



**Confidential**

I. IDENTIFICATION		CODE
1. PROVINCE _____		
2. REGENCY/CITY *) _____		
3. SUB-DISTRICT _____		
4. VILLAGE _____		
5. URBAN/RURAL **)      URBAN    -1                      RURAL    -2		
6. CENSUS BLOCK NUMBER _____		B
7. 2017 IDHS SAMPLE CODE .....		
8. HOUSEHOLD NUMBER .....		
9. NAME OF HOUSEHOLD HEAD _____		
10. NAME OF RESPONDENT _____		
11. RESPONDENT'S LINE NUMBER .....		
12. RESPONDENT'S MOBILE PHONE NUMBE _____		

II. INTERVIEWER VISITS																					
	1	2	3	FINAL VISIT																	
DATE OF INTERVIEW	_____	_____	_____	DATE	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																
INTERVIEWER'S NAME	_____	_____	_____	MONTH	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																
RESULT ***)	_____	_____	_____	YEAR	2	0	1	7													
	_____	_____	_____	INT. NUMBER																	
	_____	_____	_____	RESULT	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																
NEXT VISIT DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>																	
TIME	_____	_____	_____																		
***) RESULT CODES 1 COMPLETED                      4 REFUSED                      7 OTHER _____ 2 HOUSEHOLD MEMBER            5 PARTLY COMPLETED                      (SPECIFY) NOT AT HOME                      6 INCAPACITATED 3 POSTPONED																					
NAME	FIELD EDITOR		SUPERVISOR		OFFICE EDITOR		KEYED BY														
DATE	_____ <table border="1"><tr><td></td><td></td><td></td></tr></table>					_____ <table border="1"><tr><td></td><td></td><td></td></tr></table>					_____ <table border="1"><tr><td></td><td></td></tr></table>				_____ <table border="1"><tr><td></td><td></td></tr></table>						

\*\*) Circle selected category

## SECTION 1. RESPONDENT'S BACKGROUND

### INFORMED CONSENT

Hello. My name is ..... and I am working with BPS Statistics Indonesia. We are conducting a survey about the health of women, men and children all over Indonesia. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). The information we collect will help the government to plan health services. The survey usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED .. 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .. 2 ➔ END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME	HOUR ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?  IF LESS THAN ONE YEAR,	YEARS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ALWAYS ..... 95 VISITOR ..... 96	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> ➔ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY ..... 1 TOWN ..... 2 RURAL AREA ..... 3	
104	Before you moved here, which (PROVINCE/STATE) did you live in?	PROVINCE/STATE <sup>1)</sup> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>  _____ DISTRICT/CITY*) <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>  _____ CODES FILLED BY OFFICE EDITOR	
104A	Where did you live five years ago?	PROVINCE/STATE <sup>1)</sup> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>  _____ DISTRICT/CITY*) <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>  _____ CODES FILLED BY OFFICE EDITOR	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONT..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF LESS THEN 15 OR OLDER THAN 54 END INTERVIEW. CORRECT 17IDHS-HH BLOCK III	AGE IN COMPLETED YEAR <input type="text"/> <input type="text"/>	
106A	Are you now unmarried, married, living together, divorced, separated or widowed ?	NEVER MARRIED ..... 1 MARRIED ..... 2 LIVING TOGETHEI ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 WIDOWED ..... 6	
106B	CHECK 106 AND 106A: AGE 15-54 <input type="checkbox"/> OTHER <input type="checkbox"/> AND MARRIED/ LIVING TOGETHER <input type="checkbox"/>	→ END	
107	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 111
108	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY ..... 1 JUNIOR HIGH SCHOOL ..... 2 SENIOR HIGH SCHOOL ..... 3 ACADEMY/DI/DII/DIII ..... 4 DIV/UNIVERSIT' ..... 5	
109	What is the highest (grade/year) you completed at that level?  FIRST YEAR = 0 DON'T KNOW = 8 COMPLETED = 7	GRADE/YEAF ..... <input type="text"/>	
110	CHECK 108: CODE '1' <input type="checkbox"/> CODE '2', '3', '4' <input type="checkbox"/> CIRCLED OR '5' CIRCLED <input type="checkbox"/>	→ 113	
111	Now I would like you to read this sentence to me: SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:  Can you read only part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE 3 BLIND/VISUALLY IMPAIRED ..... 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	CHECK 111: CODE '2' OR '3' <input type="checkbox"/> CIRCLED CODE '1' OR '4' <input type="checkbox"/> CIRCLED		→ 114
113	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL . . . . . 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL . . . . . 3	
115	Do you watch 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	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, including <i>browsing, facebook, twitter, whatsapp, BBM, game online, skype, instagram and others</i> ?	YES . . . . . 1 NO . . . . . 2	→ 201
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	→ 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?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL . . . . . 4	

## SECTION 2. REPRODUCTION HISTORY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	I would like to ask about all the births you have had during your life. Do you have biological children?	YES ..... 1 NO ..... 2	→ 206
202	Do you have any biological sons or daughters who are living with you?	YES ..... 1 NO ..... 2	→ 204
203	How many sons live with you? And how many daughters live with you?  IF NONE, RECORD „00’.	SONS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>  DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
204	Do you have any biological sons or daughters who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you?  IF NONE, RECORD „00’.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
206	Do you have any biological son or daughter who was born alive but later died? If “NO” PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208
207	How many boys have died? And how many girls have died?  IF NONE, RECORD „00’.	BOYS DEAD ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> 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 ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
208A	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ children born alive. Is that correct?  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES <input type="checkbox"/></div> <div>NO <input type="checkbox"/></div> </div> <div style="margin-left: 150px;">             ↓              →           </div> <div style="margin-left: 100px;">             PROBE AND CORRECT 201-208 AS NECESSARY.           </div>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>	→ 211 → 301	
210	Do the children that you have fathered all have the same biological mother?	YES ..... 1 NO ..... 2	→ 211
210A	In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... <input type="text"/> <input type="text"/>	
211	CHECK 208 HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> a) How old were you when your (first) child was born? ..... HAS HAD ONLY ONE CHILD <input type="checkbox"/> b) How old were you when your child was born? .....	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
211A	CHECK 203: AT LEAST ONE DAUGHTER LIVES WITH FATHER <input type="checkbox"/> NO DAUGHTER LIVES WITH FATHER <input type="checkbox"/>	→ 212	
211B	Do you have a daughter age 10 or older who lives with you?	YES ..... 1 NO ..... 2	→ 212
211C	Do you know when your daughter had her first menstruation?	YES ..... 1 NO ..... 2 NOT YET MENSTRUATED ..... 3	
212	CHECK 203 AND 205: AT LEAST ONE CHILD LIVES WITH FATHER <input type="checkbox"/> NO CHILD LIVES WITH FATHER <input type="checkbox"/>	→ 301	
213	CHECK 203 AND 205: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> a) How old is your (youngest) child? ..... HAS HAD ONLY ONE CHILD <input type="checkbox"/> b) How old is your child? .....	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
214	CHECK 213: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/>	→ 301	
215	CHECK 203 AND 205: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> a) What is the name of your (youngest) child? ..... HAS HAD ONLY ONE CHILD <input type="checkbox"/> b) What is your child's name? .....	NAME OF CHILD	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215A	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS HAD MORE THAN ONE CHILD <input type="checkbox"/></p> <p>a) What is the name of the mother of your (youngest) child?</p> </div> <div style="width: 45%;"> <p>HAS HAD ONLY ONE CHILD <input type="checkbox"/></p> <p>b) What is the name of the mother of your child's</p> </div> </div>	NAME OF MOTHER OF (YOUNGEST) CHILD	
216	When (NAME'S) mother) was pregnant with (YOUNGEST CHILD'S NAME), did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 15px; height: 15px; margin-left: 5px;"></div> → 219
217	Were you ever present during any of those antenatal check-ups?	PRESENT ..... 1 NOT PRESENT ..... 2	
218	Was (YOUNGEST CHILD'S 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. KNOWLEDGE AND PRACTICE OF FAMILY PLANNING

301	Now I would like to talk about family planning. The various ways or methods that a couple can use to delay, avoid a pregnancy.	
	Have you ever heard of (METHOD)?	
01	<b>FEMALE STERILIZATION</b> Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
02	<b>MALE STERILIZATION</b> Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
03	<b>IUD</b> Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2
04	<b>INJECTABLES</b> 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	<b>IMPLANTS</b> 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	YES ..... 1 NO ..... 2
06	<b>PILL</b> Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2
07	<b>CONDOM</b> Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2
08	<b>INTRAVAG/DIAPHRAGM</b> Women can place a contraceptive tissue or a thin flexible disk in their vagina before intercourse.	YES ..... 1 NO ..... 2
09	<b>EMERGENCY CONTRACEPTION</b> As an emergency measure after unprotected sexual intercourse, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2
10	<b>Lactational Amenorrhea Method (LAM).</b> <b>PROBE:</b> Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding	YES ..... 1 NO ..... 2
11	<b>RHYTHM OR PERIODIC ABSTINENCE</b> Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO ..... 2
12	<b>WITHDRAWAL</b> Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2
13	<b>OTHERS</b> Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  <div style="text-align: center;">(SPECIFY)</div> <div style="text-align: center;">(SPECIFY)</div> NO ..... 2



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last six 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) Read about family planning in a poster or a mural? e) Read about family planning in a billboard, banner, mural? f) Read about family planning on the Internet?	YES NO a) RADIC..... 1 2 b) TELEVISIO..... 1 2 c) NEWSPAPER OR MAGAZINE 1 2 d) POSTER OR PAMPHLET .... 1 2 e) BILLBOARD, BANNER, PENNANT OR MURAL .... 1 2 f) INTERNET ..... 1 2	
303	In the last six months, have you discussed family planning with: a) Wife/partner? b) Friend/neighbor? c) Relative? d) Health provider? e) Family planning field worker? f) Religious leader? g) Community leader h) Women's group?	YES NO WIFE ..... 1 2 NEIGHBOR..... 1 2 RELATIVE ..... 1 2 HEALTH PROVIDER..... 1 2 FP FIELDWORKER ..... 1 2 RELIGIOUS LEADER ..... 1 2 COMMUNITY LEADER ..... 1 2 WOMEN'S GROUP ..... 1 2	
304	Now I would like to ask you about a woman's risk of 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 giving birth, can a woman become pregnant before resuming menstruation?	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 women's business and a man should not have to worry about it.  B. Women who are sterilized may become promiscuous.  C. Being sterilized for a man is equivalent to being castrated.  D. A woman is the one who gets pregnant, so she should be the one to get sterilized.	AGRE DIS- E AGR EE DK CONTRACEPTION WOMEN BUSINESS .. 1 2 3 STERILIZED WOMEN ARE PROMISCUOUS .. 1 2 3 MALE STERILIZATION IS CASTRATION ..... 1 2 3 WOMAN SHOULD BE THE ONE STERILIZED .. 1 2 3	
307A	Are you currently using any contraceptive method?	YES ..... 1 NO ..... 2	→ 307C
307B	Which method are you using?	MALE STERILIZATION ..... 1 CONDOM ..... 2 RHYTHM METHOD ..... 3 WITHDRAWAL ..... 4 OTHER ..... 6 (SPECIFY)	
307C	Is your wife/partner currently using any contraceptive method?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 307E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307D	Which method is she using?	FEMALE STERILIZATION ..... A IUD ..... B INJECTABLES ..... C IMPLANTS ..... D PILL ..... E LAM ..... F RHYTHM METHOD ..... G WITHDRAWAL ..... H OTHER ..... X (SPECIFY)	
307E	CHECK 307B:  NOT ASKED OR CODE '2', '3', '4' OR '6' CIRCLED <input type="checkbox"/>	CODE '1' CIRCLED <input type="checkbox"/>	307G
307F	CHECK 307D:  CODE 'A', 'B', 'C', 'D' OR 'E' CIRCLED <input type="checkbox"/>	NOT ASKED OR CODE 'F', 'G', 'H' OR 'X' CIRCLED <input type="checkbox"/>	308A
307G	When you obtained the (CURRENT METHOD), did you use the National Health Insurance (JKN or BPJS) or any other health insurance?	YES, JKN/BPJS-PBI ..... 1 YES, JKN/BPJS-NON PBI ..... 2 YES, OTHER HEALTH INSURANCE ..... 3 NO ..... 4	
308A	CHEK 301(02), 307A AND 307B:  VER HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/>	RESPONDENT STERILIZED <input type="checkbox"/>  NEVER HEARD OF STERILIZATION <input type="checkbox"/>	308D  404
308B	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WIFE ALREADY STERILIZED ..... 1 WOULD CONSIDER ..... 2 WOULD NOT CONSIDER ..... 3 UNSURE/DEPENDS ..... 4	308D
308C	Why would you never consider getting sterilized?  PROBE: Any other reasons?  RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	AGAINST RELIGION ..... A BAD FOR MAN'S HEALTH ..... B OPERATION NOT SAFE ..... C LESS INTRUSIVE WAYS AVAILABLE ..... D MAY WANT MORE CHILDREN ..... E MAY REMARRY SOME DAY ..... F COSTS ..... G LOSS OF SEXUAL FUNCTION ..... H WIFE DOESN'T AGREE ..... I OTHER ..... X (SPECIFY)	
308D	In your opinion what are some of the advantages of male sterilization?  PROBE: Any other advantages?  RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUT MAN IN CONTROL ..... A EFFECTIVE METHOD ..... B OPERATION IS SAFE ..... C SAFER THAN FEMALE STERILIZATION ..... D OPERATION INEXPENSIVE ..... E LESS EXPENSIVE THAN FEMALE STERILIZATION ..... F OPERATION IS SIMPLE ..... G GIVE MAN FREEDOM ..... H OTHER ..... X DON'T KNOW ..... Z	

# SECTION 4. MARRIAGE AND ATTITUDE TOWARDS WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 ..... 1 NO ..... 2	→ 407
406	How many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>	
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="width: 45%;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NAME</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 10%;"> <p>LINE NUMBER</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> </div> <div style="width: 45%;"> <p>AGE</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> </div> </div>	<p>408 How old was (NAME) on her last birthday?</p>
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> </div> </div>		→ 411
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
411	<p>CHECK 405 AND 411:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>BOTH CODE 2' <input type="checkbox"/></p> <p>In what month and year did you start living with your (wife/partner)?</p> </div> <div style="width: 45%;"> <p>OTHER <input type="checkbox"/></p> <p>Now I want to ask about your first wife. In what month and year did you start living with her?</p> </div> </div>	<p>MONTH ..... <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	→ 412A
412	How old were you when you first started living with her?	AGE ..... <input type="text"/> DON'T KNOW ..... 98	
412A	Do you know when your wife had her last menstruation?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
412B	Did you ask her condition when she was having her menstruation, such as: a) Bled more than usual? b) Menstruation came on time? c) How long was the menstruation? d) Extra pain? e) Other?	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) BLED MORE THAN USUA</td><td>1</td><td>2</td></tr> <tr> <td>b) ON TIME</td><td>1</td><td>2</td></tr> <tr> <td>c) HOW LONG</td><td>1</td><td>2</td></tr> <tr> <td>d) EXTRA PAIN</td><td>1</td><td>2</td></tr> <tr> <td>e) OTHER</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) BLED MORE THAN USUA	1	2	b) ON TIME	1	2	c) HOW LONG	1	2	d) EXTRA PAIN	1	2	e) OTHER	1	2	
	YES	NO																			
a) BLED MORE THAN USUA	1	2																			
b) ON TIME	1	2																			
c) HOW LONG	1	2																			
d) EXTRA PAIN	1	2																			
e) OTHER	1	2																			
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																				
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <table border="1"><tr><td></td><td></td></tr></table> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95			→ 502																
415	When did you have sexual intercourse for the last time? IF LESS THEN 12 MONTH, THE ANSWERED IS RECORDED IN MONTH, WEEK, OR DAY. IF 12 MONTHS OR MORE, THE ANSWER IS RECORDED IN YEAR	<table> <tr> <td>DAYS</td><td><table border="1"><tr><td></td><td></td></tr></table></td></tr> <tr> <td>WEEKS</td><td><table border="1"><tr><td></td><td></td></tr></table></td></tr> <tr> <td>MONTHS</td><td><table border="1"><tr><td></td><td></td></tr></table></td></tr> <tr> <td>YEARS</td><td><table border="1"><tr><td></td><td></td></tr></table></td></tr> </table>	DAYS	<table border="1"><tr><td></td><td></td></tr></table>			WEEKS	<table border="1"><tr><td></td><td></td></tr></table>			MONTHS	<table border="1"><tr><td></td><td></td></tr></table>			YEARS	<table border="1"><tr><td></td><td></td></tr></table>					
DAYS	<table border="1"><tr><td></td><td></td></tr></table>																				
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MONTHS	<table border="1"><tr><td></td><td></td></tr></table>																				
YEARS	<table border="1"><tr><td></td><td></td></tr></table>																				
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	→ 502																		
431	In the last 12 months, did you compensate anyone with gifts or in kind in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 432A																		
432	Have you ever given anyone with gifts or other goods in order exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 502																		
432A	The last time you have given any gifts or other goods in order to have sex or to become sexually involved, was a condom used?	YES ..... 1 NO ..... 2	→ 502																		
432B	Was a condom used during sexual intercourse every time you have given any gifts or other goods in order to have sex or to become sexually involved, in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 502																		

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</p> <p>SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>COMMUNITY-BASED HEALTH CARE</b></p> <p>VILLAGE HEALTH POST/ VILLAGE MATERNITY POST . . . 11</p> <p>INTEGRATED HEALTH SERVICE POST . . . . . 12</p> <p>OTHER POST _____ 14</p> <p><b>PUBLIC</b></p> <p>PUBLIC HOSPITAL . . . . . 21</p> <p>CLINIC . . . . . 22</p> <p>PRIMARY HEALTH CENTER . . . . 23</p> <p>SUB/MOBILE CLINIC</p> <p>PRIMARY HEALTH CENTER . . . 24</p> <p>MOBILE HEALTH/FP CLINIC . . . 25</p> <p>FP FIELD WORKER . . . . . 26</p> <p>VILLAGE FP POST . . . . . 27</p> <p>VILLAGE MIDWIFE . . . . . 28</p> <p>OTHER _____ 29</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>HOSPITAL/MOTHER AND CHILD HOSPITAL/MATERNITY</p> <p>HOSPITAL . . . . . 31</p> <p>CLINIC/MATERNITY HOM . . . . 32</p> <p>PRIVATE OBSTETRICIAN AND OBSTETRICIAN . . . . . 33</p> <p>PRIVATE GENERAL PRACTITIONER . . . . . 34</p> <p>PRIVATE MIDWIFE . . . . . 35</p> <p>PRIVATE NURSE . . . . . 36</p> <p>OTHER _____ 37</p> <p>(SPECIFY)</p> <p><b>OTHER</b></p> <p>DRUGSTORE . . . . . 41</p> <p>SHOP . . . . . 42</p> <p>OTHER _____ 43</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES			
NO.	QUESTIONS AND FILTERS	CODE	SKIP
502	CHECK 307B:  <div style="display: flex; justify-content: space-around;"> <div> NOT ASKED OR  RESPONDENT NOT STERILIZED <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> <div> RESPONDENT  STERILIZED <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> </div>		514
503	CHECK 407:  <div style="display: flex; justify-content: space-around;"> <div> ONE WIFE <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> <div> MORE THAN  ONE WIFE <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> </div>		509
504	Is your wife pregnant now?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	507
505	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 UNDECIDED ..... 8	514
506	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	514
507	CHECK 208:  <div style="display: flex; justify-content: space-around;"> <div> HAS CHILD(REN) <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> <div> NO CHILD <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> Now I have some questions about the future. Would you like to have another child, or would you prefer not have any more children? </div> <div> Now I have some questions about the future. Would you like to have a child, or would you prefer not have any children? </div> </div>	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 WIFE/PARTNER CAN'T GET PREGNANT ..... 3 WIFE/PARTNER STERILIZED ..... 4 UNDECIDED ..... 8	514
508	CHECK 208:  <div style="display: flex; justify-content: space-around;"> <div> WIFE/PARTNER  NOT PREGNANT  OR DON'T KNOW <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> <div> WIFE/PARTNER  PREGNANT <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> How long would you like to wait from now before the birth of (a/another) child? </div> <div> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? </div> </div>	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	514
509	Is any one of your wives pregnant now?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	512

NO.	QUESTIONS AND FILTERS	CODE	SKIP
510	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 UNDECIDED ..... 8	→ 514
511	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> SOON/NOW ..... 993 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 514
512	CHECK 208:  HAS CHILD(REN) <input type="checkbox"/> NO CHILD <input type="checkbox"/>  Now I have some questions about the future. Would you like to have another child, or would you prefer not have any more children?  Now I have some questions about the future. Would you like to have a child, or would you prefer not have any children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 WIFE/PARTNER CAN'T GET PREGNANT ..... 3 WIFE/PARTNER STERILIZED ..... 4 UNDECIDED ..... 8	→ 514
513	CHECK 208:  HAS CHILD(REN) <input type="checkbox"/> NO CHILD <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  How long would you like to wait before the birth of a child?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> SOON/NOW ..... 993 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	
514	CHECK 203 AND 205:  HAS <input type="checkbox"/> NO <input type="checkbox"/> LIVING CHILDREN LIVING CHILDREN  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 children would that be? PROBE FOR NUMERIC RESPONSE.	NONE ..... 00  TOTAL ..... <input type="text"/> <input type="text"/>  OTHER ..... 96 (SPECIFY)	→ 601   → 601

NO.	QUESTIONS AND FILTERS	CODE	SKIP
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?  "ANY" IS THE DESIRED NUMBER OF CHILDREN WITHOUT A SPECIFIC GENDER PREFERENCE	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>BOY</span> <span>GIRL</span> <span>EITHER</span> </div> <div style="display: flex; align-items: center;"> TOTAL <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> OTHER <div style="border-bottom: 1px solid black; width: 150px; margin: 0 10px;"></div> 999996 (SPECIFY) </div>	
515A	CHECK 307A:  <div style="display: flex; justify-content: space-around; align-items: center;"> CODE '2' CIRCLED <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> CODE '1' CIRCLED <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div>		601
515B	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> → 515D
515C	Which contraceptive method would you prefer to use?	MALE STERILIZATION ..... 1 CONDOM ..... 2 PERIODIC ABSTINENCE ..... 3 WITHDRAWAL ..... 4  OTHER ..... 6 (SPECIFY) UNSURE ..... 8	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> → 601
515D	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASON NOT HAVING SEX ..... 11 MENOPAUSE/HISTERECTOMY ... 12 SUBFECUND/INFECUND ..... 13 WANT AS MANY CHILDREN AS POSSIBLE ..... 14 FATALISTIC ..... 15  OPPOSITION TO USE RESPONDENT OPPOSED ..... 21 WIFE/PARTNER OPPOSED ..... 22 OTHER OPPOSED ..... 23 RELIGIOUS PROHIBITION ..... 24  LACK OF KNOWLEDGE KNOWS NO METHODS ..... 31 KNOWS NO SOURCE ..... 32  METHOD RELATED REASON HEALTH CONCERNS ..... 41 FEAR OF SIDE EFFECTS ..... 42 TOO FAR ..... 43 COST TOO MUCH ..... 44 INCONVENIENT TO USE ..... 45 GAIN/LOSS WEIGHT ..... 46  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	



# SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODE	SKIP
601	Have you done any work in the last seven days for at least one hour continuously?	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	→ 610
604	What is your occupation, that is, what kind of work (do/did) you mainly do?  DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES.  _____  _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> (FILLED BY BPS)	PROFESSIONAL, TECHNICAL ..... 01 MANAGERS AND ADMINISTRATION ..... 02 CLERICAL ..... 03 SALES ..... 04 SERVICE ..... 05 AGRICULTURAL WORKER ..... 06 INDUSTRIAL WORKER ..... 07  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
604A	Do you do this work for a member of your family, for someone else, or are you self-employed?	FAMILY WORKER ..... 1 LABORER/EMPLOYEE ..... 2 SELF EMPLOYED ..... 3	
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	
608	CHECK 606: CODE '1' OR '2' <input type="checkbox"/> CIRCLED CODE '3' OR '4' <input type="checkbox"/> CIRCLED		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 OTHER ..... 6 SPECIFY	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODE	SKIP
611	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 SPECIFY	
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, RESPONDENT'S NAME ..... 1 YES, RESPONDENT'S WIFE/ PARTNER'S NAME ..... 2 YES, SOMEONE ELSE'S NAME ..... 3 NO ..... 4	
615	Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4	→ 618
616	Do you have a title deed for any land you own?	YES, RESPONDENT'S NAME ..... 1 YES, RESPONDENT'S WIFE/ PARTNER'S NAME ..... 2 YES, SOMEONE ELSE'S NAME ..... 3 NO ..... 4	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with e) If she burns the food?  READ OUT THE QUESTIONS SLOWLY. THIS IS THE RESPONDENT'S OPINION, NOT HER EXPERIENCE.	YES NO DK a) GOES OUT ..... 1 2 8 b) NEGLECTS CHILDREN ..... 1 2 8 c) ARGUES ..... 1 2 8 d) REFUSES SEX ..... 1 2 8 e) BURNS FOOD ..... 1 2 8	

**SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS**

NO.	QUESTIONS AND FILTERS	CODE	SKIP
701	Now I want to talk about something else. Have you ever heard of an illness called HIV-AIDS?	YES ..... 1 NO ..... 2	→ 727
701A	From which sources of information have you learned about HIV-AIDS?  Any other sources?  RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO ..... A TELEVISION ..... B NEWSPAPER/MAGAZINE ..... C FLYER / POSTER ..... D HEALTH PROFESSIONAL ..... E RELIGIOUS INSTITUTION ..... F SCHOOL/TEACHER ..... G COMMUNITY MEETING ..... H FRIENDS/RELATIVE ..... I WORK PLACE ..... J INTERNET ..... K OTHER ..... X (SPECIFY)	
702	Can people reduce their chance of getting the HIV-AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
703	Can people get the HIV-AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
704	Can people reduce their chance of getting the HIV-AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
705	Can people get the HIV-AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
706	Can people get the HIV-AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
706A	Can people get the HIV-AIDS virus by sharing unsterilized needle or syringe?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707	Is it possible for a healthy-looking person to have the HIV-AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	Can the HIV-AIDS virus be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY ..... 1 2 8 BY BREASTFEEDING .. 1 2 8	
708A	How to identify someone who was infected HIV-AIDS?  Any thing else?  RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PHYSICAL ..... A BEHAVIOR ..... B BLOOD TEST ..... C OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
708B	Do you know about HIV-AIDS test?	YES ..... 1 NO ..... 2	→ 717A
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 717A

NO.	QUESTIONS AND FILTERS	CODE	SKIP
717	<p>Where is that?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>RECORD ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p><b>PUBLIC SECTOR</b></p> <p>HOSPITAL ..... A</p> <p>PRIMARY HEALTH CENTER ..... B</p> <p>SUB/MOBILE PRIMARY HEALTH CENTER ..... C</p> <p>CLINIC ..... D</p> <p>STAND-ALONE VCT CENTER ... E</p> <p>OTHER ..... F</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>HOSPITAL ..... G</p> <p>CLINIC ..... H</p> <p>STAND-ALONE VCT CENTER ... I</p> <p>PRIVATE DOCTOR ..... J</p> <p>MIDWIFE/NURSE ..... K</p> <p>OTHER ..... L</p> <p>(SPECIFY)</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
717A	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV-AIDS?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
720A	If a member of your family got infected with the HIV-AIDS virus, would you want it to remain a secret or not?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
720B	If a member of your family became sick with HIV-AIDS, would you be willing to care for her or him in your own household?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
721	Do you think children living with HIV-AIDS should be allowed to attend school with children who do not have HIV-AIDS	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
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?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
723	Do people talk badly about people living with HIV-AIDS, or who are thought to be living with HIV-AIDS?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
724	Do people living with HIV-AIDS, or thought to be living with HIV-AIDS, lose the respect of other people?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
725	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV-AIDS.	<p>AGREE ..... 1</p> <p>DISAGREE ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
726	Do you fear that you could get HIV-AIDS if you come into contact with the saliva of a person living with HIV-AIDS?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
727	<p>CHECK 701:</p> <p>EVER HEARD <input type="checkbox"/> ABOUT AIDS ↓</p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual</p> <p>NEVER HEARD <input type="checkbox"/> ABOUT AIDS ↓</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 728

NO.	QUESTIONS AND FILTERS	CODE	SKIP
727A	<p>What infection have you heard about?</p> <p>Any other?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>           SYPHILIS ..... A            GONORRHEA ..... B            GENITAL WARTS/CONDYLOMATA ... C            CHANROID ..... D            CLAMYDIA ..... E            CANDIDA ..... F            GENITAL HERPES ..... G            OTHER ..... X            (SPECIFY)         </p>	
727B	<p>From which sources of information have you learned about sexually transmitted infection (STIs)?</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>           RADIO ..... A            TELEVISION ..... B            NEWSPAPER/MAGAZINE ..... C            POSTER ..... D            HEALTH PROFESSIONAL ..... E            RELIGIOUS INSTITUTION ..... F            SCHOOL/TEACHER ..... G            COMMUNITY MEETING ..... H            FRIENDS/RELATIVE ..... I            WORK PLACE ..... J            INTERNET ..... K            OTHER ..... X            (SPECIFY)         </p>	
727C	<p>If a <u>man</u> has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>           ABDOMINAL PAIN ..... A            GENITAL DISCHARGE/DRIPPING ... B            FOUL SMELLING DISCHARGE ..... C            BURNING PAIN ON URINATION ..... D            REDNESS/INFLAMMATION IN              GENITAL AREA ..... E            SWELLING IN GENITAL AREA ..... F            GENITAL SORES/ULCERS ..... G            GENITAL WARTS ..... H            GENITAL ITCHING ..... I            BLOOD IN URINE ..... J            LOSS OF WEIGHT ..... K            IMPOTENCE ..... L            OTHER ..... X            (SPECIFY)            NO SYMPTOM ..... Y            DON'T KNOW ..... Z         </p>	
727D	<p>If a <u>woman</u> has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>           ABDOMINAL PAIN ..... A            GENITAL DISCHARGE/DRIPPING ... B            FOUL SMELLING DISCHARGE ..... C            BURNING PAIN ON URINATION ..... D            REDNESS/INFLAMMATION IN              GENITAL AREA ..... E            SWELLING IN GENITAL AREA ..... F            GENITAL SORES/ULCERS ..... G            GENITAL WARTS ..... H            GENITAL ITCHING ..... I            BLOOD IN URINE ..... J            LOSS OF WEIGHT ..... K            HARD TO CONCEIVE ..... L            OTHER ..... X            (SPECIFY)            NO SYMPTOM ..... Y            DON'T KNOW ..... Z         </p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP
728	CHECK 414: CODE '00' <input type="checkbox"/> NOT CIRCLED CODE '00' <input type="checkbox"/> CIRCLED		736
729	CHECK 727: CODE '1' <input type="checkbox"/> CIRCLED CODE '2' <input type="checkbox"/> CIRCLED		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 near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
733	CHECK 730, 731 AND 732: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		736
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 736
735	Where did you go? Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  RECORD ALL MENTIONED.    DO NOT READ OUT RESPONSES.	<b>PUBLIC SECTOR</b> HOSPITAL ..... A PRIMARY HEALTH CENTER ..... B SUB/MOBILE PRIMARY HEALTH CENTER ..... C CLINIC ..... D OTHER ..... E _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> HOSPITAL ..... F CLINIC ..... G PRIVATE DOCTOR ..... H MIDWIFE/NURSE ..... I PHARMACY ..... J OTHER ..... K _____ (SPECIFY)  <b>OTHER</b> SHOP ..... L SELF-MEDICATE ..... M TRADITIONAL HEALER ..... N OTHER ..... X _____ (SPECIFY)	
736	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
737	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

# SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS .. <input type="text"/> <input type="text"/>  NONE ..... 00	→ 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS .. <input type="text"/> <input type="text"/>  NONE ..... 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
808	Do you currently smoke cigarettes every day, some days, or not at all??	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 811 → 810
809	In the past, have you smoked tobacco every day?	YES ..... 1 NO ..... 2	→ 811A
810	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 811A
811	On average, how many cigarettes do you smoke every day? IF NOT SMOKED, RECORD "00"	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>	
811A	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
811B	What (other) type of tobacco do you currently smoke or use?       CIRCLE ALL MENTIONED	PIPE ..... A CIGAR ..... B SHISHA ..... C INHALED THROUGH MOUTH ..... D INHALED THROUGH NOSE ..... E CHEWING TOBACCO ..... F CHEW BETEL LEAF AND TOBACCO ..... G OTHER ..... X (SPECIFY)	
816	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 818
817	What type of health insurance?   DO NOT READ OUT RESPONSES. AND CIRCLE ALL MENTIONED	REGIONAL HEALTH I ..... A HEALTH SECURITY INSURANCE ..... B HEALTH SECURITY INSURANCE NON CONTRIBUTION ..... C PRIVATE HEALTH INSURANCE ..... D EMPLOYER'S INSURANCE ..... E OTHER ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817A	CHECK 817: <div> CODE 'B' <input type="checkbox"/>  CIRCLED     ↓ </div> <div> CODE 'B' <input type="checkbox"/>  NOT CIRCLED     → </div>		818
817B	What type of services did you use the JKN/BPJS PBI card for?	FAMILY PLANNING ..... A INPATIENT CARE ..... B OUTPATIENT CARE/CHECK UP ..... C NEVER USED ..... D	
818	RECORD THE TIME.	<div> HOUR ..... <div> <div></div> <div></div> </div> </div> <div> MINUTES ..... <div> <div></div> <div></div> </div> </div>	



**INTERVIEWER'S OBSERVATIONS**

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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**SUPERVISOR'S OBSERVATIONS**

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

