

**2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY
QUESTIONNAIRE FOR PERSONS AGE 50+**

IDENTIFICATION																																																						
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ DHS CLUSTER NUMBER PSU CODE HOUSEHOLD NUMBER REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4) URBAN/RURAL (URBAN = 1, RURAL = 2) LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF RESPONDENT _____ RESPONDENT'S GENDER (WOMAN = 1, MAN = 2)	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																					
INTERVIEWER VISITS																																																						
	1	2	3	FINAL VISIT																																																		
DATE INTERVIEWER'S NAME RESULT*	 	 	 	DAY MONTH YEAR 2 0 0 6 INT. NUMBER RESULT																																																		
NEXT VISIT: DATE TIME	 	 		TOTAL NUMBER OF VISITS																																																		
<p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>																																																						
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE: 2 LANGUAGE OF INTERVIEW: LANGUAGE: 1 SISWATI 2 ENGLISH 3 OTHER </div> <div> RESPONDENT'S LANGUAGE: _____ TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) </div> </div>																																																						
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR	KEYED BY																																																		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about the health of men, women and children. We would very much appreciate participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important!

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	LOWER PRIMARY 1 HIGHER PRIMARY 2 SECONDARY 3 HIGH SCHOOL 4 TERTIARY 5	
110	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	

SECTION 2. MARRIAGE AND SEXUAL ACTIVITY AMONG WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	CHECK COVER: RESPONDENT IS A <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> WOMAN <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> MAN <input type="checkbox"/> → </div> </div>		301
202	Are you currently living with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 205
203	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 213
204	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 210
205	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
206	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
207	Besides yourself, does your husband/partner have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 210
208	Including yourself, in total, how many other wives or partners does your husband live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
209	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/> NO RANK 96	
210	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
211	CHECK 210: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ↓ ONLY ONCE In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ↓ MORE THAN ONCE Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 213
212	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
213	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
214	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 had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURS 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
215	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.																																		
215A	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	→ 220
216	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2																																	
217	Was a condom used every time you had sexual intercourse in the last 12 months?	YES 1 NO 2																																	
218	What was your relationship to this person with whom you had the last sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND 1 LIVE-IN PARTNER 2 PARTNER NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 COMMERCIAL SEX WORKER 5 OTHER 6 (SPECIFY)	→ 221																																
219	For how long have you had/did you have a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' 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>																																	
220	The last time you had sexual intercourse with this person, did you or this person drink alcohol or any other intoxicating substance?	YES 1 NO 2	→ 221A																																
221	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4																																	
221A	CHECK 215A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/> </div> </div>		→ 224																																
222	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	→ 224																																
223	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98																																	
224	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98					→ 401																												

SECTION 3. MARRIAGE AND SEXUAL ACTIVITY AMONG MEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Are you currently married or living with a woman as if married?	YES, CURRENTLY MARRIED ... 1 YES, LIVING WITH A WOMAN ... 2 NO, NOT IN UNION 3	→ 308
302	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM. 1 STAYING ELSEWHERE 2	
303	CHECK 301: CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN <input type="checkbox"/>		→ 306
304	Do you have one wife or more than one wife? IF ONLY ONE WIFE, RECORD '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <input type="text"/> <input type="text"/>	
305	Are there any other women with whom you live as if married?	YES 1 NO 2	→ 307
306	Are you living with one (other) woman or more than one (other) woman as if married? IF ONLY ONE LIVE-IN PARTNER, RECORD '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF LIVE-IN PARTNERS <input type="text"/> <input type="text"/>	
307	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	→ 311
308	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	
309	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	→ 314 → 319
310	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 314
311	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 304 AND 306 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). CHANGE THE WIFE/PARTNER NUMBER TO 6, 7, 8, 9 AND 10).		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																														
312	<p>CHECK: 304 AND 306 SUM OF 304 AND 306 > 01 <input type="checkbox"/></p> <p>SUM OF 304 AND 306 = 01 <input type="checkbox"/></p> <p>Please tell me the name of your wife/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> <table border="1"> <thead> <tr> <th>WIFE/ PARTNER NUMBER</th><th>NAME</th><th>LINE NUMBER IN HH. QUEST.</th><th>STATUS WIFE = 1 PART- NER= 2</th><th>AGE</th></tr> </thead> <tbody> <tr><td>1</td><td>_____</td><td><input type="text"/></td><td>1 2</td><td><input type="text"/></td></tr> <tr><td>2</td><td>_____</td><td><input type="text"/></td><td>1 2</td><td><input type="text"/></td></tr> <tr><td>3</td><td>_____</td><td><input type="text"/></td><td>1 2</td><td><input type="text"/></td></tr> <tr><td>4</td><td>_____</td><td><input type="text"/></td><td>1 2</td><td><input type="text"/></td></tr> <tr><td>5</td><td>_____</td><td><input type="text"/></td><td>1 2</td><td><input type="text"/></td></tr> </tbody> </table>	WIFE/ PARTNER NUMBER	NAME	LINE NUMBER IN HH. QUEST.	STATUS WIFE = 1 PART- NER= 2	AGE	1	_____	<input type="text"/>	1 2	<input type="text"/>	2	_____	<input type="text"/>	1 2	<input type="text"/>	3	_____	<input type="text"/>	1 2	<input type="text"/>	4	_____	<input type="text"/>	1 2	<input type="text"/>	5	_____	<input type="text"/>	1 2	<input type="text"/>		312A How old was your wife/partner on her last birthday?	
WIFE/ PARTNER NUMBER	NAME	LINE NUMBER IN HH. QUEST.	STATUS WIFE = 1 PART- NER= 2	AGE																														
1	_____	<input type="text"/>	1 2	<input type="text"/>																														
2	_____	<input type="text"/>	1 2	<input type="text"/>																														
3	_____	<input type="text"/>	1 2	<input type="text"/>																														
4	_____	<input type="text"/>	1 2	<input type="text"/>																														
5	_____	<input type="text"/>	1 2	<input type="text"/>																														
313	<p>CHECK 312:</p> <p>ONLY ONE WIFE/ PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/></p>			315																														
314	Have you been married or lived with a woman only once or more than once?	ONCE 1 MORE THAN ONCE 2		→ 317 → 316																														
315	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		→ 317																														
316	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"/>																																
317	<p>CHECK 312 AND 313:</p> <p>ONLY ONE WIFE/PARTNER <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner?</p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>		→ 319																														
318	How old were you when you started living with her?	AGE <input type="text"/>																																
318A	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																																	
319	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE/PARTNER 95</p>		→ 401																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327A	CHECK 320A: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/> </div> </div>		330
328	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	
329	In total, with how many different people have you had sex in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
330	Have you ever paid for sex in cash or in kind?	YES, IN CASH 1 YES, IN KIND 2 YES, CASH & KIND 3 NO 4	335
330A	CHECK 320A: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/> </div> </div>		334
331	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	333
332	The last time you paid for someone in exchange for sex, was a condom used?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	
333	Did you use a condom every time you paid someone to have sexual intercourse in the last 12 months?	YES 1 NO 2	335
334	How long ago was the last time you paid for sex? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS 1 WEEKS 2 MONTHS 3 YEARS 4	
335	In total, with how many different people have you had sex in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	

SECTION 4. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 501
402	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
403	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
404	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	
405	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
406	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
407	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
408	Can people get the AIDS virus from having anal sex?	YES 1 NO 2 DON'T KNOW 8	
409	Can people get the AIDS virus from having oral sex?	YES 1 NO 2 DON'T KNOW 8	
410	Can people get the AIDS virus from open wounds or sores of an infected person?	YES 1 NO 2 DON'T KNOW 8	
411	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	→ 413

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
412	<p>What can a person do?</p> <p>Anything else?</p> <p>RECORD ALL WAYS MENTIONED.</p>	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER .. C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL HEALER..... N AVOID SHARING UTENSILS O AVOID SHARING TOILETS P AVOID DRINKING SAME CUP Q AVOID SHARING CIGARETTES R OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z																	
413	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
414	<p>Can the virus that causes AIDS be transmitted from a mother to her baby:</p> <p>During pregnancy?</p> <p>During delivery?</p> <p>By breastfeeding?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
415	CHECK 414: AT LEAST <input type="checkbox"/> ONE 'YES' OTHER <input type="checkbox"/> _____ →		417A																
416	Is there any special drug 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?	YES 1 NO 2 DON'T KNOW 8																	
417	Have you heard about special antiretroviral drugs (ARV) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8																	
417A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
418	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	→ 423																
419	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
420	The last time you had the test, did you yourself ask for the test, advised to take the test, or was it required?	ASKED FOR THE TEST 1 ADVISED..... 2 REQUIRED 3																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
421	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 422
421A	How long after the test did you get the results?	A DAY 1 A WEEK 2 A MONTH 3 MORE THAN A MONTH 4	
422	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>PHU/CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 21</p> <p>STAND-ALONE VCT CENTER 22</p> <p>MOBILE CLINIC 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL 26</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL 31</p> <p>CLINIC 32</p> <p>OTHER 36</p> <p>(SPECIFY)</p> <p>NGO</p> <p>FLAS 41</p> <p>TASC 42</p> <p>OTHER 46</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	→ 425
423	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 425

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
424	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER C</p> <p>PHU/CLINIC D</p> <p>MOBILE CLINIC E</p> <p>OTHER PUBLIC F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR G</p> <p>STAND-ALONE VCT CENTER H</p> <p>MOBILE CLINIC I</p> <p>OTHER PRIVATE</p> <p>MEDICAL J</p> <p>_____ (SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL K</p> <p>CLINIC L</p> <p>OTHER M</p> <p>_____ (SPECIFY)</p> <p>NGO</p> <p>FLAS N</p> <p>TASC O</p> <p>OTHER P</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	
425	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
426	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
427	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
428	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

SECTION 5. OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 401:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="text-align: center;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 504
502	<p>If a man has a sexually transmitted disease, what signs or symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER W (SPECIFY)</p> <p>OTHER X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
503	<p>If a woman has a sexually transmitted disease, what signs or symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER W (SPECIFY)</p> <p>OTHER X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
504	CHECK COVER: RESPONDENT IS A WOMAN <input type="checkbox"/> MAN <input type="checkbox"/>		511
505	CHECK 215A: HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1, 2, 3) <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/>		523
507	CHECK 501: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		523
507A	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
508	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	
509	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
510	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	516
511	CHECK 320A: HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/>		523
512	CHECK 501: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		523
512A	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
519	Why was treatment not sought for the (PROBLEM(S) IN FROM 508/509/510 for woman or PROBLEM FROM 513/514/515 for man)?	NOT NECESSARY 1 EXPENSIVE 2 RELIGIOUS PROHIBITION 3 OTHER 6 SPECIFY													
520	When you had (PROBLEM(S) FROM 508/509/510 FOR WOMAN OR PROBLEM(S) FROM 513/514/515 FOR MAN), did you inform the person(s) with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3 DID NOT HAVE A PARTNER ... 4													
521	When you had (PROBLEM(S) FROM 508/509/510 FOR WOMAN OR PROBLEM (S) FROM 513/514/515 FOR MAN), did you do anything to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER(S) ALREADY INFECTED 8	<div style="border-left: 1px solid black; padding-left: 5px;"> 523 </div>												
522	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr> <td>USE MEDICINE 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>STOP SEX 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>USE CONDOM 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	USE MEDICINE 1	1	2	STOP SEX 1	1	2	USE CONDOM 1	1	2	
	YES	NO													
USE MEDICINE 1	1	2													
STOP SEX 1	1	2													
USE CONDOM 1	1	2													
523	RECORD THE TIME.	HOUR..... MINUTES	<div style="border: 1px solid black; width: 60px; height: 60px; margin-left: 10px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; border: 1px solid black;"></div> </div>												

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____