

UKRAINE DEMOGRAPHIC AND HEALTH SURVEY
MAN QUESTIONNAIRE

UKRAINE
THE UKRAINIAN CENTER FOR SOCIAL REFORMS

IDENTIFICATION																			
PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
CLUSTER NUMBER																			
HOUSEHOLD NUMBER																			
OBLAST																			
RAYON																			
KIEV/LARGE CITY >1 MLN=1, SMALL CITY(50,000-1 MLN)=2, TOWN(< 50,000)=3, RURAL=4																			
NAME AND LINE NUMBER OF MAN _____																			

CHECK QUESTION 148 IN HOUSEHOLD QUESTIONNAIRE. IS THIS MAN SELECTED FOR QUESTIONS ON "DOMESTIC VIOLENCE" (SECTION 11 MAN'S Q.) (YES = 1, NO=2)

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table>
				MONTH <table border="1" style="width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 20px; height: 20px;"></table>
RESULT*	_____	_____	_____	INT. NUMBER <table border="1" style="width: 20px; height: 20px;"></table>
				RESULT <table border="1" style="width: 20px; height: 20px;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input style="width: 20px; height: 20px;" type="checkbox"/>
TIME	_____	_____		
*RESULT CODES:				
1 COMPLETED 4 REFUSED				
2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____				
3 POSTPONED 6 INCAPACITATED (SPECIFY)				

QUESTIONNAIRE LANGUAGE: LANGUAGE OF INTERVIEW: NATIVE LANGUAGE OF RESPONDENT TRANSLATOR USED (YES = 1, NO = 2)

CODES: UKRAINIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY _____)

SUPERVISOR/FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
DATE _____	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with The State Statistics Committee and the Ukrainian Center for Social Reforms . We are conducting a national survey to ask men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 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 if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>During the interview I would like to measure your blood pressure and pulse. This will be done three times during the interview. This is a harmless procedure. The results of this blood pressure and pulse measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure and pulse numbers. Although we will give you the results, we will not be able to provide you with any further counselling, testing or treatment if you have elevated blood pressure.</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>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p> <p align="center">↓</p>

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"/>	
101A	BLOOD PRESSURE MESUREMENT 1 GOTO Q1135 IN SECTION 11 AT THE END OF THE QUESTIONNAIRE		
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	→ 106
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	
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	→ 115
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 PTU 3 TECHNICUM/UCHILICHE 4 HIGHER 5	
110	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
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	What is your religion?	CHRISTIAN ORTHODOCS 01 CHRISTIAN CATHOLIC 02 CHRISTIAN PROTESTANT..... 03 ISLAM 04 JUDAISM 05 NO RELIGION 06 OTHER '96 _____ (SPECIFY)			
118A	In the last 12 month have you attended any religious services or any activity organized by any religious group?	YES 1 NO 2	→ 201		
118B	When was the last time you have attended this type of activity or service? RECORD THE MONTHS LESS THAN ONE MONTH RECORD 00	MONTHS AGO <table border="1" data-bbox="1110 856 1198 907" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
118C	What type of service or activity was it?	OCCASIONAL RELIGIOUS CEREMON... 1 REGULAR MASS/SERVICE 2 ORGANIZED ACTIVITY 3	→ 201		
118D	What religious group did organize or hosted this activity?	CHRISTIAN ORTHODOCS 01 CHRISTIAN CATHOLIC 02 CHRISTIAN PROTESTANT..... 03 ISLAM 04 JUDAISM 05 OTHER '96 _____ (SPECIFY)			

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 in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	↘ 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	↘ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↘ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 212 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301										
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	→ 212								
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/>	NO LIVING CHILDREN <input type="checkbox"/>	→ 301
214	How many years old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	→ 301
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH 01 FACILITY CLOSED 02 TOO FAR/NO TRANSPORTATION 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 HE DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK IT WAS NECESSARY 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 3. CONTRACEPTION

301	<p>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.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>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 METHODS 02, 07, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>	302 Have you ever used (METHOD)?	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>	
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>	
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 NO 2</p>	
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>	
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2</p>	
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
10	<p>RHYTHM METHOD 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.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.</p>	<p>YES 1 NO 2</p>	
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>NO 2</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
405	RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A
411 411A	In what month and year did you start living with your (wife partner)? Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	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	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 417 → 417
415	CHECK 107: AGE <input type="checkbox"/> 15-24 ↓	AGE <input type="checkbox"/> 25-49 →	→ 501
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→ 501
417	CHECK 107: AGE <input type="checkbox"/> 15-24 ↓	AGE <input type="checkbox"/> 25-49 →	→ 419
418	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
419	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 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	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. → SKIP TO 422			
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>	DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>
422	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 427A) ←	YES 1 NO 2 (SKIP TO 427A) ←	YES 1 NO 2 (SKIP TO 427A) ←
427	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	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
427A	The last time you had sexual intercourse with this (second/third) person, did you or this person use recreational drugs/narcotics?	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 429) ←
427B	Were you or your partner high on drugs at that time? IF YES: Who was on drugs?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←	YES 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←	
429	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 ... <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/> → 432	
431	CHECK 424 AND 422 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> → 434 → 435	
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DK 8	
435	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 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> → 442 NO CONDOM USED <input type="checkbox"/> → 442	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
440	The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MATERNITY HOME 11</p> <p>POLICLINIC/AMBULATORY 12</p> <p>WOMEN'S HEALTH CONSULT CTR. 13</p> <p>FAMILY PLANNING CENTER/CAB 14</p> <p>MEDICAL DIAGNOSTIC CENTER ... 15</p> <p>FAP/RURAL HEALTH POST 16</p> <p>PHARMACY 17</p> <p>OTHER PUBLIC 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL/MATERNITY HOME 31</p> <p>POLICLINIC/AMBULATORY 32</p> <p>WOMEN'S HEALTH CONSULT CTR. 33</p> <p>FAMILY PLANNING CENTER/CAB 34</p> <p>MEDICAL DIAGNOSTIC CENTER ... 35</p> <p>FAP/RURAL HEALTH POST 36</p> <p>PHARMACY 37</p> <p>NGO..... 38</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 46</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 51</p> <p>FRIEND/RELATIVE/NEIGHBOR/HUSB/ 52</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p>	
442	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 501</p>
443	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
444	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>PILL B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>FEMALE CONDOM F</p> <p>DIAPHRAGM G</p> <p>FOAM/JELLY H</p> <p>RHYTHM METHOD I</p> <p>WITHDRAWAL J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED/ LIVING TOGETHER WITH A WOMAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 508
502	CHECK 302: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 508
503	(Is your wife (partner) currently pregnant?)	YES 1 NO 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE INFECUND 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 508
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT <input type="checkbox"/> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 COUPLE INFECUND 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 508
508	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 510 → 510
509	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Are there any circumstances under which a woman should not get pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 514
511	Under which circumstances?	TOO YOUNG A TOO OLD B ALREADY TOO MANY CHILDREN ... C HAS A TRANSMISSIBLE INFECTION D PHYSICALLY IMPAIRED/SICK ... E MENTALLY IMPAIRED F DOES NOT HAVE WORK/POOR ... G NOT MARRIED H SEXUALLY ABUSED I ABNORMAL FETUS J DOES NOT WANT A CHILD K THREAT TO WOMAN'S LIFE L HOMELESS M ALCOHOLISM/NARCOMANIA/ASOCIAL/ CRIMINAL BEHAVIOUR N OTHER _____ X (SPECIFY)	
512	If a woman got pregnant under the circumstances that you mentioned, what do you think that she should do about her pregnancy?	KEEP THE PREGNANCY 01 TERMINATE PREGNANCY//ABORTION 02 WOMAN'S PERSONAL DECISION 03 OTHER _____ 96 (SPECIFY) DON'T KNOW '98	
513	If a woman got pregnant under the circumstances that you mentioned and finally gave birth, what do you think that she should do about the child?	KEEP THE CHILD 01 GIVE THE CHILD UP FOR ADOPTION . 02 GIVE THE CHILD UP TO FOSTER FAMIL 03 GIVE THE CHILD TO AN ORPHANAGE . 04 SEEK HELP FROM A FAMILY MEMBER TO CARE FOR THE CHILD 05 WOMAN'S PERSONAL DECISION 06 OTHER _____ 96 (SPECIFY) DON'T KNOW '98	
514	Would you ever consider adopting a child?	YES 1 NO 2 DON'T KNOW 8	→ 516
515	Under which circumstances would you consider adopting a child? PROBE: Any other? RECORD ALL MENTIONED.	WANT(ANOTHER) CHILD A AVOID PREGNANCY B UNMARRIED/NO PARTNER TO GET PREGNANT C TOO OLD TO HAVE BIOLOGICAL CHILD D SPOUSE INFERTILITY E OWN INFERTILITY F IF CHILD IS A FAMILY MEMBER G IF CHILD IS A CHILD OF FRIENDS H COMPASSION TO AN ABUSED/ OR STREET CHILD I COMPASSION TO CHILD FROM ORPHANAGE J IF I HAD MONEY TO AFFORD IT K OTHER _____ X (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> _____ _____	
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 607
606	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	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
609	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	
610	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 613
611	CHECK 609: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 613
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER(S) 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
613	<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 major household purchases?</p> <p>b) making purchases for daily household needs?</p> <p>c) deciding about visits to the wife's family 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?</p>	HUS- BAND	WIFE	BOTH EQUALLY	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	
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.</p>	CHILD BEARING WOMAN'S CONCERN	1	2	8	
		DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8	
615	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>		YES	NO	DK	
		GOES OUT	1	2	8	
		NEGL. CHILDREN ...	1	2	8	
		ARGUES	1	2	8	
		REFUSES SEX	1	2	8	
		BURNS FOOD	1	2	8	
616	<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 support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go ahead 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		

SECTION 7. HIV/AIDS

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	→ 733																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get the AIDS virus by sharing food and utensils with a person who has AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																	
707	Can people get the AIDS virus because of kissing?	YES 1 NO 2 DON'T KNOW 8																	
707A	Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 8																	
707B	Can people get the AIDS virus by joint usage public toilet, sauna or swimming-pool?	YES 1 NO 2 DON'T KNOW 8																	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
709	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <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> </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																
710	CHECK 709: AT LEAST <input type="checkbox"/> ONE 'YES' ↓ OTHER <input type="checkbox"/>		→ 712																
711	Are there any 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?	YES 1 NO 2 DON'T KNOW 8																	
712	Have you heard about special antiretroviral drugs (USE LOCAL NAME) 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																	
712A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
713	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	→ 718																
714	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																	
715	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																	
716	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
721	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
722	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
723	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?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
723A	In your opinion, if a child has the AIDS virus but is not sick, should this child be allowed to continue attending the regular school or kindergartens together with not infected children?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
723B	In your opinion, if a child has the AIDS virus but is not sick, should this child be allowed to continue attending health care institutions together with not infected children?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
729	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DK/NO OPINION/DEPENDS 8	
730	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DK/NO OPINION/DEPENDS 8	
731	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
732	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
732A	In your opinion, should children with the AIDS virus continue to be raised in families?	YES 1 NO 2	
732B	In your opinion, should children with the AIDS virus and deprived of parental care be given up for adoption, be placed in a foster family, or to be locked in an institution?"	ORPHANAGE/INSTITUTION 1 FOSTER FAMILY 2 ADOPTION 3 DK/NOT SURE/DEPENDS 8	→ 733
732C	In your opinion, can children with the AIDS virus be placed in institution with other children or be isolated in specialized institution/ orphanages where they can receive proper health care services?	WITH OTHER CHILDREN 1 ISOLATED 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	CHECK 701: <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>	YES 1 NO 2	
734	CHECK 414: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 742</p> </div> </div>		
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YES <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/></p> <p>→ 737</p> </div> </div>		
736	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	
737	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	
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
739	CHECK 736, 737, AND 738: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> <p>→ 742</p> </div> </div>		
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES 1 NO 2	
742	Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	
743	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
746	Do you believe that young men should wait until they are married to have sexual intercourse for the first time?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
747	Do you think that most young men you know wait until they are married to have sexual intercourse for the first time?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
748	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
749	Do you think that most men you know who are not married and are having sex have sex with only one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
750	Do you believe that married men should only have sex with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
751	Do you think that most married men you know have sex only with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
752	Do you believe that young women should wait until they are married to have sexual intercourse for the first time?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
753	Do you think that most young women you know wait until they are married to have sexual intercourse for the first time?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
754	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
755	Do you think that most women you know who are not married and are having sex have sex with only one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
756	Do you believe that married women should only have sex with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
757	Do you think that most married women you know have sex only with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 805
801A	What signs or symptoms would lead you to think that a person has tuberculosis? PROBE: Any other? RECORD ALL MENTIONED.	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS J LETHARGY K OTHER _____ X (SPECIFY) DON'T KNOW Z	→ 802
801B	What are the symptoms of tuberculosis that would convince you to seek medical assistance? PROBE: Any other? RECORD ALL MENTIONED.	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS J LETHARGY K OTHER _____ X (SPECIFY) DON'T KNOW Z	
802	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	
803	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
804A	Have you ever been told by a doctor or other health professional that you had tuberculosis?	YES 1 NO 2	→ 805

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
804B	About how long ago has it been since a doctor or health professional last told you that you have tuberculosis?	LESS THAN 6 MONTHS 1 6-11 MONTHS 2 1-5 YEARS 3 MORE THAN 5 YEARS 4 DON'T KNOW 8	
804C	Have you been treated for your tuberculosis?	YES 1 NO 2	→ 805
804D	Are you still under treatment?	YES 1 NO 2	
804E	Were you ever hospitalized because of your tuberculosis?	YES 1 NO 2	
805	Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	
806	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 809A
807	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 809A
808	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MATERNITY HOME 11 POLICLINIC/AMBULATORY 12 WOMEN'S HEALTH CONSULT CTR. 13 FAMILY PLANNING CENTER/CAB 14 MEDICAL DIAGNOSTIC CENTER 15 FAP/RURAL HEALTH POST 16 PHARMACY 17 OTHER PUBLIC 26 _____ (SPECIFY) PRIVATE SECTOR HOSPITAL/MATERNITY HOME 31 POLICLINIC/AMBULATORY 32 WOMEN'S HEALTH CONSULT CTR. 33 FAMILY PLANNING CENTER/CAB 34 MEDICAL DIAGNOSTIC CENTER 35 FAP/RURAL HEALTH POST 36 PHARMACY 37 NGO 38 OTHER PRIVATE 46 _____ (SPECIFY) OTHER SOURCE OTHER 96 _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
809A	Have you ever smoked cigarettes or smoke or use another type of tobacco?	YES 1 NO 2	→ 813B
809B	How old were you when you started smoking cigarettes?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	
810	Do you currently smoke cigarettes?	YES 1 NO 2	→ 812
811	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
812	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 813
812A	CHECK 810 IF YES, CODE "1" CIRCLED _____ IF NO, CODE "2" CIRCLED _____		→ 813A → 813B
813	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CIGAR B CHEWING TOBACCO C SNUFF D WATER PIPE/CALYAN E OTHER _____ X (SPECIFY)	
813A	Do you smoke inside your house?	YES 1 NO 2	
813B	Does anyone (else) smoke inside your house?	YES 1 NO 2	
813C	Do you think that smoking should be banned in the work place?	YES 1 NO 2 DON'T KNOW/NO OPINION 8	
813D	Do you think that smoking should be banned in public places such as post offices, bars, restaurants?	YES 1 NO 2 DON'T KNOW/NO OPINION 8	
813E	Now I would like to ask you a few questions about drinking alcohol. Have you ever drunk alcohol?	YES 1 NO 2	→ 813L
813F	How old were you when you started drinking alcohol?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	
813G	In the past month, on the days that you drank alcohol, how many drinks did you usually have? We count one drink as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka or whiskey.	NUMBER OF DRINKS ... <input type="text"/> <input type="text"/> NO DRINKS 00	→ 813L
813H	How often did you drink that amount? PROBE: How many times in a month?	EVERY DAY 1 ALMOST EVERY DAY 2 1-2 TIMES A WEEK 3 2-3 TIMES A MONTH 4 ONCE A MONTH 5	
813I	In the past 3 months, have there been days when you had more than usual? (RELATIVE TO THE NUMBER IN 813G)	YES 1 NO 2	→ 813L

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813J	In the past 3 months, how many drinks did you have on the days that you drank more than usual?	NUMBER OF DRINKS ... <input type="text"/> <input type="text"/>	
813K	How often did you drink that amount?	1-2 TIMES A WEEK 1 2-3 TIMES A MONTH 2 ONCE A MONTH 3 1-2 TIMES IN THREE MONTHS 4	
813L	Have you ever tried narcotics or recreational drugs?	YES 1 NO 2	→ 814
813M	How old were you when you started using drugs?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	
813N	Last time you used recreational drugs or narcotics, how did you take it?	INTRAVENOUS A PER MOUTH B SNIFFED C SMOKED D DON'T KNOW Y OTHER _____ X (SPECIFY)	
814	These next questions are about blood pressure. Has your blood pressure ever been checked before today?	YES 1 NO 2	→ 1100
815	Who took your blood pressure?	DOCTOR 1 FELDSHER 2 NURSE 3 TRADITIONAL HEALER 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
816	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8	
817	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	↓ 1100
818	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	
819	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES 1 NO 2	→ 1100
820	Who told you this?	DOCTOR 1 FELDSHER 2 NURSE 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
821	Did the doctor or the other health professional tell you to: a. take prescribed medicine? b. control your weight or lose weight? c. cut down on salt in your diet? d. exercise more? e. cut down on alcohol? f. stop smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 1 2	
822	To lower your hypertension or high blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. cutting down on alcohol consumption? f. stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 2 3	

SECTION 11: DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
1100	CHECK COVER PAGE OF THE QUESTIONNAIRE: MAN SELECTED FOR THIS SECTION <input type="checkbox"/> ↓ MAN NOT SELECTED <input type="checkbox"/>	<input type="checkbox"/>	GO TO 1137																																
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓ PRIVACY NOT POSSIBLE 2		1134																																
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a man's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of men in Ukraine. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.																																		
1102	CHECK 401 AND 402: CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> ↓ FORMERLY MARRIED/LIVED WITH A WOMAN (READ IN PAST TENSE) <input type="checkbox"/> ↓ NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/>	<input type="checkbox"/>	1114																																
1103	First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) wife/partner? a) You (are/were) jealous or angry if she (talks/talked) to other men? b) You frequently (accuse/accused) her of being unfaithful? c) You (do/did) not permit her to meet her female friends? d) You (try/tried) to limit her contact with her family? e) You (insist/insisted) on knowing where she (is/were) at all times? f) You (do/did) not trust her with any money? g) You threatened to throw her out from home, to leave her without "a cent", you won't pay alimony?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THREATENS TO THROW</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE ...	1	2	8	MONEY	1	2	8	THREATENS TO THROW	1	2	8	
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1104	Now if you will permit me, I need to ask some more questions about your relationship with your (last) wife/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question. A (Do/did) you ever: a) say or do something to humiliate your (last) wife/partner in front of others? b) threaten to hurt or harm your (last) wife/partner or someone close to her? c) insult your (last) wife/partner or make her feel bad about herself?	<p>CHECK 403: ASK ONLY IF RESPONDENT IS NOT WIDOWED</p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="0"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓								
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
1105	<p>A (Do/did) you ever do any of the following things to your (last) wife/partner:</p> <p>a) push her, shake her, or throw something at her?</p> <p>b) slap her?</p> <p>c) twist her arm or pull her hair?</p> <p>d) punch her with your fist or with something that could hurt her?</p> <p>e) kick her, drag her or beat her up?</p> <p>f) try to choke her or burn her on purpose?</p> <p>g) threaten or attack her with a knife, gun, or any other weapon?</p> <p>h) physically force her to have sexual intercourse with you even when she did not want to?</p> <p>i) force her to perform any sexual acts she did not want to?</p>	<p>B</p> <p>CHECK 403: ASK ONLY IF RESPONDENT IS NOT WIDOWED</p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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1106	<p>CHECK 1105A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1109																																																												
1108	<p>Did the following ever happen as a result of what you did to your (last) wife/partner:</p> <p>a) She had cuts, bruises or aches?</p> <p>b) She had eye injuries, sprains, dislocations, or burns?</p> <p>c) She had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																													
1109	<p>Has your (last) wife/partner ever hit, slapped, kicked, or done anything else to physically hurt you at times when you were not already beating or physically hurting her?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1112																																																												
1112	<p>Does (did) your (last) wife/partner drink alcohol?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1114																																																												
1113	<p>How often does (did) she get drunk: often, only sometimes, or never?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NEVER 3</p>																																																													
1114	<p>CHECK 401 AND 402:</p> <p>EVER MARRIED/LIVED WITH A WOMAN NEVER MARRIED/ NEVER LIVED WITH A WOMAN</p> <p>From the time you were 15 years old has anyone (other than your (current/last) wife/partner) hit, slapped, kicked, or done anything else to hurt you physically?</p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	→ 1117																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1115	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER SPOUSE/PARTNER F CURRENT GIRLFRIEND G FORMER GIRLFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L HEALTH FACILITY STAFF M EMPLOYER/SUPERVISOR N COLLEAGUES O POLICE P SOLDIER/OFFICER Q PRIEST/RELIGIOUS LEADER R STRANGER S NEIGHBOR T ACQUAINTANCE/ADMIRER U OTHER X (SPECIFY)	
1116	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	→ 1117
1116A	The last time you have been hit, slapped, kicked, or physically hurt, who hurt you?	MOTHER/STEP-MOTHER 01 FATHER/STEP-FATHER 02 SISTER/BROTHER 03 DAUGHTER/SON 04 OTHER RELATIVE 05 FORMER SPOUSE/PARTNER 06 CURRENT GIRLFRIEND 07 FORMER GIRLFRIEND 08 MOTHER-IN-LAW 09 FATHER-IN-LAW 10 OTHER IN-LAW 11 TEACHER 12 HEALTH FACILITY STAFF 13 EMPLOYER/SUPERVISOR 14 COLLEAGUES 15 POLICE 16 SOLDIER/OFFICER 17 PRIEST/RELIGIOUS LEADER 18 STRANGER 19 NEIGHBOR 20 ACQUAINTANCE/ADMIRER 21 OTHER 96 (SPECIFY)	
1116B	The last time you have been hit, slapped, kicked, or physically hurt, where did it happen?	HOME 01 SCHOOL 02 WORK 03 HEALTH FACILITY 04 POLICE STATION 05 MILITARY BARRACKS 06 CHURCH/ 07 STREET 08 OTHER 96 (SPECIFY)	
1117	CHECK 208: HAS HAD AT LEAST ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ 1125
1118	(Do/did) you ever hit, slap, kick, or do anything else to hurt physically your wife/partner while she was pregnant?	YES 1 NO 2	
1125	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to perform any sexual acts you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1128

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1126	How old were you the first time you were forced to perform any sexual acts?	AGE IN COMPLETED YEARS ... <input type="text"/> DON'T KNOW 98																					
1127	Who was the person who was forcing you at that time?	FATHER 01 STEP FATHER 02 OTHER RELATIVE 03 IN-LAW 04 OWN FRIEND/ACQUAINTANCE 05 FAMILY FRIEND 06 TEACHER 07 HEALTH FACILITY STAFF 08 EMPLOYER/SUPERVISOR 09 COLLEAGUES 10 POLICE 11 SOLDIER/OFFICER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 NEIGHBOR 18 OTHER 96 (SPECIFY)																					
1128	CHECK 1114, AND 1125: AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/>		→ 1132																				
1129	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES 1 NO 2	→ 1131																				
1130	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A WIFE/PARTNER'S FAMILY B CURRENT/LAST/LATE WIFE/PARTNER C CURRENT/FORMER GIRLFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER X (SPECIFY)	→ 1132																				
1131	Have you ever told any one else about this?	YES 1 NO 2																					
1132	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																					
THANK THE RESPONDENT FOR COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																							
1133	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td>YES</td> <td>YES, MORE</td> <td></td> </tr> <tr> <td></td> <td>ONCE</td> <td>THAN ONCE</td> <td>NO</td> </tr> <tr> <td>WIFE</td> <td>..... 1</td> <td>..... 2</td> <td>..... 3</td> </tr> <tr> <td>OTHER FEMALE ADULT</td> <td>..... 1</td> <td>..... 2</td> <td>..... 3</td> </tr> <tr> <td>MALE ADULT</td> <td>..... 1</td> <td>..... 2</td> <td>..... 3</td> </tr> </table>		YES	YES, MORE			ONCE	THAN ONCE	NO	WIFE 1 2 3	OTHER FEMALE ADULT 1 2 3	MALE ADULT 1 2 3	
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1134	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____																						
1135	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC 1 <input type="text"/> DIASTOLIC 2 <input type="text"/> PULSE 3 <input type="text"/> REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER 9996 (SPECIFY)																					
CHECK: IF THE FIRST BLOOD PRESSURE MEASURED AND RECORDED GO BACK TO Q102			→ 102																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
1136	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC 1 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DIASTOLIC 2 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> PULSE 3 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER 9996 SPECIFY																																																																									
CHECK: IF THE SECOND BLOOD PRESSURE MEASURED AND RECORDED GO BACK TO Q 601		→ 601																																																																									
1137	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC 1 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DIASTOLIC 2 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> PULSE 3 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER 9996 SPECIFY																																																																									
1138	AVERAGE THE SYSTOLIC AND AVERAGE THE DIASTOLIC BLOOD PRESSURE FROM MEASUREMENTS, RECORDED IN QUESTIONS 1136 AND 1137. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Q1136 BLOOD PRESSURE</td> <td style="width:33%; text-align: center;">Q1137 BLOOD PRESSURE</td> <td style="width:33%; text-align: center;">AVERAGE OF TWO BP MEASUREMENTS</td> </tr> <tr> <td>SYSTOLIC <input style="width: 40px; height: 15px;" type="text"/></td> <td>SYSTOLIC <input style="width: 40px; height: 15px;" type="text"/></td> <td>SYSTOLIC <input style="width: 40px; height: 15px;" type="text"/></td> </tr> <tr> <td>DIASTOLIC <input style="width: 40px; height: 15px;" type="text"/></td> <td>DIASTOLIC <input style="width: 40px; height: 15px;" type="text"/></td> <td>DIASTOLIC <input style="width: 40px; height: 15px;" type="text"/></td> </tr> </table> USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL. ADULT BLOOD PRESSURE VALUE BOX: <table style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td colspan="5">DIASTOLIC</td> <td></td> </tr> <tr> <td></td> <td><84</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>110-119</td> <td>>=120</td> </tr> <tr> <td>SYSTOLIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><129</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>130-139</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>140-159</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>160-179</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>180-209</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>>=210</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table> CIRCLE AVERAGE VALUES FOR THE DIASTOLIC AND THE SYSTOLIC BLOOD PRESSURE IN THE TABLE ABOVE, DRAW THE LINES AND CIRCLE THE VALUE WHERE THE LINES ARE CROSSED, CIRCLE THE SAME VALUE CODE IN THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT .		Q1136 BLOOD PRESSURE	Q1137 BLOOD PRESSURE	AVERAGE OF TWO BP MEASUREMENTS	SYSTOLIC <input style="width: 40px; height: 15px;" type="text"/>	SYSTOLIC <input style="width: 40px; height: 15px;" type="text"/>	SYSTOLIC <input style="width: 40px; height: 15px;" type="text"/>	DIASTOLIC <input style="width: 40px; height: 15px;" type="text"/>	DIASTOLIC <input style="width: 40px; height: 15px;" type="text"/>	DIASTOLIC <input style="width: 40px; height: 15px;" type="text"/>		DIASTOLIC							<84	85-89	90-99	100-109	110-119	>=120	SYSTOLIC							<129	1	1	1	1	1	1	130-139	2	2	2	2	2	2	140-159	3	3	3	3	3	3	160-179	4	4	4	4	4	4	180-209	5	5	5	5	5	5	>=210	6	6	6	6	6	6	
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>=210	6	6	6	6	6	6																																																																					
1139	RECORD THE TIME.	HOUR <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> MINUTES <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>																																																																									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR-EDITOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____