

# CONFIDENTIAL

## NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2013 MAN'S QUESTIONNAIRE

NATIONAL POPULATION COMMISSION

National Health Research Ethics Committee  
Assigned Number NHREC/01/01/2007

IDENTIFICATION										
STATE _____								<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
LOCAL GOVT. AREA _____										
LOCALITY _____										
ENUMERATION AREA _____										
URBAN/RURAL (URBAN=1, RURAL=2) _____								<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
CLUSTER NUMBER _____										
BUILDING/STRUCTURE NUMBER _____										
HOUSEHOLD NUMBER _____								<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
NAME OF HOUSEHOLD HEAD _____								<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
NAME AND LINE NUMBER OF MAN _____										
INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>					
				MONTH	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>					
				YEAR	2	0	1	3		
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>					
RESULT*	_____	_____	_____	RESULT	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>					
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS						
TIME	_____	_____		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>						
<b>*RESULT CODES:</b> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED  2 NOT AT HOME  3 POSTPONED </div> <div> 4 REFUSED  5 PARTLY COMPLETED  6 INCAPACITATED </div> <div> 7 OTHER _____  (SPECIFY) </div> </div>										
LANGUAGE OF INTERVIEW	HAUSA 1	YORUBA 2	IGBO 3	ENGLISH 4	OTHER 6	SPECIFY _____		TRANSLATOR USED?	YES 1	NO 2
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4	6	SPECIFY _____				
SUPERVISOR			FIELD EDITOR			OFFICE EDITOR		KEYED BY		
NAME _____			NAME _____			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
DATE _____			DATE _____			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		

ENGLISH

# SECTION 1. RESPONDENT'S BACKGROUND

## INTRODUCTION AND CONSENT

### INFORMED CONSENT

Greetings. My name is \_\_\_\_\_ and I am working with National Population Commission. We are conducting a survey about health all over Nigeria. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of the research team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the following persons:

**2013 NDHS Contact Person:** Project Director; Email: amakaloveth4life@yahoo.com; Phone: 08033318224

**NHREC Contact Person:** Desk Officer, NHREC; Email: yaminads@yahoo.com; Phone: 08065479926

Do you have any questions? May I begin the interview now?

May I begin the interview now?

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

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . <input type="text"/> <input type="text"/> MINUTES . . . . . <input type="text"/> <input type="text"/>	
102	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	
103	How old were you at your last birthday?  COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES . . . . . 1 NO . . . . . 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER . . . . . 3	
106	What is the highest (class/form/year) you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS . . . . . <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105:  PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 110
108	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
109	CHECK 108:  CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 111
110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
111	Do you listen to the radio, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
113	What is your religion?	CATHOLIC ..... 1 OTHER CHRISTIAN ..... 2 ISLAM ..... 3 TRADITIONALIST ..... 4  OTHER ..... 6 (SPECIFY)	
114	What is your ethnic group?	_____ <input type="text"/> <input type="text"/> <input type="text"/>	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> NONE ..... 00	→201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES ..... 1 NO ..... 2	

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	<input type="checkbox"/> → 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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1"><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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1"><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	<input type="checkbox"/> → 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1"><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"><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"><tr><td></td><td></td></tr></table>									
212	How old were you when your (first) child was born? (AGE IN COMPLETED YEARS)	AGE IN COMPLETED YEARS <table border="1"><tr><td></td><td></td></tr></table>									
213	CHECK 203 AND 205:  AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> → 301										
214	How old is your (youngest) child? (AGE IN COMPLETED YEARS)	AGE IN COMPLETED YEARS <table border="1"><tr><td></td><td></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-2 YEARS 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	221
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	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL ..... 1 ABOUT THE SAME ..... 2 LESS THAN USUAL ..... 3 NOTHING TO DRINK ..... 4 DON'T KNOW ..... 8	

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?		
01	<b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	<b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	<b>IUD.</b> PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
04	<b>Injectables.</b> PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	<b>Implants.</b> PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
06	<b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	<b>Condom.</b> PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	<b>Female Condom.</b> PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	<b>Diaphragm:</b> Women can place a thin flexible disk in their vagina before intercourse.	YES ..... 1 NO ..... 2	
10	<b>Foam or Jelly:</b> Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES ..... 1 NO ..... 2	
11	<b>Standard Days Method.</b> PROBE: A Woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, they uses a condom or does not have sexual intercourse.	YES ..... 1 NO ..... 2	
12	<b>Lactational Amenorrhea Method (LAM).</b>	YES ..... 1 NO ..... 2	
13	<b>Rhythm Method.</b> PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES ..... 1 NO ..... 2	
14	<b>Withdrawal.</b> PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	
15	<b>Emergency Contraception.</b> PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2	
16	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a poster? Read about family planning in leaflets and brochures? Heard about family planning from town crier? Heard about family planning from mobile public announcement?	<table> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <td>RADIO .....</td><td>1</td><td>2</td></tr> <tr> <td>TELEVISION .....</td><td>1</td><td>2</td></tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td><td>1</td><td>2</td></tr> <tr> <td>POSTER .....</td><td>1</td><td>2</td></tr> <tr> <td>LEAFLETS OR BROCHURES ...</td><td>1</td><td>2</td></tr> <tr> <td>TOWN CRIER .....</td><td>1</td><td>2</td></tr> <tr> <td>MOBILE PUBLIC ANNOUNCEMENT</td><td>1</td><td>2</td></tr> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE ...	1	2	POSTER .....	1	2	LEAFLETS OR BROCHURES ...	1	2	TOWN CRIER .....	1	2	MOBILE PUBLIC ANNOUNCEMENT	1	2	
	YES	NO																									
RADIO .....	1	2																									
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LEAFLETS OR BROCHURES ...	1	2																									
TOWN CRIER .....	1	2																									
MOBILE PUBLIC ANNOUNCEMENT	1	2																									
302A	CHECK 302: AT LEAST ONE "YES" <input type="checkbox"/> (HAS HEARD OR READ MESSAGE) NOT A SINGLE "YES" <input type="checkbox"/> (HAS <b>NOT</b> HEARD OR READ MESSAGE)		→ 303																								
302B	Please tell me which family planning messages you have heard or seen in the past few months?  PROBE: Any others?  PROBE UNTIL YOU HAVE EXHAUSTED ALL ANSWERS.	AS FOR ME AND MY PARTNER WE "DEY KAMPE" WITH FEMALE CONDOM. .... A  UNSPACED CHILDREN MAKES THE GOING TOUGH. FOR THE LOVE OF YOUR FAMILY, GO FOR CHILD SPACING TODAY. .... B  WELL-SPACED CHILDREN ARE EVERY PARENT'S JOY. .... C  IT'S NOT TOO LATE TO PREVENT UNWANTED PREGNANCY..... D  WHY IS YOUR WIFE LOOKING SO GOOD? ..... E  OTHER ..... X (SPECIFY)																									
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES ..... 1 NO ..... 2																									
304	Now I would like to ask you about a woman's risk of pregnancy.  From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 306																								
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8																									
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.  a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<table> <tr> <th></th><th>DIS- AGREE</th><th>AGREE</th><th>DK</th></tr> <tr> <td>CONTRACEPTION</td><td></td><td></td><td></td></tr> <tr> <td>WOMAN'S BUSINESS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WOMEN MAY BECOME</td><td></td><td></td><td></td></tr> <tr> <td>PROMISCUOUS</td><td>1</td><td>2</td><td>8</td></tr> </table>		DIS- AGREE	AGREE	DK	CONTRACEPTION				WOMAN'S BUSINESS	1	2	8	WOMEN MAY BECOME				PROMISCUOUS	1	2	8					
	DIS- AGREE	AGREE	DK																								
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WOMEN MAY BECOME																											
PROMISCUOUS	1	2	8																								
307	CHECK 301 (07): KNOWS MALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 311																								
308	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 311																								

309	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>CHEMIST/PMS ..... I</p> <p>PRIVATE DOCTOR ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>FIELDWORKER ..... L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... N</p> <p>CHURCH ..... O</p> <p>FRIENDS/RELATIVES ..... P</p> <p>NGO ..... Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
310	If you wanted to, could you yourself get a condom?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
311	<p>CHECK 301 (08): KNOWS FEMALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → 401</p>		
312	Do you know of a place where a person can get female condoms?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 401
313	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>CHEMIST/PMS ..... I</p> <p>PRIVATE DOCTOR ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>FIELDWORKER ..... L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... N</p> <p>CHURCH ..... O</p> <p>FRIEND/RELATIVE ..... P</p> <p>NGO ..... Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
314	If you wanted to, could you yourself get a female condom?	<p>YES ..... 1</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	<input type="checkbox"/> → 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	<input type="checkbox"/> → 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 410
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) ..... 1 NO (ONLY ONE) ..... 2	<input type="checkbox"/> → 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>	
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NAME</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 15%;"> <p>LINE NUMBER</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> </div> <div style="width: 40%;"> <p>408</p> <p>How old was (NAME) on her last birthday?</p> <p>AGE</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> </div> </div>	
408	ASK 408 FOR EACH PERSON.		
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> </div> </div>		<input type="checkbox"/> → 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	<input type="checkbox"/> → 411A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH ..... <input type="text"/> <input type="text"/>	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	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"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask 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	→ 501
415	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.		
416	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 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		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"/>	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"/>
418	The last time you had sexual intercourse (with this second/third person), was a condom used? (2)	YES ..... 1 NO ..... 2 (SKIP TO 420) ←	YES ..... 1 NO ..... 2 (SKIP TO 420) ←	YES ..... 1 NO ..... 2 (SKIP TO 420) ←
419	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
420	What was your relationship to this 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 LIVE-IN PARTNER ..... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←	WIFE ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←	WIFE ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY <input type="checkbox"/> ↓ MARRIED MORE THAN ONCE OR BLANK <input type="checkbox"/> (SKIP TO 423) ←	MARRIED ONLY <input type="checkbox"/> ↓ MARRIED MORE THAN ONCE OR BLANK <input type="checkbox"/> (SKIP TO 423) ←	MARRIED ONLY <input type="checkbox"/> ↓ MARRIED MORE THAN ONCE OR BLANK <input type="checkbox"/> (SKIP TO 423) ←
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> (SKIP TO 424) OTHER <input type="checkbox"/> ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> (SKIP TO 424) OTHER <input type="checkbox"/> ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> (SKIP TO 424) OTHER <input type="checkbox"/> ↓
423	How long ago did you first have sexual intercourse with this (second/third) person?	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"/>	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"/>	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"/>
424	How many times during the last 12 months did you have sexual intercourse with this person?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW ... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW ... 98
426	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 417 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 428) ←	YES ..... 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 428) ←	
427	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 95 OR MORE, 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
428	CHECK 420 (ALL COLUMNS):  AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/> NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>		→ 430
429	CHECK 420 AND 418 (ALL COLUMNS):  CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 433 → 434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 434
433	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 DON'T KNOW ..... 8	
434	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 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN):  NOT ASKED <input type="checkbox"/> CONDOM USED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>		→ 438 → 438
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time?     IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	<b>MALE CONDOMS</b> GOLD CIRCLE ..... 01 DUREX ..... 02 RUGH RIDER ..... 03 TWIN LOTUS ..... 04 <b>FEMALE CONDOM</b> FEMIDON ..... 05  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>FIELDWORKER ..... 15</p> <p>OTHER PUBLIC SECTOR ..... 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>PHARMACY ..... 22</p> <p>CHEMIST/PMS ..... 23</p> <p>PRIVATE DOCTOR ..... 24</p> <p>MOBILE CLINIC ..... 25</p> <p>FIELDWORKER ..... 27</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 31</p> <p>CHURCH ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>NGO ..... 34</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
438	<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>
439	<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>MALE STERILIZATION ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>PILL ..... F</p> <p>FEMALE CONDOM ..... G</p> <p>DIAPHRAGM ..... H</p> <p>FOAM/JELLY ..... I</p> <p>LAM ..... J</p> <p>RHYTHM METHOD ..... K</p> <p>WITHDRAWAL ..... L</p> <p>OTHER MODERN METHOD ..... X</p> <p>OTHER TRADITIONAL METHOD ..... Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW ..... 8	→ 506 → 509
505	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?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS COUPLE CAN'T GET PREGNANT ..... 3 WIFE (WIVES)/PARTNER(S) STERILIZED ..... 4 UNDECIDED/DON'T KNOW ..... 8	→ 509
506	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE/PARTNER PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?      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 YEARS ..... 2 SOON/NOW ..... 993 COUPLE INFECOND ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 HE/ALL HIS WIVES/PARTNERS ARE INFECOND ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>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?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	



**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	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>	
605	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	
606	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	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 OTHER ..... 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 (SPECIFY)	
611	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																									
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																									
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>GOES OUT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NEGL. CHILDREN ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARGUES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES SEX .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BURNS FOOD .....</td><td>1</td><td>2</td><td>8</td></tr> </table>		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	
	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																								

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	→ 723
702	Can people reduce their chance 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 with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
706	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<div style="text-align: right; margin-bottom: 5px;">YES    NO    DK</div> DURING PREG. .... 1    2    8 DURING DELIVERY ... 1    2    8 BREASTFEEDING ... 1    2    8	
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES'    ↓  OTHER <input type="checkbox"/> _____		→ 711
710	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	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	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	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/>  TWO OR MORE YEARS ..... 95	
714	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
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>STAND-ALONE VCT CENTER ... 13</p> <p>FAMILY PLANNING CLINIC ..... 14</p> <p>MOBILE CLINIC ..... 15</p> <p>FIELDWORKER ..... 16</p> <p>SCHOOL BASED CLINIC ..... 17</p> <p>OTHER PUBLIC SECTOR ..... 18</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... 21</p> <p>STAND-ALONE VCT CENTER ... 22</p> <p>PHARMACY ..... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>FIELDWORKER ..... 25</p> <p>SCHOOL BASED CLINIC ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME ..... 31</p> <p>CORRECTIONAL FACILITY ..... 32</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 718</p>
716	<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>→ 718</p>
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>MOBILE CLINIC ..... E</p> <p>FIELDWORKER ..... F</p> <p>OTHER PUBLIC SECTOR ..... G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... H</p> <p>STAND-ALONE VCT CENTER ... I</p> <p>PHARMACY ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>FIELDWORKER ..... L</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... M</p> <p>(SPECIFY)</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
718	<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
719	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	
720	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	
721	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	
721A	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 3	→ 721F
721B	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
721C	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
721D	CHECK 721A, 721B, AND 721C: NOT A SINGLE <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 721F
721E	Do you personally know someone who has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
721F	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	
721G	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	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
723	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 727

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	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	
727	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	
728	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	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 732
731	Where did you go?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER .... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E FIELDWORKER ..... F OTHER PUBLIC SECTOR ..... G (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H STAND-ALONE VCT CENTER .... I PHARMACY ..... J CHEMIST/PMS STORE ..... K MOBILE CLINIC ..... L FIELDWORKER ..... M OTHER PRIVATE MEDICAL SECTOR ..... N (SPECIFY)  OTHER SOURCE SHOP ..... O OTHER ..... X (SPECIFY)	
732	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	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>  DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW ..... 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND ..... 1 HEALTH WORKER/PROFESSIONAL 2 OTHER ..... 3 DON'T KNOW ..... 8	
804	Where was it done?	HEALTH FACILITY ..... 1 HOME OF A HEALTH WORKER/ PROFESSIONAL ..... 2 CIRCUMCISION DONE AT HOME ... 3 RITUAL SITE ..... 4 OTHER HOME/PLACE ..... 5 DON'T KNOW ..... 8	
805	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 90 OR MORE, 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	→ 808
806	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 90 OR MORE, 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	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
808	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>	
810	Do you currently smoke or use any (other) type of tobacco?	YES ..... 1 NO ..... 2	→ 812
811	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C  OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 901
813	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B SOCIAL SECURITY ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER ..... X (SPECIFY)	



SECTION 9. FEMALE GENITAL CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of female circumcision, that is, a practice in which a girl may have part of her genitals cut, for example, excision of the clitoris and the labia minora, scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts) and even use of corrosive substances or herbs into vagina to tighten or narrow it or to cause bleeding. . Have you ever heard about this practice?	YES ..... 1 NO ..... 2	→ 1001
902	Do you believe that this practice is required by your religion?	YES ..... 1 NO ..... 2 NO RELIGION ..... 3 DON'T KNOW ..... 8	
903	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED ..... 1 STOPPED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	

**SECTION 10. MATERNAL AND ADULT MORTALITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP			
1001	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.  How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>					
1002	CHECK 1001:  TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>			1014			
1003	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>					
1004	What was the name given to your oldest (next oldest) brother or sister?	(1) <input type="text"/>	(2) <input type="text"/>	(3) <input type="text"/>	(4) <input type="text"/>	(5) <input type="text"/>	(6) <input type="text"/>
1005	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1006	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1008) <input type="checkbox"/> DK ... 8 (GO TO (2)) <input type="checkbox"/>	YES ... 1 NO ... 2 (GO TO 1008) <input type="checkbox"/> DK ... 8 (GO TO (3)) <input type="checkbox"/>	YES ... 1 NO ... 2 (GO TO 1008) <input type="checkbox"/> DK ... 8 (GO TO (4)) <input type="checkbox"/>	YES ... 1 NO ... 2 (GO TO 1008) <input type="checkbox"/> DK ... 8 (GO TO (5)) <input type="checkbox"/>	YES ... 1 NO ... 2 (GO TO 1008) <input type="checkbox"/> DK ... 8 (GO TO (6)) <input type="checkbox"/>	YES ... 1 NO ... 2 (GO TO 1008) <input type="checkbox"/> DK ... 8 (GO TO (7)) <input type="checkbox"/>
1007	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)
1008	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1009	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1010	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2 DK ... 8	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2 DK ... 8	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2 DK ... 8	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2 DK ... 8	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2 DK ... 8	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2 DK ... 8
1011	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2	YES ... 1 (GO TO 1013) <input type="checkbox"/> NO ... 2
1012	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1013	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1014.							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1004	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
1005	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1006	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1008) ← DK ... 8 (GO TO (8)) ←	YES ... 1 NO ... 2 (GO TO 1008) ← DK ... 8 (GO TO (9)) ←	YES ... 1 NO ... 2 (GO TO 1008) ← DK ... 8 (GO TO (10)) ←	YES ... 1 NO ... 2 (GO TO 1008) ← DK ... 8 (GO TO (11)) ←	YES ... 1 NO ... 2 (GO TO 1008) ← DK ... 8 (GO TO (12)) ←	YES ... 1 NO ... 2 (GO TO 1008) ← DK ... 8 (GO TO (13)) ←	
1007	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)	
1008	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1009	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
1010	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	
1011	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	YES ... 1 (GO TO 1013) ← NO ... 2	
1012	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1013	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1014.								
TICK HERE IF CONTINUATION SHEET USED ..... <input type="checkbox"/>								
1014	RECORD THE TIME.	HOURS ..... <input type="text"/> <input type="text"/>					MINUTES ..... <input type="text"/> <input type="text"/>	

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: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_