

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2014-15
MAN'S QUESTIONNAIRE

MINECOFIN

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION				
PROVINCE: _____ DISTRICT: _____ SECTOR: _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER 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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD STRUCTURE 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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME AND LINE NUMBER OF MAN _____				
CHECK COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MALE DOMESTIC VIOLENCE MODULE				YES = 1 <input style="width: 30px; height: 20px;" type="text"/> NO = 2 <input style="width: 30px; height: 20px;" type="text"/>
CHECK Q. 141m IN HOUSEHOLD QUESTIONNAIRE: IS THIS MAN SELECTED FOR MALE DOMESTIC VIOLENCE MODULE ?				YES = 1 <input style="width: 30px; height: 20px;" type="text"/> NO = 2 <input style="width: 30px; height: 20px;" type="text"/>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; vertical-align: middle;"> <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>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: inline-block; vertical-align: middle;"> <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>
RESULT*	_____	_____	_____	YEAR <div style="display: inline-block; vertical-align: middle;"> <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>
NEXT VISIT: DATE	_____	_____		INT. NUMBER <div style="display: inline-block; vertical-align: middle;"> <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>
TIME	_____	_____		RESULT <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>
TOTAL NUMBER OF VISITS <input style="width: 30px; height: 20px;" type="text"/>				
*RESULT CODES: <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>				
LANGUAGE OF INTERVIEW: KINYARWANDA 1 OTHER _____ 6 <div style="text-align: center;">SPECIFY</div>			TRANSLATOR USED? YES 1 NO 2	
SUPERVISOR NAME _____	FIELD EDITOR NAME _____		OFFICE EDITOR <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	KEYED BY <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the National Institute of Statistics of Rwanda. We are conducting a survey about health all over Rwanda.. 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 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> MINUTES <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
102	In what month and year were you born?	MONTH <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW MONTH 98 YEAR <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> 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 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
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 POST-PRIMARY/VOCATIONAL 2 SECONDARY 3 TERTIARY 4 PRE-PRIMARY 6	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY OR LESS <input type="checkbox"/> POST-PRIMARY/VOCATIONAL 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' CIRCLED <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 PROTESTANT 2 ADVENTIST 3 MUSLIM 4 TRADITIONAL 5 OTHER 6 SPECIFY NO RELIGION 7	
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" 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>									
205C	Where do your sons or daughters who do not live with you live?	BOARDING SCHOOL A RELATIVE B IN THE STREET C WORK D SPECIFY MARRIED E OTHER X (SPECIFY) DON'T KNOW Z									
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>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	CHECK 203 AND 205: <div> <div>AT LEAST ONE LIVING CHILD <input type="checkbox"/></div> <div>NO LIVING CHILDREN <input type="checkbox"/></div> </div>		→ 301
214	How old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD <div>_____</div> <div>(NAME OF (YOUNGEST) CHILD)</div>		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 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	
220	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	<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/Jadelle. 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	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	Lactational Amenorrhea Method (LAM)	YES 1 NO 2	
10	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	
11	Standard Days Methods (SDM). PROBE: The woman know days of the month when she can get pregnant by using beads or calendar	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? <div style="text-align: center;"> _____ (SPECIFY) _____ (SPECIFY) </div>	YES 1 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 brochure/pamphlet?	<table> <tr> <td></td><td>YES</td><td>NO</td></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>BROCHURE OR PAMPHLET</td><td>1</td><td>2</td></tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	BROCHURE OR PAMPHLET	1	2																																		
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303	In the last few months, have you discussed family planning with a health worker or health professional?	<table> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																																													
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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?	<table> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 306																																										
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305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td><td>1</td></tr> <tr> <td>DURING HER PERIOD</td><td>2</td></tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td><td>3</td></tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td><td>4</td></tr> <tr> <td>OTHER</td><td>6</td></tr> <tr> <td colspan="2">(SPECIFY)</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </table>	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																																			
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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> <td></td><td>DIS- AGREE</td><td>AGREE</td><td>DK</td></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 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																																	
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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?	<table> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 311																																												
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309	Where is that? 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))	<table> <tr> <td colspan="2">PUBLIC/AGREE SECTOR</td></tr> <tr> <td>REFERRAL HOSPITAL</td><td>A</td></tr> <tr> <td>PROVINCIAL/DISTRICT HOSPITAL</td><td>B</td></tr> <tr> <td>HEALTH CENTER</td><td>C</td></tr> <tr> <td>HEALTH POST</td><td>D</td></tr> <tr> <td>OUTREACH</td><td>E</td></tr> <tr> <td>COMMUNITY HEALTH WORKER</td><td>F</td></tr> <tr> <td>OTHER PUBLIC HEALTH FACILITY</td><td>G</td></tr> <tr> <td colspan="2">(SPECIFY)</td></tr> <tr> <td colspan="2">PRIVATE MEDICAL SECTOR</td></tr> <tr> <td>POLYCLINIC</td><td>H</td></tr> <tr> <td>CLINIC</td><td>I</td></tr> <tr> <td>DISPENSARY</td><td>J</td></tr> <tr> <td>PHARMACY</td><td>K</td></tr> <tr> <td>FAMILY PLANNING CLINIC</td><td>L</td></tr> <tr> <td>OTHER PRIVATE HEALTH FACILITY</td><td>M</td></tr> <tr> <td colspan="2">(SPECIFY)</td></tr> <tr> <td colspan="2">OTHER SOURCES</td></tr> <tr> <td>KIOSK/SHOP/BAR</td><td>N</td></tr> <tr> <td>TRADITIONAL HEALER</td><td>O</td></tr> <tr> <td>FRIEND/RELATIVE</td><td>P</td></tr> <tr> <td>YOUTH CENTER</td><td>Q</td></tr> <tr> <td>OTHER</td><td>X</td></tr> <tr> <td colspan="2">(SPECIFY)</td></tr> </table>	PUBLIC/AGREE SECTOR		REFERRAL HOSPITAL	A	PROVINCIAL/DISTRICT HOSPITAL	B	HEALTH CENTER	C	HEALTH POST	D	OUTREACH	E	COMMUNITY HEALTH WORKER	F	OTHER PUBLIC HEALTH FACILITY	G	(SPECIFY)		PRIVATE MEDICAL SECTOR		POLYCLINIC	H	CLINIC	I	DISPENSARY	J	PHARMACY	K	FAMILY PLANNING CLINIC	L	OTHER PRIVATE HEALTH FACILITY	M	(SPECIFY)		OTHER SOURCES		KIOSK/SHOP/BAR	N	TRADITIONAL HEALER	O	FRIEND/RELATIVE	P	YOUTH CENTER	Q	OTHER	X	(SPECIFY)		
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310	If you wanted to, could you yourself get a condom?	YES 1 NO 2	
311	CHECK 301 (08) KNOWS FEMALE CONDOM: YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 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 EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY M (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q 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 other wives or do you live with other women as if married?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	→ 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-between;"> <div style="width: 45%;"> <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="width: 45%;"> <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: 30%;">NAME</div> <div style="width: 20%;">LINE NUMBER</div> <div style="width: 20%;">AGE</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> </div>	<p>408 How old was (NAME) on her last birthday?</p>	
408	ASK 408 FOR EACH PERSON.			
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> </div> <div style="width: 45%;"> <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	

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 <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"/>	→ 417 → 434

		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?	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 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER ... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER ... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE <input type="text"/> ↓ MARRIED MORE THAN ONCE <input type="text"/> OR 410 NOT FILLED (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="text"/> ↓ MARRIED MORE THAN ONCE <input type="text"/> OR 410 NOT FILLED (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="text"/> ↓ MARRIED MORE THAN ONCE <input type="text"/> OR 410 NOT FILLED (SKIP TO 423) ←
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) ↓ OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) ↓ OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) ↓ OTHER <input type="text"/>
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 <u>last 12 months</u> 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"/>
424A	How many times during the <u>last month</u> did you have sexual intercourse with this person?	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 <u>last 12 months</u> ? 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
427A	In total, with how many different people have you had sexual intercourse in the <u>last month</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST MONTH ... <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 PROSTITUTE <input type="checkbox"/> ↓ NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	<input type="checkbox"/> → 430	
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> OTHER <input type="checkbox"/>	<input type="checkbox"/> → 433 <input type="checkbox"/> → 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"/>	<input type="checkbox"/> → 438 <input type="checkbox"/> → 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.	PRUDENCE PLUS 01 PLEASURE 02 GENERIC CONDOM 03 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/AGREE SECTOR</p> <p>REFERRAL HOSPITAL 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC HEALTH FACILITY 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>PHARMACY 24</p> <p>FAMILY PLANNING CLINIC 25</p> <p>OTHER PRIVATE HEALTH FACILITY 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>YOUTH CENTER 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/JADELLE 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>STANDARD DAYS METHOD L</p> <p>WITHDRAWAL M</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/NONE 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 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: 100px; height: 30px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></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: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) 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(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

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 has sex with someone else? 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>SEX WITH SOMEONE</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	SEX WITH SOMEONE	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																												
SEX WITH SOMEONE	1	2	8																												
BURNS FOOD	1	2	8																												
615	In your opinion, is a parent justified in hitting or beating his son for the following reasons: If he disobeys? If he is impolite? If he has embarrassed the family?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>DISOBEY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IMPOLITE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>EMBARR. FAMILY ...</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	DISOBEY	1	2	8	IMPOLITE	1	2	8	EMBARR. FAMILY ...	1	2	8													
	YES	NO	DK																												
DISOBEY	1	2	8																												
IMPOLITE	1	2	8																												
EMBARR. FAMILY ...	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	
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	Can men reduce their chance of getting the AIDS virus by getting circumcised?	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="display: flex; justify-content: space-around;"> <div>YES</div> <div>NO</div> <div>DK</div> </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"/>		→ 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.		
711A	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus for prenuptial purposes?	YES 1 NO 2	
711B	CHECK 401 AND 402: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A WOMEN <input type="checkbox"/> FORMERLY MARRIED OR LIVING WITH A WOMEN <input type="checkbox"/> NEVER MARRIED OR NEVER LIVED WITH A WOMAN <input type="checkbox"/>		→ 712
711C	I don't want to know the results, but have you ever been tested as a couple with your wife/partner to see if you and/or him have the AIDS virus?	YES 1 NO 2	→ 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711D	I don't want to know the results, but have you and your wife told each other the results of your tests?	YES 1 NO 2	<input type="checkbox"/> → 713
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 96	
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. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY 17 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY 26 (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR 31 TRADITIONAL HEALER 32 FRIEND/RELATIVE 33 CORRECTIONAL FACILITY 34 YOUTH CENTER 35 OTHER 96 (SPECIFY) DON'T KNOW 98	<input type="checkbox"/> → 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 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/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR N</p> <p>TRADITIONAL HEALER O</p> <p>FRIEND/RELATIVE P</p> <p>CORRECTIONAL FACILITY Q</p> <p>YOUTH CENTER R</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
719	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
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?	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
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?	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
723	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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
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/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER ... F OTHER PUBLIC HEALTH FACILITY G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY M (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 other women?	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	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 814
813	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN, COUGHING SNEEZING OR SPEAKING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD OR DRINK WITH A PERSON WITH TB D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z	
814	Do you currently have the following symptoms? a. Cough b. Fever c. Drenching night sweats d. Unexpected weight lost e. General fatigue or malaise f. Chest pain	YES, TWO WEEKS OR LONGER ... 1 YES, LESS THAN TWO WEEKS 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3	
815	CHECK 814: IF AT LEAST ONE SYMPTOM "YES" CODE "1" OR "2" CIRCLED <input type="checkbox"/> IF "NO" TO ALL SYMPTOMS <input type="checkbox"/>		→ 818
816	Have you ever sought care or help?	YES 1 NO 2	→ 818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	(IF "YES") Where did you seek care or help? RECORD ALL MENTIONNED	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANING CLINIC L OTHER PRIVATE HEALTH FACILITY M (SPECIFY) OTHER SOURCES KIOSK/SHOP N TRADITIONAL HEALER O FRIEND/RELATIVE P OTHER X (SPECIFY)	
818	GO TO THE NEXT SECTION (DV)		

MALE DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
DV01A	<p>CHECK THE OVER PAGE IF THIS MAN SELECTED FOR MALE DV QUESTIONNAIRE</p> <p>MAN SELECTED FOR THIS SECTION <input type="checkbox"/> MAN NOT SELECTED <input type="checkbox"/></p> <p>↓</p>		DV33																																			
DV01B	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2</p> <p>↓</p>		DV32																																			
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																																					
DV02	<p>CHECK 401 AND 402:</p> <p>CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH WIFE/PARTNER') <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/></p> <p>↓</p>		DV16																																			
DV03	<p>First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) (wife/partner)?</p> <p>a) She (is/was) jealous or angry if you (talk/talked) to other women? b) She frequently (accuses/accused) you of being unfaithful? c) She (does/did) not permit you to meet your friends? d) She (tries/tried) to limit your contact with your family? e) She (insists/insisted) on knowing where you (are/were) at all times?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8												
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DV04	<p>Now I need to ask some more questions about your relationship with your (last) (wife/partner).</p> <p>A Did your (last) (wife/partner) ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>b) YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>c) YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	NO	2 ↓				b) YES	1 →	1	2	3	NO	2 ↓				c) YES	1 →	1	2	3	NO	2 ↓				
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DV05	<p>A Did your (last) (wife/partner) ever do any of the following things to you:</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																																																								
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DV06	<p>CHECK DV05A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		<p>DV09</p>																																																							
DV07	<p>How long after you first (got married/started living together) with your (last) (wife/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																								
DV08	<p>Did the following ever happen as a result of what your (last) (wife/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																																								

DV09	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/partner) at times when she was not already beating or physically hurting you?		YES 1 NO 2	→ DV11																				
DV10	In the last 12 months, how often have you done this to your (last) (wife/partner): often, only sometimes, or not at all?		OFTEN 1 SOMETIMES 2 NOT AT ALL 3																					
DV11	Does (did) your (last) (wife/partner) drink alcohol?		YES 1 NO 2	→ DV13																				
DV12	How often does (did) she get drunk: often, only sometimes, or never?		OFTEN 1 SOMETIMES 2 NEVER 3																					
DV13	Are (Were) you afraid of your (last) (wife/partner): most of the time, sometimes, or never?		MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																					
DV14	CHECK 409: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>			→ DV16																				
DV15	A So far we have been talking about the behavior of your (current/last) (wife/partner). Now I want to ask you about the behavior of any previous (wife/partner). a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will?		B How long ago did this last happen? <table border="1"> <thead> <tr> <th>EVER</th> <th>0 - 11 MONTHS AGO</th> <th>12+ MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2				
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DV16	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN From the time you were 15 years old has anyone other than (your/any) (wife/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?	NEVER MARRIED/NEVER LIVED WITH A WOMAN From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV22																				

DV17	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT GIRLFRIEND F</p> <p>FORMER GIRLFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>EMPLOYER/SOMEONE AT WORK L</p> <p>POLICE/SOLDIER M</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
DV18	Has (this person/have these persons) physically hurt you in the last 12 months ?	<p>YES 1</p> <p>NO 2</p>	→ DV22
DV18A	How often has (this person/have these persons) physically hurt you in the last 12 months: often or only sometimes?	<p>OFTEN 1</p> <p>SOMETIME 2</p>	
DV18B	<p>CHECK DV17</p> <p>MORE THAN ONE RESPONSE SELECTED <input type="checkbox"/> ONLY ONE RESPONSE SELECTED <input type="checkbox"/></p>		→ DV22
DV18C	Who is the main person that has hurt you in this way in the last 12 months?	<p>MOTHER/STEP-MOTHER 01</p> <p>FATHER/STEP-FATHER 02</p> <p>SISTER/BROTHER 03</p> <p>DAUGHTER/SON 04</p> <p>OTHER RELATIVE 05</p> <p>CURRENT GIRLFRIEND 06</p> <p>FORMER GIRLFRIEND 07</p> <p>MOTHER-IN-LAW 08</p> <p>FATHER-IN-LAW 09</p> <p>OTHER IN-LAW 10</p> <p>TEACHER 11</p> <p>EMPLOYER/SOMEONE AT WORK 12</p> <p>POLICE/SOLDIER 13</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
DV22	<p>CHECK 401 AND 402:</p> <p>EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/></p>		→ DV22B
DV22A	<p>Now I want to ask you about things that may have been done to you by someone other than (your/any) (wife/partner).</p> <p>At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV23</p> <p>→ DV24B</p>
DV22B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	→ DV26

DV23	<p>Who was the person who was forcing you the very first time this happened?</p>	<p>CURRENT WIFE/PARTNER 01 FORMER WIFE/PARTNER 02 CURRENT/FORMER GIRLFRIEND 03 MOTHER/STEP-MOTHER 04 SISTER/STEP-SISTER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14</p> <p>OTHER _____ 96 (SPECIFY)</p>			
DV24	<p>CHECK 401 AND 402:</p> <table border="1"> <tr> <td> <p>EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/></p> <p>In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to?</p> </td> <td> <p>NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/></p> <p>In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/></p> <p>In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to?</p>	<p>NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/></p> <p>In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>	<p>YES 1 NO 2</p>	→ DV25
<p>EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/></p> <p>In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to?</p>	<p>NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/></p> <p>In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>				
DV24A	<p>Who was the person who was forcing you the very first time this happened in the last 12 months?</p>	<p>CURRENT/FORMER GIRLFRIEND ... 03 MOTHER/STEP-MOTHEF 04 SISTER/STEP-SISTER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14</p> <p>OTHER _____ 96 (SPECIFY)</p>			
DV24B	<p>CHECK DV05A (h-j), DV15A(b), DV22A, and DV22B</p> <p>AT LEAST ONE <input type="checkbox"/> NOT A <input type="checkbox"/> 'YES' SINGLE 'YES'</p>				
	→ DV26				

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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: _____

