

N°.	QUESTIONS ET FILTRES	CODES	SKIP TO
109	Have you ever attended school?	YES .....1 NO .....2	→113
110	What is the highest level of school you attended: primary, secondary, or higher? ¹	PRIMARY .....1 POST-PRIMARY .....2 SECONDARY .....3 TERTIARY .....4	
111	What is the highest (class/form/year) you completed at that level?	CLASS/YEAR..... <input type="text"/>	
112	VÉRIFIER 110: PRIMAIRE <input type="checkbox"/> POST-PRIMAIRE OU PLUS <input type="checkbox"/>		→116
113	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 CERTAIN PARTS .....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE .....4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
114	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? ³	YES .....1 NO .....2	
115	VÉRIFIER 113: CODE '2', '3' OU '4' <input type="checkbox"/> ENCERCLÉ ▼	CODE '1'ou 5 ENCERCLÉ <input type="checkbox"/>	→117
116	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
117	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
118	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
119	Are you currently working for which you earn money?	YES .....1 NO .....2	→122
120	Have you earned money for any work done in the last 12 months?	YES .....1 NO .....2	→122
121	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING .....1 LOOKING FOR WORK .....2 RETIRED .....3 UNABLE TO WORK, ILL/HANDICAPPED 4 HOUSEWORK/CHILDCARE .....5 OTHERS 6 (SPECIFY)	→129
122	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/>	

123	VÉRIFIER 122: TRAVAILLE DANS AGRICULTURE <input type="checkbox"/>	NE TRAVAILLE PAS DANS AGRICULTURE <input type="checkbox"/>	→ 125
124	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND .....1 FAMILY LAND .....2 RENTED LAND .....3 SOMEONE ELSE'S LAND .....4 SHARECROPPER .....5	
125	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/>	
125A	Do you do this work for a member of your family, somebody or on your own?	FOR A MEMBER OF FAMILY .....1 FOR SOMEBODY ELSE .....2 ON HIS OWN .....3	
126	Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY .....1 CASH AND KIND .....2 IN KIND ONLY .....3 NOT PAID .....4	→ 129
127	Who mainly decides how the money you earn will be used?	RESPONDENT .....1 WIFE/PARTNER .....2 RESPONDENT AND WIFE/ PARTNER JOINTLY .....3 SOMEONE ELSE .....4 RESPONDENT AND SOMEONE ELSE JOINTLY .....5	
128	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	NONE, HIS INCOME IS SAVED .....1 ALMOST NONE .....2 LESS THAN HALF .....3 HALF .....4 MORE THAN HALF .....5 ALL/NEARLY ALL .....6	
129	What is your religion?	CATHOLIC .....1 PROTESTANT .....2 MUSLIM .....3 TRADITIONAL RELIGION .....4 7 TH DAY ADVENTIST .....5 OTHER 6 (SPECIFY) NONE .....7	
129A	During last four weeks, did you have a) Have a consultation with a service provider? b) Hospitalised for at least a night?	YES NO a) 1 2 b) 1 2	
129B	CHECK Q 129A a)	Q. 129A a) = YES <input type="checkbox"/>	Q.129A a) = NO <input type="checkbox"/> (SKIP TO 129G)

129C	Where did the last consultation with a service provider take place?	<p>PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER.... 12 DBC AGENT 13</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 ARBEF CLINIC..... 24 INFIRMARY 25</p> <p>OTHER MEDICAL PRIVATE _____ 26 (SPECIFY)</p> <p>OTHER SOURCE SHOP/KIOSK 31</p> <p>OTHER _____ 96 (SPECIFY)</p>			
129D	How much did you pay in total for the last consultation, including the drugs and the tests of laboratory?	<p>PRICE <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>FREE 00000 DON'T KNOW 99998</p>			
129E	Were there any (other) expenditures for medicines related to this consultation and paid to a pharmacy?	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p> 129G</p>		
129F	How much did you pay to the pharmacy for these medicines?	<p>PRICE <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 99998</p>			
129G	CHECK Q 129A b)	<table border="1"> <tr> <td data-bbox="938 1125 1141 1262"> Q 129A b) = YES <input type="checkbox"/> ▼ </td> <td data-bbox="1149 1125 1369 1262"> Q 129A b) = NO <input type="checkbox"/> ▼ (SKIP TO 129J) </td> </tr> </table>	Q 129A b) = YES <input type="checkbox"/> ▼	Q 129A b) = NO <input type="checkbox"/> ▼ (SKIP TO 129J)	
Q 129A b) = YES <input type="checkbox"/> ▼	Q 129A b) = NO <input type="checkbox"/> ▼ (SKIP TO 129J)				
129H	Where were you hospitalised the last time for at least a night?	<p>PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER.... 12</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 ARBEF CLINIC..... 22</p> <p>OTHER MEDICAL PRIVATE _____ 26 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>			
129I	How much in total did you pay for the hospitalisation?	<p>PRICE <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>FREE 00000 DON'T KNOW 99998</p>			

N°.

QUESTIONS ET FILTRES

CODES

SKIP TO

N°.	QUESTIONS ET FILTRES	CODES	SKIP TO
129J	Which type of insurance do you currently have?	NONE 1 RAMA MUTUAL 2 OTHER MUTUAL _____ 3 (SPECIFY) OTHER NON-MUTUAL _____ 6 (SPECIFY) DON'T KNOW..... 8	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	└─▶ 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> GIRLS 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> GIRLS 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: any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? ___ YES ___ NO a) 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? ___ YES ___ NO NO TO BOTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> YES TO AT LEAST 2 CASES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> PROBE AND CORRECT 201 TO 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 : HAS HAD MORE THAN ONE CHILD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> HAS HAD ONLY ONE CHILD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> HAS NOT HAD ANY CHILD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>					─▶ 214					

N°.	QUESTIONS ET FILTRES	CODES	ALLER À
211	Do the children that you have fathered all have the same biological mother?	YES .....1 NO .....2	—▶ 213
212	In all, with how many women have you fathered children?	NUMBER OF WOMEN..... <input type="text"/> <input type="text"/>	
213	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	Are there children who depend mainly on you?	YES .....1 NO .....2	—▶ 301
215	Among the children who depend mainly on you, are any less than 18 years old?	YES .....1 NO .....2	—▶ 301
216	Now I would like to speak with you about the children less than 18 years which depend mainly on you. Have you made arrangements for someone to take care of these children if you would fall sick or if you could not take care of them anymore?	YES .....1 NO .....2 NOT SURE .....8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO .....2 ▾	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO .....2 ▾	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO .....2 ▾	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO .....2 ▾	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO .....2 ▾	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO .....2 ▾	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO .....2 ▾	YES.....1 NO.....2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO .....2 ▾	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES.....1 NO .....2 ▾	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO .....2 ▾	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO .....2 ▾	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO .....2 ▾	YES.....1 NO.....2 DON'T KNOW.....8
12A	STANDARD DAYS METHOD, USING BEADS A woman who knows days of the month when she is likely to be pregnant can use a bead and a calendar.	YES.....1 NO .....2 ▾	
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO .....2 ▾	YES.....1 NO.....2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO .....2 ▾	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO .....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
303	<p>Now I would like to ask you about a woman's risk of pregnancy.</p> <p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>▶ 305</p>												
304	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS.... 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD ENDED..... 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p>_____ (SPECIFY) _____</p> <p>DON'T KNOW..... 8</p>													
305	<p>Do you think that a woman who is breastfeeding her baby can become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>IT DEPENDS 3</p> <p>DON'T KNOW..... 8</p>													
306	<p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p> <p>c) A woman is the one who gets pregnant so she should be the one to use contraception.</p>	<table border="1"> <thead> <tr> <th data-bbox="959 638 1089 716">AGREE</th> <th data-bbox="1089 638 1235 716">DISAGREE</th> <th data-bbox="1235 638 1393 716">DON'T KNOW/ NO OPINION</th> </tr> </thead> <tbody> <tr> <td data-bbox="959 716 1089 814">1</td> <td data-bbox="1089 716 1235 814">2</td> <td data-bbox="1235 716 1393 814">3</td> </tr> <tr> <td data-bbox="959 814 1089 892">1</td> <td data-bbox="1089 814 1235 892">2</td> <td data-bbox="1235 814 1393 892">3</td> </tr> <tr> <td data-bbox="959 892 1089 984">1</td> <td data-bbox="1089 892 1235 984">2</td> <td data-bbox="1235 892 1393 984">3</td> </tr> </tbody> </table>	AGREE	DISAGREE	DON'T KNOW/ NO OPINION	1	2	3	1	2	3	1	2	3	
AGREE	DISAGREE	DON'T KNOW/ NO OPINION													
1	2	3													
1	2	3													
1	2	3													

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A WOMAN.....2 NO, NOT IN UNION.....3	→ 406
401 A	Is your wife/partner living with you now, or does she live elsewhere ?	LIVING TOGETHER CURRENTLY.....1 STAYING ELSEWHERE .....2	
401 B	CHECK 401 : CURRENTLY MARRIED <input type="checkbox"/> LIVES WITH A WOMAN <input type="checkbox"/>		→ 404
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, RECORD '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	..... NUMBER OF WOMEN..... <input type="text"/> <input type="text"/>	
403	Are there any other women with whom you live as if married?	YES .....1 NO .....2	→ 405
404	How many women are you living with as if married? IF ONLY ONE LIVE-IN PARTNER, RECORD '01'.	NUMBER OF LIVE-IN PARTNERS <input type="text"/> <input type="text"/>	
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?	REGULAR PARTNER(S) ONLY .....1 OCCASIONAL PARTNER(S) ONLY .....2 REGULAR AND OCCASIONAL PARTNERS.....3 NO SEXUAL PARTNER.....4	→ 409
406	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all?	REGULAR PARTNER(S) ONLY .....1 OCCASIONAL PARTNER(S) ONLY .....2 REGULAR AND OCCASIONAL PARTNERS.....3 NO SEXUAL PARTNER.....4	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY .....1 YES, LIVED WITH A WOMAN ONLY .....2 YES, BOTH .....3 NO .....4	→ 411 → 416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3	→ 411

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

N°.	QUESTIONS AND FILTERS	CODES	SKIP TO
415	How old were you when you started living with her?	AGE..... <input type="text"/> <input type="text"/> 00	
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"/> <input type="text"/> 1ST TIME WAS WHEN BEGAN LIVING WITH 1ST WIFE/PARTNER .....95	} ► 416B
416A	Do you intend to wait until you get married to have sexual intercourse for the first time ?	YES.....1 NO.....2 NOT SURE.....8	} ► 439
416B	CHECK : 108 AGE 15-24 YRS <input type="checkbox"/> ÂGE 25-59 YRS <input type="checkbox"/>		—► 417
416C	The first time you had sexual intercourse, was a condom used?	YES.....1 NO.....2	
416D	How old was the person with whom you had your first sexual relations?	AGE OF PARTNER..... <input type="text"/> <input type="text"/> DON'T KNOW .....98	—► 417
416E	Was this person older than you, more young person or had it approximately the same age as you?	OLDER.....1 YOUNGER.....2 SAME AGE.....3 DK/DON'T REMEMBER.....8	} ► 417
416F	Would you say that this person had ten years more than you or more, or less than ten years more than you?	TEN OR MORE YEARS.....1 LESS THAN TEN YEARS.....2 OLDER, DK HOW MANY YEARS.....3	
417	How long ago that you had your last sexual relations with a woman? RECORD IN "NUMBER OF YEARS" ONLY IF THE LAST INTERCOURSE TOOK PLACE IN A YEAR OR MORE IF 12 MONTHS OR MORE, THE ANSWER MUST BE RECORDED IN YEARS.	NUMBER OF DAYS .....1 <input type="text"/> <input type="text"/> NUMBER OF WEEKS.....2 <input type="text"/> <input type="text"/> NUMBER OF MONTHS ....3 <input type="text"/> <input type="text"/> NUMBER OF YEARS.....4 <input type="text"/> <input type="text"/>	—► 436A

		LAST SEXUAL PARTNER	SECOND LAST SEXUAL PARTNER	THIRD LAST SEXUAL PARTNER.																																																																																																
418	The last time that you had sexual relations with a woman, a condom was used?	YES NO (GO TO 426)↙↘	YES..... NO (GO TO 426)↙↘	YES..... NO..... (GO TO 426)↙↘																																																																																																
419																																																																																																				
420	Did you use a condom each time you had sexual relations with this person during 12 months last?	YES NO.....	YES..... NO.....	YES..... NO.....																																																																																																
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426	The last time that you had sexual intercourse with this third person, did you or your partner drink alcohol?	YES NO (GO TO 428)↙↘	YES..... NO (GO TO 428)↙↘	YES..... NO..... (GO TO 428)↙↘																																																																																																
427	Was person or yourself drunk at this time? If YES : Who drank alcohol?	RESPONDENT ONLY..... PARTNER ONLY..... RESPONDENT AND PARTNER NEITHER ONE.....	RESPONDENT ONLY..... PARTNER ONLY..... RESPONDENT AND PARTNER..... NEITHER ONE.....	RESPONDENT ONLY..... PARTNER ONLY..... RESPONDENT AND PARTNER..... NEITHER ONE.....																																																																																																
428	What is your relationship to this person with whom you had last sexual intercourse? IF "GIRLFRIEND " OR "FIANCÉE", ASK : Was your girlfriend/fiancée living with you the last time that you had sex together? IF 'YES', CIRCLE '01' IF 'NO', CIRCLE '02'	SPOUSE/COHABITATING PARTNER GIRLFRIEND/FIANCÉ OTHER FRIEND CASUAL ACQUAINTANCE..... RELATIVE..... COMMERCIAL SEX WORKER OTHER (SPECIFY)	SPOUSE/COHABITATING PARTNER..... GIRLFRIEND/FIANCÉ OTHER FRIEND..... CASUAL ACQUAINTANCE..... RELATIVE..... COMMERCIAL SEX WORKER..... OTHER (SPECIFY)	SPOUSE/COHABITATING PARTNER..... GIRLFRIEND/FIANCÉ OTHER FRIEND CASUAL ACQUAINTANCE..... RELATIVE..... COMMERCIAL SEX WORKER OTHER (SPECIFY)																																																																																																
429	For how long you did have sexual intercourse with this woman? IF HE HAD SEXUAL INTERCOURSE WITH THIS WOMAN ONLY ONCE, RECORD '01' TO DAYS.	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																
430	CHECK : 103	MALE AGED 15-24 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> MALE AGED 25-59 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ↙ (GO TO 434) ↘			MALE AGED 15-24 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> MALE AGED 25-59 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ↙ (GO TO 434) ↘			MALE AGED 15-24 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> MALE AGED 25-59 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ↙ (GO TO 434) ↘																																																																																												

		LAST SEXUAL PARTNER	SECOND LAST SEXUAL PARTNER	THIRD LAST SEXUAL PARTNER.
431	How old was this person?	ÂGE PARTNER..... <input type="text"/> <input type="text"/> (GO TO 434)↵ DON'T KNOW 98	ÂGE PARTNER..... <input type="text"/> <input type="text"/> (GO TO 434)↵ DON'T KNOW..... 98	ÂGE PARTNER <input type="text"/> <input type="text"/> (GO TO 434)↵ DON'T KNOW..... 98
432	Was this person older than you, young than you or had almost the same age as you?	OLDER 1 YOUNGER 2 SAME AGE..... 3 DK 8] ▶ 434	OLDER 1 YOUNGER..... 2 SAME AGE 3 DK..... 8] ▶ 434	OLDER..... 1 YOUNGER 2 SAME AGE 3 DK 8] ▶ 434
433	Do you think he is more than 10 years older than you ?	10 OR MORE YEARS OLDER 1 LESS THAN 10 YEARS OLDER 2 OLDER, DK 8	10 OR MORE YEARS OLDER 1 LESS THAN 10 YEARS OLDER 2 OLDER, DK 8	10 OR MORE YEARS OLDER 1 LESS THAN 10 YEARS OLDER 2 OLDER, DK 8
434	Other than this (these) women, have you had sex with any other woman in the last 12 months?	YES 1 (RETURN TO 418 ↵ N THE NEXT COLUMN) NO 2 (GO TO 436A)↵	YES..... 1 (RETURN TO 418 ↵ IN THE NEXT COLUMN) NO 2 (GO TO 436A)↵	

NO.	QUESTIONS AND FILTRES	CODES	GO TO
435	In all, with how many different people have you had sexual relations with in the last 12 months? IN CASE OF A NON-NUMERICAL ANSWER, INSIST TO OBTAIN ESTIMATION. IF THE NUMBER IS GREATER THAN ' 95 ', RECORD ' 95 ';	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/>	
436 A	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	→ 437A
436 B	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	→ 438
436 C	Did you use a condom during every sexual intercourse every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DK/NOT SURE 8	] ▶ 438
437 A	Have you ever in your life paid someone in exchange for sex?	YES 1 NO 2	→ 438
437 B	How long has it been since you've paid someone in exchange for sex?	NO. OF DAYS 1 <input type="text"/> <input type="text"/> NO. OF WEEKS 2 <input type="text"/> <input type="text"/> NO. OF MONTHS..... 3 <input type="text"/> <input type="text"/> NO. OF YEARS 4 <input type="text"/> <input type="text"/>	
437 C	The last time that you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	

NO.	QUESTIONS AND FILTRES	CODES	GO TO
438	<p>In total, how many different people have you had sexual intercourse with in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, RECORD '95'.</p>	<p>.....</p> <p>NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/></p> <p>.....</p>	
439	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	<p>—▶ 442</p>
440	<p>Where is that?</p> <p>IF THE SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL..... A</p> <p>GOVT. HEALTH CENTER..... B</p> <p>AGENT DBC..... C</p> <p>OTHER PUBLIC</p> <p>..... D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC..... E</p> <p>PHARMACY F</p> <p>PRIVATE DOCTOR..... G</p> <p>CLINIQUE ARBEF..... H</p> <p>INFIRMARY..... I</p> <p>OTHER PRIVATE MÉDICAL</p> <p>..... J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/KIOSQUE K</p> <p>ÉGLISE..... L</p> <p>PARENTS/AMIS..... M</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
440 A	<p>Do you know a place where you could go on foot to get a condom ?</p>	<p>YES 1</p> <p>NO 2</p>	<p>—▶ 442</p>
440 B	<p>How long would it take for you to go and come back, on foot, to the closest place to get a condom?</p>	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ON THE SPOT 996</p>	
442	<p>CHECK 302(07), 416C, 436B AND 437C : USE OF CONDOMS</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> <p>NOT ONE "YES" <input type="checkbox"/> _____</p>		<p>—▶ 447</p>
443	<p>How old were you when you used a condom for the first time?</p>	<p>AGE IN YEARS THE 1ST TIME USED CONDOM <input type="text"/> <input type="text"/></p> <p>.....</p> <p>DON'T KNOW/CAN'T REMEMBER 98</p>	

NO.	QUESTIONS AND FILTERS	CODES			GO TO	
445	<p>Have you run into any problems using a condom?</p> <p>IF "YES": What were the problems ?</p> <p>ASK : Any other problem ?</p> <p>RECORD ALL PROBLEMS MENTIONED.</p>	<p>EMBARRASSING TO BUY/ TO GET A CONDOM A</p> <p>DIFFICULT TO PUT ON/ TO GET OFF B</p> <p>IT SPOILS THE MOOD C</p> <p>IT REDUCES MY PLEASURE D</p> <p>MY WIFE PARTNER DOESN'T LIKE IT E</p> <p>MY WIFE/PARTNER IS ALREADY PREGNANT F</p> <p>NOT PRACTICAL TO USE G</p> <p>IT BREAKS/IT DOESN'T STAY IN PLACE H</p> <p>OTHER X (SPECIFY)</p> <p>NO PROBLEMS Y</p>				
447	<p>Now I would like to read you certain statements that other people have made on the use of condoms. Could you tell me if you agree or not with each of the following statements?</p>		AGRE E	NOT AGREE	DON'T KNOW/ NO OPINION	
	a) A condom reduces sexual pleasure for the man.	a)	.....1	.....2	.....3	
	b) A condom is not practical to use.	b)	.....1	.....2	.....3	
	c) A condom can be re-used.	c)	.....1	.....2	.....3	
	d) A condom protects against getting disease.	d)	.....1	.....2	.....3	
	e) Buying condoms is embarrassing.	e)	.....1	.....2	.....3	
	f) A woman doesn't have the right to tell a man to use a condom.	f)	.....1	.....2	.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES..... 1 NO..... 2	→ 512
511	With who have you discussed it? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE(WIVES)/PARTNER(S)..... A MOTHER..... B FATHER..... C SISTER(S)..... D BROTHER(S)..... E DAUGHTER..... F SON..... G MOTHER(S)-IN-LAW..... H FATHER(S)-IN-LAW..... I FRIENDS/NEIGHBOURS..... J OTHER _____ X (SPECIFY)	
512	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES..... 1 NO..... 2	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	VÉRIFIER 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"/> YEAR <input type="text"/>	
604	Is (NAME OF CHILD) still living?	YES..... 1 NO..... 2 DON'T 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"/> MONTHS..... 2 <input type="text"/> YEARS 3 <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 <input type="text"/>	
607	CHECK 603: (LAST) CHILD BORN SINCE JANUARY 2000 OR LATER <input type="checkbox"/>	(LAST) CHILD BORN BEFORE JANUARY 2000 <input type="checkbox"/>	→ 617
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/>	OTHER LINE NUMBER <input type="checkbox"/>	→ 610
609	What is your relationship with (NAME OF MOTHER OF LAST CHILD BORN)?	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	AFTER ASKING Q610A, FIRST ASK Q611 AND Q612 ABOUT PREGNANCY, THEN 610B, 611 AND 612 ABOUT DELIVERY, AND PROCEED IN THE SAME WAY FOR THE COLUMN " 6 WEEKS AFTER DELIVERY". ALL QUESTIONS REFER TO THE LAST BIRTH.		
	PREGNANCY	DELIVERY	6 WEEKS AFTER DELIVERY
Now, think back to the time when (NAME OF CHILD'S MOTHER Q606) was pregnant with (NAME OF CHILD Q602).	610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)? YES.....1 NO .....2 (SKIP TO 612) ← DON'T KNOW.....8 (SKIP TO 610B ← IN THE NEXT COLUMN)	610B : Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)? YES.....1 NO.....2 (SKIP TO 612) ← DON'T KNOW.....8 (SKIP TO 610C ← IN THE NEXT COLUMN)	610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery? YES.....1 NO.....2 (SKIP TO 612) ← DON'T KNOW.....8 (SKIP TO 613 ← IN THE NEXT COLUMN)
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 CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (SKIP TO 610B IN THE NEXT COLUMN)	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (SKIP TO 610C IN THE NEXT COLUMN)	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (SKIP TO 613)
612 What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) (SKIP TO 610B IN THE NEXT COLUMN)	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) (SKIP TO 610B IN THE NEXT COLUMN)	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY)
613	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?		YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING <input type="checkbox"/> (LAST) CHILD NOT LIVING OR DON'T KNOW <input type="checkbox"/>		→ 617
615	Does (NAME OF CHILD) live with you in your household?	YES..... 1 NO..... 2	→ 617
616	In your household who usually decides what to do if the (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..... Y	
618	When a child has diarrhoea, 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 [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES..... 1 NO..... 2	
620	Now, please tell me about yourself. Do you currently smoke cigarettes or tobacco? ¹ IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES..... A YES, PIPE..... B YES, OTHER TOBACCO..... C NO..... Y	
621	CHECK 620: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>		→ 623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES..... <input type="text"/>	
623	Have you ever drunk an alcohol-containing beverage?	YES..... 1 NO..... 2	→ 701
624	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY, RECORD '90'.	NUMBER OF DAYS <input type="text"/> NONE/NEVER95	
625	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES..... 1 NO..... 2	→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
626	CHECK 624: DRANK ALCOHOL <input type="checkbox"/> AT LEAST 1 DAY <input type="checkbox"/>	NONE <input type="checkbox"/>	<input type="checkbox"/> → 701
627	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF TIMES..... <input type="checkbox"/> NONE/NEVER..... 95	

SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES..... 1 NO..... 2	→735
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and has no other partners?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
703	Can a person get the AIDS virus from mosquito bites?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
704	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
705	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
706	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
708	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	┌710
709	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX.....A USE CONDOMS.....B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER.....C LIMIT NUMBER OF SEXUAL PARTNERS AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS.....F AVOID SEX WITH HOMOSEXUALS.....G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY.....H AVOID BLOOD TRANSFUSIONS.....I AVOID INJECTIONS .....J AVOID SHARING RAZORS/BLADES.....K AVOID KISSING.....L AVOID MOSQUITO BITES.....M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER.....N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
711	Can the virus that causes AIDS be transmitted from a mother to her child... During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG 1 2 8 DURING DELV 1 2 8 DURING BRSTFD 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	CHECK 711: A YES IN AT LEAST ONCE <input type="checkbox"/>	OTHER <input type="checkbox"/>	→714
713	Are there special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby during pregnancy?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
714	Are there special drugs, which a person infected with the AIDS virus can get from the doctor or the nurse?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
715	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	→720
716	When was the last time you were tested?	LESS THAN 12 MONTHS..... 1 12-23 MONTHS..... 2 2 YEARS OR MORE..... 3	
717	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST..... 1 OFFERED AND ACCEPTED..... 2 REQUIRED..... 3	
718	I don't want to know the results, but did you get the results of the test?	YES..... 1 NO..... 2	
719	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 GOVERNMENT HEALTH CENTER..... 12 VCT CENTER..... 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR..... 22 VCT CENTER..... 23 ARBEF CLINIC..... 24 INFIRMARY..... 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)	
720	Do you know a place where you could go to get an AIDS test?	YES..... 1 NO..... 2	→722
721	Where? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITES THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE _____ (NAME OF PLACE) Are there other places? RECORD ALL PLACES MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTER..... B VCT CENTER..... C OTHER _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... E PRIVATE DOCTOR F VCT CENTER G ARBEF CLINIC... H INFIRMARY..... I OTHER PRIVATE MEDICAL _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
722A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	NOT ACCEPT-ABLE ACCEPT-ABLE ON THE RADIO.....1 2 ON THE TV.....1 2 IN NEWSPAPERS.....1 2	
722B	During the last three, have you ever heard or seen on AIDS through the media?	YES..... 1 NO..... 2 DON'T KNOW..... 8	☐ → 722F
722C	In what media coverage did you hear or see something about AIDS The radio? The TV? In newspapers? On posters, leaflets or logo	YES NO ON THE RADIO.....1 2 ON THE TV..... 1 2 NEWSPAPERS..... .1 2 POSTERS, LEAFLETS OR LOGO..... 1 2	
722D	Have you changed your behaviour as results of things you have ever heard or seen about AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	☐ → 722F
722E	How and In what way did you change your behaviour? RECORD ALL WAYS MENTIONED.	LIMIT NUMBER OF SEX PARTNERS.. A LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... B AVOID SEX WITH OCCASIONAL PARTNERS..... C AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... D USE CONDOM FOR SEX WITH OCCASIONAL PARTNER..... E ABSTAIN FROM SEX F AVOID BLOOD INJECTIONS..... G AVOID TRANSFUSIONS..... H OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)	
722F	CHECK 501: YES, CURRENTLY MARRIED/LIVING WITH A WOMAN ☐ NO, NOT IN UNION ☐		→ 723
722G	Have you ever talked with (your wife/the woman you are living with) about ways to prevent getting the virus that causes AIDS?	YES..... 1 NO..... 2	
722H	In the last six-month, have you ever advised any one about ways to prevent getting the virus that causes AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
723	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES..... 1 NO..... 2 DON'T KNOW/UNSURE..... 8	
724	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	
725	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE..... 1 SHOULD NOT CONTINUE..... DON'T KNOW/UNSURE/DEPENDS....	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Do you know any person who has ever been denied of medical services during the last 12 months because he/she is suspected to have AIDS or because he/she has AIDS?	YES..... NO..... DON'T KNOW A PERSON WITH AIDS	→731
727	Do you know any person who has ever been denied of participation in the social mobilisation, religious services on in the community events during the last 12 months because he/she is suspected to have AIDS or because he/she has AIDS?	YES..... NO.....	
728	Do you know any person who has ever been insulted or abused during the last 12 months because he/she is suspected to have AIDS or because he/she has AIDS?	YES..... NO.....	
729	CHECK 726, 727,728: OTHER <input type="checkbox"/> AT LEAST ONE YES <input type="checkbox"/>	→731	
730	Do you know any person who is suspected to have AIDS, has AIDS or who has died of AIDS?	YES..... NO.....	
731	Would you agree or disagree with the affirmation that: People who have AIDS should feel ashamed?	AGREE..... DON'T AGREE..... DON'T KNOW/NO OPINION.....	
732	Would you agree or disagree with the affirmation that: People who have AIDS should be blamed for bringing the disease into the community?	AGREE..... DON'T AGREE..... DON'T KNOW/NO OPINION.....	
733	Should children between age 12 and 14 be taught about using a condom to prevent AIDS?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
734	Should children between age 12 and 14 wait until they get married to have sexual intercourse in order to avoid AIDS?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
735	Do you think young men should be wait until they are married to have sexual intercourse?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
736	Would you think that most young men that you know wait until they are married to have sexual intercourse?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
737	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
738	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
739	Do you believe that married men should only have sex with their wives?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
740	Do you think that most married men you know have sex only with their wives?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
741	Do you believe that young women should wait until they are married to have sexual intercourse?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
742	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
743	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
744	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
745	Do you believe that married women should only have sex with their husbands?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
746	Do you think that most married women you know have sex only with their husbands?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	

SECTION 8: OTHER HEALTH PROBLEMS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
801	Some men are circumcised, are also circumcised?	YES..... 1 NO..... 2			
802	CHECK 701: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> HEARD OF AIDS Apart from AIDS have you ever heard of any other sexually transmitted disease? </td> <td style="width:50%; padding: 5px;"> NOT HEARD OF AIDS have you ever heard of any other sexually transmitted disease? </td> </tr> </table>	HEARD OF AIDS Apart from AIDS have you ever heard of any other sexually transmitted disease?	NOT HEARD OF AIDS have you ever heard of any other sexually transmitted disease?	YES..... 1 NO..... 2	—>805
HEARD OF AIDS Apart from AIDS have you ever heard of any other sexually transmitted disease?	NOT HEARD OF AIDS have you ever heard of any other sexually transmitted disease?				
803	What are the symptoms which indicate that a man is infected with a sexually transmitted infection? Is there any other symptom? RECORD ALL MENTIONED SYMPTOMS	ABDOMINAL PAIN..... A GENITAL DISCHARGE/RIPPING..... B FOUL SMELLING DISCHARGE..... C BURNING PAIN ON URINATION..... D READINES/INFLAMATION 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 IMPORTANCE..... L OTHER..... W SPECIFY OTHER..... X SPECIFY NO SYMPTOMS..... Y DON'T KNOW..... Z			
804	Are there other symptoms which can indicate that a women is infected a sexually transmitted infection? Is there any other symptom? RECORD ALL MENTIONED SYMPTOMS	ABDOMINAL PAIN..... A GENITAL DISCHARGE/RIPPING..... B FOUL SMELLING DISCHARGE..... C BURNING PAIN ON URINATION..... D READINES/INFLAMATION 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 IMPORTANCE..... L OTHER..... W SPECIFY OTHER..... X SPECIFY NO SYMPTOMS..... Y DON'T KNOW..... Z			
805	CHECK 416: HAD SEX <input type="checkbox"/> NOT HAD SEX <input type="checkbox"/>		—>816		
806	CHECK 802: HEARD ABOUT SEXUALLY TRANSMITTED INFECTIONS <input type="checkbox"/> NOT HEARD ABOUT SEXUALLY TRANSMITTED INFECTIONS <input type="checkbox"/>		—>808		
807	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 disease which you got through sexual contact?	YES..... 1 NO..... 2 DON'T KNOW..... 8			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
809	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
810	CHECK 807, 808 AND 809: HAD ONE INFECTION (AT LEAST ONE YES) <input type="checkbox"/>	NOT HAD ANY INFECTION OR DON'T KNOW <input type="checkbox"/>	→808
811	The last time you suffered (PROBLEME MENTIONED 807/808 /809), did you seek any kind of advise or treatment?	YES..... 1 NO..... 2	
812	Where did you go? Is there any other place? ENREGISTRER TOUT CE QUI EST MENTIONNÉ	PUBLIC SECTOR GOV.HOSPITAL /ASSISTED A GOV.HEALTH CENT /ASSISTED B CBD AGENT C VCT CENTRE. D FIELDWORKER. E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE DOCTOE H PHARMACY..... I ARBREF CLINIC J VCT CENTRE K INFIRMARY..... L OTHER PRIVATE MÉDICAL M (SPECIFY) OTHER SOURCE SHOP..... N OTHER X (SPECIFY)	
813	The last time you suffered (PROBLEM(S) OF 807/808/809), did you inform your sexual partner(s) ?	YES..... NO..... SOME/NOT ALL 3 HAVE NO PARTNER.	
814	The last time you suffered (PROBLEM(S) OF 807/808/809), did you do any thing to avoid infecting your partner?	YES..... 1 NO..... 2 PARTNER(S) ALREADY INFECTED... 8	
815	What did you do to prevent you partner from being unected? Took medicine? Stopped sex? Used Condom?	YES NO TOOK MEDICINE..... 1 2 STOPPED SEX. 1 2 USED CONDOM. 1 2	
816	Let us now talk about your health status in the last 6 month. During the last six month , have you ever been injected for any reason? IF YES: How many injection did you receive? IF THE NUMBER OF INJECTION IS MORE THAN 94 OR IF IF HE RECEIVED INJECTION IN 3 MONTH CONSECUTIVELY RECORD 95 IN THE CASE RESPONSE IN NON- NUMERICAL PROBE TO OBTAIN THE ESTIMATIONS	NUMBER OF INJECTIONS..... <input type="text"/> NONE..... 95	
817	For the number of injections you have mentioned, how many were provided by the doctor,a nurse, pharmacis, dentist or any other medical practitioner	NUMBER OF INJECTIONS..... <input type="text"/> NONE..... 95	

SECTION 9. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP					
901	<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>		HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW, DEPENDS					
		a)	1	2	3	8					
		b)	1	2	3	8					
		c)	1	2	3	8					
		d)	1	2	3	8					
		e)	1	2	3	8					
902	<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>		YES	NO		DON'T KNOW, DEPENDS					
		a)	1	2		8					
		b)	1	2		8					
		c)	1	2		8					
		d)	1	2		8					
		e)	1	2		8					
903	<p>When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom?</p>	YES	NO	DON'T KNOW		1 2 8					
904	<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>		YES	NO		DON'T KNOW, DEPENDS					
		a)	1	2		8					
		b)	1	2		8					
		c)	1	2		8					
		d)	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) Go and have sex with another woman?</p>		YES	NO		DON'T KNOW, DEPENDS					
		a)	1	2		8					
		b)	1	2		8					
		c)	1	2		8					
		d)	1	2		8					
809	ENREGISTRER L'HEURE	HEURE				<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
		MINUTES				<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

OBSERVATIONS DE L'ENQUÊTEUR

A REMPLIR APRÈS AVOIR TERMINÉ L'INTERVIEW

COMMENTAIRES SUR L'ENQUÊTÉE:

COMMENTAIRES SUR DES QUESTIONS PARTICULIÈRES:

AUTRES COMMENTAIRES:

OBSERVATIONS DE CHEF D'ÉQUIPE

NOM DU CHEF D'ÉQUIPE: _____ DATE: _____

OBSERVATIONS DE LA CONTRÔLEUSE

NOM DE LA CONTRÔLEUSE: _____ DATE: _____