

**DEMOGRAPHIC AND HEALTH SURVEYS
MAN'S QUESTIONNAIRE**

IDENTIFICATION				
ISLAND NAME AND NUMBER _____	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER.....	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
ATOLL NAME AND NUMBER _____				
HOUSEHOLD NUMBER	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
NAME AND LINE NUMBER OF MAN _____	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	_____	_____	_____	YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE	_____	_____		INT. NO. <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TIME	_____	_____		RESULT* <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				TOTAL NUMBER OF VISITS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** 0 1 </div> <div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div> NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 02 DHIVEHI </div> </div>				
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 50%;"> _____ SUPERVISOR NAME </div> <div style="width: 40%; text-align: center;"> SUPERVISOR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> NUMBER </div> </div>				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about health and other topics all over Maldives. 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 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
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	What is the highest (grade/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEARS OF SCHOOLING <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
110	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> PRIMARY OR SECONDARY <input style="width: 20px;" type="checkbox"/> HIGHER <input style="width: 20px;" type="checkbox"/> </div>		→ 113

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PART OF THE SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4</p> <p align="center">(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
112	<p>CHECK 111:</p> <p align="center">CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED ↓</p> <p align="center">CODE '1' OR '5' <input type="checkbox"/> CIRCLED</p>		→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
115	Do you watch television at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
116	Do you own a mobile telephone?	<p>YES 1</p> <p>NO 2</p>	→ 118
117	Do you use your mobile phone for any financial transactions?	<p>YES 1</p> <p>NO 2</p>	
118	Do you have an account in a bank or other financial institution that you yourself use?	<p>YES 1</p> <p>NO 2</p>	
119	Have you ever used the internet?	<p>YES 1</p> <p>NO 2</p>	→ 201
120	<p>In the last 12 months, have you used the internet?</p> <p>IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.</p>	<p>YES 1</p> <p>NO 2</p>	→ 201
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?	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b) GIRLS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD ↓ <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> → 211 → 301 </div>		
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: flex-start;"> <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-between; margin-top: 10px;"> <div style="width: 45%;"> a) How old were you when your first child was born? </div> <div style="width: 45%;"> b) How old were you when your child was born? </div> </div>	AGE IN YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <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> <div style="text-align: right; margin-top: 10px;">→ 301</div>		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>a) How old is your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>b) How old is your child?</p> </div> </div>	<p>AGE IN YEARS <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	
214	<p>CHECK 213:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>(YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>(YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/></p> </div> </div>	<p>→ 301</p>	
215	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>a) What is the name of your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>b) What is the name of your child?</p> </div> </div>	<p>_____ (NAME OF (YOUNGEST) CHILD)</p>	
216	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 218
217	Were you ever present during any of those antenatal check-ups?	<p>PRESENT 1</p> <p>NOT PRESENT 2</p>	
218	Was (NAME) born in a hospital or health facility?	<p>HOSPITAL/HEALTH FACILITY 1</p> <p>OTHER 2</p>	
219	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	<p>MORE THAN USUAL 1</p> <p>ABOUT THE SAME 2</p> <p>LESS THAN USUAL 3</p> <p>NOTHING TO DRINK 4</p> <p>DON'T KNOW 8</p>	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception/Morning After Pill. 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 1 (SPECIFY) YES, TRADITIONAL METHOD 2 (SPECIFY) NO 3

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last few months have you: 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, magazine or brochure? d) Have you read about family planning on the internet? e) Received a voice or text message about family planning on a mobile phone? f) Have you talked about family planning with your friends or relatives?	YES	NO		
		a) RADIO	1	2	
		b) TELEVISION	1	2	
		c) NEWSPAPER OR MAGAZINE	1	2	
		d) INTERNET	1	2	
		e) MOBILE PHONE	1	2	
		f) FRIENDS OR RELATIVES	1	2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES	1		
		NO	2		
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES	1	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. c) Using contraception is mainly a man's decision. d) If using condoms is uncomfortable for a man, he can refuse to use it. e) It is becoming more common in the Maldives for couples to initiate sexual intercourse before marriage. f) Men still want their wives to be virgins at the time they marry.	DIS- AGREE	AGREE	DK	
		a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
		b) WOMEN MAY BECOME PROMISCUOUS	1	2	8
		c) CONTRACEPTION MAN'S DECISION	1	2	8
		d) IF CONDOM UNCOMFORTABLE	1	2	8
		e) SEXUAL INTERCOURSE BEFORE MARRIAGE	1	2	8
		f) VIRGINS AT MARRIAGE	1	2	8

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404	
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413	
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410	
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2		
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407	
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS	<input type="text"/> <input type="text"/>	
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<div style="display: flex; justify-content: space-between;"> <div>NAME</div> <div>LINE NUMBER</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div><input type="text"/> <input type="text"/></div> </div>	<p>408</p> <p>How old was (NAME) on her last birthday?</p> <p>AGE</p> <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> </div>	
408	ASK 408 FOR EACH PERSON.			
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> </div> </div>		→ 411	
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2		

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	<p>CHECK 405 AND 410:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>BOTH ARE <input type="checkbox"/> CODE '2'</p> <p>a) In what month and year did you start living with your (wife/partner)?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div><input type="text"/><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW MONTH</div> <div>98</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW YEAR</div> <div>9998</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div>→ 413</div> </div>
412	How old were you when you first started living with her?	<div style="display: flex; justify-content: space-between;"> <div>AGE</div> <div><input type="text"/><input type="text"/></div> </div>	
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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?	<div style="display: flex; justify-content: space-between;"> <div>NEVER HAD SEXUAL INTERCOURSE</div> <div>00</div> </div> <div style="display: flex; justify-content: space-between;"> <div>AGE IN YEARS</div> <div><input type="text"/><input type="text"/></div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div>→ 501</div> </div>
415	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<div style="display: flex; justify-content: space-between;"> <div>DAYS AGO</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>WEEKS AGO</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTHS AGO</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEARS AGO</div> <div>4</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div>→ 417A</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div>→ 417B</div> </div>
417A	The last time you had sexual intercourse, was a condom used?	<div style="display: flex; justify-content: space-between;"> <div>YES</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NO</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW</div> <div>8</div> </div>	
417B	<p>Sometimes a woman becomes pregnant when she does not want to be.</p> <p>In the past has a woman with whom you were having sex ever become pregnant when you did not want her IF YES, PROBE IF IT HAPPENED ONCE OR MORE THAN ONCE.</p>	<div style="display: flex; justify-content: space-between;"> <div>YES, ONCE</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YES, MORE THAN ONCE</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NO</div> <div>3</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div>→ 427</div> </div>
417C	<p>What happened with the (last such) pregnancy?</p> <p>CHECK RESPONSE TO Q.417B TO PHRASE THE QUESTION APPROPRIATELY.</p>	<div style="display: flex; justify-content: space-between;"> <div>LIVEBIRTH</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>STILLBIRTH</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MISCARRIED</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>ABORTION</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER</div> <div>6</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(SPECIFY)</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW</div> <div>8</div> </div>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 417A: MOST RECENT PARTNER (FIRST COLUMN) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> CONDOM USED <input type="checkbox"/> </div> <div style="text-align: center;"> NOT ASKED <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;"> NO CONDOM USED <input type="checkbox"/> </div> <div style="text-align: center;"> </div> </div>	<div style="text-align: right; margin-top: 10px;">→ 438</div> <div style="text-align: right; margin-top: 10px;">→ 438</div>	

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 align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEM. HOSPIT/..... 11</p> <p>GOVT. REGIONAL HOSPITAL 12</p> <p>GOVT. ATOLL HOSPITAL 13</p> <p>GOVT. HEALTH CENTER 14</p> <p>GOVT. HEALTH POST 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 21</p> <p>PHARMACY 22</p> <p>SHE/JOURNEY/OTHER NGO 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
437	The last time you had sex did you or your partner use any method other than a condom to avoid or prevent a pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 439</p> <p>→ 440</p>
438	The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 440</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOC. K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 501</p>
440	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: 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								
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		→ 509								
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" 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 (SPECIFY) 996 DON'T KNOW 998									→ 514
507	CHECK 208: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">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 style="width: 45%;">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/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child?</div><div style="width: 45%;">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 (SPECIFY) 996 DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510	Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
511	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <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
512	CHECK 208: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">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 style="width: 45%;">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/WIVES/PARTNER(S)) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
513	CHECK 208: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child?</div><div style="width: 45%;">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	CHECK 203 AND 205: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">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? PROBE FOR A NUMERIC RESPONSE.</div><div style="width: 45%;">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?</div></div>	NONE 00 NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> 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 .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 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 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	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY	1		
		JOINTLY ONLY	2		
		BOTH ALONE AND JOINTLY	3		
		DOES NOT OWN	4		
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK
	a) If she goes out without telling him?	a) GOES OUT	1	2	8
	b) If she beats the children?	b) BEATS CHILDREN ..	1	2	8
	c) If she neglects housework?	c) NEGLECTS HOUSEWORK	1	2	8
	d) If she refuses to have sex with him?	d) REFUSES SEX	1	2	8
	e) If she asks him if you has other girlfriends?	e) GIRLFRIENDS	1	2	8
	f) If he suspects that she is unfaithful?	f) UNFAITHFUL	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	
706A	Can religion protect people from getting HIV or AIDS?	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	
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 style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" 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)	PUBLIC SECTOR INDHIRA GANDHI MEM. HOSPIT/ 11 GOVT. REGIONAL HOSPITAL 12 GOVT. ATOLL HOSPITAL 13 GOVT. HEALTH CENTER 14 GOVT. HEALTH POST 15 MOBILE TESTING CAMPS 17 BLOOD DONATING CAMPLS 18 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 SHE/JOURNEY/OTHER NGO 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 720
716	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 720
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 INDHIRA GANDHI MEM. HOSPIT/ A GOVT. REGIONAL HOSPITAL B GOVT. ATOLL HOSPITAL C GOVT. HEALTH CENTER D GOVT. HEALTH POST E MOBILE TESTING CAMPS F BLOOD DONATING CAMPLS G OTHER PUBLIC SECTOR _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I SHE/JOURNEY/OTHER NGO J OTHER PRIVATE MEDICAL SECTOR _____ X (SPECIFY) OTHER _____ Y (SPECIFY)	
720	Would you buy food from a shopkeeper or food handler 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	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
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 drank from the same glass as 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"/> NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS HIV OR AIDS a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? 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"/> NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE INTERCOURSE		→ 736
729	CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 731
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: HAS HAD AN <input type="checkbox"/> HAS NOT HAD AN <input type="checkbox"/> INFECTION INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 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

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>INDHIRA GANDHI MEM. HOSPITAL/..... A</p> <p>GOVT. REGIONAL HOSPITAL B</p> <p>GOVT. ATOLL HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>GOVT. VCT SITE F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ J</p> <p align="center">(SPECIFY)</p> <p>SELF TREATMENT K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
736	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
737	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801A	Have you heard of an illness called dengue fever?	YES 1 NO 2	→ 802A
801B	How does a person get dengue fever? PROBE: Any other ways? RECORD ALL MENTIONED.	MOSQUITO BITES A AIRBORNE B WATER BORNE C TOUCHING AN INFECTED PERSON D OTHER X (SPECIFY) DON'T KNOW Z	→ 801E
801C	Where do mosquitoes breed in the house? PROBE: Any other ways? RECORD ALL MENTIONED.	WELL A FLOWER POT TRAYS B WATER PLANT POTS/BOTTLES C WATER COLLECTING TANKS D ROOF GUTTERS E GARBAGE F OTHER X (SPECIFY) DON'T KNOW Z	
801D	What steps can a person take to avoid getting bitten by mosquitoes? PROBE: Any other ways? RECORD ALL MENTIONED.	USE MOSQUITO NETS A USE MOSQUITO REPELLANT B USE ELECTRIC RACKS C USE MOSQUITO COILS D SPRAY INSECTICIDE E KEEP DOORS AND WINDOWS CLOSED F OTHER X (SPECIFY) DON'T KNOW Z	
801E	What symptoms does a person with dengue fever have? PROBE: Any other ways? RECORD ALL MENTIONED.	VERY HIGH FEVER A BLEEDING FROM THE NOSE B BLEEDING FROM THE GUMS C HEADACHE D SKIN RASH E OTHER X (SPECIFY) DON'T KNOW Z	
801F	How can you treat a person with dengue fever? PROBE: Any other ways? RECORD ALL MENTIONED.	TAKE TO MEDICAL FACILITY A TREAT AT HOME B GIVE HOMEOPATHIC MEDICINE C OTHER X (SPECIFY) DON'T KNOW Z	
802A	Have you heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 808

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
802B	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TUBERCULOSIS C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	
802C	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
802D	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811A → 812
811	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	→ 812
811A	On average, how many cigarettes do you currently smoke each week?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
812	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 816
813	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	HOOKA/SHISHAH A BIDI B CIGARS C PIPE D CHEWING TOBACCO E SNUFF F E CIGARETTES G OTHER _____ X (SPECIFY)	
816	Are you covered by any health insurance?	YES 1 NO 2	→ 901
817	What type of health insurance are you covered by? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER A AASANDHA SCHEME B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE C OTHER _____ X (SPECIFY)	

SECTION 9. NON COMMUNICABLE DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
901	Have you ever heard of an illness called high blood pressure or hypertension?	YES 1 NO 2	→ 906																												
902	Have you ever been told by a doctor or other health professional that you have high blood pressure or hypertension?	YES 1 NO 2 DON'T KNOW 8	→ 906																												
903	Were you told on two or more different visits that you have high blood pressure or hypertension?	YES 1 NO 2 DON'T KNOW 8	→ 906																												
904	How old were you when you were first told by a doctor or health professional that you have hypertension?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>																													
905	To control your hypertension, are you now: a) taking prescribed medicine? b) controlling your weight or losing weight? c) cutting down on salt in your diet? d) exercising? e) stopped smoking?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) TAKING MEDICINE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) CONTROLLING WEIGH. .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) CUTTING SALT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) EXERCISING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) STOPPED SMOKING.....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) TAKING MEDICINE	1	2	8	b) CONTROLLING WEIGH. .	1	2	8	c) CUTTING SALT	1	2	8	d) EXERCISING	1	2	8	e) STOPPED SMOKING.....	1	2	8					
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906	Have you ever heard of an illness called diabetes or high blood sugar?	YES 1 NO 2	→ 910																												
907	Have you ever been told by a doctor or other health professional that you have diabetes?	YES 1 NO 2 DON'T KNOW 8	→ 910																												
908	How old were you when you were first told by a doctor or health professional that you have diabetes?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>																													
909	To control your diabetes, are you now: a) taking prescribed pills/tablets? b) taking insulin? c) controlling your weight or losing weight? d) cutting down/avoiding sugar in your diet? e) exercising? f) stopped smoking?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) TAKING MEDICINE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) TAKING INSULIN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) CONTROLLING WEIGHT ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) CUTTING SUGAR.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) EXERCISING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) STOPPED SMOKING.....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) TAKING MEDICINE	1	2	8	b) TAKING INSULIN	1	2	8	c) CONTROLLING WEIGHT ..	1	2	8	d) CUTTING SUGAR.....	1	2	8	e) EXERCISING	1	2	8	f) STOPPED SMOKING.....	1	2	8	
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910	Have you ever been diagnosed by a doctor or other health professional for any of the following? a) heart attack or myocardial infarction? b) stroke? c) renal failure? d) cancer? e) COPD/asthma?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) HEART ATTACK</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) STROKE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) RENAL FAILURE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) CANCER</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) COPD/ASTHMA</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) HEART ATTACK	1	2	8	b) STROKE	1	2	8	c) RENAL FAILURE.....	1	2	8	d) CANCER	1	2	8	e) COPD/ASTHMA	1	2	8					
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911	Have you ever heard of Thalassemia?	YES 1 NO 2	→ 916																												
912	Have you ever been tested for Thalassemia?	YES 1 NO 2	→ 916																												

SECTION 9. NON COMMUNICABLE DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
913	What was the result of your test?	BETA THALASSEMIA .. A ALPHA THALASSEMIA .. B HB-E .. C HB-D .. D HB-C E HB-S F NEGATIVE/NON CARRIER G INCONCLUSIVE H DON'T KNOW Z									
914	Did you receive genetic counselling on Thalassemia?	YES 1 NO 2									
915	Have you ever been told that an unborn child can be tested for a genetic problem due to Thalassemia?	YES 1 NO 2									
916	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

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
