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) HUSBAND HAS OTHER PARTNER.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) HUSBAND HAS STD.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DON'T KNOW/ DEPENDS	a) TIRED AND NOT IN THE MOOD.....	1	2	8	b) JUST GAVE BIRTH.....	1	2	8	c) HUSBAND HAS OTHER PARTNER.....	1	2	8	d) HUSBAND HAS STD.....	1	2	8											
	YES	NO	DON'T KNOW/ DEPENDS																														
a) TIRED AND NOT IN THE MOOD.....	1	2	8																														
b) JUST GAVE BIRTH.....	1	2	8																														
c) HUSBAND HAS OTHER PARTNER.....	1	2	8																														
d) HUSBAND HAS STD.....	1	2	8																														
805	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Hit or beat and have sex with her even if she doesn't want to?</p> <p>e) Go and have sex with another woman?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DON'T KNOW/ DEPENDS</td> </tr> <tr> <td>a) ANGRY AND REPRIMAND.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) REFUSE FINANCIAL SUPPORT.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) FORCE SEX.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) HIT OR BEAT.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) HAVE SEX WITH OTHER WOMAN.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DON'T KNOW/ DEPENDS	a) ANGRY AND REPRIMAND.....	1	2	8	b) REFUSE FINANCIAL SUPPORT.....	1	2	8	c) FORCE SEX.....	1	2	8	d) HIT OR BEAT.....	1	2	8	e) HAVE SEX WITH OTHER WOMAN.....	1	2	8							
	YES	NO	DON'T KNOW/ DEPENDS																														
a) ANGRY AND REPRIMAND.....	1	2	8																														
b) REFUSE FINANCIAL SUPPORT.....	1	2	8																														
c) FORCE SEX.....	1	2	8																														
d) HIT OR BEAT.....	1	2	8																														
e) HAVE SEX WITH OTHER WOMAN.....	1	2	8																														

SECTION 9. TUBERCULOSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
901	Have you ever had the following symptoms? a. Cough for two weeks or more? b. Fever for two weeks or more? c. Chest or back pain? d. Coughing up blood? e. Sweating at night?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>COUGH 2 WEEKS +.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>FEVER 2 WEEKS +.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>CHEST OR BACK PAIN.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>BLOOD IN SPUTUM.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>NIGHT SWEATING.....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	COUGH 2 WEEKS +.....	1	2	FEVER 2 WEEKS +.....	1	2	CHEST OR BACK PAIN.....	1	2	BLOOD IN SPUTUM.....	1	2	NIGHT SWEATING.....	1	2	
	YES	NO																			
COUGH 2 WEEKS +.....	1	2																			
FEVER 2 WEEKS +.....	1	2																			
CHEST OR BACK PAIN.....	1	2																			
BLOOD IN SPUTUM.....	1	2																			
NIGHT SWEATING.....	1	2																			
902	CHECK 901: AT LEAST ONE "YES" <input type="checkbox"/> (ANY SYMPTOMS) NOT A SINGLE "YES" <input type="checkbox"/> (NO SYMPTOM)		→ 907A																		
903	Did you seek consultation or treatment for the symptom(s)?	YES1 NO2	→ 905																		
904	Why did you not seek consultation or treatment for the symptoms?	SYMPTOMS HARMLESS1 COST2 DISTANCE3 EMBARRASSED.....4 OTHER6	→ 908																		
905	Where did you go for advice or treatment the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC11 RURAL/URBAN HEALTH CENTER.....12 OUTREACH CLINIC13 OTHER PUBLIC _____14 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC21 PHARMACY22 PRIVATE DOCTOR23 NGO CLINIC24 OTHER PRIVATE MEDICAL _____25 (SPECIFY) OTHER _____96 (SPECIFY)																			
906	What is the main reason you chose to go to this facility?	DISTANCE1 COST2 SERVICE3 QUALITY DRUGS4 OTHER6																			
907	How soon after the symptoms started did you seek consultation or treatment?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MONTHS 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW998																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
907A	Are you aware of the Directly Observed Treatment Short Course (DOTS) program?	YES1 NO2	
908	Have you ever heard of an illness called tuberculosis? (TB is also known as thysis, weak lungs or spot in the lungs)	YES1 NO2	→ 917
909	Can tuberculosis be cured?	YES1 NO2	
910	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES1 NO2 DON'T KNOW/DEPENDS8	
911	What signs or symptoms would lead you to think that a person has tuberculosis? Any others? RECORD ALL MENTIONED.	COUGHINGA COUGHING WITH SPUTUMB COUGHING FOR SEVERAL WEEKS.....C FEVERD BLOOD IN SPUTUME LOSS OF APPETITEF NIGHTSWEATINGG PAIN IN CHEST OR BACK.....H TIREDNESS/FATIGUEI WEIGHT LOSSJ OTHER _____X (SPECIFY) DON'T KNOWZ	
912	What do you think is the cause of tuberculosis? Anything else? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIAA INHERITEDB LIFESTYLEC SMOKINGD ALCOHOL DRINKINGE FATIGUEF OTHER _____X (SPECIFY) DON'T KNOWZ	
913	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN COUGHINGA SHARING EATING UTENSILSB TOUCHING A PERSON WITH TBC OTHER _____X (SPECIFY) DON'T KNOWZ	
914	Have you been told by a doctor or a health professional that you had tuberculosis? If YES, when were you told that you had tuberculosis, in the past five years, between five and ten years, or more than ten years ago?	< 5 YEARS1 5-10 YEARS2 MORE THAN 10 YEARS.....3 NO4	→ 917
914A	Have you taken anti-TB medicine in the past?	YES1 NO2 DON'T KNOW8	→ 917

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS
