

IDENTIFICATION																			
PLACE NAME _____																			
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>											
HOUSEHOLD 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>											
NAME AND LINE NUMBER OF MAN _____																			
INTERVIEWER VISITS																			
	1	2	3	FINAL VISIT															
DATE	_____	_____	_____	DAY		<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></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													
				MONTH		<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>													
INTERVIEWER'S NAME	_____	_____	_____	YEAR		<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>													
RESULT*	_____	_____	_____	INT. NO.		<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>													
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>													
TIME _____																			
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      SPECIFY _____																			
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> LANGUAGE OF INTERVIEW** <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></tr></table> NATIVE LANGUAGE OF RESPONDENT** <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></tr></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>										0	1								
0	1																		
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> **LANGUAGE CODES: 01 ENGLISH 02 KHMER																			
TEAM <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></tr> </table> NUMBER				TEAM SUPERVISOR _____ 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> NUMBER							CAPI SUPERVISOR (2) _____ 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> NUMBER								

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health and Ministry of Planning. We are conducting a survey about health and other topics all over Cambodia. 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 ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	What [PROVINCE/REGION/STATE] were you born in?	BANTEAY MEANCHEY ..... 01 BATTAMBANG ..... 02 KAMPONG CHAM ..... 03 KAMPONG CHHNANG ..... 04 KAMPONG SPEU ..... 05 KAMPONG THOM ..... 06 KAMPOT ..... 07 KANDAL ..... 08 KOH KONG ..... 09 KRATIÉ ..... 10 MONDULKIRI ..... 11 PHNOM PENH ..... 12 PREAH VIHEAR ..... 13 PREY VENG ..... 14 PURSAT ..... 15 RATANAK KIRI ..... 16 SIEM REAP ..... 17 PREAH SIHANOUK ..... 18 STUNG TRENG ..... 19 SVAY RIENG ..... 20 TAKÉO ..... 21 ODDAR MEANCHEY ..... 22 KEP ..... 23 PAILIN ..... 24 TBOUNG KHMUM ..... 25 BORN OUTSIDE COUNTR' ..... 96	→ 104
103	What country were you born in?	COUNTRY ..... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>	
104	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 ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ALWAYS ..... 95 VISITOR ..... 96	→ 110
105	CHECK 104:  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>00 - 04 YEARS <input type="checkbox"/></span> <span>05 YEARS <input type="checkbox"/> OR MORE</span> </div>		→ 107

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In what month and year did you move here?	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	
107	Just before you moved here, which PROVINCE did you live in?	BANTEAY MEANCHEY ..... 01 BATTAMBANG ..... 02 KAMPONG CHAM ..... 03 KAMPONG CHHNANG ..... 04 KAMPONG SPEU ..... 05 KAMPONG THOM ..... 06 KAMPOT ..... 07 KANDAL ..... 08 KOH KONG ..... 09 KRATIÉ ..... 10 MONDULKIRI ..... 11 PHNOM PENH ..... 12 PREAH VIHEAR ..... 13 PREY VENG ..... 14 PURSAT ..... 15 RATANAK KIRI ..... 16 SIEM REAP ..... 17 PREAH SIHANOUK ..... 18 STUNG TRENG ..... 19 SVAY RIENG ..... 20 TAKÉO ..... 21 ODDAR MEANCHEY ..... 22 KEP ..... 23 PAILIN ..... 24 TBOUNG KHMUM ..... 25 OUTSIDE OF [COUNTRY] ..... 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY ..... 1 TOWN ..... 2 RURAL AREA ..... 3	

## SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	EMPLOYMENT ..... 01 EDUCATION/TRAINING ..... 02 MARRIAGE FORMATION ..... 03 FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON ..... 04 FORCED DISPLACEMENT ..... 05 OTHER ..... 96 <div>(SPECIFY)</div>	
110	In what month and year were you born?	MONTH ..... <div><div></div><div></div></div> DON'T KNOW MONTH ..... 98  YEAR ..... <div><div></div><div></div><div></div><div></div></div> DON'T KNOW YEAR ..... 9998	
111	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <div><div></div><div></div></div>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD ..... 1 GOOD ..... 2 MODERATE ..... 3 BAD ..... 4 VERY BAD ..... 5	
113	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 117
114	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
115	What is the highest grade you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE ..... <div><div></div><div></div></div>	
116	CHECK 114:  PRIMARY OR SECONDARY <div><div></div><div></div></div> HIGHER <div><div></div><div></div></div>		→ 119
117	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 <div>(SPECIFY LANGUAGE)</div> BLIND/VISUALLY IMPAIRED ..... 5	
118	CHECK 117:  CODE '2', '3' OR '4' <div><div></div><div></div></div> CIRCLED <div><div></div><div></div></div> CODE '1' OR '5' CIRCLED <div><div></div><div></div></div>		→ 120
119	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	
120	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	

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	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	
122	Do you own a mobile phone?	YES ..... 1 NO ..... 2	→ 124
123	Is your mobile phone a smart phone?	YES ..... 1 NO ..... 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES ..... 1 NO ..... 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	→ 127
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES ..... 1 NO ..... 2	
127	Have you ever used the Internet from any location on any device?	YES ..... 1 NO ..... 2	→ 130
128	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	→ 130
129	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	
130	What is your religion?	BUDDHIST ..... 01 MOSLEM ..... 02 CHRISTIAN ..... 03 NO RELIGION ..... 95  OTHER _____ 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>									
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>									
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>									
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>	<div style="display: flex; justify-content: space-around; align-items: center;"> <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-between;"> <div style="width: 45%;"> <p>(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS ↓</p> </div> <div style="width: 45%;"> <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>	→ 301
219	Did you go with (NAME's) mother to the health facility where she gave birth to (NAME)?	<p>YES ..... 1</p> <p>NO ..... 2</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. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2
09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES ..... 1 NO ..... 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 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 OR MAGAZINE .....	1	2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE .....	1	2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?	e) FACEBOOK/TWITTER/ INSTAGRAM .....	1	2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/ BROCHURE .....	1	2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD .....	1	2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/ EVENTS .....	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	→ 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			
404A	RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <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>			
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE ..... 1 ONLY ONCE ..... 2			

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	<p>CHECK 405 AND 410:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>BOTH ARE CODE '2'</p> <p><input type="checkbox"/></p> <p>a) In what month and year did you start living with your (wife/partner)?</p> </div> <div style="text-align: center;"> <p>OTHER</p> <p><input type="checkbox"/></p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <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>DON'T KNOW YEAR ..... 9998</p> </div> <div style="text-align: right;"> <p>→ 413</p> </div> </div>	
412	How old were you when you first started living with her?	<p>AGE ..... <input type="text"/> <input type="text"/></p>	
413	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
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 ..... <input type="text"/> <input type="text"/></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>	<div style="display: flex; justify-content: space-between;"> <div> <p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p> </div> <div style="text-align: right;"> <p>→ 429</p> </div> </div>	
416	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 418</p>
417	Do you know of a place where you can obtain a method of family planning?	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 419</p>
418	<p>What method did you or your partner use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<p>FEMALE STERILIZATION ..... A</p> <p>MALE STERILIZATION ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>PILL ..... F</p> <p>CONDOM ..... G</p> <p>FEMALE CONDOM ..... H</p> <p>EMERGENCY CONTRACEPTION ..... I</p> <p>STANDARD DAYS METHOD ..... J</p> <p>LACTATIONAL AMENORRHEA METHOD ..... K</p> <p>RHYTHM METHOD ..... L</p> <p>WITHDRAWAL ..... M</p> <p>OTHER MODERN METHOD ..... X</p> <p>OTHER TRADITIONAL METHOD ..... Y</p>	<p>→ 420</p>
419	The last time you had sexual intercourse, was a condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 422</p>

## SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	<p>What was the brand name of the condom used?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p>	<p>NAK KAPEAR ..... 01</p> <p>NUMBER ONE ..... 02</p> <p>OK ..... 03</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
421	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 15</p> <p>OTHER PUBLIC SECTOR</p> <p>..... 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PHARMACY ..... 23</p> <p>PRIVATE DOCTOR ..... 24</p> <p>MOBILE CLINIC ..... 25</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>..... 27</p> <p>(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 31</p> <p>NGO CLINIC ..... 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>..... 36</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 41</p> <p>CHURCH ..... 42</p> <p>FRIEND/RELATIVE ..... 43</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
422	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.</p> <p>IF NO, RECORD '3'.</p>	<p>WIFE ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>	
423	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 429
424	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
425	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>WIFE ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER ..... 6 (SPECIFY)</p>			
426	<p>Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 429		
427	<p>The last time you had sexual intercourse with this third person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>			
428	<p>What was your relationship to this third person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>WIFE ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER ..... 6 (SPECIFY)</p>			
429	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME ..... <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>DON'T KNOW ..... 98</p>			
429A	<p>Have you ever heard of men having sex with men?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 501		
429B	<p>Have you ever had sex with a man?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>			

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401:  CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 514
502	CHECK 418:  MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 514
504	Is your (wife/partner) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 507
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW ..... 8	→ 514
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 514
507	CHECK 208:  HAS FATHERED 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 RESPONDENT STERILIZED ..... 5 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 YEARS ..... 2 SOON/NOW ..... 993 SAYS COUPLE CAN'T GET PREGNANT ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 514

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>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?</p> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
515	<p>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?</p>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>BOYS</span> <span>GIRLS</span> <span>EITHER</span> </div> <p>NUMBER . . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

**SECTION 6. EMPLOYMENT AND GENDER ROLES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last 7 days?	YES ..... 1 NO ..... 2	→ 604
602	Although you did not work in the last 7 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?	<div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="float: right; border: 1px dashed black; width: 40px; height: 20px; margin-top: 10px;"></div>	
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	<b>CHECK 401:</b>  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED OR LIVING WITH A PARTNER <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> </div> <div style="text-align: center;"> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> </div> </div>		→ 612
608	<b>CHECK 606:</b>  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> CODE '1' OR '2' CIRCLED <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> </div> <div style="text-align: center;"> OTHER <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> </div> </div>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3  OTHER ..... 6 <div style="text-align: center; margin-top: 5px;">(SPECIFY)</div>	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE ..... 4 OTHER ..... 6	



**SECTION 6. EMPLOYMENT AND GENDER ROLES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 01 JOINTLY WITH WIFE/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY ..... 05 DOES NOT OWN ..... 06	→ 615																								
613	Do you have a title deed or other government recognized document for any house you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 615																								
614	Is your name on this document?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY ..... 01 JOINTLY WITH WIFE/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY ..... 05 DOES NOT OWN ..... 06	→ 618																								
616	Do you have a title deed or other government recognized document for any land you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 618																								
617	Is your name on this document?	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?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <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> </tbody> </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	
	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																								
619	As far as you know did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
701	Have you ever heard of HIV or AIDS?	YES ..... 1 NO ..... 2	→ 729
702	CHECK 111: AGE <div style="display: flex; justify-content: space-around; align-items: center;"> <div>15-24 YEARS <input type="checkbox"/></div> <div>25 YEARS OR OLDER <input type="checkbox"/></div> </div>		→ 708
703	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	
704	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
705	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	
706	Can people get HIV by sharing food with a person who has HIV?	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	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES ..... 1 NO ..... 2	
709	Are there any special medicines 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	
709A	Are there any medicine to be taken within 72 hours to reduce chance of getting infected after HIV exposure, e/g after being raped, needle prick injury for health care workers?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
710	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES ..... 1 NO ..... 2	→ 712
711	Do you approve of people who take a pill every day to prevent getting HIV?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/DEPENDS ..... 8	
712	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
713	Have you ever been tested for HIV?	YES ..... 1 NO ..... 2	→ 721
714	In what month and year was your most recent HIV test?	<div style="display: flex; justify-content: space-between;"> <div>           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         </div> </div>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>REFERRAL HOSPITAL ..... 13</p> <p>HEALTH CENTER ..... 14</p> <p>HEALTH POST ..... 15</p> <p>FAMILY CLINIC ..... 16</p> <p>MOBILE CLINIC ..... 17</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 18</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>STAND-ALONE HTC CENTER ..... 24</p> <p>PHARMACY ..... 25</p> <p>MOBILE HTC SERVICES ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 31</p> <p>NGO CLINIC ..... 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... 41</p> <p>WORKPLACE ..... 42</p> <p>CORRECTIONAL FACILITY ..... 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
716	Did you get the results of the test?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 720
717	What was the result of the test?	<p>POSITIVE ..... 1</p> <p>NEGATIVE ..... 2</p> <p>INDETERMINATE ..... 3</p> <p>DECLINED TO ANSWER ..... 4</p>	→ 720
718	In what month and year did you receive your first HIV-positive test result?	<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>DON'T KNOW YEAR ..... 9998</p> <p>SAME DATE AS MOST RECENT HIV TEST ..... 95</p>	
719	<p>Are you currently taking ARVs, that is antiretroviral medicines?</p> <p>By currently, I mean that you may have missed some doses but you are still taking ARVs.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
720	How many times have you been tested for HIV in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																			
721	Have you heard of test kits people can use to test themselves for HIV?	YES ..... 1 NO ..... 2	→ 723																		
722	Have you ever tested yourself for HIV using a self-test kit?	YES ..... 1 NO ..... 2																			
723	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																			
724	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																			
725	CHECK 717:  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>CODE '1' <input type="checkbox"/> CIRCLED ↓</span> <span>OTHER <input type="checkbox"/> → 729</span> </div>																				
726	Now I would like to ask you a few questions about your experiences living with HIV.  Have you disclosed your HIV status to anyone other than me?	YES ..... 1 NO ..... 2																			
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE ..... 1 DISAGREE ..... 2																			
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:	<table border="0" style="width: 100%;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr> <td>a) People have talked badly about me because of my HIV status.</td><td>a) PEOPLE TALK BADLY ..... 1</td><td>2</td></tr> <tr> <td>b) Someone else disclosed my HIV status without my permission.</td><td>b) DISCLOSED STATUS ..... 1</td><td>2</td></tr> <tr> <td>c) I have been verbally insulted, harassed, or threatened because of my HIV status.</td><td>c) VERBALLY INSULTED ..... 1</td><td>2</td></tr> <tr> <td>d) Healthcare workers talked badly about me because of my HIV status.</td><td>d) HEALTHCARE WORKERS TALKED BADLY ..... 1</td><td>2</td></tr> <tr> <td>e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.</td><td>e) HEALTHCARE WORKERS VERBALLY ABUSED ..... 1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) People have talked badly about me because of my HIV status.	a) PEOPLE TALK BADLY ..... 1	2	b) Someone else disclosed my HIV status without my permission.	b) DISCLOSED STATUS ..... 1	2	c) I have been verbally insulted, harassed, or threatened because of my HIV status.	c) VERBALLY INSULTED ..... 1	2	d) Healthcare workers talked badly about me because of my HIV status.	d) HEALTHCARE WORKERS TALKED BADLY ..... 1	2	e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	e) HEALTHCARE WORKERS VERBALLY ABUSED ..... 1	2	
	YES	NO																			
a) People have talked badly about me because of my HIV status.	a) PEOPLE TALK BADLY ..... 1	2																			
b) Someone else disclosed my HIV status without my permission.	b) DISCLOSED STATUS ..... 1	2																			
c) I have been verbally insulted, harassed, or threatened because of my HIV status.	c) VERBALLY INSULTED ..... 1	2																			
d) Healthcare workers talked badly about me because of my HIV status.	d) HEALTHCARE WORKERS TALKED BADLY ..... 1	2																			
e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	e) HEALTHCARE WORKERS VERBALLY ABUSED ..... 1	2																			
729	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																			
730	CHECK 414:  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓</span> <span>NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 735</span> </div>																				

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	<p>CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p align="center">YES <input type="checkbox"/>                      NO <input type="checkbox"/> → 733</p>		
732	<p>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?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
733	<p>Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
734	<p>Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
735	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
736	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

**SECTION 8. OTHER HEALTH ISSUES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 806
802	Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 804
803	How old were you when you got traditionally circumcised?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) ..... 95 DON'T KNOW ..... 98	
804	Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 806
805	How old were you when you got medically circumcised?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) ..... 95 DON'T KNOW ..... 98	
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 809 → 808
807	In the past, have you smoked tobacco every day?	YES ..... 1 NO ..... 2	→ 810
808	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	→ 811
809	<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?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe 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>c) KRETEKS ..... <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 SESSIONS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 811

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<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?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe 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>c) KRETEKS ..... <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 SESSIONS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>	
811	<p>Do you currently use smokeless tobacco every day, some days, or not at all?</p>	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	<p>→ 813</p> <p>→ 814</p>
812	<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>d) Betel quid with tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">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>d) BETEL QUID WITH 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>	<p>→ 814</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	<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>d) Betel quid with tobacco?</p> <p>e) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">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>d) BETEL QUID WITH 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>	
814	<p>Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or [ADD OTHER LOCAL EXAMPLES]?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 817
815	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of spirits. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT HAVE EVEN ONE DRINK ..... 00</p> <p>NUMBER OF DAYS ..... <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY ..... 95</p>	→ 817
816	<p>In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS ..... <input type="text"/> <input type="text"/></p>	
817	<p>Are you covered by any health insurance?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 819
818	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER ..... B</p> <p>SOCIAL SECURITY ..... C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D</p> <p>OTHER ..... X (SPECIFY)</p>	
819	<p>RECORD THE TIME.</p>	<p>HOURS ..... <input type="text"/> <input type="text"/></p> <p>MINUTES ..... <input type="text"/> <input type="text"/></p>	



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

---

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---