

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="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME AND LINE NUMBER OF MAN _____												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0						
2	0											
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>								
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED												
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;"> <tr><td style="width: 20px;">0</td><td style="width: 20px;">1</td></tr> </table>					0	1						
0	1											
LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>												
NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>												
TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>												
LANGUAGE OF QUESTIONNAIRE** ENGLISH												
**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												
SUPERVISOR												
_____ <table border="1" style="width: 80px; height: 20px; margin-left: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
NAME CODE												

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 type="text"/> <input type="text"/> MINUTES <input type="text"/> <input 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 type="text"/> <input 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 type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input 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 <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY, <input type="checkbox"/> LOWER/UPPER SECONDARY, OR VOCATIONAL ↓	DIPLOMA OR <input type="checkbox"/> 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' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' <input type="checkbox"/> CIRCLED →	→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
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" data-bbox="1209 454 1348 510"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1209 517 1348 573"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" data-bbox="1209 705 1348 761"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1209 768 1348 824"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" data-bbox="1209 1064 1348 1120"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1209 1126 1348 1182"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" data-bbox="1209 1227 1348 1283"><tr><td></td><td></td></tr></table>									
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <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" data-bbox="1209 1731 1348 1787"><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> <p>MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>ONLY ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>a) How old is your youngest child? b) How old is your child?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
214	<p>CHECK 213:</p> <p>(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS ↓</p> <p>(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 3 YEARS OR OLDER</p>	<p>→ 301</p>	
215	<p>CHECK 203 AND 205:</p> <p>MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>ONLY ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>a) What is the name of your youngest child? b) What is the name of your child?</p>	<p>_____</p> <p>(NAME OF (YOUNGEST) CHILD)</p>	
216	<p>When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 218</p>
217	<p>Were you ever present during any of those antenatal check-ups?</p>	<p>PRESENT 1</p> <p>NOT PRESENT 2</p>	
218	<p>Was (NAME) born in a hospital or health facility?</p>	<p>HOSPITAL/HEALTH FACILITY 1</p> <p>OTHER 2</p>	
219	<p>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>	<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: 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? e) Heard about family planning through peer health education? f) Heard about family planning from friends or relatives? g) Heard about family planning from traditional communicators? h) Heard about family planning from a health worker or health personnel? i) Seen or heard anything about family planning from the internet or on social media platforms such as Facebook, WhatsApp, Twitter, or others?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td></td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>c) NEWSPAPER/MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>d) TEXT/VOICE MESSAGE</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>e) PEER HEALTH EDUCATION</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>f) FRIENDS/RELATIVES</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>g) TRAD. COMMUNICATORS</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>h) HEALTH PERSONNEL/WORKER ..</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>i) INTERNET/SOCIAL MEDIA</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> </table>		YES	NO		a) RADIO	1	2		b) TELEVISION	1	2		c) NEWSPAPER/MAGAZINE	1	2		d) TEXT/VOICE MESSAGE	1	2		e) PEER HEALTH EDUCATION	1	2		f) FRIENDS/RELATIVES	1	2		g) TRAD. COMMUNICATORS	1	2		h) HEALTH PERSONNEL/WORKER ..	1	2		i) INTERNET/SOCIAL MEDIA	1	2		
	YES	NO																																									
a) RADIO	1	2																																									
b) TELEVISION	1	2																																									
c) NEWSPAPER/MAGAZINE	1	2																																									
d) TEXT/VOICE MESSAGE	1	2																																									
e) PEER HEALTH EDUCATION	1	2																																									
f) FRIENDS/RELATIVES	1	2																																									
g) TRAD. COMMUNICATORS	1	2																																									
h) HEALTH PERSONNEL/WORKER ..	1	2																																									
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. 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.	<table border="0"> <tr> <td></td> <td align="right">AGREE</td> <td align="right">DIS-AGREE</td> <td align="right">DK</td> </tr> <tr> <td>a) CONTRACEPTION WOMAN'S CONCERN</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) WOMEN MAY BECOME PROMISCUOUS</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		AGREE	DIS-AGREE	DK	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8																													
	AGREE	DIS-AGREE	DK																																								
a) CONTRACEPTION WOMAN'S CONCERN	1	2	8																																								
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	→ 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 <input type="text"/> <input type="text"/>																
407	CHECK 405: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> ONE WIFE/ PARTNER ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> MORE THAN ONE WIFE/ PARTNER ↓ </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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 15%;">LINE NUMBER</th> <th style="width: 55%;">AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<div style="background-color: #cccccc; padding: 5px;">408</div> <p>How old was (NAME) on her last birthday?</p>
NAME	LINE NUMBER	AGE																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
408	ASK 408 FOR EACH PERSON.																	
409	CHECK 407: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> ONE WIFE/ PARTNER ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> MORE THAN ONE WIFE/ PARTNER ↓ </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;"> <input type="checkbox"/> BOTH ARE CODE '2' ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> OTHER ↓ </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>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NEVER LIVED WITH WIFE 9995 DON'T KNOW YEAR 9998</p>	→ 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?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 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 <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"/>	→ 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 <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 _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	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"/> a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN <input type="checkbox"/> 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 _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514
511	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 514
512	CHECK 208: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HAS FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children? </div> </div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 (WIFE/WIVES/PARTNER(S)) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514
513	CHECK 208: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) How long would you like to wait from now before the birth of a child? </div> </div>	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
514	CHECK 203 AND 205: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HAS LIVING CHILDREN <input type="checkbox"/> a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE. </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> NO LIVING CHILDREN <input type="checkbox"/> b) If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div>	NONE 00 NUMBER <input type="text"/> <input type="text"/> 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?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> BOYS GIRLS EITHER </div> 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 _____ 6 (SPECIFY)	
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:		
		YES NO DK	
	a) If she goes out without telling him?	a) GOES OUT 1 2 8	
	b) If she neglects the children?	b) NEGLECTS CHILDREN .. 1 2 8	
	c) If she argues with him?	c) ARGUES 1 2 8	
	d) If she refuses to have sex with him?	d) REFUSES SEX 1 2 8	
	e) If she burns the food?	e) BURNS FOOD 1 2 8	
	f) If she uses contraceptives without his consent?	d) USES CONTRACEPTIVES 1 2 8	
	g) If she argues with his relatives?	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: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
709	CHECK 708: <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center; margin-top: 10px;"> OTHER <input type="checkbox"/> → 711 </div>																		
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR 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)	→ 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-around;"> <div style="text-align: center;"> HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ </div> <div style="text-align: center;"> NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ </div> </div> 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: <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? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → 731		
730	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
731	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
732	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	CHECK 730, 731 AND 732: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	→ 736
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 736
735	Where did you go? Any other place? PROBE TO IDENTIFY 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 <input type="text"/> <input type="text"/> NONE 00	→ 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	

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	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 like manis or amphora? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? f) Number of water pipe or shisha sessions? g) Any others? _____ (SPECIFY)	<table border="0"> <tr> <td></td> <td align="right">NUMBER DAILY</td> <td></td> </tr> <tr> <td>a) MANUFACTURED CIGARETTES</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>b) HAND-ROLLED CIGARETTES</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>d) PIPES FULL OF TOBACCO</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>e) CIGARS, CHEROOTS, OR CIGARILLOS</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>f) NUMBER OF WATER PIPE/ SHISHA SESSIONS</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>g) OTHERS</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>		NUMBER DAILY		a) MANUFACTURED CIGARETTES		<input type="text"/> <input type="text"/> <input type="text"/>	b) HAND-ROLLED CIGARETTES		<input type="text"/> <input type="text"/> <input type="text"/>	d) PIPES FULL OF TOBACCO		<input type="text"/> <input type="text"/> <input type="text"/>	e) CIGARS, CHEROOTS, OR CIGARILLOS		<input type="text"/> <input type="text"/> <input type="text"/>	f) NUMBER OF WATER PIPE/ SHISHA SESSIONS		<input type="text"/> <input type="text"/> <input type="text"/>	g) OTHERS		<input type="text"/> <input type="text"/> <input type="text"/>	→ 813
	NUMBER DAILY																							
a) MANUFACTURED CIGARETTES		<input type="text"/> <input type="text"/> <input type="text"/>																						
b) HAND-ROLLED CIGARETTES		<input type="text"/> <input type="text"/> <input type="text"/>																						
d) PIPES FULL OF TOBACCO		<input type="text"/> <input type="text"/> <input type="text"/>																						
e) CIGARS, CHEROOTS, OR CIGARILLOS		<input type="text"/> <input type="text"/> <input type="text"/>																						
f) NUMBER OF WATER PIPE/ SHISHA SESSIONS		<input type="text"/> <input type="text"/> <input type="text"/>																						
g) OTHERS		<input type="text"/> <input type="text"/> <input type="text"/>																						
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 like manis or amphora? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? f) Number of water pipe or shisha sessions? g) Any others? _____ (SPECIFY)	<table border="0"> <tr> <td></td> <td align="right">NUMBER WEEKLY</td> <td></td> </tr> <tr> <td>a) MANUFACTURED CIGARETTES</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>b) HAND-ROLLED CIGARETTES</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>d) PIPES FULL OF TOBACCO</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>e) CIGARS, CHEROOTS, OR CIGARILLOS</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>f) NUMBER OF SHISHA SESSIONS</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>g) OTHERS</td> <td></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>		NUMBER WEEKLY		a) MANUFACTURED CIGARETTES		<input type="text"/> <input type="text"/> <input type="text"/>	b) HAND-ROLLED CIGARETTES		<input type="text"/> <input type="text"/> <input type="text"/>	d) PIPES FULL OF TOBACCO		<input type="text"/> <input type="text"/> <input type="text"/>	e) CIGARS, CHEROOTS, OR CIGARILLOS		<input type="text"/> <input type="text"/> <input type="text"/>	f) NUMBER OF SHISHA SESSIONS		<input type="text"/> <input type="text"/> <input type="text"/>	g) OTHERS		<input type="text"/> <input type="text"/> <input type="text"/>	
	NUMBER WEEKLY																							
a) MANUFACTURED CIGARETTES		<input type="text"/> <input type="text"/> <input type="text"/>																						
b) HAND-ROLLED CIGARETTES		<input type="text"/> <input type="text"/> <input type="text"/>																						
d) PIPES FULL OF TOBACCO		<input type="text"/> <input type="text"/> <input type="text"/>																						
e) CIGARS, CHEROOTS, OR CIGARILLOS		<input type="text"/> <input type="text"/> <input type="text"/>																						
f) NUMBER OF SHISHA SESSIONS		<input type="text"/> <input type="text"/> <input type="text"/>																						
g) OTHERS		<input type="text"/> <input type="text"/> <input type="text"/>																						

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	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? e) Any others? _____ (SPECIFY)	<p align="center">TIMES DAILY</p> a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/> b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/> c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 815A
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? e) Any others? _____ (SPECIFY)	<p align="center">TIMES WEEKLY</p> a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/> b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/> c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	
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	<p>Have you ever had your blood sugar measured by a doctor or other health worker?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
815I	<p>Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 815M
815J	<p>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>	<p>YES 1</p> <p>NO 2</p>	
815K	<p>Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?</p>	<p>YES 1</p> <p>NO 2</p>	
815L	<p>Are you taking medication to control your high blood sugar or diabetes?</p>	<p>YES 1</p> <p>NO 2</p>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
