

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

IDENTIFICATION																																																						
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NAME AND LINE NUMBER OF RESPONDENT _____																																																						
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INTERVIEWER VISITS																																																						
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*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																																																						
LANGUAGE OF QUESTIONNAIRE:	<table border="1"><tr><td>2</td></tr></table>	2	RESPONDENT'S LANGUAGE:	_____	<table border="1"><tr><td></td></tr></table>																																																	
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LANGUAGE OF INTERVIEW:	<table border="1"><tr><td></td></tr></table>		TRANSLATOR USED		<table border="1"><tr><td></td></tr></table>																																																	
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																																																			
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>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.</p> <p>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!</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p align="center">RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END INTERVIEWED</p>	
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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"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: ANY PRIMARY CODE '1' OR '2' CIRCLED <input type="checkbox"/> SECONDARY OR HIGHER CODE '3' OR '4' OR 5 CIRCLED <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) BLIND/VISUALLY IMPAIRED ... 5	
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' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	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	
116	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	
117	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	
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 RETIRED 3 UNABLE TO WORK, ILL/ HANDICAPPED 4 HOUSEWORK/CHILDCARE 5 OTHER 6 _____ (SPECIFY)	→ 122
121	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
122	What is your religion? _____ NAME OF CHURCH	TRADITIONAL 01 CHARISMATIC 02 PROTESTANT 03 ROMAN CATHOLIC 04 PENTECOSTAL 05 ZIONIST 06 APOSTOLIC SECT 07 ISLAM 08 NONE 09 OTHER 96 _____ (SPECIFY)	

SECTION 2. MARRIAGE AND SEXUAL ACTIVITY AMONG WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	CHECK COVER: RESPONDENT IS A WOMAN <input type="checkbox"/> MAN <input type="checkbox"/> →		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: MARRIED/ LIVED WITH <input type="checkbox"/> A MAN ONLY ONCE In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN <input type="checkbox"/> 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?	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	<p>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.</p>		
215A	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/></p>	→ 220
216	The last time you had sexual intercourse, was a condom used?	<p>YES 1</p> <p>NO 2</p>	
217	Was a condom used every time you had sexual intercourse in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	
218	<p>What was your relationship to this person with whom you had the last sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, CIRCLE '02'</p> <p>IF NO, CIRCLE '03'</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>PARTNER NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>COMMERCIAL SEX WORKER 5</p> <p>OTHER 6 (SPECIFY)</p>	→ 221
219	<p>For how long have you had/did you have a sexual relationship with this person?</p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.</p>	<p>DAYS 1 <input type="text"/></p> <p>WEEKS 2 <input type="text"/></p> <p>MONTHS 3 <input type="text"/></p> <p>YEARS 4 <input type="text"/></p>	
220	The last time you had sexual intercourse with this person, did you or this person drink alcohol or any other intoxicating substance?	<p>YES 1</p> <p>NO 2</p>	→ 221A
221	<p>Were you or your partner drunk at that time?</p> <p>IF YES: Who was drunk?</p>	<p>RESPONDENT ONLY 1</p> <p>PARTNER ONLY 2</p> <p>RESPONDENT AND PARTNER BOTH 3</p> <p>NEITHER 4</p>	
221A	<p>CHECK 215A:</p> <p>HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/></p>		→ 224
222	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 224
223	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/></p> <p>DON'T KNOW 98</p>	
224	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/></p> <p>DON'T KNOW 98</p>	→ 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> <p>WIFE/PARTNER NUMBER NAME</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p>	<p>LINE NUMBER IN HH. QUEST.</p> <p>STATUS</p> <p>WIFE = 1 PARTNER = 2</p> <p>AGE</p> <p>1 2 <input type="text"/><input type="text"/></p>	312A How old was your wife/partner on her last birthday?
313	<p>CHECK 312:</p> <p>ONLY ONE WIFE/PARTNER <input type="checkbox"/></p> <p>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?	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	→ 317 → 316
315	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>	→ 317
316	In total, how many women have you been married to or lived with as if married in your whole life?	<p>NUMBER OF WOMEN <input type="text"/><input type="text"/></p>	
317	<p>CHECK 312 AND 313:</p> <p>ONLY ONE WIFE/PARTNER <input type="checkbox"/></p> <p>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"/><input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 319
318	How old were you when you started living with her?	<p>AGE <input type="text"/><input type="text"/></p>	
318A	<p>CHECK FOR THE PRESENCE OF OTHERS.</p> <p>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
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"/><input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE/PARTNER 95</p>	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
320	<p>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.</p>										
320A	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <table border="1" data-bbox="1177 247 1266 445"> <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>									→ 324
321	<p>The last time you had sexual intercourse, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	→ 322A								
322	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESP. WANTED TO PREVENT STD/HIV 1</p> <p>RESP. WANTED TO PREVENT PREGNANCY 2</p> <p>RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 4</p> <p>PARTNER REQUESTED/INSISTED 5</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	→ 323								
322A	<p>What was the main reason a condom was not used on that occasion?</p>	<p>NOT AVAILABLE 1</p> <p>NOT NECESSARY 2</p> <p>NOT THOUGHT OF03 3</p> <p>PARTNER REFUSED04 4</p> <p>REDUCES PLEASURE05 5</p> <p>OTHER _____06 6</p> <p>(SPECIFY)</p>	→ 324								
323	<p>Did you use a condom every time you had sexual intercourse with this person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>									
324	<p>The last time you had sexual intercourse with this person, did you or this person drink alcohol or any other intoxicating substance?</p>	<p>YES 1</p> <p>NO 2</p>	→ 326								
325	<p>Were you or your partner drunk at that time?</p> <p>IF YES: Who was drunk?</p>	<p>RESPONDENT ONLY 1</p> <p>PARTNER ONLY 2</p> <p>RESPONDENT AND PARTNER BOTH 3</p> <p>NEITHER 4</p>									
326	<p>What was your relationship to this person with whom you had the last sexual intercourse?</p> <p>IF PARTNER: Were you living together as if married?</p> <p>IF YES, CIRCLE '2'</p> <p>IF NO, CIRCLE '3'</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>PARTNER NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>COMMERCIAL SEX WORKER 5</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	→ 328								
327	<p>For how long have you had/did you have a sexual relationship with this person?</p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.</p>	<p>DAYS 1</p> <p>WEEKS 2</p> <p>MONTHS 3</p> <p>YEARS 4</p> <table border="1" data-bbox="1177 1650 1266 1848"> <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
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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" 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 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> WEEKS 2 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MONTHS 3 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEARS 4 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" 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 AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES 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	<p>CHECK 414:</p> <p>AT LEAST <input type="checkbox"/> ONE 'YES'</p> <p>OTHER <input type="checkbox"/> →</p>		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	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 PHU/CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER 22 MOBILE CLINIC 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) MISSION HOSPITAL 31 CLINIC 32 OTHER _____ 36 (SPECIFY) NGO FLAS 41 TASC 42 OTHER _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 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>_____</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	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
426	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
427	<p>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>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
428	<p>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>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</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
513	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	
514	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	
515	Sometimes men have a sore or ulcer 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	
516	<p>CHECK 508, 509, AND 510 FOR WOMAN OR 513, 514, AND 515 FOR MAN:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		523
517	The last time you had (PROBLEM FROM 507/508/509 for woman or PROBLEM FROM 513/514/515 for man), did you seek any kind of advice or treatment?	YES 1 NO 2	519
518	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITA A GOVT. HEALTH CENTER B STAND-ALONE VCT CENTER C MOBILE CLINIC D OTHER PUBLIC E (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR F STAND-ALONE VCT CENTER ... G MOBILE CLINIC H OTHER PRIVATE MEDICAL I (SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL J CLINIC K OTHER L (SPECIFY)</p> <p>NGO</p> <p>FLAS M TASC N OTHER O (SPECIFY)</p> <p>OTHER X (SPECIFY)</p>	520

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													
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 border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>USE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STOP SEX 1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOM 1</td> <td></td> <td style="text-align: center;">2</td> </tr> </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													
523	RECORD THE TIME.	HOUR <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></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></table>													

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: _____