

<b>AUTHORITY:</b> Commonwealth Act No. 591 authorizes this survey and the Philippines National Statistics Office to collect information on fertility, family planning and health.  <b>CONFIDENTIALITY:</b> Sec. 4 of CA No. 591 provides that all information furnished on this form is held <i>STRICTLY CONFIDENTIAL</i>	PHILIPPINES NATIONAL STATISTICS OFFICE  <b>2003 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY</b>  <b>INDIVIDUAL MAN'S QUESTIONNAIRE</b>	NDHS Form 3 NSCB Approval No. NSO-0305-03 Expires March 31, 2004
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Set \_\_\_\_ of \_\_\_\_ sets

IDENTIFICATION	
PROVINCE _____ CITY/MUNICIPALITY _____ BARANGAY _____ URBAN/RURAL (URBAN=1, RURAL=2) ..... REPLICATE ..... PSU ..... EA..... STRATUM... .. HOUSEHOLD CONTROL NUMBER ..... NDHS HOUSEHOLD SEQUENTIAL NUMBER..... NAME OF HOUSEHOLD HEAD..... NAME AND LINE NUMBER OF MAN ..... ADDRESS .....	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <!-- Grid representation of the form --> </div>

INTERVIEW RECORD				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR <div style="display: inline-block; border: 1px solid black; padding: 2px;">2003</div> INTERVIEWER'S CODE RESULT*
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>

**\*RESULT CODES:**

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

LANGUAGE OF QUESTIONNAIRE** <div style="display: inline-block; border: 1px solid black; padding: 2px;">7</div>	LANGUAGE OF INTERVIEW** <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>
LOCAL LANGUAGE OF THE RESPONDENT** <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>	TRANSLATOR USED YES 1 NO 2

**\*\*LANGUAGE CODES:**

1 TAGALOG	3 ILOCANO	5 HILIGAYON	7 ENGLISH
2 CEBUANO	4 BICOL	6 WARAY	8 OTHER (SPECIFY) _____

SUPERVISOR  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	FIELD EDITOR  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	OFFICE EDITOR  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	ENCODED BY  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
_____ Name and Signature	_____ Name and Signature	_____ Name and Signature	_____ Name and Signature

## 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... <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH ..... 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR ..... 9998	
108	How old were you at your last birthday?  COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
109	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
110	What is the highest grade/year you completed?	NO GRADE COMPLETED .....00 PRE SCHOOL .....01  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 GRADUATE .....25  POST SECONDARY YEAR 1 .....31 POST SECONDARY YEAR 2 OR MORE .....32  COLLEGE YEAR 1 .....41 COLLEGE YEAR 2 .....42 COLLEGE YEAR 3 .....43 COLLEGE YEAR 4 .....44 COLLEGE YEAR 5 .....45 COLLEGE YEAR 6 OR HIGHER .....46 COLLEGE GRADUATE .....47  POST-BACCALAUREATE .....51  DON'T KNOW .....98	
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 ALL .....1 ABLE TO READ ONLY PARTS OF SENTENCE .....2 ABLE TO READ WHOLE SENTENCE .....3 NO CARD WITH REQUIRED LANGUAGE .....4 (SPECIFY LANGUAGE) VISION PROBLEMS .....5	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)?	YES .....1 NO .....2	
114	CHECK 112: CODE '2', '3' OR '4' <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?	DAILY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	

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?	DAILY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
117	Do you listen to the radio daily, at least once a week, less than once a week or not at all?	DAILY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
118	Are you currently working?	YES .....1 NO .....2	→ 121
119	Have you done any work in the last 12 months?	YES .....1 NO .....2	→ 121
120	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING .....1 LOOKING FOR WORK .....2 INACTIVE .....3 COULD NOT WORK/HANDICAPPED .....4 RETIRED .....5 OTHER .....6 (SPECIFY)	→ 128
121	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> _____ _____	
122	CHECK 121: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>WORKS IN AGRICULTURE <input type="checkbox"/></div> <div>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></div> </div>		→ 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 LAND .....1 FAMILY LAND .....2 RENTED LAND .....3 SOMEONE ELSE'S LAND .....4	
124	During the last 12 months, how many months did you work?	NUMBER OF MONTHS ..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
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 ONLY .....1 CASH AND KIND .....2 IN KIND ONLY .....3 NOT PAID .....4	→ 127
126	Who mainly decides how the money you earn will be used?	RESPONDENT .....1 WIFE/PARTNER .....2 RESPONDENT AND WIFE/ PARTNER JOINTLY .....3 SOMEONE ELSE .....4 RESPONDENT AND SOMEONE ELSE JOINTLY .....5	

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 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
201	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 ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	(In addition to the children that you have just told me about), do you have: a) any (other) living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? b) any (other) sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name?  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             'NO' TO BOTH ↓ <input type="checkbox"/> </div> <div style="text-align: center;">             OTHER ..... ↓ <input type="checkbox"/> </div> </div> PROBE AND CORRECT 201-207 AS NECESSARY										
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
210	CHECK 209: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;">             HAS HAD ONLY ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;">             HAS NOT HAD ANY CHILDREN ↓ <input type="checkbox"/> </div> </div>		→ 213 → 301								
211	Do the children that you have fathered all have the same biological mother?	YES ..... 1 NO ..... 2	→ 213								
212	In all how many women have you fathered children with?	NUMBER OF WOMEN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
213	How old were you when your (first) child was born?	AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
214	At the time when this child was born, were you married to the child's mother?	YES ..... 1 NO ..... 2									

### SECTION 3. CONTRACEPTION

<p>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.</p>			
<b>301</b>	<p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>		<p><b>302</b> Have you ever used (Have you ever had a partner who used) (METHOD)?</p>
01	<p>LIGATION/FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
02	<p>VASECTOMY/MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
06	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
07	<p>DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
08	<p>FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
09	<p>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.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
10	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
11	<p>MUCUS, BILLINGS, OVULATION Women can monitor the cervical mucus to determine the days of the month they are most likely to get pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
12	<p>BASAL BODY TEMPERATURE Women can monitor the body temperature to determine the days of the month they are most likely to get pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
13	<p>SYMPTOTHERMAL It is combination of Basal Body Temperature and Mucus, Billings, Ovulation method.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
14	<p>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.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>



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' <input type="checkbox"/> ENCIRCLED (EVER HEARD) ↓ NOT A SINGLE 'YES' <input type="checkbox"/> ENCIRCLED (NEVER HEARD)		→ 303
302B	CHECK 302: NOT A SINGLE "YES" <input type="checkbox"/> (NEVER USED) ↓ AT LEAST ONE "YES" <input type="checkbox"/> (EVER USED)		→ 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' <input type="checkbox"/> ENCIRCLED ↓ CODE '2' <input type="checkbox"/> ENCIRCLED		→ 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	
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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"/>	
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302L	How old were you when you started using a method of family planning?	AGE ..... <input type="text"/> <input type="text"/>	
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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
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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	
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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 MARRIED .....1 YES, LIVING WITH A WOMAN .....2 NO, NOT IN UNION .....3	→ 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) ONLY .....1 OCCASIONAL PARTNER(S) ONLY .....2 REGULAR AND OCCASIONAL PARTNERS .....3 NO SEXUAL PARTNER .....4	→ 409															
406	Do you currently have regular, occasional, regular and occasional, or no sexual partner?	REGULAR PARTNER(S) ONLY .....1 OCCASIONAL PARTNER(S) ONLY .....2 REGULAR AND OCCASIONAL PARTNERS .....3 NO SEXUAL PARTNER .....4																
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY .....1 YES, LIVED WITH A WOMAN ONLY .....2 YES, BOTH.....3 NO .....4	→ 411 → 416															
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3	→ 411															
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> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>402 = 01 <input type="text"/></p> <p>↓</p> <p>Please tell me the name of your wife/living-in partner.</p> <p>NAME OF WIFE/LIVING-IN PARTNER</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> </div> <div style="text-align: center;"> <p>402 &gt; 01 <input type="text"/></p> <p>↓</p> <p>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> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">LINE NUMBER IN HHD. QUEST</th><th style="width: 10%;">WIFE</th><th style="width: 10%;">LIVING-IN PARTNER</th></tr> </thead> <tbody> <tr> <td><input type="text"/> <input type="text"/></td><td align="center">1</td><td align="center">2</td></tr> <tr> <td><input type="text"/> <input type="text"/></td><td align="center">1</td><td align="center">2</td></tr> <tr> <td><input type="text"/> <input type="text"/></td><td align="center">1</td><td align="center">2</td></tr> <tr> <td><input type="text"/> <input type="text"/></td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>			LINE NUMBER IN HHD. QUEST	WIFE	LIVING-IN PARTNER	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	1	2
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410	<p>CHECK 409:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONLY ONE WIFE/ LIVING-IN PARTNER <input type="text"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/LIVING-IN PARTNER <input type="text"/></p> </div> </div>			→ 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?	ONCE .....1 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 NO .....2	→ 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> <p>↓</p> <p><input type="text"/></p> </div> <div style="text-align: center;"> <p>OTHER</p> <p>↓</p> <p><input type="text"/></p> </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 MONTH .....98 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)?	NEVER .....00 AGE IN YEARS ..... <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER .....95	→ 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> <p>↓</p> <p><input type="text"/></p> </div> <div style="text-align: center;"> <p>25-54 YEARS OLD</p> <p>↓</p> <p><input type="text"/></p> </div> </div>		→ 417
416B	The first time you had sexual intercourse, was a condom used?	YES.....1 NO .....2	
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.	DAYS .....1 <input type="text"/> WEEKS.....2 <input type="text"/> MONTHS .....3 <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 NO .....2	→ 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 PARTNERS .....04 PARTNER REQUESTED/INSISTED .....05  OTHER .....96 (SPECIFY) DON'T KNOW.....98	→ 424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
420	CHECK 302(02):  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/>  RESPONDENT NOT STERILIZED </div> <div style="text-align: center;"> <input type="checkbox"/>  RESPONDENT STERILIZED </div> </div>		424
421	The last time you had sexual intercourse with a woman, did you or she do something or use any method to avoid a pregnancy?	YES .....1 NO .....2 UNSURE/DON'T KNOW .....8	423 424
422	What method was used?  IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION .....01 PILL .....03 IUD .....04 INJECTABLES .....05 DIAPHRAGM .....07 FOAM/JELLY .....08 IMPLANTS .....09 FEMALE CONDOM .....10 MUCUS, BILLINGS, OVULATION .....11 BASAL BODY TEMPERATURE .....12 SYMPHTOTHERMAL .....13 STANDARD DAYS METHOD .....14 LACTATIONAL AMENORRHEA .....15 EMERGENCY CONTRACEPTION .....16 CALENDAR OR RHYTHM OR PERIODIC ABSTINENCE .....17 WITHDRAWAL .....18  OTHER ..... 96 (SPECIFY) DON'T KNOW .....98	424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
423	What is the main reason a method was not used?	<div>CASUAL SEX PARTNER SO DOES NOT CARE ..... 11</div> <div>CONTRACEPTION WOMEN'S BUSINESS ..... 12</div> <div>FERTILITY-RELATED REASONS</div> <div>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY ..... 23</div> <div>COUPLE SUBFECUND/INFECUND ..... 24</div> <div>WIFE/PARTNER WAS PREGNANT ..... 25</div> <div>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC ..... 26</div> <div>WIFE/PARTNER WAS BREASTFEEDING ..... 27</div> <div>WANTED (MORE) CHILDREN ..... 28</div> <div>OPPOSITION TO USE</div> <div>RESPONDENT OPPOSED ..... 31</div> <div>WIFE/PARTNER OPPOSED ..... 32</div> <div>OTHERS OPPOSED ..... 33</div> <div>RELIGIOUS PROHIBITION ..... 34</div> <div>LACK OF KNOWLEDGE</div> <div>KNOWS NO METHOD ..... 41</div> <div>KNOWS NO SOURCE ..... 42</div> <div>METHOD-RELATED REASONS</div> <div>HEALTH CONCERNS ..... 51</div> <div>FEAR OF SIDE EFFECTS ..... 52</div> <div>LACK OF ACCESS/TOO FAR ..... 53</div> <div>COST TOO MUCH ..... 54</div> <div>INCONVENIENT TO USE ..... 55</div> <div>INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56</div> <div>OTHER ..... 96</div> <div>(SPECIFY)</div> <div>DON'T KNOW ..... 98</div>									
424	What is your relationship to the woman with whom you last had sex?  IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her?  IF YES, RECORD '01'. IF NO, RECORD '02'.	<div>SPOUSE/COHABITING PARTNER ..... 01</div> <div>WOMAN IS GIRLFRIEND/FIANCÉE ..... 02</div> <div>OTHER FRIEND ..... 03</div> <div>CASUAL ACQUAINTANCE ..... 04</div> <div>RELATIVE ..... 05</div> <div>COMMERCIAL SEX WORKER ..... 06</div> <div>OTHER ..... 96</div> <div>(SPECIFY)</div>	→ 426								
425	For how long have you had sexual relations with this woman?  IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	<div>DAYS ..... 1</div> <div>WEEKS ..... 2</div> <div>MONTHS ..... 3</div> <div>YEARS ..... 4</div>	<table><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?	YES .....1 NO .....2	→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?	YES .....1 NO .....2	→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?	YES .....1 NO .....2	
432	How long ago was the last time you had sex with a man?	DAYS .....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS .....3 <input type="text"/> <input type="text"/> YEARS .....4 <input type="text"/> <input type="text"/>	→434
433	The last time you had sex with a man, was a condom used?	YES .....1 NO .....2	
434	Have you ever paid for sex?	YES .....1 NO .....2	→437
435	How long ago was the last time you paid for sex?	DAYS .....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS .....3 <input type="text"/> <input type="text"/> YEARS .....4 <input type="text"/> <input type="text"/>	
436	The last time that you paid for sex, was a condom used?	YES .....1 NO .....2	
437	Do you know of a place where a person can get condoms?	YES .....1 NO .....2	→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	If you wanted to, could you yourself get a condom?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	
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 style="text-align: right;">→ 445</p>		
441	How old were you when you used a condom for the first time?	<p>AGE AT FIRST USE ..... <input type="text"/> <input type="text"/></p> <p>DOES NOT REMEMBER ..... 98</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	Have you ever experienced any problems with using condoms?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p style="text-align: right;">→ 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> <thead> <tr> <th></th><th>DIS- AGREE</th><th>AGREE</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) DIMINISH MAN'S SEXUAL PLEASURE . 1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>b) INCONVENIENT ..... 1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>c) CAN BE REUSED ..... 1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>d) PROTECT AGAINST DISEASE ..... 1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>e) EMBARRASSING TO BUY ..... 1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>f) WOMAN HAVE NO RIGHT TO ASK MAN TO USE CONDOM... 1</td><td>2</td><td>8</td><td></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		
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**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"/> YEARS ..... 2 <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"/>  OTHER ..... 96 (SPECIFY)	507   507
506	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ..... <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 NO .....2	→ 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 NO .....2	

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 YEAR .....9998	
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 KNOW.....998	
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="text"/>		→ 610

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP TO
609	What is your relationship with (NAME OF CHILD'S MOTHER)?		CURRENT SPOUSE .....01 FORMER SPOUSE .....02 CURRENT LIVE-IN PARTNER .....03 FORMER LIVE-IN PARTNER .....04 REGULAR SEXUAL PARTNER .....05 WOMAN IS GIRLFRIEND/ FIANCÉE .....06 OCCASIONAL SEXUAL PARTNER .....07 FRIEND/ACQUAINTANCE .....08 OTHER .....96 (SPECIFY)	
610	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.			
	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	<b>PREGNANCY</b>	<b>DELIVERY</b>	<b>SIX WEEKS AFTER DELIVERY</b>
		<b>610A:</b> 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) ←	<b>610B:</b> 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) ←	<b>610C:</b> 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?	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 RESPONDENT AND 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 RESPONDENT AND 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)?	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 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)

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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE 'A' ENCIRCLED  <input type="checkbox"/> </div> <div style="text-align: center;"> CODE 'A' NOT ENCIRCLED  <input type="checkbox"/> </div> </div>		→ 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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> DRANK ALCOHOL ON AT LEAST ONE DAY  <input type="checkbox"/> </div> <div style="text-align: center;"> NONE <input type="checkbox"/> </div> </div>		→ 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 PROSTITUTES .....E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS .....F AVOID SEX WITH HOMOSEXUALS .....G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ...H AVOID BLOOD TRANSFUSIONS.....I AVOID INJECTIONS .....J AVOID SHARING SHARP OBJECTS/ INSTRUMENTS .....K AVOID KISSING .....L AVOID MOSQUITO BITES.....M SEEK PROTECTION FROM TRADITIONAL HEALER.....N AVOID ORAL SEX.....O  OTHER .....W (SPECIFY) OTHER .....X (SPECIFY) DON'T KNOW.....Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who 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	Where can you go for the test?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 RURAL/URBAN HEALTH CENTER ..... 12 OTHER PUBLIC _____ 13 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PRIVATE DOCTOR ..... 23 NGO ..... 24 INDUSTRY-BASED CLINIC ..... 25  OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 724
723A	Where did you go for the test?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 RURAL/URBAN HEALTH CENTER ..... 12 OTHER PUBLIC _____ 13 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PRIVATE DOCTOR ..... 23 NGO ..... 24 INDUSTRY-BASED CLINIC ..... 25  OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	

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 NO .....2	→ 727
725	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAIN.....A GENITAL DISCHARGE/DRIPPING.....B FOUL SMELLING DISCHARGE.....C BURNING PAIN ON URINATION.....D REDNESS/INFLAMMATION IN GENITAL AREA.....E SWELLING IN GENITAL AREA.....F GENITAL SORES/ULCERS.....G GENITAL WARTS.....H GENITAL ITCHING.....I BLOOD IN URINE.....J LOSS OF WEIGHT.....K IMPOTENCE.....L  OTHER.....W (SPECIFY)  OTHER.....X (SPECIFY)  NO SYMPTOMS.....Y DON'T KNOW.....Z	
726	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAIN.....A GENITAL DISCHARGE/DRIPPING.....B FOUL SMELLING DISCHARGE.....C BURNING PAIN ON URINATION.....D REDNESS/INFLAMMATION IN GENITAL AREA.....E SWELLING IN GENITAL AREA.....F GENITAL SORES/ULCERS.....G GENITAL WARTS.....H GENITAL ITCHING.....I BLOOD IN URINE.....J LOSS OF WEIGHT.....K HARD TO GET PREGNANT/HAVE A CHILD.....L  OTHER.....W (SPECIFY)  OTHER.....X (SPECIFY)  NO SYMPTOMS.....Y DON'T KNOW.....Z	
727	<p>CHECK 416 AND 428:</p> <p>HAS HAD SEXUAL INTERCOURSE (416 ≠ 00 AND/OR 428 IS YES) <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE (416 = 00 AND 428 IS NO) <input type="checkbox"/></p>		→ 801
727A	<p>CHECK 724:</p> <p>KNOWS STI (724 IS YES) <input type="checkbox"/></p> <p>DOES NOT KNOW STI (724 IS NO) <input type="checkbox"/></p>		→ 729

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
728	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted infection?	YES..... 1 NO ..... 2 DON'T KNOW..... 8																
729	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES..... 1 NO ..... 2 DON'T KNOW..... 8																
730	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES..... 1 NO ..... 2 DON'T KNOW..... 8																
731	<p>CHECK 728/729/730:</p> <p>HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION <input type="checkbox"/> OR DOES NOT KNOW</p>		→ 801															
732	The last time you had (PROBLEM(S) FROM 728/729/730), did you seek any kind of advice or treatment?	YES..... 1 NO ..... 2	→ 734															
733	<p>The last time you had (PROBLEM(S) FROM 728/729/730), did you do any of the following? Did you....</p> <p>Go to a health worker, health professional or health facility?</p> <p>Consult a traditional healer?</p> <p>Seek advice or buy medicines in a convenient store or pharmacy?</p> <p>Ask for advice from friends or relatives?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HEALTH WORKER/ FACILITY .....</td><td>1</td><td>2</td></tr> <tr> <td>TRADITIONAL HEALER ...</td><td>1</td><td>2</td></tr> <tr> <td>CONVENIENT STORE/ PHARMACY .....</td><td>1</td><td>2</td></tr> <tr> <td>FRIENDS/RELATIVES.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	HEALTH WORKER/ FACILITY .....	1	2	TRADITIONAL HEALER ...	1	2	CONVENIENT STORE/ PHARMACY .....	1	2	FRIENDS/RELATIVES.....	1	2	
	YES	NO																
HEALTH WORKER/ FACILITY .....	1	2																
TRADITIONAL HEALER ...	1	2																
CONVENIENT STORE/ PHARMACY .....	1	2																
FRIENDS/RELATIVES.....	1	2																
734	When you had (PROBLEM(S) FROM 728/729/730), did you inform the person(s) with whom you were having sex?	YES..... 1 NO ..... 2 SOME/NOT AT ALL..... 3 DID NOT HAVE A PARTNER..... 4	→ 801															
735	When you had (PROBLEM(S) FROM 728/729/730), did you do anything to avoid infecting your sexual partner(s)?	YES..... 1 NO ..... 2 PARTNER(S) ALREADY INFECTED ..... 3	→ 801															
736	<p>What did you do to avoid infecting your partner(s)? Did you....</p> <p>Use medicine?</p> <p>Stop having sex?</p> <p>Use a condom when having sex?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>USE MEDICINE .....</td><td>1</td><td>2</td></tr> <tr> <td>STOP SEX .....</td><td>1</td><td>2</td></tr> <tr> <td>USE CONDOM .....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	USE MEDICINE .....	1	2	STOP SEX .....	1	2	USE CONDOM .....	1	2				
	YES	NO																
USE MEDICINE .....	1	2																
STOP SEX .....	1	2																
USE CONDOM .....	1	2																

SECTION 8. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
801	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUS- BAND	WIFE	BOTH	DON'T KNOW	
	a) making large household purchases?	a) LARGE PURCHASES....1	2	3	8	
	b) making small daily household purchases?	b) SMALL PURCHASES....1	2	3	8	
	c) deciding when to visit family, friends or relatives?	c) VISIT FAMILY/ FRIENDS.....1	2	3	8	
	d) deciding what to do with the money she earns for her work?	d) USE OF MONEY.....1	2	3	8	
	e) deciding how many children to have and when to have them?	e) NUMBER AND WHEN TO HAVE CHILLDREN...1	2	3	8	
802	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...	YES	NO	DON'T KNOW/ DEPENDS		
	a) If she goes out without telling him?	a) GOES OUT WITHOUT TELLING.....1	2	8		
	b) If she neglects the children?	b) NEGLECTS CHILDREN.1	2	8		
	c) If she argues with him?	c) ARGUES.....1	2	8		
	d) If she refuses to have sex with him?	d) REFUSE SEX.....1	2	8		
	e) If she burns the food?	e) BURNS FOOD.....1	2	8		
803	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES.....1				
		NO .....2				
		DON'T KNOW.....8				
804	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...	YES	NO	DON'T KNOW/ DEPENDS		
	a) She is tired and not in the mood?	a) TIRED AND NOT IN THE MOOD.....1	2	8		
	b) She has recently given birth?	b) JUST GAVE BIRTH.....1	2	8		
	c) She knows her husband has sex with other women?	c) HUSBAND HAS OTHER PARTNER.....1	2	8		
	d) She knows her husband has a sexually transmitted disease?	d) HUSBAND HAS STD.....1	2	8		
805	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...	YES	NO	DON'T KNOW/ DEPENDS		
	a) Get angry and reprimand her?	a) ANGRY AND REPRIMAND.....1	2	8		
	b) Refuse to give her money or other means of financial support?	b) REFUSE FINANCIAL SUPPORT.....1	2	8		
	c) Use force and have sex with her even if she doesn't want to?	c) FORCE SEX.....1	2	8		
	d) Hit or beat and have sex with her even if she doesn't want to?	d) HIT OR BEAT.....1	2	8		
	e) Go and have sex with another woman?	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?	<div style="text-align: right;">YES    NO</div> 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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             AT LEAST ONE "YES" (ANY SYMPTOMS)             <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div style="text-align: center;">             NOT A SINGLE "YES" (NO SYMPTOM)             <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div>		→ 907A
903	Did you seek consultation or treatment for the symptom(s)?	YES .....1 NO .....2	→ 905
904	Why did you not seek consultation or treatment for the symptoms?	SYMPTOMS HARMLESS .....1 COST .....2 DISTANCE .....3 EMBARRASSED .....4 OTHER .....6	→ 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/CLINIC ....11 RURAL/URBAN HEALTH CENTER....12 OUTREACH CLINIC .....13 OTHER PUBLIC .....14 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC .....21 PHARMACY .....22 PRIVATE DOCTOR .....23 NGO CLINIC .....24 OTHER PRIVATE MEDICAL .....25 (SPECIFY)  OTHER .....96 (SPECIFY)	
906	What is the main reason you chose to go to this facility?	DISTANCE .....1 COST .....2 SERVICE .....3 QUALITY DRUGS .....4 OTHER .....6	
907	How soon after the symptoms started did you seek consultation or treatment?	DAYS .....1 WEEKS .....2 MONTHS .....3 DON'T KNOW .....998	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
907A	Are you aware of the Directly Observed Treatment Short Course (DOTS) program?	YES .....1 NO .....2	
908	Have you ever heard of an illness called tuberculosis? (TB is also known as thysis, weak lungs or spot in the lungs)	YES .....1 NO .....2	→ 917
909	Can tuberculosis be cured?	YES .....1 NO .....2	
910	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES .....1 NO .....2 DON'T KNOW/DEPENDS .....8	
911	What signs or symptoms would lead you to think that a person has tuberculosis?  Any others?  RECORD ALL MENTIONED.	COUGHING .....A COUGHING WITH SPUTUM .....B COUGHING FOR SEVERAL WEEKS.....C FEVER .....D BLOOD IN SPUTUM .....E LOSS OF APPETITE .....F NIGHTSWEATING .....G PAIN IN CHEST OR BACK.....H TIREDNESS/FATIGUE .....I WEIGHT LOSS .....J  OTHER .....X (SPECIFY) DON'T KNOW .....Z	
912	What do you think is the cause of tuberculosis?  Anything else?  RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA .....A INHERITED .....B LIFESTYLE .....C SMOKING .....D ALCOHOL DRINKING .....E FATIGUE .....F  OTHER .....X (SPECIFY) DON'T KNOW .....Z	
913	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN COUGHING .....A SHARING EATING UTENSILS .....B TOUCHING A PERSON WITH TB .....C  OTHER .....X (SPECIFY) DON'T KNOW .....Z	
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 YEARS .....1 5-10 YEARS .....2 MORE THAN 10 YEARS.....3 NO .....4	→ 917
914A	Have you taken anti-TB medicine in the past?	YES .....1 NO .....2 DON'T KNOW .....8	→ 917





INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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