SIERRA LEONE DEMOGRAPHIC AND HEALTH SURVEY 2019
MAN'S QUESTIONNAIRE

SIERRA LEONE
STATISTICS SIERRA LEONE

IDENTIFICATION

LOCALITY NAME _____

LOCAL COUNCIL _____

NAME OF HOUSEHOLD HEAD _____

DISTRICT CODE . . . . □□

PROVINCE NAME AND CODE _____

CHIEFDOM CODE . . . . □□□

SECTION CODE . . . .

CLUSTER NUMBER . . . . □□□

ENUMERATION AREA CODE . . . .

RURAL(1)/URBAN(2) . . . .

HOUSEHOLD NUMBER . . . . □□□
PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . □□□

HOUSEHOLD NUMBER . . . . □□□

NAME AND LINE NUMBER OF MAN _____ □□

INTERVIEWER VISITS

	1	2	3	FINAL VISIT		
DATE	_____	_____	_____	DAY		
				MONTH		
				YEAR	□□	
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	□□	
RESULT*	_____	_____	_____	RESULT*		□
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	□	
TIME	_____	_____				

*RESULT CODES:
1 COMPLETED   4 REFUSED
2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
3 POSTPONED   6 INCAPACITATED   SPECIFY

LANGUAGE OF QUESTIONNAIRE**	**0 1**	LANGUAGE OF INTERVIEW**	□□	NATIVE LANGUAGE OF RESPONDENT**	□□	TRANSLATOR USED (YES = 1, NO = 2)	□

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH   03 TEMNE   05 LIMBA
02 KRIO   04 MENDE   06 OTHER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
□□□	□□□	□□□	□□□
NAME NUMBER	NAME NUMBER	NUMBER	NUMBER

Hello. My name is _____. I am working with Statistics Sierra Leone. We are conducting a survey about health and other topics all over Sierra Leone. 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 . . . . □□ MINUTES . . . . □□	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . □□ ALWAYS . . . . 95 VISITOR 96	⟶ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY . . . . 1 TOWN . . . . 2 RURAL AREA 3	
104	Before you moved here, which province did you live in?	EASTERN PROVINCE . . . . 01 NORTHERN PROVINCE . . . . 02 SOUTHERN PROVINCE . . . . 03 NORTH WEST PROVINCE . . . . 04 WESTERN AREA . . . . 05 OUTSIDE OFSIERRA LEONE 96	
105	In what month and year were you born?	MONTH . . . . □□ DON'T KNOW MONTH . . . . 98 YEAR . . . . □□□□ 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 . . . . □□	
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 JUNIOR SECONDARY . . . . 2 SENIOR SECONDARY . . . . 3 VOCATIONAL/COMMERCIAL/NURSING TECHNICAL/TEACHING . . . . 4 HIGHER 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR . . . . ☐☐	
110	CHECK 108: PRIMARY OR SECONDARY ☐ VOCATIONAL/COMMERCIAL/NURSING TECHNICAL/TEACHING HIGHER ☐		→ 113

111	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE,
	PROBE: Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PART OF
		    THE SENTENCE 2
		ABLE TO READ WHOLE SENTENCE 3
		NO CARD WITH REQUIRED
		    LANGUAGE _____ 4
		                  (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

112	CHECK 111: CODE '2', '3' OR '4' CIRCLED ☐ CODE '1' OR '5' 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
117	Do you use your mobile phone for any financial transactions?	YES . . . . 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . . 1 NO 2	
119	Have you ever used the internet?	YES . . . . 1 NO 2	→ 122
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	→ 122
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your religion?	CHRISTIAN ………………………………… 1 ISLAM ………………………………… 2 BAHAI ………………………………… 3 TRADITIONAL ………………………………… 4 NONE ………………………………… 5 OTHER _____ 6 SPECIFY	
123	What is your ethnic group?	CREOLE 11 FULLAH 12 KONO 13 LIMBA 14 LOKO 15 MANDINGO 16 MENDE 17 SHERBRO 18 TEMNE 19 OTHER SIERRA LEONE _____ 95 SPECIFY OTHER FOREIGN _____ 96 SPECIFY	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . [ ][ ] NONE 00	→ 201
125	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . 1 NO 2	

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 .... b) DAUGHTERS AT HOME	
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 .... b) DAUGHTERS ELSEWHERE	
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 .... b) GIRLS DEAD	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD ↓ HAS HAD ONLY ONE CHILD HAS NOT HAD ANY CHILDREN		→ 211 → 301
210	Did all of the children you have fathered have the same biological mother?	YES .... 1 NO 2	
211	CHECK 208: HAS HAD MORE THAN ONE CHILD ↓ HAS HAD ONLY ONE CHILD ↓ a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS	
212	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ↓ NO LIVING CHILDREN		→ 301

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

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 2
		NO	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES	1
		NO	2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES	1
		NO	2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES	1
		NO	2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES	1
		NO	2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES	1
		NO	2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES	1
		NO	2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES	1
		NO	2
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES	1
		NO	2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES	1
		NO	2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES	1
		NO	2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES	1
		NO	2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES	1
		NO	2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO .... Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone?	YES NO a) RADIO . . . . 1 2 b) TELEVISION . . . . 1 2 c) NEWSPAPER OR MAGAZINE . . . . . 1 2 d) MOBILE PHONE 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES . . . . 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . 1 DURING HER PERIOD . . . . 2 RIGHT AFTER HER PERIOD HAS ENDE . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.
	
	a) Contraception is a woman's concern and a man should not have to worry about it.
	b) Women who use contraception may become promiscuous.
		DIS-
		                  AGREE AGREE DK
		a) CONTRACEPTION
		    WOMAN'S CONCERN 1 2 8
		b) WOMEN MAY BECOME
		    PROMISCUOUS 1 2 8	

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	⌐→ 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	⌐→ 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 . . . . ☐☐	

407	CHECK 405:

ONE WIFE/ PARTNER ☐   MORE THAN ONE WIFE/ PARTNER ☐

a) Please tell me the name of (your wife/the woman you are living with as if married).

b) Please tell me the name of each of your wives or each woman you are living with as if married.

RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.

IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.

408	ASK 408 FOR EACH PERSON.

NAME	LINE NUMBER	408 (1) How old was (NAME) on her last birthday? AGE
_____	☐☐	☐☐
_____	☐☐	☐☐
_____	☐☐	☐☐
_____	☐☐	☐☐

409	CHECK 407:	
	ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐	⟶ 411

| 410 | Have you been married or lived with a woman only once or more than once? | MORE THAN ONCE 1
ONLY ONCE . . . . 2 | |

411	CHECK 405 AND 410:

BOTH ARE ☐ CODE '2'   OTHER ☐

a) In what month and year did you start living with your (wife/partner)?

b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?

MONTH . . . . ☐☐	
DON'T KNOW MONTH 98	
YEAR . . . . ☐☐☐☐	⌐→ 413
DON'T KNOW YEAR 9998	

412	How old were you when you first started living with her?	AGE . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS	→ 501
415	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO 4	→ 417 → 427

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 419 (ALL COLUMNS): AT LEAST ONE PARTNER ☐ IS A SEX WORKER ↓	NO PARTNERS ☐ ARE SEX WORKERS → 427	
426	CHECK 419 AND 417 (ALL COLUMNS): CONDOM USED WITH ☐ → 430 EVERY SEX WORKER OTHER ☐ → 431		
427	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES .... 1 NO 2	→ 429
428	Have you ever paid anyone in exchange for having sexual intercourse?	YES .... 1 NO 2	→ 431
429	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES .... 1 NO 2	→ 431
430	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES .... 1 NO .... 2 DON'T KNOW 8	
431	In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES .... 1 NO 2	→ 433
432	Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES .... 1 NO 2	
433	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME .... ☐☐ DON'T KNOW 98	
434	CHECK 417: MOST RECENT PARTNER (FIRST COLUMN) CONDOM ☐ USED ↓ NO CONDOM ☐ USED	NOT ASKED ☐ → 438 → 438	
435	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	LATEX .... 01 PROTECTOR PLUS 02 LOVE .... 03 ROUGH RIDER 04 IQUON 05 STRAWBERRY 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

436	From where did you obtain the condom the last time?
	
	PROBE TO IDENTIFY TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL 11
		    GOVERNMENT HEALTH CENTER 12
		    FAMILY PLANNING CLINIC 13
		    MOBILE CLINIC 14
		    FIELDWORKER 15
		    OTHER PUBLIC SECTOR
		
		    _____ 16
		                  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC 21
		    PHARMACY 22
		    PRIVATE DOCTOR 23
		    MOBILE CLINIC 24
		    FIELDWORKER 25
		    OTHER PRIVATE MEDICAL SECTOR
		
		    _____ 26
		                  (SPECIFY)
		
		OTHER SOURCE
		    SHOP 31
		    CHURCH 32
		    FRIEND/RELATIVE 33
		
		OTHER _____ 96
		                  (SPECIFY)
		DON'T KNOW 98	

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?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 439 ┐→ 440
438	The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	┐→ 440
439	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H EMERGENCY CONTRACEPTION . . . . I STANDARD DAYS METHOD . . . . J LACTATIONAL AMENORRHEA METHOD . . . . K RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . Y	→ 501
440	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 514
511	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . 1 YEARS . . . . 2 SOON/NOW . . . . 993 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 514
512	CHECK 208: HAS FATHERED ☐ HAS NOT FATHERED ☐ CHILDREN CHILDREN a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? ┊ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 SAYS COUPLE CAN'T GET PREGNANT . . . . 3 (WIFE/WIVES/PARTNER(S)) STERILIZED . . . . . 4 UNDECIDED/DON'T KNOW 8	→ 514
513	CHECK 208: HAS FATHERED ☐ HAS NOT FATHERED ☐ CHILDREN CHILDREN a) How long would you like to wait from now before the birth of another child? ┊ b) How long would you like to wait from now before the birth of a child?	MONTHS . . . . 1 YEARS . . . . 2 SOON/NOW . . . . 993 SAYS COUPLE CAN'T GET PREGNANT . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
514	CHECK 203 AND 205: HAS LIVING ☐ NO LIVING ☐ CHILDREN CHILDREN a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? ┊ b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . 00 NUMBER . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 601 → 601
515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?		BOYS	GIRLS	EITHER | NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

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 ☐ NOT CURRENTLY MARRIED ☐ LIVING WITH A PARTNER AND ↓ NOT LIVING WITH A PARTNER		→ 612
608	CHECK 606: CODE '1' OR '2' ☐ OTHER ☐ 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	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	→ 615
613	Do you have a title deed for any house you own?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐→ 615
614	Is your name on the title deed?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	→ 618
616	Do you have a title deed for any land you own?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐→ 618
617	Is your name on the title deed?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES .... 1 NO 2	→ 727
702	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES .... 1 NO .... 2 DON'T KNOW 8	
703	Can people get HIV from mosquito bites?	YES .... 1 NO .... 2 DON'T KNOW 8	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
705	Can people get HIV by sharing food with a person who has HIV?	YES .... 1 NO .... 2 DON'T KNOW 8	
706	Can people get HIV because of witchcraft or other supernatural means?	YES .... 1 NO .... 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have HIV?	YES .... 1 NO .... 2 DON'T KNOW 8	
708	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY .. 1 2 8 b) DURING DELIVERY ..... 1 2 8 c) BREASTFEEDING 1 2 8	
709	CHECK 708: AT LEAST ☐ OTHER ☐ ONE 'YES' ↓		→ 711
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 .... ☐☐ TWO OR MORE YEARS 95	

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** GOVERNMENT HOSPITAL .... 11 GOVERNMENT HEALTH CENTER .... 12 STAND-ALONE HTC CENTER .... 13 FAMILY PLANNING CLINIC .... 14 MOBILE HTC SERVICES .... 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR .... 21 STAND-ALONE HTC CENTER .... 22 PHARMACY .... 23 MOBILE HTC SERVICES .... 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** HOME .... 31 WORKPLACE .... 32 CORRECTIONAL FACILITY .... 33 OTHER _____ 96 (SPECIFY)	718
716	Do you know of a place where people can go to get an HIV test?	YES .... 1 NO 2	718
717	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL .... A GOVERNMENT HEALTH CENTER .... B STAND-ALONE HTC CENTER .... C FAMILY PLANNING CLINIC .... D MOBILE HTC SERVICES .... E OTHER PUBLIC SECTOR _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR .... G STAND-ALONE HTC CENTER .... H PHARMACY .... I MOBILE HTC SERVICES .... J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
718	Have you heard of test kits people can use to test themselves for HIV?	YES .... 1 NO 2	720
719	Have you ever tested yourself for HIV using a self-test kit?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
721	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
722	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
723	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
726	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES . . . . 1 NO . . . . 2 SAYS HE HAS HIV . . . . 3 DON'T KNOW/NOT SURE/DEPENDS 8	
727	CHECK 701: HEARD ABOUT ☐ NOT HEARD ABOUT ☐ 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 ☐ NEVER HAD SEXUAL ☐ INTERCOURSE ↓ INTERCOURSE		→ 736
729	CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	CHECK 730, 731 AND 732: HAS HAD AN ☐ INFECTION ↓ (ANY 'YES') HAS NOT HAD AN ☐ INFECTION OR 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
735	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL .... A GOVERNMENT HEALTH CENTER .... B STAND-ALONE HTC CENTER .... C FAMILY PLANNING CLINIC .... D MOBILE HTC SERVICES .... E OTHER PUBLIC SECTOR _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR .... G STAND-ALONE HTC CENTER .... H PHARMACY .... I MOBILE HTC SERVICES .... J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) **OTHER SOURCE** SHOP .... L 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐➤ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS . . . . [ ][ ] DURING CHILDHOOD (<5 YEARS) . . . . 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/FAMILY/FRIEND . . 1 HEALTH WORKER/PROFESSIONAL . . . . 2 OTHER . . . . 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY . . . . 1 HOME OF A HEALTH WORKER/PROFESSIONA . . 2 CIRCUMCISION DONE AT HOME . . . . 3 RITUAL SITE . . . . 4 OTHER HOME/PLACE . . . . 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . [ ][ ] 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 . . . . [ ][ ] NONE 00	➤ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
808	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	➤ 811 ➤ 810
809	In the past, have you smoked tobacco every day?	YES . . . . 1 NO 2	⌐➤ 812
810	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	⌐➤ 813

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? d) Betel quid with tobacco? e) Any others? _____ (SPECIFY)	TIMES DAILY a) SNUFF, BY MOUTH . . . . [ ][ ][ ] b) SNUFF, BY NOSE . . . . [ ][ ][ ] c) CHEWING TOBACCO . . . . . [ ][ ][ ] d) BETEL QUID WITH TOBACCO . . . . . [ ][ ][ ] e) ANY OTHERS . . . . [ ][ ][ ]	→ 815F
815	On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? d) Betel quid with tobacco? e) Any others? _____ (SPECIFY)	TIMES WEEKLY a) SNUFF, BY MOUTH . . . . [ ][ ][ ] b) SNUFF, BY NOSE . . . . [ ][ ][ ] c) CHEWING TOBACCO . . . . . [ ][ ][ ] d) BETEL QUID WITH TOBACCO . . . . . [ ][ ][ ] e) ANY OTHERS . . . . [ ][ ][ ]	
815F	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 816
815G	What are the common symptoms of TB ? RECORD ALL MENTIONED.	COUGH FOR MORE THAN 2 WEEKS . . . . A FEVER IN THE EVENINGS . . . . B CHEST PAIN . . . . C LOSS OF WEIGHT . . . . D LOSS OF APPETITE . . . . E HEMOPTYSIS . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
815H	How does tuberculosis spread from one person to another? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . A THROUGH SHARING UTENSILS . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . D THROUGH SEXUAL CONTACT . . . . E THROUGH MOSQUITO BITES . . . . F THROUGH SPIT . . . . G THROUGH GENES . . . . H OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

815I	If you were sick with TB, where would you prefer to seek care?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		GOVERNMENT HOSPITAL/CLINIC . . . . A
		PRIMARY HEALTH CARE CENTEI . . . . B
		HEALTH POST/SUB-
		    HEALTH POST C
		PHC OUTREACH CLINI . . . . D
		MOBILE CAMP . . . . E
		FCHV . . . . F
		
		OTHER _____ G
		                 (SPECIFY)
		
		NON-GOVT. (NGO) SECTOR
		FPAN . . . . H
		MARIE STOPES I
		
		OTHER NGO FACILITIES
		
		_____ J
		                 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/
		    NURSING HOME . . . . K
		PRIVATE CLINIC L
		PHARMACY . . . . M
		OTHER PRIVATE MEDICAL FACILITIES
		
		_____ N
		                 (SPECIFY)
		
		OTHER SOURCE
		SHOP . . . . O
		FRIEND/RELATIVE . . . . P
		TRADITIONAL HEALER . . . . Q
		
		OTHER _____ X
		                 (SPECIFY)
		
		DON'T KNOW . . . . Z	

815J	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
816	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 818

817	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		MUTUAL HEALTH ORGANIZATION/
		    COMMUNITY-BASED HEALTH
		    INSURANCE . . . . A
		HEALTH INSURANCE THROUGH
		    EMPLOYER . . . . B
		SOCIAL SECURITY C
		OTHER PRIVATELY PURCHASED
		    COMMERCIAL HEALTH INSURANCE . . . . . D
		
		OTHER _____ X
		                 (SPECIFY)	

818	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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