

VIETNAM POPULATION AND AIDS INDICATOR SURVEY (VPAIS)

# INDIVIDUAL QUESTIONNAIRE

CONFIDENTIAL

IDENTIFICATION				
PROVINCE: _____ DISTRICT: _____ COMMUNE: _____ CLUSTER NUMBER: ..... NAME OF HOUSEHOLD HEAD: _____ HOUSEHOLD NUMBER: ..... URBAN/RURAL (Urban = 1; Rural = 2): ..... LARGE CITY/SMALL CITY/TOWN/RURAL (*) ..... (Large city = 1; Small city = 2; Town = 3; Rural = 4): NAME AND LINE NUMBER OF RESPONDENT: _____ SEX OF RESPONDENT (Male = 1; Female = 2): .....	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE   INTERVIEWER'S NAME  RESULT (**)				DATE MONTH YEAR <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">2</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">5</div> INT. NUMBER RESULT
NEXT VISIT - DATE - TIME				TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>
(**) RESULT CODES: <div style="display: flex; justify-content: space-between;"> <div>                         1 = COMPLETED                          2 = NOT AT HOME                          3 = POSTPONED                     </div> <div>                         4 = REFUSED                          5 = PARTLY COMPLETED                          6 = INCAPACITATED                          7 = OTHER _____  <div style="text-align: right;">(SPECIFY)</div> </div> </div>				
SUPERVISOR NAME _____ <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> DATE _____	FIELD EDITOR NAME _____ <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> DATE _____	OFFICE EDITOR NAME _____ <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> DATE _____	KEYED BY NAME _____ <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> DATE _____	

(\*) The following guidelines should be used to categorize urban sample points: 'Large cities' are national capitals and places with over 1 million population; 'small cities' are places between 50,000 and 1 million population; remaining urban sample points are 'towns'.

## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

#### INFORMED CONSENT

Hello. My name is \_\_\_\_\_ and I am working with the Department of Population and Labour Statistics and the National Institute of Hygiene and Epidemiology. We are conducting a national health survey. We would very much appreciate your participation in this survey. I would like to ask you about some important health issues. This information will help the government to plan health services. The survey usually takes around 20 minutes to complete.

Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

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

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE



RESPONDENT DOES NOT AGREE TO BE INTERVIEWED  
END INTERVIEWED

2 ↙

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME	HOUR..... MINUTES .....	
102	In what month and year were you born?	MONTH ..... DON'T KNOW MONTH..... 98 YEAR ..... DON'T KNOW YEAR..... 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT	AGE IN COMPLETED YEARS.....	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 107
105	What is the highest level of school you attended: primary, lower secondary, upper secondary or higher?	PRIMARY ..... 1 LOWER SECONDARY ..... 2 UPPER SECONDARY ..... 3 HIGHER ..... 4	
106	What is the highest (grade/form/year) you completed? GRADES = 0,1,2,...,12 (LEVEL 1-3) YEARS = 0,1,2,3,4,5* (LEVEL 4) DON'T KNOW = 98	GRADE.....	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Do you read a newspaper or magazine almost everyday, at least once a week, less than once a week or not at all?	ALMOST EVERYDAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4 CANNOT READ .....5	
108	Do you listen to the radio almost everyday, at least once a week, less than once a week or not at all?	ALMOST EVERYDAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
109	Do you watch television almost everyday, at least once a week, less than once a week or not at all?	ALMOST EVERYDAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
110	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>FEMALE <input type="checkbox"/></span> <span>MALE <input type="checkbox"/></span> </div>		→ 113
111	Aside from your own housework, have you done any work in the last seven days?	YES.....1 NO.....2	→ 116
112	As you know, some women take up jobs for which they are paid in cash or kind. Other sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES.....1 NO.....2	→ 116 → 114
113	Have you done any work in the last seven days?	YES.....1 NO.....2	→ 116
114	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	→ 116
115	Have you done any work in the last 12 months?	YES.....1 NO.....2	→ 117
116	What is your occupation, that is, what kind of work do you mainly do?  INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	→ 118

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING ..... 01 LOOKING FOR WORK..... 02 RETIRED..... 03 TOO ILL TO WORK..... 04 HANDICAPPED, CANNOT WORK..... 05 HOUSEWORK/CHILD CARE..... 06 OTHER ..... 96  _____ (SPECIFY)	
118	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	
119	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?  IF MORE THAN 95, RECORD '95'	NUMBER OF TRIPS..... <input type="text"/> <input type="text"/> NONE..... 00	→ 121
120	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	
121	What is your religion?	NO RELIGION ..... 01 BUDDHIST..... 02 CATHOLIC..... 03 PROTESTANT ..... 04 CAODAI ..... 05 HOA HAO ..... 06 ISLAM ..... 07 OTHER ..... 96  _____ (SPECIFY)	
122	What ethnic group do you belong to?	VIETNAMESE ..... 01 TAY ..... 02 THAI..... 03 CHINESE..... 04 KHMER ..... 05 MUONG..... 06 NUNG ..... 07 HRE..... 08 PHU LA ..... 09 E DE..... 10 DAO ..... 11 CO TU..... 12 CHAM..... 13 OTHER ..... 96  _____ (SPECIFY)	

## SECTION 2. REPRODUCTION

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">MALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?</p> </div> <div style="width: 45%;"> <p style="text-align: center;">FEMALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Now I would like to ask about all the births you have had during your lifetime. Have you ever given birth?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2 → 206</p>	
202	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Do you have any sons or daughters whom you have fathered who are now living with you?</p> </div> <div style="width: 45%;"> <p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2 → 204</p>	
203	<p>How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'</p>	<p>SONS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>	
204	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">MALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Do you have any sons or daughters whom you have fathered who are alive but do not live with you?</p> </div> <div style="width: 45%;"> <p style="text-align: center;">FEMALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2 → 206</p>	
205	<p>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'</p>	<p>SONS ELSEWHERE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>	
206	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">MALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Have you ever fathered a boy or girl who was born alive but later died? And baby who cried or showed signs of life but did not survive?</p> </div> <div style="width: 45%;"> <p style="text-align: center;">FEMALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Have you ever given birth to a boy or girl who was born alive but later died? And baby who cried or showed signs of life but did not survive?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2 → 208</p>	
207	<p>How many boys have died? And how many girls have died? IF NONE, RECORD '00'</p>	<p>BOYS DEAD ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>GIRLS DEAD ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>	
208	<p>SUM ANSWERS TO 203, 205 AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'</p>	<p>TOTAL ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	<div> <div>MALE <input type="checkbox"/></div> <div>Just to make sure that I have this right: you have fathered in TOTAL _____ children during your life.</div> <div>Is that correct?</div> <div>YES <input type="checkbox"/></div> </div> <div> <div>FEMALE <input type="checkbox"/></div> <div>Just to make sure that I have this right: you have had in TOTAL _____ births during your life.</div> <div>Is that correct?</div> <div>NO <input type="checkbox"/></div> </div>	<div>PROBE AND CORRECT 201-208 AS NECESSARY</div>	
210	<div>FEMALE <input type="checkbox"/></div> <div>MALE <input type="checkbox"/></div>		→ 215
211	<div>CHECK 208:</div> <div>ONE OR MORE BIRTHS <input type="checkbox"/></div> <div>NO BIRTHS <input type="checkbox"/></div>		→ 214
212	<div>Now I would like to ask you about your last birth, whether the child is still alive or not.</div> <div>In what month and year did you have your last birth?</div>	<div>MONTH ..... <input type="text"/></div> <div>DON'T KNOW MONTH..... 98</div> <div>YEAR ..... <input type="text"/></div> <div>DON'T KNOW YEAR.....9998</div>	→ 214
213	<div>About how many years ago was your last birth?</div>	<div>YEARS AGO ..... <input type="text"/></div>	
214	<div>Are you pregnant now?</div>	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>UNSURE ..... 8</div>	
215	<div>Are you the primary caregiver for any children whether or not these children are yours?</div>	<div>YES ..... 1</div> <div>NO ..... 2</div>	→ 301
216	<div>Are any of these children for whom you are the primary caregiver under the age of 18?</div>	<div>YES ..... 1</div> <div>NO ..... 2</div>	→ 301
217	<div>Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver.</div> <div>Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?</div>	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>UNSURE ..... 8</div>	

### SECTION 3. MARRIAGE AND SEXUAL ACTIVITY

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">MALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Are you currently married or living together with a woman as if married?</p> </div> <div style="width: 45%;"> <p style="text-align: center;">FEMALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Are you currently married or living together with a man as if married?</p> </div> </div>	<p>YES, CURRENTLY MARRIED..... 1</p> <p>YES, LIVING WITH A MAN/WOMAN..... 2</p> <p>NO, NOT IN UNION ..... 3</p>	→ 304
302	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Have you ever been married or lived together with a woman as if married?</p> </div> <div style="width: 45%;"> <p>Have you ever been married or lived together with a man as if married?</p> </div> </div>	<p>YES, FORMERLY MARRIED..... 1</p> <p>YES, LIVED WITH A MAN/WOMAN ..... 2</p> <p>NO ..... 3</p>	→ 320
303	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>What is your marital status now: are you widowed, divorced, or separated?</p> </div> <div style="width: 45%;"> <p>What is your marital status now: are you widowed, divorced, or separated?</p> </div> </div>	<p>WIDOWED ..... 1</p> <p>DIVORCED ..... 2</p> <p>SEPARATED ..... 3</p>	→ 310
304	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Is your wife/partner living with you now or is she staying elsewhere?</p> </div> <div style="width: 45%;"> <p>Is your husband/partner living with you now or is he staying elsewhere?</p> </div> </div>	<p>LIVING TOGETHER ..... 1</p> <p>STAYING ELSEWHERE..... 2</p>	
307	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Please tell me the name of your wife (the woman you are living with as if married)</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR SPOUSE AND LIVE-IN PARTNER. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'</p> </div> <div style="width: 45%;"> <p>Please tell me the name of your husband (the man you are living together with as if married)</p> </div> </div>	<p>NAME <span style="float: right;">LINE NUMBER</span></p> <p>_____ <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>	
308	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>How old was your wife/partner on her last birthday?</p> <p style="text-align: center;">95 AGE AND OVER, RECORD '95'</p> </div> <div style="width: 45%;"> <p>How old was your husband/partner on his last birthday ?</p> </div> </div>	<p>AGE..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>	
310	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Have you been married or lived with a woman only once or more than once?</p> </div> <div style="width: 45%;"> <p>Have you been married or lived with a man only once or more than once?</p> </div> </div>	<p>ONLY ONCE ..... 1</p> <p>MORE THAN ONCE..... 2</p>	→ 312

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<div> <div>MALE <input type="checkbox"/></div> <div>↓</div> <div>In what month and year did you start living with your wife/partner?</div> </div> <div> <div>FEMALE <input type="checkbox"/></div> <div>↓</div> <div>In what month and year did you start living with your husband/partner?</div> </div>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR..... 9998	→ 314
312	<div>Now I would like to ask about when you started living with a woman as if married for the very first time.</div> <div>In what month and year was that?</div>	<div>Now I would like to ask about when you started living with your first husband/partner.</div> <div>In what month and year was that?</div>	
313	<div>How old were you when you (first) started living with her?</div> <div>How old were you when you (first) started living with him?</div>	AGE..... <input type="text"/> <input type="text"/>	
314	<div> <div>FEMALE <input type="checkbox"/></div> <div>↓</div> </div> <div> <div>MALE <input type="checkbox"/></div> <div>→ 320</div> </div>		
315	CHECK 303: IS RESPONDENT CURRENTLY WIDOWED? <div> NOT ASKED OR <input type="checkbox"/>  NOT WIDOWED </div>	WIDOWED <input type="checkbox"/> → 318	
316	CHECK 310: <div> MARRIED MORE <input type="checkbox"/>  THAN ONCE </div>	MARRIED ONLY ONCE <input type="checkbox"/> → 320	
317	How did your previous marriage or union end?	DEATH/WIDOWHOOD..... 1 DIVORCE ..... 2 SEPARATION ..... 3	→ 320
318	Who did most of your late husband's property go to?	RESPONDENT ..... 1 OTHER WIFE ..... 2 SPOUSE'S CHILDREN..... 3 SPOUSE'S FAMILY..... 4 OTHER..... 5  (SPECIFY) NO PROPERTY ..... 6	→ 320
319	Did you receive any of your late husband's assets or valuables?	YES ..... 1 NO ..... 2	
320	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	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 INTERCOURSE .....00  AGE IN YEARS..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/WIFE/PARTNER.....95	→ 323
322	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 ..... 3	→ 352
323	CHECK 103:  15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		→ 328
324	The first time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8	
325	How old was the person you first had sexual intercourse with?	AGE OF PARTNER..... <input type="text"/> <input type="text"/> DON'T KNOW .....98	→ 328
326	Was this person older than you, younger than you, or about the same age as you?	OLDER..... 1 YOUNGER..... 2 ABOUT THE SAME AGE..... 3 DON'T KNOW/DON'T REMEMBER ..... 8	→ 328
327	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER..... 2 OLDER, UNSURE HOW MUCH..... 3	
328	When was the last time you had sexual intercourse?  RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.  IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO .....4	→ 330 → 347

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																																						
329	When was the last time you had sexual intercourse with this person?		DAYS..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS..... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS..... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																				
330	The last time you had sexual intercourse with this (second/third) person, was a condom used?	YES..... 1 NO..... 2 Q332 ←	YES..... 1 NO..... 2 Q332 ←	YES..... 1 NO..... 2 Q332 ←																																																						
331	Did you use a condom 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																																																						
332	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND/GIRLFRIEND: Were you living together as if married?  IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND/WIFE .....01 Q338 ←  LIVE-IN PARTNER.....02  BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT .....03  CASUAL ACQUAINTANCE .....04  COMMERCIAL SEX WORKER .....05  OTHER .....96  _____ (SPECIFY)	HUSBAND/WIFE.....01 Q338 ←  LIVE-IN PARTNER.....02  BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT .....03  CASUAL ACQUAINTANCE.....04  COMMERCIAL SEX WORKER .....05  OTHER .....96  _____ (SPECIFY)	HUSBAND/WIFE.....01 Q338 ←  LIVE-IN PARTNER .....02  BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT .....03  CASUAL ACQUAINTANCE.....04  COMMERCIAL SEX WORKER .....05  OTHER .....96  _____ (SPECIFY)																																																						
332A		MAN <table border="1"><tr><td></td></tr></table> WOMEN <table border="1"><tr><td></td></tr></table> Q332C ←			MAN <table border="1"><tr><td></td></tr></table> WOMEN <table border="1"><tr><td></td></tr></table> Q332C ←			MAN <table border="1"><tr><td></td></tr></table> WOMEN <table border="1"><tr><td></td></tr></table> Q332C ←																																																		
332B	Is this person female or male?	FEMALE ..... 1 MALE ..... 2	FEMALE..... 1 MALE ..... 2	FEMALE..... 1 MALE ..... 2																																																						
332C	CHECK 332:	OTHER CODES <table border="1"><tr><td></td></tr></table> CODE 2 CIRCLED <table border="1"><tr><td></td></tr></table> Q338 ←			OTHER CODES <table border="1"><tr><td></td></tr></table> CODE 2 CIRCLED <table border="1"><tr><td></td></tr></table> Q338 ←			OTHER CODES <table border="1"><tr><td></td></tr></table> CODE 2 CIRCLED <table border="1"><tr><td></td></tr></table> Q338 ←																																																		
333	For how long (have you had/did you have) a sexual relationship with this person?  IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS	DAYS ..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
334	CHECK 103:	<div style="display: flex; justify-content: space-around;"> <div> WOMAN 15-24 <input type="checkbox"/> ↓ </div> <div> MAN 15-49/ WOMAN 25-49 <input type="checkbox"/> Q338 ← </div> </div>	<div style="display: flex; justify-content: space-around;"> <div> WOMAN 15-24 <input type="checkbox"/> ↓ </div> <div> MAN 15-49/ WOMAN 25-49 <input type="checkbox"/> Q338 ← </div> </div>	<div style="display: flex; justify-content: space-around;"> <div> WOMAN 15-24 <input type="checkbox"/> ↓ </div> <div> MAN 15-49/ WOMAN 25-49 <input type="checkbox"/> Q338 ← </div> </div>
335	How old is this person?	AGE OF PARTNER..... <input type="text"/> <input type="text"/> Q338 ← DON'T KNOW .....98	AGE OF PARTNER..... <input type="text"/> <input type="text"/> Q338 ← DON'T KNOW .....98	AGE OF PARTNER..... <input type="text"/> <input type="text"/> Q338 ← DON'T KNOW .....98
336	Is this person older than you, younger than you, or about the same age?	OLDER ..... 01 YOUNGER ..... 02 SAME AGE ..... 03 DON'T KNOW ..... 04 Q338 ←	OLDER .....01 YOUNGER .....02 SAME AGE .....03 DON'T KNOW .....04 Q338 ←	OLDER ..... 01 YOUNGER ..... 02 SAME AGE ..... 03 DON'T KNOW ..... 04 Q338 ←
337	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ..... 2 OLDER, UNSURE HOW MUCH ..... 3	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ..... 2 OLDER, UNSURE HOW MUCH ..... 3	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ..... 2 OLDER, UNSURE HOW MUCH ..... 3
338	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 Q340 ←	YES ..... 1 NO ..... 2 Q340 ←	YES ..... 1 NO ..... 2 Q341 ←
339	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 Q341 ←
340	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 329 ← IN NEXT COLUMN NO ..... 2 Q341A ←	YES ..... 1 GO BACK TO 329 ← IN NEXT COLUMN NO ..... 2 Q341A ←	
341	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"/> <input type="text"/> DON'T KNOW .....98

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
341A	Some people inject drugs for use other than medicine. In the last 12 months, have any of your partners injected drugs for use other than medicine?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
342	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		→ 347
343	CHECK 332: NO PARTNERS ARE COMMERCIAL SEX WORKERS <input type="checkbox"/>	AT LEAST ONE PARTNER A COMMERCIAL SEX WORKER <input type="checkbox"/>	→ 347
344	In the last 12 months, did you pay anyone in exchange for sex?	YES ..... 1 NO ..... 2	→ 347
345	The last time you paid someone in exchange for sex, was a condom used?	YES ..... 1 NO ..... 2	→ 347
346	Did you use a condom during every sexual intercourse every time you paid someone in exchange for sex in the last 12 months?	YES ..... 1 NO ..... 2 DK ..... 8	
347	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"/> DON'T KNOW .....98	
352	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 401
353	Where is that?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE  _____ (NAME OF PLACE)  Any other place?   RECORD ALL SOURCES MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A DELIVERY HOUSE ..... B COMMUNE HEALTH CENTER ..... C VCT CENTER..... D FAMILY PLANNING CENTER ..... E MOBILE CLINIC..... F COMMUNITY HEALTH WORKER ..... G OTHER PUBLIC..... H  _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... I VCT CENTER..... J PHARMACY..... K PRIVATE DOCTOR ..... L OTHER PRIVATE MEDICAL ..... M  _____ (SPECIFY) OTHER SOURCE SHOP ..... N MARKET ..... O  BAR/HOTEL ..... P FRIENDS/RELATIVES ..... Q OTHER..... X  _____ (SPECIFY)	

## 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	→ 445
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	
407A	Can people get the AIDS virus because of injections with needles already used by someone else?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
408	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 ..... 3	→ 410

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
409	<p>What can a person do?</p> <p>Anything else?</p> <p>RECORD ALL WAYS MENTIONED</p>	<p>ABSTAIN FROM SEX ..... A</p> <p>USE CONDOMS..... B</p> <p>LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C</p> <p>LIMIT NUMBER OF SEXUAL PARTNERS ..... D</p> <p>AVOID SEX WITH PROSTITUTES..... E</p> <p>AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F</p> <p>AVOID SEX WITH HOMOSEXUALS..... G</p> <p>AVOID SEX WITH PERSONS WHO INJECT DRUGS ..... H</p> <p>AVOID BLOOD TRANSFUSIONS ..... I</p> <p>AVOID INJECTIONS..... J</p> <p>AVOID SHARING RAJORS/BLADES..... K</p> <p>AVOID KISSING..... L</p> <p>AVOID MOSQUITO BITES ..... M</p> <p>SEEK PROTECTION FROM TRADITIONAL PRACTITIONER..... N</p> <p>OTHER..... W</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER..... X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>																	
410	Is it possible for a healthy-looking person to have the AIDS virus?	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																	
411	<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 PREGNANCY.....</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 PREGNANCY.....	1	2	8	DURING DELIVERY.....	1	2	8	BREASTFEEDING.....	1	2	8	
	YES	NO	DK																
DURING PREGNANCY.....	1	2	8																
DURING DELIVERY.....	1	2	8																
BREASTFEEDING.....	1	2	8																
412	<p>CHECK 411:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 414</p>																		
413	Is there any special medication 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?	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse to make them feel better and help them to live longer?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8	
415	FEMALE <input type="checkbox"/> ↓ MALE <input type="checkbox"/> →		→ 425
416	CHECK 212 AND 213: LAST BIRTH SINCE JANUARY 2003 <input type="checkbox"/> ↓ NO BIRTHS/ LAST BIRTH BEFORE JANUARY 2003 <input type="checkbox"/> →		→ 425
417	Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	YES..... 1 NO ..... 2	→ 425
418	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER..... 1 2 8 THINGS TO DO..... 1 2 8 TESTED FOR AIDS ..... 1 2 8	
419	Were you offered a test for the AIDS virus as part of your antenatal care?	YES..... 1 NO ..... 2	
420	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES..... 1 NO ..... 2	→ 425
421	I don't want to know the results, but did you get the results of the test?	YES..... 1 NO ..... 2	→ 422
421A	After you have received your results, did the doctor or the counselor give you any advice and answer any question you have?	YES..... 1 NO ..... 2	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	<p>Where was the test done?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE.</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>VCT CENTER..... 12</p> <p>FAMILY PLANNING CENTER ..... 13</p> <p>OTHER PUBLIC..... 16</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>VCT CENTER..... 22</p> <p>PRIVATE LABORATORY ..... 23</p> <p>OTHER PRIVATE MEDICAL ..... 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER..... 96</p> <p>_____</p> <p>(SPECIFY)</p>	
423	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 426
424	When was the last time you were tested for the AIDS virus?	<p>LESS THAN 12 MONTHS AGO..... 1</p> <p>12-23 MONTHS AGO ..... 2</p> <p>2 OR MORE YEARS AGO ..... 3</p>	→ 432
425	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 430
426	When was the last time you were tested?	<p>LESS THAN 12 MONTHS AGO..... 1</p> <p>12-23 MONTHS AGO ..... 2</p> <p>2 OR MORE YEARS AGO ..... 3</p>	
427	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?	<p>ASKED FOR THE TEST ..... 1</p> <p>OFFERED AND ACCEPTED ..... 2</p> <p>REQUIRED ..... 3</p>	
428	I don't want to know the results, but did you get the results of the test?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 429
428A	After you have received your results, did the doctor or the counselor give you any advice and answer any question you have?	<p>YES ..... 1</p> <p>NO ..... 2</p>	



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
429	<p>Where was the test done?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>VCT CENTER..... 12</p> <p>FAMILY PLANNING CENTER ..... 13</p> <p>OTHER PUBLIC..... 16</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>VCT CENTER..... 22</p> <p>PRIVATE LABORATORY ..... 23</p> <p>OTHER PRIVATE MEDICAL ..... 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER..... 96</p> <p>_____</p> <p>(SPECIFY)</p>	<p>→ 432</p>
430	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 432</p>
431	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>VCT CENTER..... B</p> <p>FAMILY PLANNING CENTER ..... C</p> <p>OTHER PUBLIC..... D</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... E</p> <p>VCT CENTER..... F</p> <p>PRIVATE LABORATORY ..... G</p> <p>OTHER PRIVATE MEDICAL ..... H</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER..... X</p> <p>_____</p> <p>(SPECIFY)</p>	
432	<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>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
433	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	
434	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?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
435	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	
440	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES ..... 1 NO ..... 2	
441	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves?	AGREE..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
442	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 DON'T KNOW/NO OPINION ..... 8	
443	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
444	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
445	Do you believe that young men should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
447	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	
449	Do you believe that married man should only have sex with their wife?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
451	Do you believe that young women should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
453	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	
455	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

## SECTION 5. OTHER REPRODUCTIVE HEALTH ISSUES

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
502	<p>CHECK 401:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 40px;">Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 40px;">Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>			
503	<p>CHECK 321:</p> <p style="text-align: center;">HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 511</p>			
504	<p>CHECK 502: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS ?</p> <p>HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>NO <input type="checkbox"/> → 506</p>			
505	<p>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?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>			
506	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>MALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>FEMALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?</p> </td> </tr> </table>	<p>MALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?</p>	<p>FEMALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
<p>MALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?</p>	<p>FEMALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?</p>				
507	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Sometimes men have a sore or ulcer on or their penis. During the last 12 months, have you had an ulcer or sore on or near your penis?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer</p> </td> </tr> </table>	<p>Sometimes men have a sore or ulcer on or their penis. During the last 12 months, have you had an ulcer or sore on or near your penis?</p>	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
<p>Sometimes men have a sore or ulcer on or their penis. During the last 12 months, have you had an ulcer or sore on or near your penis?</p>	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer</p>				
508	<p>CHECK 505, 506 AND 507:</p> <p style="text-align: center;">HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 511</p>			

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	The last time you had (PROBLEM FROM 505/506/507), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 511
510	Where did you go?  Any other place?  RECORD ALL SOURCES MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A DELIVERY HOUSE ..... B COMMUNE HEALTH CENTER ..... C VCT CENTER..... D FAMILY PLANNING CENTER ..... E MOBILE CLINIC..... F COMMUNITY HEALTH WORKER ..... G OTHER PUBLIC..... H  _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... I VCT CENTER..... J PHARMACY ..... K PRIVATE DOCTOR ..... L OTHER PRIVATE MEDICAL ..... M  _____ (SPECIFY) OTHER SOURCE SHOP ..... N TRADITIONAL PRACTITIONER..... O OTHER..... X  _____ (SPECIFY)	
511	Now I would like to ask you some questions about any injections you have had in the last twelve months. Have you had an injection for any reason in the last twelve months?  IF YES: How many injections did you have?  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	→ 515

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
512	<p>Among these injections, how many were administered by a doctor, a nurse, a dentist, or any other health workers?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90 OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS..... <input type="text"/> <input type="text"/></p> <p>NONE.....00 → 515</p>	
513	The last time you had an injection given to you by a health worker, where did you go to get the injection?	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>DELIVERY HOUSE ..... 12</p> <p>COMMUNE HEALTH CENTER ..... 13</p> <p>VCT CENTER..... 14</p> <p>DENTIST..... 15</p> <p>FAMILY PLANNING CENTER ..... 16</p> <p>MOBILE CLINIC..... 17</p> <p>COMMUNITY HEALTH WORKER</p> <p>OFFICE ..... 18</p> <p>OTHER PUBLIC..... 19</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 20</p> <p>VCT CENTER..... 21</p> <p>DENTIST..... 22</p> <p>PHARMACY..... 23</p> <p>PRIVATE DOCTOR ..... 24</p> <p>NURSE/HEALTH WORKER</p> <p>PRIVATE OFFICE/HOME ..... 25</p> <p>OTHER PRIVATE MEDICAL ..... 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER PLACE</p> <p>AT HOME ..... 31</p> <p>OTHER..... 96</p> <p>_____</p> <p>(SPECIFY)</p>	
514	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
515	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
517	CHECK 301: FEMALE AND CODE 1 OR 2 <input type="checkbox"/> CIRCLED IN Q301	FEMALE AND CODE 3 <input type="checkbox"/> → 520 CIRCLED IN Q301 MALE <input type="checkbox"/> → 520	
518	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/UNSURE ..... 8	
519	Could you ask your husband/partner to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/UNSURE ..... 8	
520	RECORD THE TIME	HOUR..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
521	CHECK COVER PAGE: HAIPHONG PROVINCE <input type="checkbox"/> ↓ GO TO THE COVER PAGE, RECORD RESULT OF THE INTERVIEW THEN, GO TO Q601	OTHER PROVINCE <input type="checkbox"/> ↓ GO TO THE COVER PAGE AND RECORD RESULT OF THE INTERVIEW	

## SECTION 6. BLOOD SPOT COLLECTION

**THIS PAGE TO BE DESTROYED  
BEFORE MERGING**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK Q 103: <div style="display: flex; justify-content: space-around; align-items: center;"> <span>AGE 15-17 <input type="checkbox"/></span> <span>AGE 18-49 <input type="checkbox"/></span> </div>		→ 604
602	FIND THE PARENT OR GUARDIAN OF THE YOUTH. WRITE NAME AND LINE NUMBER OF PARENT/GUARDIAN FROM THE HOUSEHOLD QUESTIONNAIRE. (IF YOUTH LIVES INDEPENDENTLY, WRITE A NOTE TO INDICATE THIS AT BOTTOM, CIRCLE '1' (YES) IN Q. 603, AND CONTINUE TO Q. 604)	NAME _____  LINE NO <input type="text"/> <input type="text"/>	
603	<b>ASK PARENT/GUARDIAN:</b> <p>As part of this survey, we are studying HIV/AIDS among women and men age 15 to 49 years. As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to the death. We are conducting tests to measure the extent of the disease in Haiphong. The results of the survey will assist the government in developing programs for preventing HIV and AIDS.</p> <p>We request that (NAME) participate in the HIV testing part of this survey by permitting us to take a few drops of blood from her/his finger. Only disposable, sterile instruments that are clean and completely safe will be used. The blood sample will be sent to a laboratory to be analyzed. To ensure confidentiality, (NAME)'s name will not be attached to the blood sample.</p> <p>The results will be completely anonymous and for this reason we can not provide results of the test and no one will be able to trace the test back to (NAME). However, if (NAME) wants to know whether he/she has HIV, I can tell (NAME) where he/she can go to get tested.</p> <p>(NAME) can go to a Voluntary Counselling and Testing (VCT) Centre where he/she will receive free counselling and HIV test results. We will provide (NAME) with a voucher which he/she can use at the VCT Centre in the next 60 days. With the voucher, there will be no charge for this service.</p> <p><b>Do you have any questions about this?</b>  <b>Please tell me if you allow _____ to take the test?</b>            (NAME OF 15 – 17 YEAR OLD)</p>	YES.....1 NO .....2 GO TO Q.605, AND (CIRCLE '2' PARENT REFUSE)  SIGNATURE OF INTERVIEWER  <b>DO NOT FORGET            TO SIGN</b>	
604	<b>ASK RESPONDENT:</b> <p>As part of this survey, we are studying HIV/AIDS among women and men age 15 to 49 years. As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to the death. We are conducting tests to measure the extent of the disease in Haiphong. The results of the survey will assist the government in developing programs for preventing HIV and AIDS.</p> <p>We request that you participate in the HIV testing part of this survey by permitting us to take a few drops of blood from your finger. Only disposable, sterile instruments that are clean and completely safe will be used. The blood sample will be sent to a laboratory to be analyzed. To ensure confidentiality, your name will not be attached to the blood sample.</p> <p>The results will be completely anonymous and for this reason we cannot provide you with results of the test and no one will be able to trace the test back to you. However, if you want to know whether you have HIV, I can tell you where you can go to get tested.</p> <p>You can go to a Voluntary Counselling and Testing (VCT) Centre where you will receive free counselling and HIV test results. We will provide you with a voucher for yourself, and a voucher for your partner, which either of you can use at the VCT Centre in the next 60 days. With the voucher, there will be no charge for this service.</p> <p>I hope you will agree to participate in the testing. But if you decide not to have the test done, it is your right and I will respect your decision</p> <p><b>Do you have any questions about this?</b>  <b>Please tell me if you agree to participate in the HIV test?</b></p>	YES.....1 NO .....2 GO TO Q.605, AND CIRCLE '3' (RESPONDENT REFUSED)  SIGNATURE OF INTERVIEWER  <b>DO NOT FORGET            TO SIGN</b>	
605	SAMPLE RESULTS	SAMPLE TAKEN ..... 1 PARENT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 NOT PRESENT ..... 4 TECHNICAL PROBLEM ..... 5 OTHER ..... 6  _____ (SPECIFY)	→ END
606	BAR CODE LABEL PASTE 2 <sup>ND</sup> LABEL ON FILTER PAPER PASTE 3 <sup>RD</sup> LABEL ON BLOOD SAMPLE TRANSMITTAL FORM	PASTE FIRST BAR CODE LABEL HERE	



**INTERVIEWER'S OBSERVATIONS**  
(TO BE FILLED IN AFTER COMPLETING INTERVIEW)

COMMENTS ABOUT  
RESPONDENT :

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COMMENTS ON SPECIFIC  
QUESTIONS :

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ANY OTHER COMMENTS:

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**SUPERVISOR'S OBSERVATIONS**

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NAME OF SUPERVISOR:  
(SIGN AND WRITE CLEARLY  
FULLNAME)

DATE      MONTH      YEAR 200