

2013 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE
WITH HIV/AIDS

MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION	
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER PROVINCE RURAL/URBAN (RURAL = 1, URBAN = 2) LUSAKA = 1/ OTHER CITY = 2/TOWN = 3/VILLAGE = 4 NAME AND LINE NUMBER OF MAN _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 100%; height: 100%; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div> </div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> INT. NUMBER <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> RESULT <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				
**LANGUAGE OF QUESTIONNAIRE: <div style="border: 1px solid black; padding: 2px 10px;">01</div> LANGUAGE OF INTERVIEW: <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> NATIVE LANGUAGE OF RESPONDENT <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>				TRANSLATOR USED (YES = 1, NO = 2) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
**LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 09 OTHER 02 BEMBA 04 LOZI 06 LUVALE 08 TONGA				
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	KEYED BY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

SECTION 1. RESPONDENT'S BACKGROUND

Introduction and Consent

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Central Statistical Office (CSO). We are conducting a survey about health all over Zambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey 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 person listed on the card that has already been given to your household.

Do you have any questions? 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 grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	

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 almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
111	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
112	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
113	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 OTHER 6 (SPECIFY)	
114	What tribe do you belong to?	_____ <input type="text"/>	
114A	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	→ 115
114B	Just before you moved here, did you live in Lusaka, another city, in a town, or in a village?	LUSAKA 1 OTHER CITY 2 TOWN 3 VILLAGE 4	
115	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 201
116	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	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	How old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
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 8	<input type="checkbox"/> → 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 DON'T KNOW 6 OTHER 8	<input type="checkbox"/> → 220
219A	Why didn't (NAME)'s mother deliver in a health facility? PROBE: Any other reason?	COST TOO MUCH A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORTATION ... C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY E I/FAMILY DID NOT ALLOW ... F SHORT LABOUR G NOT NECESSARY H NOT CUSTOMARY I OTHER _____ X (SPECIFY)	
220	When a child has diarrhoea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything 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	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Have you ever heard of (METHOD)?</p>		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. 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	Implants. 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	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Standard Days Method (Cycle Beads): A woman uses string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse	YES 1 NO 2	
10	LACTATIONAL AMENORRHEA METHOD (LAM).	YES 1 NO 2	
11	Rhythm Method. PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Emergency Contraception. 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	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 <hr/> <p align="center">(SPECIFY)</p> <hr/> <p align="center">(SPECIFY)</p> <hr/> 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?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE . 1 2	
303	In the last few months, have you discussed the practice of 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 if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 305A
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	
305A	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 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 women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN 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 male condoms?	YES 1 NO 2	→ 311
309	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER/POST ... B MOBILE HOSPITAL/CLINIC C FAMILY PLANNING CLINIC D COMMUNITY BASED AGENT/FIELDWORKER E OTHER PUBLIC SECTOR F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G MISSION HOSPITAL/CLINIC H PHARMACY I PRIVATE DOCTOR J COMMUNITY BASED AGENT/FIELDWORKER K MOBILE HOSPITAL/CLINIC L OTHER PRIVATE MEDICAL SECTOR M (SPECIFY) OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	If you wanted to, could you yourself get a male condom?	YES 1 NO 2	
311	CHECK 301 (08) KNOWS FEMALE CONDOM <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		→ 401
312	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 401
313	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER/POST ... B MOBILE HOSPITAL/CLINIC C FAMILY PLANNING CLINIC D COMMUNITY BASED AGENT/FIELDWORKER E OTHER PUBLIC SECTOR F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G MISSION HOSPITAL/CLINIC H PHARMACY I PRIVATE DOCTOR J COMMUNITY BASED AGENT/FIELDWORKER K MOBILE HOSPITAL/CLINIC L OTHER PRIVATE MEDICAL SECTOR M (SPECIFY) OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P OTHER X (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

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	→ 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 more than one wife or woman you live with as if married?	YES 1 NO 2	→ 407
406	Altogether, how many wives do you have or other partners do you live with as if married?	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> <p>ASK 408 FOR EACH PERSON.</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>NAME</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <p>LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> </div> <div> <p>408 How old was (NAME) on her last birthday?</p> <p>AGE</p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> </div> </div>	
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>		→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A
411	In what month and year did you start living with your wife/partner?	<p>MONTH <input type="text"/><input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 413
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
412	How old were you when you first started living with her?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.				
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some family life issue. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95			→ 414C → 414C
414A	CHECK 103: 15-24 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> YEARS OLD ↓ 25-59 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> YEARS OLD				→ 501
414B	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→ 501		
414C	CHECK 103: 15-24 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> YEARS OLD ↓ 25-59 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> YEARS OLD				→ 415
414D	The <u>first</u> time you had sexual intercourse, was a female or male condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER . 8			
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 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table>							DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table>																		
418	The last time you had sexual intercourse with this (second/third) person, was a female or male condom used?	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 '02' IF NO, CIRCLE '03'	WIFE 1 LIVE-IN PARTNER 2 LINE NUMBER OF <table border="1"><tr><td></td><td></td></tr></table> WIFE/ PARTNER GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←			WIFE 1 LIVE-IN PARTNER 2 LINE NUMBER OF <table border="1"><tr><td></td><td></td></tr></table> WIFE/ PARTNER GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←			WIFE 1 LIVE-IN PARTNER 2 LINE NUMBER OF <table border="1"><tr><td></td><td></td></tr></table> WIFE/ PARTNER GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←																				
421	CHECK 410:	MARRIED ONLY ONCE <table border="1"><tr><td></td></tr></table> ↓ MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ← <table border="1"><tr><td></td></tr></table>			MARRIED ONLY ONCE <table border="1"><tr><td></td></tr></table> ↓ MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ← <table border="1"><tr><td></td></tr></table>			MARRIED ONLY ONCE <table border="1"><tr><td></td></tr></table> ↓ MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ← <table border="1"><tr><td></td></tr></table>																				
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <table border="1"><tr><td></td></tr></table> (SKIP TO 423A) ↓ OTHER <table border="1"><tr><td></td></tr></table>			FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <table border="1"><tr><td></td></tr></table> (SKIP TO 423A) ↓ OTHER <table border="1"><tr><td></td></tr></table>			FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <table border="1"><tr><td></td></tr></table> (SKIP TO 423A) ↓ OTHER <table border="1"><tr><td></td></tr></table>																				
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr></table>								

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
423A	The last time you had sexual intercourse with this (second/third) person did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←
423B	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
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"/>
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 A SEX WORKER <input type="checkbox"/> ↓	NO PARTNERS ARE SEX WORKERS <input type="checkbox"/>	→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED WITH EVERY SEX WORKER <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 female or male 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 DK 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 brand name of the female or male condoms did you use? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	MAXIMUM CLASSIC 01 MAXIMUM SCENTED 02 ROUGH RIDER 03 DUREX 04 CARE FEMALE CONDOM 05 FEMIDOM 06 REALITY 07 PUBLIC SECTOR: UNBRANDED (WHITE COLOUR FOIL) 08 OTHER SPECIFY 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the female or male condom the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</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/POST . 12</p> <p>MOBILE HOSPITAL/CLINIC 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 15</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 25</p> <p>MOBILE HOSPITAL/CLINIC 26</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</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><input type="checkbox"/> → 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you 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>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>STANDARD DAYS K</p> <p>LAM L</p> <p>RHYTHM METHOD M</p> <p>WITHDRAWAL N</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 <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 INFECUND 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 INFECUND 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="border: 1px solid black; width: 150px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 30px;"></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 <input type="checkbox"/> NOT LIVING WITH A PARTNER		→ 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
611A	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 SPECIFY	
611B	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 SPECIFY	
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?	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 chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
705A	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
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	
707A	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 OTHER 6 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"/> OTHER <input type="checkbox"/>		→ 710A
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	
710A	Have you heard about antiretroviral drugs (ARVs) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8	→ 711
710B	Do you know anyone on antiretroviral therapy (ART) treatment?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
713A	For your most recent test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER/POST . 12 STAND-ALONE VCT CENTRE ... 13 FAMILY PLANNING CLINIC 14 MOBILE HOSPITAL/CLINIC 15 COMMUNITY BASED AGENT/FIELDWORKER 16 OTHER PUBLIC SECTOR 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 MISSION HOSPITAL/CLINIC ... 22 STAND-ALONE VCT CENTRE ... 23 MOBILE HOSPITAL/CLINIC 24 COMMUNITY BASED AGENT/FIELDWORKER 25 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) OTHER SOURCE PRISON 31 OTHER 96 (SPECIFY)	→ 718
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 718

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</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>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST B</p> <p>STAND-ALONE VCT CENTRE C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE HOSPITAL/CLINIC E</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER F</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>STAND-ALONE VCT CENTRE J</p> <p>MOBILE HOSPITAL/CLINIC K</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PRISON N</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>	
719	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
720	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
721	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
721A	<p>Do you personally know someone who has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	
721B	<p>Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW 8</p>	
722	<p>Should children age 12-14 be taught about using a condom to avoid getting the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
722A	<p>Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722B	Some individuals would choose not to go for HIV testing. Why in your opinion is this so? (CIRCLE ALL THAT ARE MENTIONED) (MORE THAN ONE ANSWER IS POSSIBLE)	FEEL THEY ARE NOT AT RISK ... A FEAR OF RESULTS B FEAR OF STIGMA/DISCRIMINATION .C DON'T KNOW WHERE TO GO ... D OTHER _____ X (SPECIFY)	
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		
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</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>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST B</p> <p>STAND-ALONE VCT CENTRE C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE HOSPITAL/CLINIC E</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER F</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>STAND-ALONE VCT CENTRE J</p> <p>MOBILE HOSPITAL/CLINIC K</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
732	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
732A	<p>Husband and wives do not always agree in everything.</p> <p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
733	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women other than his wife/wives?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
733A	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

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	→ 805
802	How old were you when you got circumcised?	AGE CIRCUMCISED <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) ... 95 DON'T KNOW 98	
802A	Why were you circumcised?	TRADITIONAL CUSTOM A TREATMENT FOR DISEASE B HYGIENE C PREVENTION FROM A DISEASE ... D INCREASE SEXUAL PLEASURE E OTHER X (SPECIFY) DON'T KNOW Z	
803	Who performed your circumcision?	HEALTH PROFESSIONAL DOCTOR 11 TRAINED NURSE/MIDWIFE 12 OTHER HEALTH PROFESSIONAL 16 (SPECIFY) TRADITIONAL TRADITIONAL CIRCUMCISOR ... 21 OTHER TRADITIONAL 26 (SPECIFY) OTHER 36	
804	Where was it performed?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/ PROFESSIONAL 2 CIRCUMCISION DONE AT HOME ... 3 RITUAL SITE 4 OTHER HOME/PLACE 5 OTHER 6 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806A	<p>The last time you had an injection given to you by a trained health worker where did you go to get the injection?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</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/POST ... 12</p> <p>MOBILE HOSPITAL/CLINIC 13</p> <p>OTHER PUBLIC SECTOR 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>DENTAL CLINIC/OFFICE 23</p> <p>MOBILE HOSPITAL/CLINIC 24</p> <p>PHARMACY 25</p> <p>OFFICE OR HOME OF NURSE/ HEALTH WORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>AT HOME 31</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
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?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
808	Do you currently smoke cigarettes?	<p>YES 1</p> <p>NO 2</p>	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>	
810	Do you currently smoke or use any other type of tobacco?	<p>YES 1</p> <p>NO 2</p>	→ 811A
811	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
811A	Do you drink alcohol?	<p>YES 1</p> <p>NO 2</p>	→ 811C
811B	In the last one week how many days did you drink alcohol?	<p>NUMBER OF DAYS <input type="text"/></p>	
811C	Have you ever heard of an illness called tuberculosis or TB?	<p>YES 1</p> <p>NO 2</p>	→ 812
811D	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN</p> <p>COUGHING OR SNEEZING A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON WITH TB C</p> <p>THROUGH FOOD D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811E	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
811F	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW 8	
811G	If a member of your family got tuberculosis, would you care for them?	YES 1 NO 2 DON'T KNOW/DEPENDS 8	
812	Are you covered by any health (insurance/scheme)?	YES 1 NO 2	→ 813A
813	What type of health (insurance/scheme)? 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 LOW COST PRE-PAYMENT SCHEME/STANDARD E HIGH COST PRE-PAYMENT SCHEME/PREMIUM F OTHER X (SPECIFY)	
813A	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 OTHER <input type="checkbox"/>		→ 813C
813B	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8	
813C	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 901
813D	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP			
901	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"/>					
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>			→ 914			
903	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>					
904	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
905	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
906	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (7)
907	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)
908	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"/>
909	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)
910	Was (NAME) pregnant when she died?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2
911	Did (NAME) die during childbirth?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2
912	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
913	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 914.							

904	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
905	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
906	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (13)
907	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)
908	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"/>
909	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)
910	Was (NAME) pregnant when she died?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2
911	Did (NAME) die during childbirth?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2
912	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
913	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 914.							
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>							
914	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:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____