

2015 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY  
MAN'S QUESTIONNAIRE

REPUBLIC OF ARMENIA  
NATIONAL STATISTICAL SERVICE AND MINISTRY OF HEALTH

IDENTIFICATION														
PLACE NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBER .....				<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>										
NAME AND LINE NUMBER OF MAN _____														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>										
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>										
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>										
<p>*RESULT CODES: 1 COMPLETED      4 REFUSED                  2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____                  3 POSTPONED      6 INCAPACITATED      SPECIFY</p>														
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 30px; height: 20px;"> <tr><td>0</td><td>0</td></tr> </table>		0	0	LANGUAGE OF INTERVIEW** <table border="1" style="width: 30px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 30px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>						
0	0													
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>		**LANGUAGE CODES: 00 ENGLISH      02 RUSSIAN 01 ARMENIAN      03 OTHER												
SUPERVISOR _____ <table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NAME                      NUMBER						FIELD EDITOR _____ <table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NAME                      NUMBER						OFFICE EDITOR _____ <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> NUMBER		
				KEYED BY _____ <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> NUMBER										

INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_, I am working with National Statistical Service. We are conducting a survey about health and other topics all over Armenia. 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"/>	
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 Marz did you live in?	YEREVAN ..... 01 ARAGATSOTN ..... 02 ARARAT ..... 03 ARMAVIR ..... 04 GEGHARKUNIK ..... 05 LORI ..... 06 KOTAYK ..... 07 SHIRAK ..... 08 SYUNIK ..... 09 VAYOTS DZOR ..... 10 TAVUSH ..... 11 OUTSIDE OF ARMENIA ..... 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	
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	→ 113
108	What is the highest level of school you attended: primary, basic, secondary, secondary-special, or higher?	PRIMARY-BASIC -SECONDARY (1-12) ..... 1 SECONDARY-SPECIAL ..... 2 HIGHER ..... 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest [YEAR/CLASS/COURSE] you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[YEAR/CLASS/COURSE] ..... <input type="text"/> <input type="text"/>	
109A	CHECK 108 AND 109:  CLASS 10 OR 11 OF SCHOOL OR SECONDARY-SPECIAL CLASS <b>10</b> OR <b>11</b> RECORDED IN 109 OR CODE '2' SECONDARY-SPECIAL LEVEL CIRCLED IN 108:	OTHER <input type="checkbox"/> CLASS <b>1-9</b> RECORDED IN 109 OR CODE "3" HIGHER LEVEL CIRCLED IN 108:	→ 113
109B	Did you receive an attestat for completing secondary school?	YES ..... 1 NO ..... 2	
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 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	
118	Do you have an account in a bank or other financial institution that you yourself use?	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	
121A	In the last 12 months have you used the internet to get information on any health issues?	YES ..... 1 NO ..... 2	
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	→ 125A
125	In the last 12 months, have you been away from home for more than one month at a time?	YES ..... 1 NO ..... 2	
125A	In the past 3 years, have you worked abroad for three or more months 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	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; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) 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	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; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, 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	<input type="checkbox"/> → 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; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) 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: <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> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">                         HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> </div>		<input type="checkbox"/> → 211 <input type="checkbox"/> → 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; vertical-align: middle;"><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>		<input type="checkbox"/> → 301								

SECTION 2. REPRODUCTION

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



SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last few months have you: a) Heard about contraception on the radio? b) Seen anything about contraception on the television? c) Read about contraception in a newspaper or magazine? d) Received a voice or text message about contraception on a mobile phone? e) Read information about contraception on the internet?	YES      NO			
		a) RADIO .....	1      2		
		b) TELEVISION .....	1      2		
		c) NEWSPAPER OR MAGAZINE .....	1      2		
		d) MOBILE PHONE .....	1      2		
		e) INTERNET .....	1      2		
302F	In the last few months have you read information about reproductive health on the internet?	YES .....	1		
		NO .....	2		
303	In the last few months, have you discussed contraception 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	] → 306	
		NO .....	2		
		DON'T KNOW .....	8		
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS .....	1		
		DURING HER PERIOD .....	2		
		RIGHT AFTER HER PERIOD HAS ENDED .....	3		
		HALFWAY BETWEEN TWO PERIODS .....	4		
		OTHER _____	6		
		(SPECIFY)			
		DON'T KNOW .....	8		
306	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. a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE    AGREE    DK			
		a) CONTRACEPTION WOMAN'S CONCERN	1      2      8		
		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	<input type="checkbox"/> → 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 410
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	
405	RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	
405A	In the past 3 years, has your (wife/partner) worked abroad for three or more months at a time?	YES ..... 1 NO ..... 2	
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE ..... 1 ONLY ONCE ..... 2	
411	CHECK 410: MARRIED/ LIVED <input type="checkbox"/> MARRIED/ WITH A WOMAN LIVED WITH A ONLY ONCE WITH A WOMAN MORE ↓ THAN ONCE ↓ a) In what month and year did you start living with your (wife/partner)? b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	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	<input type="checkbox"/> → 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	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
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?	NEVER HAD SEXUAL INTERCOURSE ..... 00 AGE IN YEARS ..... <input type="text"/> <input type="text"/>	→ 501
415	Now I would like to ask you about your recent sexual activity. When was the last 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 → 427

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
416	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"/>
417	The last time you had sexual intercourse with this person, was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 419) ←	YES ..... 1 NO ..... 2 (SKIP TO 419) ←	YES ..... 1 NO ..... 2 (SKIP TO 419) ←
418	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
419	What was your relationship to this person with whom you had sexual intercourse?  IF GIRLFRIEND: Were you living together as if married?  IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)
420	How long ago did you first have 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"/> 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"/>
421	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '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"/>
422	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
423	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO ..... 2 (SKIP TO 425) ←	YES ..... 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO ..... 2 (SKIP TO 425) ←	
424	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <input type="text"/> <input type="text"/> DON'T KNOW ..... 98

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 419 (ALL COLUMNS): AT LEAST ONE PARTNER IS A SEX WORKER <input type="checkbox"/>	NO PARTNERS ARE SEX WORKERS <input type="checkbox"/>	→ 427
426	CHECK 419 AND 417 (ALL COLUMNS): CONDOM USED WITH EVERY SEX WORKER <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 430 → 431
427	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 429
428	Have you ever paid anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 431
429	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 431
430	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	
431	In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES ..... 1 NO ..... 2	→ 433
432	Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES ..... 1 NO ..... 2	
433	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, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
434	CHECK 417: MOST RECENT PARTNER (FIRST COLUMN)  CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 438 → 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?  IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	CONTEX CLASSIC ..... 01 VIVA ..... 02 DUREX ..... 03  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	<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><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>MATERNITY HOME ..... 12</p> <p>DIAGNOSTIC CENTER ..... 13</p> <p>WOMEN'S CONSULTATION ..... 14</p> <p>POLYCLINIC ..... 15</p> <p>AMBULATORY, FAMILY DOCTOR OFFICE ... 16</p> <p>FAP ..... 17</p> <p>EMERGENCY SERVICES ..... 18</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 19</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>MATERNITY HOME ..... 22</p> <p>DIAGNOSTIC CENTER ..... 23</p> <p>WOMEN'S CONSULTATION ..... 24</p> <p>POLYCLINIC ..... 25</p> <p>FAMILY DOCTORS OFFICE ..... 26</p> <p>FAP ..... 27</p> <p>PHARMACY ..... 28</p> <p>EMERGENCY SERVICES ..... 29</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 30</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 41</p> <p>CHURCH ..... 42</p> <p>FRIEND/RELATIVE ..... 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
437	<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>→ 439</p> <p>→ 440</p>
438	<p>The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?</p>	<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>EMERGENCY CONTRACEPTION ..... I</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	<p>Do you know of a place where you can obtain a method of contraception?</p>	<p>YES ..... 1</p> <p>NO ..... 2</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"/>	→ 514								
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 514								
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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><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: HAS FATHERED CHILDREN <input type="checkbox"/> 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? HAS NOT FATHERED CHILDREN <input type="checkbox"/> 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?	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: HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) How long would you like to wait from now before the birth of a child?	MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><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	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> 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? NO LIVING CHILDREN <input type="checkbox"/> b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00 NUMBER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> OTHER _____ 96 (SPECIFY)			→ 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?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td>NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> OTHER _____ 96 (SPECIFY)		BOYS	GIRLS	EITHER	NUMBER ..	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	BOYS	GIRLS	EITHER								
NUMBER ..	<input type="text"/>	<input type="text"/>	<input type="text"/>								

**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 dashed black; width: 40px; height: 20px; margin-left: 100px;"></div>
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
607	CHECK 401:  CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606:  CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3  OTHER _____ 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE ..... 4  OTHER _____ 6 (SPECIFY)	
611	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE ..... 4  OTHER _____ 6 (SPECIFY)	

**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:  a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	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	
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e) BURNS FOOD .....	1	2	8																								

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES ..... 1 NO ..... 2	→ 727																
702	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV 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 HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
705	Can people get HIV by sharing food with a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
706	Can people get HIV through saliva by kissing a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
706A	Can people get HIV by shaking hands with a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
707	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
708	Can HIV be transmitted from a mother to her baby:  a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY .....	1	2	8	c) BREASTFEEDING .....	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY .....	1	2	8																
c) BREASTFEEDING .....	1	2	8																
709	CHECK 708:  <div style="text-align: center;">                     AT LEAST <input type="checkbox"/>                      ONE 'YES' ↓                 </div> <div style="text-align: center; margin-top: 10px;">                     OTHER <input type="checkbox"/> → 711                 </div>																		
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
711	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>																		
712	I don't want to know the results, but have you ever been tested for HIV?	YES ..... 1 NO ..... 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/>  TWO OR MORE YEARS ..... 95																	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 MATERNITY HOME ..... 12 DIAGNOSTIC CENTER ..... 13 WOMEN'S CONSULTATION ..... 14 POLYCLINIC ..... 15 AMBULATORY/ FAMILY DOCTOR OFFICE .. 16 FAP ..... 17 EMERGENCY SERVICES ..... 18 STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... 19 OTHER PUBLIC SECTOR _____ 20 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 21 MATERNITY HOME ..... 22 DIAGNOSTIC CENTER ..... 23 WOMEN'S CONSULTATION ..... 24 POLYCLINIC ..... 25 FAMILY DOCTORS OFFICE ..... 26 FAP ..... 27 PHARMACY ..... 28 EMERGENCY SERVICES ..... 29 STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... 30 OTHER PRIVATE MEDICAL SECTOR _____ 31 (SPECIFY) <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 CORRECTIONAL FACILITY ..... 43 NGO ..... 44  OTHER _____ 96 (SPECIFY)	718 →
716	Do you know of a place where people can go to get an HIV test?	YES ..... 1 NO ..... 2	718 →
717	Where is that?  Any other place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A MATERNITY HOME ..... B DIAGNOSTIC CENTER ..... C WOMEN'S CONSULTATION ..... D POLYCLINIC ..... E AMBULATORY/ FAMILY DOCTOR OFFICE .. F FAP ..... G EMERGENCY SERVICES ..... H STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... I OTHER PUBLIC SECTOR _____ J (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... K MATERNITY HOME ..... L DIAGNOSTIC CENTER ..... M WOMEN'S CONSULTATION ..... N POLYCLINIC ..... O FAMILY DOCTORS OFFICE ..... P FAP ..... Q PHARMACY ..... R EMERGENCY SERVICES ..... S STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... T OTHER PRIVATE MEDICAL SECTOR _____ U (SPECIFY) <b>OTHER SOURCE</b> NGO ..... W  OTHER _____ X (SPECIFY)	



SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	CHECK 730, 731 AND 732:  HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	→ 736
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 736
735	Where did you go?  Any other place?   PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A MATERNITY HOME ..... B DIAGNOSTIC CENTER ..... C WOMEN'S CONSULTATION ..... D POLYCLINIC ..... E AMBULATORY/ FAMILY DOCTOR OFFICE .. F FAP ..... G EMERGENCY SERVICES ..... H STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... I OTHER PUBLIC SECTOR _____ J (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... K MATERNITY HOME ..... L DIAGNOSTIC CENTER ..... M WOMEN'S CONSULTATION ..... N POLYCLINIC ..... O FAMILY DOCTORS OFFICE ..... P FAP ..... Q PHARMACY ..... R EMERGENCY SERVICES ..... S STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... T OTHER PRIVATE MEDICAL SECTOR _____ U (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... V NGO ..... W OTHER _____ X (SPECIFY)	
736	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	
737	Is a wife justified in refusing to have sex with her husband when she knows he 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
805	<p>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?</p> <p>IF YES: How many injections have you had?</p> <p>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.</p>	<p>NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 808
806	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>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.</p>	<p>NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 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?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
808	Do you currently smoke tobacco every day, some days, or not at all?	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	<p>→ 811</p> <p>→ 810</p>
809	In the past, have you smoked tobacco every day?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 812
810	In the past, have you ever smoked tobacco every day, some days, or not at all?	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	→ 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>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>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) NUMBER OF WATER PIPE SESSIONS ..... <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>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>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) NUMBER OF WATER PIPE SESSIONS ..... <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">→ 816</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>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>e) ANY OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>	<p align="center">→ 816</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>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>e) ANY OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>	
816	<p>Are you covered by any health insurance?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p align="center">→ 818</p>
817	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>BASIC BENEFIT PACKAGE ..... A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER ..... B</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	

## SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818	<p>These next questions are about common health problems in Armenia.</p> <p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 826
819	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>Any other?</p> <p>RECORD ALL MENTIONED.</p>	<p>COUGHING ..... A</p> <p>COUGHING WITH SPUTUM ..... B</p> <p>COUGHING FOR SEVERAL WEEKS ..... C</p> <p>FEVER ..... D</p> <p>BLOOD IN SPUTUM ..... E</p> <p>LOSS OF APPETITE ..... F</p> <p>NIGHTSWEATING ..... G</p> <p>PAIN IN CHEST ..... H</p> <p>TIREDNESS/FATIGUE ..... I</p> <p>WEIGHT LOSS ..... J</p> <p>LETHARGY ..... K</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
820	<p>How does tuberculosis spread from one person to another?</p> <p>Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A</p> <p>THROUGH SHARING UTENSILS ..... B</p> <p>THROUGH TOUCHING A PERSON WITH TB ..... C</p> <p>THROUGH FOOD ..... D</p> <p>THROUGH SEXUAL CONTACT ..... E</p> <p>THROUGH MOSQUITO BITES ..... F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
821	<p>Which organs in a human body can be affected by tuberculosis?</p> <p>RECORD ALL MENTIONED.</p>	<p>LUNGS ONLY ..... A</p> <p>ANY ORGANS CAN BE AFFECTED BY TUBERCULOSIS ..... B</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
822	<p>Can tuberculosis be cured?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
823	<p>Have you ever heard of a multi-resistant or a multi-drug-resistant form of tuberculosis?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 825
824	<p>Can multi-drug-resistant tuberculosis be cured?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
825	<p>If a member of your family got tuberculosis, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/ DEPENDS ..... 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
826	Have you ever heard of an illness called anemia?	YES ..... 1 NO ..... 2	→ 831								
827	What signs or symptoms would lead you to think that a person has anemia?  Any other?  RECORD ALL MENTIONED.	PALE SKIN ..... A WEAKNESS ..... B TIREDNESS/FATIGUE ..... C SHORTNESS OF BREATH ..... D HEADACHE ..... E DIZZINESS OR LIGHTHEADEDNESS ..... F FREQUENT INFECTIONS ..... G NO VISIBLE SIGNS ..... H  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z									
828	What causes anemia?  Anything else?  RECORD ALL MENTIONED.	LACK OF IRON IN FOOD ..... A POOR NUTRITION ..... B EATING BREAD ONLY ..... C HEREDITARY/THALASSEMIA/CIRCLE CELL .. D BLOOD LOSS OR TRAUMA ..... E ABORTION ..... F MENSTRUATION ..... G PREGNANCY ..... H DELIVERY ..... I INFECTION ..... J MOSQUITOES/MALARIA ..... K ENVIRONMENT POLLUTION ..... L LEAD POISON ..... M UNCLEAN POLLUTED WATER ..... N INJECTIONS ..... O PARASITES ..... P WRONG BLOOD TRANSFUSION ..... Q DISEASES ..... R  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z									
829	What can a person eat or drink to prevent having anemia?  Anything else?  RECORD ALL MENTIONED.	RED MEAT ..... A ANY MEAT ..... B ORGAN MEAT ..... C IRON RICH FOOD ..... D ANY FRUITS ..... E GREEN APPLES ..... F ANY VEGETABLES ..... G BEETROOT ..... H RED FRUITS OR VEGETABLES ..... I VITAMIN 'C' RICH FOODS ..... J ANY JUICE ..... K TEA OR COFFEE ..... L ANY VITAMINS ..... M VITAMIN 'C' ..... N VITAMIN 'B12' ..... O IRON TABLETS/CAPSULES/SYRUP/MEDICINE .. P  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z									
830	Do you think that drinking coffee or tea during meal time can promote anemia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
831	RECORD THE TIME.	HOURS ..... <table border="1" data-bbox="1203 1921 1337 1989" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" data-bbox="1203 1989 1337 2042" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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