

PAKISTAN DEMOGRAPHIC AND HEALTH SURVEYS 2017-18
 EVER-MARRIED MAN'S QUESTIONNAIRE

PAKISTAN
 NATIONAL INSTITUTE OF POPULATION STUDIES

IDENTIFICATION				
PROVINCE/REGION (PUNJAB=1; SINDH=2; KPK=3; BALOCHISTAN=4; GB=5; ICT=6; AJK=7; FATA=8				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DISTRICT _____				<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
TEHSIL _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
HOUSEHOLD NUMBER				<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
NAME AND LINE NUMBER OF MAN _____				<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>
				MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>
INTERVIEWER'S NAME	_____	_____	_____	YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>
				INT. NO. <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>
RESULT*	_____	_____	_____	RESULT* <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>
NEXT VISIT: DATE	_____	_____		
TIME	_____	_____		TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				
LANGUAGE OF QUESTIONNAIRE** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">1</div> LANGUAGE OF INTERVIEW** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> NATIVE LANGUAGE OF RESPONDENT** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> TRANSLATOR USED (YES = 1, NO = 2) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div>				
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 SINDHI 05 SARAIKI 02 URDU 04 PUNJABI 06 BALUCHI 07 PUSHTO 08 OTHER				
SUPERVISOR		FIELD EDITOR		KEYED BY
_____ NAME		_____ NAME		_____ NAME
<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
NUMBER		NUMBER		NUMBER

INTRODUCTION AND CONSENT

Asalum-o-Alaikum. My name is _____. I am working with National Institute of Population Studies. We are conducting a survey about health and other topics all over Pakistan. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30-35 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 style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MINUTES <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
105	In what month and year were you born?	MONTH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" 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 style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
109	What is the highest class you completed? IF COMPLETED LESS THAN CLASS ONE, RECORD '00'. IF MA, MPHIL, PHD, MBBS, OR BSC/4 YEARS,	CLASS <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
110	CHECK 109: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CLASS 00-09 <input style="width: 20px;" type="checkbox"/></div> <div>CLASS 10 <input style="width: 20px;" type="checkbox"/> OR HIGHER</div> </div>		→ 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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	<p>CHECK 111:</p> <p>CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED</p> <p>CODE '1' OR '5' <input type="checkbox"/> CIRCLED</p> <p>→ 114</p>		
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	→ 121A
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	→ 121A
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	What is your mother tongue?	URDU 01 PUNJABI 02 SINDHI 03 PUSHTO 04 BALOCHI 05 ENGLISH 06 BARAUHI 07 SIRAIKI 08 HINDKO 09 KASHMIRI 10 SHINA 11 BRUSHASKI 12 WAKHI 13 CHITRALI/ KHWAR 14 BALTI 15 PAHARI 16 POTOWARI 17 MARWARI 18 FARSI 19 OTHER 96	

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 your wife/wives?	YES 1 NO 2 DON'T KNOW 8	→ 206								
202	Do you have any sons or daughters 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 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	Do you have 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; 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 style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> </div>		→ 211 → 301								


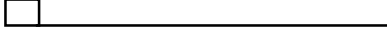

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	Did all of the children have the same biological mother?	YES 1 NO 2	
211	CHECK 208: <div style="display: flex; justify-content: space-around;"> <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 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around;"> <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	
213	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MORE THAN ONE LIVING CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> ONLY ONE LIVING CHILD <input type="checkbox"/> </div> </div> a) How old is your youngest child? b) How old is your child?	AGE IN YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
214	CHECK 213: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> </div> <div style="text-align: center;"> (YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/> </div> </div>	→ 301	
215	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MORE THAN ONE LIVING CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> ONLY ONE LIVING CHILD <input type="checkbox"/> </div> </div> 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 or did you just accompany your wife to any of those antenatal checkups?	PRESENT DURING CHECK UP 1 ONLY ACCOMPANIED 2 NOT PRESENT/NOT ACCOMPANIED 3	
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

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 up to ten 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, nurse or LHV which can prevent pregnancy up to five 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
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
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?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone?		YES	NO	
		a) RADIO	1	2	
		b) TELEVISION	1	2	
		c) NEWSPAPER OR MAGAZINE	1	2	
		d) MOBILE PHONE	1	2	
302AA	CHECK 302: HEARD MESSAGE <input type="checkbox"/>  (ANY YES IN 302)	NOT HEARD <input type="checkbox"/>  303 MESSAGE			
302BB	What messages did it convey to you? Anything else? RECORD ALL MENTIONED	LIMITING THE FAMILY SIZE A DISADVANTAGES OF GETTING MARRIED AT YOUNG AGE B SPACING BIRTHS C USE OF CONTRACEPTIVE D FAMILY WELFARE E MATERNAL AND CHILD HEALTH F LESS CHILDREN MEANS PROSPEROUS LIFE G MORE CHILDREN MEANS POVERTY AND STARVATION H IMPORTANCE OF BREASTFEEDING I IMPORTANCE OF GIRLS' EDUCATION J REDUCTION IN MATERNAL DEATHS K OTHER X (SPECIFY) DON'T KNOW/DO NOT REMEMBER Z			
302CC	Do you think that the message you heard was effective or not effective in encouraging couples to use family planning?	EFFECTIVE	1		
		NOT EFFECTIVE	2		
		DON'T KNOW	8		
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES	1		
		NO	2		
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES	1		
		NO	2		
		DON'T KNOW	8		 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS	1		
		DURING HER PERIOD	2		
		RIGHT AFTER HER PERIOD HAS ENDED	3		
		HALFWAY BETWEEN TWO PERIODS	4		
		OTHER 6 (SPECIFY)			
		DON'T KNOW	8		
306	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	DK	
		a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
		b) WOMEN MAY BECOME PROMISCUOUS	1	2	8
307AA	Do you know of a place where you can obtain a method of family planning?	YES	1		
		NO	2		

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married?	YES, CURRENTLY MARRIED 1 NO, NOT IN UNION 2	→ 404
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410
404	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
405	Do you have other wives?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407
406	Altogether, how many wives do you have?	TOTAL NUMBER OF WIFE <input type="text"/> <input type="text"/>	
407	CHECK 405: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE WIFE <input type="checkbox"/> ↓ a) Please tell me the name of your wife. </div> <div style="text-align: center;"> MORE THAN ONE WIFE <input type="checkbox"/> ↓ b) Please tell me the name of each of your wives. </div> </div> RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	<div style="display: flex; justify-content: space-between;"> <div> NAME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> LINE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> 408 How old was (NAME) on her last birthday? AGE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	
408	ASK 408 FOR EACH WIFE.		
409	CHECK 407: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE WIFE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> MORE THAN ONE WIFE <input type="checkbox"/> </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	CHECK 405 AND 410: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> BOTH ARE CODE '2' <input type="checkbox"/> ↓ a) In what month and year did you start living with your wife? </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> ↓ b) Now I would like to ask about your first wife. In what month and year did you start living with her? </div> </div>	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	→ 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?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			→ 501						
414A	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/> <div style="text-align: center; margin-left: 100px;">OR SEPARATED</div>		→ 501								
415	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
438	The last time you had sex did you or your wife use any method to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 501								
439	What method did you or your wife use? PROBE: Did you or your wife use any other method to prevent pregnancy?	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y									

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> ↓ WIDOWED/DIVORCED <input type="checkbox"/> OR SEPARATED		→ 514								
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> ↓ MAN STERILIZED <input type="checkbox"/>		→ 514								
503	CHECK 407: ONE WIFE <input type="checkbox"/> ↓ MORE THAN ONE WIFE <input type="checkbox"/>		→ 509								
504	Is your wife 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 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: <div style="display: flex; justify-content: space-between;"><div>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?</div><div>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?</div></div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: <div style="display: flex; justify-content: space-between;"><div>HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of another child?</div><div>HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) How long would you like to wait from now before the birth of a child?</div></div>	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
509	Are any of your wives 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 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	CHECK 208: HAS FATHERED CHILDREN 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 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/WIVES) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514
513	CHECK 208: HAS FATHERED CHILDREN a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN b) How long would you like to wait from now before the birth of a child?	MONTHS 1 YEARS 2 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 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 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 OTHER 96 (SPECIFY)	→ 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?	BOYS GIRLS EITHER NUMBER .. OTHER 96 (SPECIFY)	

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 <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/> OR SEPARATED		→ 612
608	CHECK 606: CODE '1' OR '2' <input type="checkbox"/> CIRCLED OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your wife, or you and your wife jointly?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 OTHER 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your wife, you and your wife jointly, or someone else?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	
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	
614A	Do you have the autonomy to sell the house you own?	YES 1 NO 2	
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	
617A	Do you have the autonomy to sell the land you own?	YES 1 NO 2	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<div> <div>YES</div> <div>NO</div> <div>DK</div> </div> a) If she goes out without telling him? a) GOES OUT 1 2 8 b) If she neglects the children? b) NEGLECTS CHILDREN .. 1 2 8 c) If she argues with him? c) ARGUES 1 2 8 d) If she refuses to have sex with him? d) REFUSES SEX 1 2 8 e) If she burns the food? e) BURNS FOOD 1 2 8 f) If she neglects the in-laws? f) NEGLECTS IN-LAWS .. 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 because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have 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?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> 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	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	I don't want to know the results, but have you ever been tested 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	
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)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 STAND-ALONE HTC CENTER 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE HTC CENTER 22 PHARMACY 23 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE HOME 31 WORKPLACE 32 OTHER _____ 96 (SPECIFY)	→ 717A
716	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 717A
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)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B STAND-ALONE HTC CENTER C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E STAND-ALONE HTC CENTER F PHARMACY G OTHER PRIVATE MEDICAL SECTOR _____ H (SPECIFY) OTHER _____ X (SPECIFY)	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717A	Do you think there is a treatment for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	<input type="checkbox"/> → 720
717B	Do you know from where HIV treatment (Anti Retroviral Treatment) can be received?	YES 1 NO 2	
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
721	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
722	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
723	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724A	Do people living with HIV, get discriminatory treatment from the health service providers?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8	
726	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS HE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8	
727	CHECK 701: HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
728	CHECK 414: HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓ NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 736		
729	CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → 731		

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
731	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
732	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
733	CHECK 730, 731 AND 732: <div style="display: flex; justify-content: space-around;"> <div> HAS HAD AN <input type="checkbox"/> INFECTION (ANY 'YES') </div> <div> HAS NOT HAD AN <input type="checkbox"/> INFECTION OR DOES NOT KNOW </div> </div>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>→ 736</div> </div>	
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)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B STAND-ALONE HTC CENTER C FAMILY PLANNING CLINIC D MOBILE HTC SERVICES E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G STAND-ALONE HTC CENTER H PHARMACY I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP K 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 women other than his wives?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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>	<p>→ 812AA</p> <p>→ 813</p>
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 (hukka,sheesha) 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) 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>	→ 812AA

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 (hukka,sheesha) sessions?</p> <p>g) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">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) 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>	
812AA	How old were you when you started smoking?	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
813	Do you currently use smokeless 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>→ 815</p> <p>→ 815AA</p>
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/nuswar?</p> <p>d) Betel quid (paan) with tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">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>→ 815AA</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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/nuswar?</p> <p>d) Betel quid (paan) with tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">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>	
815AA	Do you currently use any types of drugs?	YES 1 NO 2	
815BB	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 815GG
815CC	<p>How does tuberculosis spread from one person to another?</p> <p>Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	THROUGH THE AIR WHEN COUGHING OR SNEEZING A BY SHARING UTENSIL B BY TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) _____ DON'T KNOW Z	
815DD	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	→ 815FF
815EE	<p>What is the duration of treatment of TB now a days?</p> <p>IF MORE THAN 7 MONTHS, RECORD 7.</p>	MONTHS <input type="text"/> DON'T KNOW 8	
815FF	Have you ever been told by a doctor or nurse or LHV that god forbid you have/had tuberculosis?	YES 1 NO 2	
815GG	Have you ever heard of illness called Hepatitis B or C?	YES 1 NO 2	→ 816
815HH	Is there anything a person can do to avoid getting Hepatitis B or C?	YES 1 NO 2 DON'T KNOW 8	→ 815JJ

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815II	<p>What can a person do to avoid getting Hepatitis B or C?</p> <p>Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>PRACTICE SAFE SEX A</p> <p>SAFE BLOOD TRANSFER B</p> <p>USE DISPOSABLE SYRINGE C</p> <p>AVOID CONTAMINATED FOOD/WATER D</p> <p>AVOID CONTACT WITH INFECTED PERSON E</p> <p>ENSURE INSTRUMENTS OF DENTISTS ARE PROPERLY STERILIZED F</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
815JJ	I don't want to know the results, but have you ever been tested for Hepatitis B or C?	<p>YES 1</p> <p>NO 2</p>	→ 816
815KK	How many months ago was your most recent test for Hepatitis B or C?	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>TWO OR MORE YEARS 95</p>	
816	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2</p>	→ 817A
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>SEHAT SAHULAT C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
817A	Do you receive any cash/kind benefit from Benazir Income Support Program through government of Pakistan?	<p>YES 1</p> <p>NO 2</p>	
818	RECORD THE TIME.	<p>HOURS <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>	

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
