

2015-16 TANZANIA DEMOGRAPHIC AND HEALTH AND MALARIA INDICATORS SURVEYS
MAN'S QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS

IDENTIFICATION					
PLACE NAME _____					
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
HOUSEHOLD NUMBER				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
NAME AND LINE NUMBER OF MAN _____				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> MONTH <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> INT. NO. <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
INTERVIEWER'S NAME	_____	_____	_____	RESULT* <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
RESULT*	_____	_____	_____	RESULT* <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
TIME	_____	_____	_____	TOTAL NUMBER OF VISITS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ SPECIFY</p> <p>2 NOT AT HOME 5 PARTLY COMPLETED</p> <p>3 POSTPONED 6 INCAPACITATED</p>					
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** 0 1 </div> <div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 02 KISWAHILI </div> </div>					
SUPERVISOR <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NAME NUMBER </div>		FIELD EDITOR <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NAME NUMBER </div>		OFFICE EDITOR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> NUMBER </div>	KEYED BY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> NUMBER </div>

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the NATIONAL BUREAU OF STATISTICS. We are conducting a survey about health and other topics all over the UNITED REPUBLIC OF TANZANIA. 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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> MORNING 1 AFTERNOON 2 EVENING 3	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
104	Before you moved here, which region did you live in?	DODOMA 01 ARUSHI 02 KILIMANJARO 03 TANGA 04 MOROGORO 05 PWANI 06 DAR ES SALAAM 07 LINDI 08 MTWARA 09 RUVUMA 10 IRINGA 11 MBEYA 12 SINGIDA 13 TABORA 14 RUKWA 15 KIGOMA 16 SHINYANGA 17 KAGERA 18 MWANZA 19 MARA 20 MANYARA 21 NJOMBE 22 KATAVI 23 SIMIYU 24 GEITA 25 KASKAZINI UNGUJA 26 KUSINI UNGUJA 27 MJINI MAGHARIBI 28 KASKAZINI PEMBA 29 KUSINI PEMBA 30 OUTSIDE OF TANZANIA 96	
105	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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended?	PRE-PRIMARY 0 PRIMARY 1 POST PRIMARY TRAINING. 2 SECONDARY 'O' LEVEL 3 POST SECONDARY 'O' LEVEL TRAINING. 4 SECONDARY 'A' LEVEL. 5 POST SECONDARY 'A' LEVEL TRAINING. 6 UNIVERSITY 7 DON'T KNOW. 8	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
110	CHECK 108: CODES '0', '1', '2', '3', 4', or '8' CIRCLED <input type="checkbox"/> ↓ CODES '5', '6', OR '7' CIRCLED <input type="checkbox"/>	→ 113	
111	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 PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3', OR '4' CIRCLED <input type="checkbox"/> ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 114	
113	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	
114	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	
115	Do you watch/listen to 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	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
117A	Do you use your mobile phone for any health related issues?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
118A	Do you use VICOBA as financial scheme?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 124
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 124
121	During the last one month, how often did you use the internet: 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	
124	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
125	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	→ 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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px;"><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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; width: 40px; height: 20px;"><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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px;"><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; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD ↓ <input type="checkbox"/> </div> </div>		→ 211 → 301								
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2									
211	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD ↓ <input type="checkbox"/> </div> </div> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>									
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE LIVING CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> </div> </div>		→ 301								

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE <input type="checkbox"/> LIVING CHILD</p> <p>a) How old is your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE <input type="checkbox"/> LIVING CHILD</p> <p>b) How old is your child?</p> </div> </div>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
214	<p>CHECK 213:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS</p> </div> <div style="width: 45%;"> <p>(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 3 YEARS OR OLDER</p> </div> </div>		→ 301
215	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE <input type="checkbox"/> LIVING CHILD</p> <p>a) What is the name of your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE <input type="checkbox"/> LIVING CHILD</p> <p>b) What is the name of your child?</p> </div> </div>	<p>_____</p> <p align="center">(NAME OF (YOUNGEST) CHILD)</p>	
216	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 218
217	Were you ever present during any of those antenatal check-ups?	<p>PRESENT 1</p> <p>NOT PRESENT 2</p>	
218	Was (NAME) born in a hospital or health facility?	<p>HOSPITAL/HEALTH FACILITY 1</p> <p>OTHER 2</p>	
219	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?	<p>MORE THAN USUAL 1</p> <p>ABOUT THE SAME 2</p> <p>LESS THAN USUAL 3</p> <p>NOTHING TO DRINK 4</p> <p>DON'T KNOW 8</p>	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	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 which can prevent pregnancy for one or more years.	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	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	Emergency Contraception. PROBE: As an emergency measure, within three to five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Standard Days Method. PROBE: A woman uses a 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
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? PROBE TO KNOW IF IT IS MODERN METHOD OR TRADITIONAL METHOD	YES, MODERN METHOD 1 (SPECIFY) YES, TRADITIONAL METHOD 2 (SPECIFY) NO 3

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last few months have you:	YES NO			
	a) Heard about family planning on the radio?	a) RADIO	1	2	
	b) Seen anything about family planning on the television?	b) TELEVISION	1	2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE	1	2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE	1	2	
	e) Seen anything about family planning on the Poster?	e) POSTER	1	2	
	f) Seen anything about family planning on the billboards?	f) BILLBOARDS	1	2	
	g) Heard about family planning at the community events?	g) COMMUNITY EVENTS	1	2	
	h) Seen anything about family planning on the live drama?	h) LIVE DRAMA	1	2	
	i) Head about family planning from a doctor or nurse?	i) DOCTOR/NURSE	1	2	
	j) Head about family planning from a community health worker?	j) COMMUNITY HEALTH WORKER ...	1	2	
	k) Read about family planning from internet?	k) INTERNET	1	2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES	1		
		NO	2		
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES	1		
		NO	2		
		DON'T KNOW	8		→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGIN:	1		
		DURING HER PERIOD	2		
		RIGHT AFTER HER PERIOD HAS ENDE	3		
		HALFWAY BETWEEN TWO PERIOD	4		
		OTHER _____	6		
		(SPECIFY)			
		DON'T KNOW	8		
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES	1		
		NO	2		
		DON'T KNOW	8		
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.	DIS- AGREE AGREE DK			
	a) Contraception is a woman's concern and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
	b) Women who use contraception may become promiscuous.	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8

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 WIFE) 1 NO (ONLY ONE WIFE) 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"/> <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>a) 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>b) 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 style="width: 45%;"> <p>NAME</p> <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 style="width: 45%;"> <p>408</p> <p>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>		→ 411
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2	
411	<p>CHECK 405 AND 410:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>BOTH ARE CODE '2' <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (wife/partner)?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p> </div> </div>	<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
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 501
415	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>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.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 501

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2	→ 438
435	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?	SALAMA 01 DUME 02 ROUGH RIDEF 03 FAMILIA 04 CARE 05 LADY PEPETA 06 OTHER 96 (SPECIFY) DON'T KNOW 98	
	IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.		

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	<p>From where did you / your partner 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 align="center">(NAME OF PLACE)</p>	<p>GOVERNMENT/PARASTATAL</p> <p>ZONAL/REFERRAL/SPEC.HOSPITAL 11</p> <p>REFERRAL REGIONAL HOSP 12</p> <p>REGIONAL HOSPITAL 13</p> <p>DISTRICT HOSPITA 14</p> <p>HEALTH CENTR 15</p> <p>DISPENSAR\ 16</p> <p>CLINIC 17</p> <p>CHW 18</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL SPEC.HOSPITA 21</p> <p>DISTRICT HOSPITA 22</p> <p>HOSPITAL 23</p> <p>HEALTH CENTRE 24</p> <p>DISPENSARY 25</p> <p>CLINIC 26</p> <p>PRIVATE</p> <p>SPECIALISED HOSPIT 31</p> <p>HOSPITAL 32</p> <p>HEALTH CENTR 33</p> <p>DISPENSAR\ 34</p> <p>CLINIC 35</p> <p>OTHER</p> <p>PHARMACY 41</p> <p>ADDO 42</p> <p>NGO 43</p> <p>VCT CENTRE 44</p> <p>SHOP/KIOSK 45</p> <p>BAR 46</p> <p>GUEST HOUSE/HOTEL 47</p> <p>FRIEND/RELATIVE/NEIGHBO 48</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
437	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>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 439</p> <p>→ 440</p>
438	The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 440</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 501</p>
440	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: <div>CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/></div> <div>NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/></div>		→ 514								
502	CHECK 439: <div>MAN NOT STERILIZED/ QUESTION NOT ASKED <input type="checkbox"/></div> <div>MAN STERILIZED <input type="checkbox"/></div>		→ 514								
503	CHECK 407: <div>ONE WIFE/ PARTNER <input type="checkbox"/></div> <div>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></div>		→ 509								
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	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 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
507	CHECK 208: <div>HAS FATHERED CHILDREN <input type="checkbox"/></div> <div>HAS NOT FATHERED CHILDREN <input type="checkbox"/></div> <div>a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?</div> <div>b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?</div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: <div>HAS FATHERED CHILDREN <input type="checkbox"/></div> <div>HAS NOT FATHERED CHILDREN <input type="checkbox"/></div> <div>a) How long would you like to wait from now before the birth of another child?</div> <div>b) How long would you like to wait from now before the birth of a child?</div>	MONTHS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514
511	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 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 514
512 (1)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CHECK 208:</p> <p>HAS FATHERED CHILDREN <input type="checkbox"/></p> <p>a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>HAS NOT FATHERED CHILDREN <input type="checkbox"/></p> <p>b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?</p> </div> </div>	<p>HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8</p>	→ 514
513	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CHECK 208:</p> <p>HAS FATHERED CHILDREN <input type="checkbox"/></p> <p>a) How long would you like to wait from now before the birth of another child?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>HAS NOT FATHERED CHILDREN <input type="checkbox"/></p> <p>b) How long would you like to wait from now before the birth of a child?</p> </div> </div>	<p>MONTHS 1 YEARS 2 SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998</p>	
514	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>a) 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> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 NUMBER OTHER 96 (SPECIFY)</p>	→ 601 → 601
515	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 align="center">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?	_____ _____ _____	
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"/> ANY OTHER CODE <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	
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	

SECTION 6. EMPLOYMENT AND GENDER ROLES

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	→ 615
613	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615
614	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 618
616	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 618
617	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<div style="display: flex; justify-content: space-around;"> YES NO DK </div> a) GOES OUT 1 2 8 b) NEGLECTS CHILDREN .. 1 2 8 c) ARGUES 1 2 8 d) REFUSES SEX 1 2 8 e) BURNS FOOD 1 2 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	→ 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 tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811 → 810
809	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 812
810	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 813

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	<p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe sessions?</p> <p>g) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="center">NUMBER DAILY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) PIPE SESSIONS NUMBER OF WATER .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p align="center">→ 813</p>
812	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe sessions?</p> <p>g) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="center">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) PIPE SESSIONS NUMBER OF WATER .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
813	<p>Do you currently use smokeless tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p align="center">→ 815</p> <p align="center">→ 815A</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="center">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p align="center">→ 815A</p>
815	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="center">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
815A	<p>Have you ever consumed a drink that contain alcohol such as beer,wine,spirit,fermented cider or local brewers such as mbege,ulanzi, gongo/chang'aa etc?</p>	<p>YES 1</p> <p>NO 2</p>	<p align="center">→ 816</p>
815B	<p>In the past 12 months, how frequently have you had at least one drink?</p>	<p>DAILY 1</p> <p>WEEKLY 2</p> <p>MONTHLY 3</p> <p>LESS THAN ONCE A MONTH 4</p> <p>NEVER DRUNK 5</p>	
816	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	<p align="center">→ 1001</p>
817	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X (SPECIFY)</p>	

SECTION 10. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	In your opinion, what is the most serious health problem in your community?	HIV/AIDS 01 TUBERCULOSIS 02 MALARIA 03 MALNUTRITION 04 DIABETES 05 CANCER 06 FLU 07 ROAD TRAFFIC ACCIDENTS 08 DIARRHEA 09 HEART DISEASE 10 OTHER 96 (SPECIFY) DON'T KNOW 98	
1002	Can you tell me the signs or symptoms of malaria in a young child? RECORD ALL MENTIONED.	FEVER A FEELING COLD B CHILLS C PERSPIRATION/SWEATING D HEADACHE E BODY ACHES F POOR APPETITE G VOMITING H DIARRHEA I WEAKNESS J COUGHING K OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
1003	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 1005
1004	What are the ways to avoid getting malaria? RECORD ALL MENTIONED.	SLEEP UNDER MOSQUITO NET A USE MOSQUITO COILS B USE INSECTICIDE SPRAY C INDOOR RESIDUAL SPRAYING (IRS) D KEEP DOORS/WINDOWS CLOSED E USE INSECT REPELLENT F KEEP SURROUNDINGS CLEAN G CUT THE GRASS H REMOVE STANDING WATER I INTERMITTENT PREVENTIVE TREATMENT (IPT) J HOUSE SCREENING K OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
1005	Can ACTs be obtained at your nearest health facility or pharmacy (duka la dawa muhimu)?	YES 1 NO 2 DON'T KNOW 8	
1006A	In the past year, have you seen or heard any messages about malaria prevention?	YES 1 NO 2	
1006B	In the past year, have you seen or heard any messages about malaria treatment?	YES 1 NO 2	

SECTION 10. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1007	LOCATION OF INTERVIEW: <div style="text-align: center;">MAINLAND <input type="checkbox"/> TANZANIA ↓</div> <div style="text-align: center; margin-left: 200px;">ZANZIBAR <input type="checkbox"/></div>		→ 1008B
1008A	In the past year, have you ever heard or seen the phrase "Malaria Haikubaliki"?	YES 1 NO 2	→ 1009 → 1010
1008B	In the past year, have you ever heard or seen the phrase "Maliza Malaria"?	YES 1 NO 2	→ 1010
1009	Where did you hear or see this phrase? RECORD ALL MENTIONED.	RADIO A BILLBOARD B POSTER C T-SHIRT D LEAFLET/FACT SHEET/ BROCHURE . . E TELEVISION F MOBILE VIDEO UNI..... G SCHOOL H HEALTH CARE WORKER I COMMUNITY EVENT/PRESENTATIC . . J FRIEND/NEIGHBOR/FAMILY MEMBE . . K OTHER _____ X (SPECIFY) DON'T KNOW Z	
1010	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?	YES 1 NO 2	
1011	Now I am going to read some statements and I would like you to tell me how much you agree or disagree with them. After I read each statement, please tell me whether you strongly agree with it, somewhat agree with it, somewhat disagree with it or strongly		
1012	I can easily protect myself and my children from malaria. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE..... 1 SOMEWHAT AGREI..... 2 SOMEWHAT DISAGRE..... 3 STRONGLY DISAGREE..... 4	
1013	I can ensure that my children sleep under a treated net every single night of the year. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE..... 1 SOMEWHAT AGREI..... 2 SOMEWHAT DISAGRE..... 3 STRONGLY DISAGREE..... 4	
1014	I can easily hang my children's mosquito nets. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE.. . . . 1 SOMEWHAT AGREI..... 2 SOMEWHAT DISAGRE..... 3 STRONGLY DISAGREE..... 4	
1015	It is important to sleep under a net every single night. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE..... 1 SOMEWHAT AGREI..... 2 SOMEWHAT DISAGRE..... 3 STRONGLY DISAGREE..... 4	
1016	Pregnant women are at high risk of getting malaria. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE..... 1 SOMEWHAT AGREI..... 2 SOMEWHAT DISAGRE..... 3 STRONGLY DISAGREE..... 4	
1017	Women should attend antenatal care early in their pregnancy. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE..... 1 SOMEWHAT AGREI..... 2 SOMEWHAT DISAGRE..... 3 STRONGLY DISAGREE..... 4	

SECTION 10. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1018	RECORD THE TIME.	<div> <div> HOURS..... MINUTE..... </div> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div> MORNING 1 AFTERNOON 2 EVENING 3 </div> </div>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
