

2019-20 GAMBIA DEMOGRAPHIC AND HEALTH SURVEY
 MAN'S QUESTIONNAIRE

THE GAMBIA
 THE GAMBIA BUREAU OF STATISTICS

| IDENTIFICATION | | | | | | | | | | | | | | | | |
|---|---|-------|-------------------------|---|--|---------------------------------|---|---|-----------------------------------|--|--|---------------------------------|--|--|-----------------------------------|--|
| NAME OF SETTLEMENT _____ | | | | | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | |
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| NAME AND LINE NUMBER OF MAN _____ | | | | | | | | | | | | | | | | |
| INTERVIEWER VISITS | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | | | |
| DATE | _____ | _____ | _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | |
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| RESULT* | _____ | _____ | _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | |
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| NEXT VISIT: DATE | _____ | _____ | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | |
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| TIME | _____ | _____ | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | |
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| *RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____ | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 25%;">LANGUAGE OF QUESTIONNAIRE**</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;">LANGUAGE OF INTERVIEW**</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%;">NATIVE LANGUAGE OF RESPONDENT**</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%;">TRANSLATOR USED (YES = 1, NO = 2)</td> <td style="width: 10%; text-align: center;"> </td> </tr> </table> | | | | | | LANGUAGE OF QUESTIONNAIRE** | 0 | 1 | LANGUAGE OF INTERVIEW** | | | NATIVE LANGUAGE OF RESPONDENT** | | | TRANSLATOR USED (YES = 1, NO = 2) | |
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| <table style="width: 100%;"> <tr> <td style="width: 40%;">LANGUAGE OF QUESTIONNAIRE**</td> <td style="width: 60%;"> <div style="display: flex; justify-content: space-between;"> <div> ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 06 SARAHULE 10 BAMBARA 02 MANDINKA 07 SERERE 11 OTHER LANGUAGE (SPECIFY) 03 WOLLOF 08 MANJAGO 04 FULA 09 CREOLE/AKU 05 JOLA MARABOUT </div> </div> </td> </tr> </table> | | | | | | LANGUAGE OF QUESTIONNAIRE** | <div style="display: flex; justify-content: space-between;"> <div> ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 06 SARAHULE 10 BAMBARA 02 MANDINKA 07 SERERE 11 OTHER LANGUAGE (SPECIFY) 03 WOLLOF 08 MANJAGO 04 FULA 09 CREOLE/AKU 05 JOLA MARABOUT </div> </div> | | | | | | | | | |
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| <div style="text-align: center;">SUPERVISOR</div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px; margin-right: 10px;"></div> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> <div style="margin-right: 50px;">NAME</div> <div>CODE</div> </div> | | | | | | | | | | | | | | | | |
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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Gambia Bureau of Statistics. We are conducting a survey about health and other topics all over The Gambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . . . 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 101 | RECORD THE TIME. | HOURS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MINUTES <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> | |
| 102 | How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> ALWAYS 95 VISITOR 96 | → 105 |
| 103 | Just before you moved here, did you live in an urban area or in a rural area? | URBAN AREA 1 RURAL AREA 2 | |
| 104 | Before you moved here, which LGA did you live in? | BANJUL 01 KANIFING 02 BRIKAMA 03 MANSAKONKO 04 KEREWAN 05 KUNTAUR 06 JANJANBUREH 07 BASSE 08 OUTSIDE OF THE GAMBIA 96 | |
| 105 | In what month and year were you born? | MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW YEAR 9998 | |
| 106 | How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> | |
| 107 | Have you ever attended school? | YES 1 NO 2 | → 111 |
| 108 | What is the highest level of school you attended: ECE, primary, lower secondary, upper secondary, vocational, diploma, or higher? | EARLY CHILDHOOD EDUCATION 0 PRIMARY 1 LOWER SECONDARY 2 UPPER SECONDARY 3 VOCATIONAL 4 DIPLOMA 5 HIGHER 6 | → 111 |

SECTION 1. RESPONDENT'S BACKGROUND

| 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | |
| | | | | | |
| 110 | CHECK 108: PRIMARY, <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> LOWER/UPPER SECONDARY, OR VOCATIONAL | | DIPLOMA OR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 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' <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> CIRCLED | | CODE '1' OR '5' <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 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 | | | |

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---------------------------|--|-------|
| 122 | What is your religion? | ISLAM 1 CHRISTIANITY 2 OTHER RELIGION 3 NO RELIGION 4 | |
| 122A | What is your nationality? | GAMBIAN 1 NON-GAMBIAN 2 | → 201 |
| 123 | What is your ethnicity? | MANDINKA/JAHANKA 01 WOLLOF 02 JOLA/KARONINKA 03 FULA/TUKULUR/LOROBO 04 SERERE 05 SARAHULE 06 CREOLE/AKU MARABOUT 07 MANJAGO 08 BAMBARA 09 OTHER ETHNIC GROUP 96 (SPECIFY) | |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|---|---|----------------|--|--|--|--|--|--|--|--|
| 201 | Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman? | YES 1 NO 2 DON'T KNOW 8 | → 206 | | | | | | | | |
| 202 | Do you have any sons or daughters that you have fathered who are now living with you? | YES 1 NO 2 | → 204 | | | | | | | | |
| 203 | a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'. | a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | |
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| 204 | Do you have any sons or daughters that you have fathered who are alive but do not live with you? | YES 1 NO 2 | → 206 | | | | | | | | |
| 205 | a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'. | a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | |
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| 206 | Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time? | YES 1 NO 2 DON'T KNOW 8 | → 208 | | | | | | | | |
| 207 | a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'. | a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 209 | CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div> | | → 211 → 301 | | | | | | | | |
| 210 | Did all of the children you have fathered have the same biological mother? | YES 1 NO 2 | | | | | | | | | |
| 211 | CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD ↓ <input type="checkbox"/> </div> </div> a) How old were you when your first child was born? b) How old were you when your child was born? | AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 212 | CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE LIVING CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> </div> </div> | | → 301 | | | | | | | | |

SECTION 2. REPRODUCTION

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

SECTION 3. CONTRACEPTION

| | | |
|-----|---|---|
| 301 | Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)? | |
| 01 | Female Sterilization. PROBE: Women can have an operation to avoid having any more children. | YES 1 NO 2 |
| 02 | Male Sterilization. PROBE: Men can have an operation to avoid having any more 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. (Depo) 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 | Male 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. (Cyclebeads) PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse. | YES 1 NO 2 |
| 11 | Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night. | YES 1 NO 2 |
| 12 | Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant. | YES 1 NO 2 |
| 13 | Withdrawal. PROBE: Men can be careful and pull out before climax. | YES 1 NO 2 |
| 14 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | SKIP |
|-----|--|--|---|---|-------|
| 302 | In the last few months have you: | YES NO | | | |
| | a) Heard about family planning on the radio? | a) RADIO | 1 | 2 | |
| | b) Seen anything about family planning on the television? | b) TELEVISION | 1 | 2 | |
| | c) Read about family planning in a newspaper or magazine? | c) NEWSPAPER/MAGAZINE | 1 | 2 | |
| | d) Received a voice or text message about family planning on a mobile phone? | d) TEXT/VOICE MESSAGE | 1 | 2 | |
| | e) Heard about family planning through peer health education? | e) PEER HEALTH EDUCATION | 1 | 2 | |
| | f) Heard about family planning from friends or relatives? | f) FRIENDS/RELATIVES | 1 | 2 | |
| | g) Heard about family planning from traditional communicators? | g) TRAD. COMMUNICATORS | 1 | 2 | |
| | h) Heard about family planning from a health worker or health personnel? | h) HEALTH PERSONNEL/WORKER .. | 1 | 2 | |
| | i) Seen or heard anything about family planning from the internet or on social media platforms such as Facebook, WhatsApp, Twitter, or others? | i) INTERNET/SOCIAL MEDIA | 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 ENDED | | 3 | |
| | | HALFWAY BETWEEN TWO PERIODS | | 4 | |
| | | OTHER _____ | | 6 | |
| | | (SPECIFY) | | | |
| | | DON'T KNOW | | 8 | |
| 306 | After the birth of a child, can a woman become pregnant before her menstrual period has returned? | YES | | 1 | |
| | | NO | | 2 | |
| | | DON'T KNOW | | 8 | |
| 307 | I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. | AGREE DIS-AGREE DK | | | |
| | a) Contraception is a woman's concern and a man should not have to worry about it. | a) CONTRACEPTION WOMAN'S CONCERN | 1 | 2 | 8 |
| | b) Women who use contraception may become promiscuous. | b) WOMEN MAY BECOME PROMISCUOUS | 1 | 2 | 8 |

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|---|
| 401 | Are you currently married or living together with a woman as if married? | YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3 | <input type="checkbox"/> → 404 |
| 402 | Have you ever been married or lived together with a woman as if married? | YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3 | → 413 |
| 403 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED 1 DIVORCED 2 SEPARATED 3 | <input type="checkbox"/> → 410 |
| 404 | Is your (wife/partner) living with you now or is she staying elsewhere? | LIVING WITH HIM 1 STAYING ELSEWHERE 2 | |
| 405 | Do you have other wives or do you live with other women as if married? | YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2 | → 407 |
| 406 | Altogether, how many wives or live-in partners do you have? | TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> | |
| 407 | CHECK 405: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE WIFE/ PARTNER <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> ↓ </div> </div> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> | <div style="display: flex; justify-content: space-between;"> <div>NAME</div> <div>LINE NUMBER</div> <div>AGE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> </div> | 408 How old was (NAME) on her last birthday? |
| 408 | ASK 408 FOR EACH PERSON. | | |
| 409 | CHECK 407: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE WIFE/ PARTNER <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> </div> </div> | | → 411 |
| 410 | Have you been married or lived with a woman only once or more than once? | MORE THAN ONCE 1 ONLY ONCE 2 | |
| 411 | CHECK 405 AND 410: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> BOTH ARE CODE '2' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> ↓ </div> </div> <p>a) In what month and year did you start living with your (wife/partner)?</p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p> | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEVER LIVED WITH WIFE 9995 DON'T KNOW YEAR 9998 | <input type="checkbox"/> → 413 → 413 |
| 412 | How old were you when you first started living with her? | AGE <input type="text"/> <input type="text"/> | |

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | |
|------------------|--|--|----------------|---|--|--|--|-----------------|---|--|--|--|------------------|---|--|--|--|-----------------|---|--|--|--|---------------------------|
| 413 | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | | | | | | | | | | | | | | | | | | | | | |
| 414 | I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time? | <p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> | | | <p>→ 501</p> | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 415 | <p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p> | <table> <tr> <td>DAYS AGO</td> <td>1</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>WEEKS AGO</td> <td>2</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>MONTHS AGO</td> <td>3</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>YEARS AGO</td> <td>4</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </table> | DAYS AGO | 1 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | WEEKS AGO | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | MONTHS AGO | 3 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | YEARS AGO | 4 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | <p>→ 417</p> <p>→ 427</p> |
| DAYS AGO | 1 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| WEEKS AGO | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| MONTHS AGO | 3 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| YEARS AGO | 4 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|----------------|
| 425 | CHECK 419 (ALL COLUMNS): AT LEAST ONE PARTNER <input type="checkbox"/> IS A SEX WORKER | NO PARTNERS <input type="checkbox"/> ARE SEX WORKERS | → 427 |
| 426 | CHECK 419 AND 417 (ALL COLUMNS): CONDOM USED WITH <input type="checkbox"/> EVERY SEX WORKER | OTHER <input type="checkbox"/> | → 430 → 431 |
| 427 | In the last 12 months, did you pay anyone in exchange for having sexual intercourse? | YES 1 NO 2 | → 429 |
| 428 | Have you ever paid anyone in exchange for having sexual intercourse? | YES 1 NO 2 | → 431 |
| 429 | The last time you paid someone in exchange for having sexual intercourse, was a male condom or female condom used? | YES 1 NO 2 | → 431 |
| 430 | Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months? | YES 1 NO 2 DON'T KNOW 8 | |
| 431 | In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone? | YES 1 NO 2 | → 433 |
| 432 | Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone? | YES 1 NO 2 | |
| 433 | In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'. | NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 434 | CHECK 417: MOST RECENT PARTNER (FIRST COLUMN) CONDOM USED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/> | | → 438 → 438 |
| 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 GOVERNMENT HEALTH POST 13 RCH OUTREACH CLINIC 14 FIELDWORKER/VHS 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 FIELDWORKER 25 NGO HOSPITAL/CLINIC 26 NGO MOBILE CLINIC 27 COMMUNITY BASED DISTRIBUTOR 28 OTHER PRIVATE MEDICAL SECTOR _____ 29 (SPECIFY) OTHER SOURCE SHOP 31 FRIEND/RELATIVE 32 OTHER 96 (SPECIFY) DON'T KNOW 98 | |

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|----------------|
| 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 MALE 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 | |

SECTION 5. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|--|---|-------|--|--|--|--|--|--|--|-------|
| 501 | CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/> | | → 514 | | | | | | | | |
| 502 | CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/> | | → 514 | | | | | | | | |
| 503 | CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> | | → 509 | | | | | | | | |
| 504 | Is your (wife/partner) currently pregnant? | YES 1 NO 2 DON'T KNOW 8 | → 507 | | | | | | | | |
| 505 | Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8 | → 514 | | | | | | | | |
| 506 | After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998 | | | | | | | | | → 514 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 507 | CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children? | HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8 | → 514 | | | | | | | | |
| 508 | CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998 | | | | | | | | | → 514 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 509 | Are any of your (wives/partners) currently pregnant? | YES 1 NO 2 DON'T KNOW 8 | → 512 | | | | | | | | |

SECTION 5. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|--------------------|
| 510 | Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8 | → 514 |
| 511 | After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | MONTHS 1 YEARS 2 SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998 | → 514 |
| 512 | CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? 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 CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> 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 CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? 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 .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY) | |

SECTION 6. EMPLOYMENT AND GENDER ROLES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 601 | Have you done any work in the last seven days? | YES 1 NO 2 | → 604 |
| 602 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason? | YES 1 NO 2 | → 604 |
| 603 | Have you done any work in the last 12 months? | YES 1 NO 2 | → 607 |
| 604 | What is your occupation? That is, what kind of work do you mainly do? | _____ _____ _____ | |
| 605 | Do you usually work throughout the year, or do you work seasonally, or only once in a while? | THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3 | |
| 606 | Are you paid in cash or kind for this work or are you not paid at all? | CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4 | |
| 607 | CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/> | | → 612 |
| 608 | CHECK 606: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 610 |
| 609 | Who usually decides how the money you earn will be used: you, your (wife(wives)/partner(s)), or you and your (wife(wives)/partner(s)) jointly? | RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE(WIVES)/PARTNER(S) JOINTLY 3 OTHER _____ (SPECIFY) 6 | |
| 610 | Who usually makes decisions about health care for yourself: you, your (wife(wives)/partner(s)), you and your (wife(wives)/partner(s)) jointly, or someone else? | RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE(WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6 | |
| 611 | Who usually makes decisions about making major household purchases? | RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE(WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6 | |

SECTION 6. EMPLOYMENT AND GENDER ROLES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|-------|-----|----|----|-------------------|---|---|---|-------------------------|---|---|---|-----------------|---|---|---|----------------------|---|---|---|---------------------|---|---|---|------------------------|---|---|---|------------------------|---|---|---|--|
| 612 | Do you own this or any other house either alone or jointly with someone else? | ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? f) If she uses contraceptives without his consent? g) If she argues with his relatives? | <table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDREN ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) USES CONTRACEPTIVES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) ARGUES W. RELATIVES</td><td>1</td><td>2</td><td>8</td></tr> </table> | | YES | NO | DK | a) GOES OUT | 1 | 2 | 8 | b) NEGLECTS CHILDREN .. | 1 | 2 | 8 | c) ARGUES | 1 | 2 | 8 | d) REFUSES SEX | 1 | 2 | 8 | e) BURNS FOOD | 1 | 2 | 8 | d) USES CONTRACEPTIVES | 1 | 2 | 8 | e) ARGUES W. RELATIVES | 1 | 2 | 8 | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) USES CONTRACEPTIVES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) ARGUES W. RELATIVES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|----------------------|--|---|-------|-----|----|----|----------------------|--------------------------|---|---|---------------------|----------------------------|---|---|----------------------|--------------------------|---|---|--|
| 701 | Now I would like to talk about something else. Have you ever heard of HIV or AIDS? | YES 1 NO 2 | → 727 | | | | | | | | | | | | | | | | |
| 702 | HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 703 | Can people get HIV from mosquito bites? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 704 | Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 705 | Can people get HIV by sharing food with a person who has HIV? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 706 | Can people get HIV because of witchcraft or other supernatural means? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 707 | Is it possible for a healthy-looking person to have HIV? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 708 | Can HIV be transmitted from a mother to her baby: | <table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) During pregnancy?</td><td>a) DURING PREGNANCY .. 1</td><td>2</td><td>8</td></tr> <tr> <td>b) During delivery?</td><td>b) DURING DELIVERY 1</td><td>2</td><td>8</td></tr> <tr> <td>c) By breastfeeding?</td><td>c) BREASTFEEDING 1</td><td>2</td><td>8</td></tr> </table> | | YES | NO | DK | a) During pregnancy? | a) DURING PREGNANCY .. 1 | 2 | 8 | b) During delivery? | b) DURING DELIVERY 1 | 2 | 8 | c) By breastfeeding? | c) BREASTFEEDING 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| a) During pregnancy? | a) DURING PREGNANCY .. 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| b) During delivery? | b) DURING DELIVERY 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| c) By breastfeeding? | c) BREASTFEEDING 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 709 | <p>CHECK 708:</p> <p align="center">AT LEAST <input type="checkbox"/> ONE 'YES' ↓</p> <p align="center">OTHER <input type="checkbox"/> →</p> | | → 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? | <p>MONTHS AGO <input type="text"/> <input type="text"/></p> <p>TWO OR MORE YEARS 95</p> | | | | | | | | | | | | | | | | | |

SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|--|
| 714 | I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 | |
| 715 | Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 RCH OUTREACH CLINIC 13 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 MOBILE HTC SERVICES 22 NGO HOSPITAL/CLINIC 23 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) OTHER SOURCE HOME 31 WORKPLACE 32 OTHER 96 _____ (SPECIFY) | <div style="border-left: 1px solid black; border-right: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black; border-radius: 50%;"></div> </div> → 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 RTC OUTREACH CLINIC C OTHER PUBLIC SECTOR D _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E MOBILE HTC SERVICES F NGO HOSPITAL/CLINIC G OTHER PRIVATE MEDICAL SECTOR H _____ (SPECIFY) OTHER X _____ (SPECIFY) | |
| 718 | Have you heard of test kits people can use to test themselves for HIV? | YES 1 NO 2 | |

SECTION 7. HIV/AIDS

| 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: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ b) Have you heard about infections that can be transmitted through sexual contact? </div> </div> | YES 1 NO 2 | |
| 728 | CHECK 414: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓</div> <div style="text-align: center;">NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 736</div> </div> | | |
| 729 | CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">YES <input type="checkbox"/> ↓</div> <div style="text-align: center;">NO <input type="checkbox"/> → 731</div> </div> | | |
| 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 | |

SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 733 | CHECK 730, 731 AND 732: <div style="display: flex; justify-content: space-around;"> <div> HAS HAD AN <input type="checkbox"/> INFECTION (ANY 'YES') </div> <div> HAS NOT HAD AN <input type="checkbox"/> INFECTION OR DOES NOT KNOW </div> </div> | → 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 RCH OUTREACH CLINIC C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E MOBILE HTC SERVICES F NGO HOSPITAL/CLINIC G OTHER PRIVATE MEDICAL SECTOR _____ H (SPECIFY) 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 other than his wives? | YES 1 NO 2 DON'T KNOW 8 | |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | |
|------|--|---|------------------|--|-------|
| 804A | Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision? | YES 1 NO 2 | → 804C | | |
| 804B | In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice? | YES 1 NO 2 | → 805 | | |
| 804C | Do you believe that female circumcision is required by your religion? | YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8 | | | |
| 804D | Do you think that female circumcision should be continued, or should it be stopped? | CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8 | → 804F → 804G | | |
| 804E | Why do you think female circumcision should be continued? Anything else? RECORD ALL MENTIONED | RELIGIOUS OBLIGATION A PREVENTS PREGNANCY B HYGIENE/CLEANLINESS C EASIER DELIVERY D REDUCED PROMISCUITY E TRADITION/CULTURE F PART OF WOMANHOOD G OTHER X (SPECIFY) | → 804G | | |
| 804F | Why do you think female circumcision should be stopped? Anything else? RECORD ALL MENTIONED | NEG HEALTH EFFECTS A HARMFUL PRACTICE B NOT RELIGIOUS OBLIGATION C ILLEGAL D COMPLICATES DELIVERY E PAINFUL/UNSATISFYING SEX F OTHER X (SPECIFY) | | | |
| 804G | Are you aware of any law that prohibits the practice of female circumcision in The Gambia? | YES 1 NO 2 | | | |
| 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 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> 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 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> 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 | | | |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|----------------|
| 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 |
| 811 | <p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes like manis or amphora?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe or shisha sessions?</p> <p>g) Any others? _____</p> <p align="center">(SPECIFY)</p> | <p align="right">NUMBER DAILY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE/SHISHA SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p> | → 813 |
| 812 | <p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes like manis or amphora?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe or shisha sessions?</p> <p>g) Any others? _____</p> <p align="center">(SPECIFY)</p> | <p align="right">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF SHISHA SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p> | |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|-----------------|
| 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 → 815A |
| 814 | <p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p> | <p align="center">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p> | → 815A |
| 815 | <p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p> | <p align="center">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p> | |
| 815A | Have you ever had your blood pressure measured by a doctor or other health worker? | YES 1 NO 2 DON'T KNOW 8 | |
| 815B | Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension? | YES 1 NO 2 | → 815F |
| 815C | In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension? | YES 1 NO 2 | |
| 815D | Has a doctor or other healthcare worker prescribed medication to control your blood pressure? | YES 1 NO 2 | |
| 815E | Are you taking medication to control your blood pressure? | YES 1 NO 2 | |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|--------|
| 815F | <p>In your opinion, what can increase the risk of having high blood pressure or hypertension?</p> <p>Anything else? RECORD ALL MENTIONED</p> | <p>OVERWEIGHT/OBESE A</p> <p>TOBACCO USE B</p> <p>TOO MUCH SALT C</p> <p>UNHEALTHY DIET D</p> <p>LACK OF EXERCISE E</p> <p>DRINKING ALCOHOL F</p> <p>FAMILY HISTORY/GENETICS G</p> <p>AGE H</p> <p>SEX/GENDER I</p> <p>STRESS J</p> <p>WITCHCRAFT K</p> <p>GERMS L</p> <p>DIRTY ENVIRONMENT M</p> <p>OTHER _____ X</p> <p align="center">SPECIFY</p> <p>DON'T KNOW Z</p> | |
| 815G | <p>What are the signs and symptoms of high blood pressure or hypertension?</p> <p>Anything else? RECORD ALL MENTIONED</p> | <p>DIZZINESS A</p> <p>HEADACHE B</p> <p>FATIGUE C</p> <p>BLURRY VISION D</p> <p>CHEST PAIN/POUNDING IN CHEST E</p> <p>DIFFICULTY BREATHING F</p> <p>IRREGULAR HEARTBEAT G</p> <p>BLOOD IN URINE H</p> <p>CONFUSION I</p> <p>LOSS OF CONSCIOUSNESS J</p> <p>JOINT PAIN K</p> <p>BACKACHE/BACK PAIN L</p> <p>OTHER _____ X</p> <p align="center">SPECIFY</p> <p>DON'T KNOW Z</p> | |
| 815H | Have you ever had your blood sugar measured by a doctor or other health worker? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 815I | Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes? | <p>YES 1</p> <p>NO 2</p> | → 815M |
| 815J | In the past 12 months, have you been told by a doctor or other health worker that you have high blood sugar or diabetes? | <p>YES 1</p> <p>NO 2</p> | |
| 815K | Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes? | <p>YES 1</p> <p>NO 2</p> | |
| 815L | Are you taking medication to control your high blood sugar or diabetes? | <p>YES 1</p> <p>NO 2</p> | |

SECTION 8. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | |
|------|---|---|-------|--|--|--|--|
| 815M | <p>In your opinion, what can increase the risk of having high blood sugar or diabetes?</p> <p>Anything else? RECORD ALL MENTIONED</p> | <p>OVERWEIGHT/OBESE A</p> <p>TOBACCO USE B</p> <p>TOO MUCH SUGAR C</p> <p>UNHEALTHY DIET D</p> <p>LACK OF EXERCISE E</p> <p>DRINKING ALCOHOL F</p> <p>FAMILY HISTORY/GENETICS G</p> <p>AGE H</p> <p>SEX/GENDER I</p> <p>STRESS J</p> <p>WITCHCRAFT K</p> <p>GERMS L</p> <p>DIRTY ENVIRONMENT M</p> <p>OTHER X</p> <p align="center">SPECIFY</p> <p>DON'T KNOW Z</p> | | | | | |
| 815N | <p>What are the signs and symptoms of high blood sugar or diabetes?</p> <p>Anything else? RECORD ALL MENTIONED</p> | <p>DIZZINESS A</p> <p>HEADACHE B</p> <p>FATIGUE/TIREDNESS C</p> <p>BLURRY VISION D</p> <p>CHEST PAIN/POUNDING IN CHEST E</p> <p>DIFFICULTY BREATHING F</p> <p>IRREGULAR HEARTBEAT G</p> <p>BLOOD IN URINE H</p> <p>INCREASED URINATION I</p> <p>INCREASED THIRST J</p> <p>INCREASED HUNGER K</p> <p>NUMBNESS/TINGLING/BURNING IN HANDS/FEET L</p> <p>WEIGHT LOSS M</p> <p>CONFUSION N</p> <p>LOSS OF CONSCIOUSNESS O</p> <p>JOINT PAIN P</p> <p>BACKACHE/BACK PAIN Q</p> <p>OTHER X</p> <p align="center">SPECIFY</p> <p>DON'T KNOW Z</p> | | | | | |
| 816 | Are you covered by any health insurance? | <p>YES 1</p> <p>NO 2</p> | → 818 | | | | |
| 817 | <p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p> | <p>HEALTH INSURANCE THROUGH EMPLOYER A</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE B</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> | | | | | |
| 818 | RECORD THE TIME. | <p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p> | | | | | |
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
