

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1999-2000

**MAN'S QUESTIONNAIRE**

IDENTIFICATION																	
DIVISION _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																
DISTRICT _____																	
THANA _____																	
UNION/WARD _____																	
VILLAGE/MOHALLA/BLOCK _____																	
CLUSTER NUMBER _____																	
HOUSEHOLD NUMBER _____																	
DHAKA/CHITTAGONG=1, SMALL CITY=2, TOWN=3, VILLAGE=4 _____																	
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																
NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																

INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY MONTH** YEAR	
INTERVIEWER'S NAME	_____	_____	_____	CODE	
RESULT*	_____	_____	_____	RESULT*	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS	
TIME	_____	_____		<table border="1" style="margin: auto;"> <tr><td> </td></tr> </table>	

\*RESULT CODES :

1 COMPLETED	4 REFUSED	7 OTHER _____
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)
3 POSTPONED	6 RESPONDENT INCAPACITATED	

\*\*MONTH CODES

01 JANUARY	04 APRIL	07 JULY	10 OCTOBER
02 FEBRUARY	05 MAY	08 AUGUST	11 NOVEMBER
03 MARCH	06 JUNE	09 SEPTEMBER	12 DECEMBER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>		
DATE _____	DATE _____	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>						



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	In what month and year were you born?	MONTH ..... DON'T KNOW MONTH .....98 YEAR ..... DON'T KNOW YEAR..... 9998	
108	How old are you at your last birthday?  COMPARE AND CORRECT 107 AND /OR 108 IF INCONSISTENT	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> IF AGE IN NOT BETWEEN A5 AND 49 →	END
108A	Are you now married, widowed, or divorced?	CURRENTLY MARRIED.....1 SEPARATED.....2 DESERTED.....3 DIVORCED.....4 WIDOWED.....5 NEVER MARRIED.....6	END
109	Have you ever attended school?	YES.....1 NO.....2	113
110	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 COLLEGE/UNIVERSITY.....3	
111	What is the highest class you completed?	CLASS..... <input type="text"/> <input type="text"/>	
112	CHECK 110:  PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		114
113	Can you read and write a letter in any language easily, with difficulty, or not at all?	EASILY .....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	115
114	Do you usually read a newspaper or magazine?	YES .....1 NO .....2	115
114A	How often do you read newspaper or magazine: every day, at least once a week, or less than once a week?	EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3	
115	Do you listen to the radio?	YES .....1 NO .....2	116
115A	How often do you listen to the radio: every day, at least once a week, less than once a week?	EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3	
116	Do you watch television?	YES .....1 NO .....2	117
116A	How often do you watch television: every day, at least once a week, less than once a week?	EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	What is your religion?	ISLAM ..... 1 HINDUISM ..... 2 BUDDHISM ..... 3 CHRISTIANITY ..... 4 OTHER ..... 6	
118	Do you belong to any of the following organizations? Grameen Bank? BRAC? BRDB? Any other organization (Such as micro credit)?	YES NO GRAMEEN BANK ..... 1 2 BRAC ..... 1 2 BRDB ..... 1 2 OTHER ..... 1 2 (SPECIFY)	
119	Are you currently working?	YES ..... 1 NO ..... 2	0128
120	What is your occupation, that is, what kind of work do you mainly do?	_____ _____	
121	CHECK 120: WORKS IN AGRICULTURE <input type="checkbox"/> ..... WORKS IN OTHER SECTOR <input type="checkbox"/> ..... ↓ ..... → 123		
122	Do you work mainly on your own land or on family land, or do you rent land or work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
123	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
124	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	0126
125	During the last 12 months, how many months did you work?	NUMBER OF MONTHS ..... <input type="text"/> <input type="text"/>	
126	Do you think that what you earn is sufficient to provide for your family's basic needs?	YES ..... 1 NO ..... 2	
127	On average, how much of your family's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE ..... 1 LESS THAN HALF ..... 2 ABOUT HALF ..... 3 MORE THAN HALF ..... 4 ALL ..... 5 CANNOT ESTIMATE ..... 8	0201
128	Have you done any work in the last 12 months	YES ..... 1 NO ..... 2	0201
129	What have you been doing over the last 12 months?	GOING TO SCHOOL/STUDYING ..... 1 LOOKING FOR WORK ..... 2 INACTIVE ..... 3 COULD NOT WORK/HANDICAPPED ..... 4 OTHER ..... 6 (SPECIFY)	



### SECTION 3: CONTRACEPTION

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. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED IN 302. THEN, FOR EACH METHOD WITH CODE 1 OR CIRCLED IN 301 OR 302, ASK 303.

301	Which ways or methods have you heard about?	SPONTANEOUS		302 Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?
		YES		PROBED		
		YES		YES	NO	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	3	↓	Have you ever had a wife who had an operation to avoid having any more children? YES ..... 1 NO ..... 2
02	MALE STERILIZATION, VASECTOMY Men can have an operation to avoid having any more children.	1	2	3	↓	Has your ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL, MAYA Women can take a pill every day	1	2	3	↓	YES ..... 1 NO ..... 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3	↓	YES ..... 1 NO ..... 2
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3	↓	YES ..... 1 NO ..... 2
06	IMPLANTS, NORPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	3	↓	YES ..... 1 NO ..... 2
07	CONDOM, RAJA Men can put a rubber sheath on their penis before sexual intercourse.	1	2	3	↓	YES ..... 1 NO ..... 2
08	MENSTRUAL REGULATION, MR When a woman's menstrual period does not come on time, she can go to a health centre or to the FWV and have a tube put in her for a short while to bring her period.	1	2	3	↓	YES ..... 1 NO ..... 2
09	SAFE PERIOD, COUNTING DAYS, CALENDAR, RHYTHM METHOD Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to get pregnant.	1	2	3	↓	YES ..... 1 NO ..... 2
10	WITHDRAWAL Men can be careful and pull out before climax.	1	2	3	↓	YES ..... 1 NO ..... 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	1	2	3	↓	YES ..... 1 NO ..... 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	2	3		YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2
		_____ (SPECIFY)				
		_____ (SPECIFY)				
303A	CHECK 303	NOT A SINGLE 'YES' (NEVER USED) 3		AT LEAST ONE 'YES' (EVER USED)		- 0306A

NO

QUESTIONS AND FILTERS

CODING CATEGORIES

SKIP

304	Have you or your wife ever used anything or tried in any way to delay or avoid a pregnancy?	YES .....1 NO .....2	0401
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306A	Now I would like to ask you about the first time that you or your wife did something or used a method to avoid getting pregnant.  What was the first method that you ever used?	FEMALE STERILIZATION .....01 MALE STERILIZATION .....02 PILL .....03 IUD .....04 INJECTIONS .....05 IMPLANTS .....06 CONDOM .....07 PERIODIC ABSTINENCE .....09 WITHDRAWAL .....10 LACTATIONAL AMEN. METHOD .....11  OTHER METHOD _____ .96 (SPECIFY)	
307	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN .....	
308	CHECK 302 (02): MAN NOT STERILIZED                      MAN STERILIZED 3		0311A
310	Are you or your wife currently doing something or using any method to delay or avoid a pregnancy?	YES .....1 NO .....2	0401
311	Which method are you using?	FEMALE STERILIZATION .....01 MALE STERILIZATION .....02 PILL .....03 IUD .....04 INJECTIONS .....05 IMPLANTS .....06 CONDOM .....07 PERIODIC ABSTINENCE .....09 WITHDRAWAL .....10 LACT. AMEN. METHOD .....11 OTHER _____ .96 (SPECIFY)	0313 0314 0314 0314 0314
311A	CIRCLE '2' FOR MALE STERILIZATION.		→ 314
312	May I see the package of condoms that you are using now?  RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN .....1 BRAND NAME _____ PACKAGE NOT SEEN .....2	0314
312A	SHOW BRAND CHART FOR CONDOMS  Please tell me which of these is the brand of condoms that you are using.	BRAND NAME _____ DOES NOT KNOW .....98	→ 314

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	Where did the sterilization take place?  _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE .....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX .....13 SATELLITE CLINIC/ EPI OUTREACH SITE .....14 MATERNAL AND CHILD WELFARE CENTER (MCWC) .....15  NGO SECTOR NGO STATIC CLINIC .....21 NGO SATELLITE CLINIC .....22  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC .....31 QUALIFIED DOCTOR .....32  OTHER _____ 96 (SPECIFY) DON'T KNOW .....98	
314	CHECK 311/311A:  CIRCLE METHOD CODE:	NO CODE CIRCLED.....00 FEMALE STERILIZATION .....01 MALE STERILIZATION.....02 PILL .....03 IUD .....04 INJECTIONS.....05 IMPLANTS .....06 CONDOM.....07 PERIODIC ABSTINENCE .....09 WITHDRAWAL.....10 LACTATIONAL AMEN. METHOD.....11 OTHER METHOD .....96	0401 0401 0401           0401 0401 0401 0401
315	Where did you obtain (CURRENT METHOD) the last time?       _____ NAME OF PLACE	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE .....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX .....13 SATELLITE CLINIC/ EPI OUTREACH SITE .....14 MATERNAL CHILD WELFARE CENTER (MCWC) .....15 GOVT. FIELD WORKER (FWA) .....16  NGO SECTOR NGO STATIC CLINIC .....21 NGO SATELLITE CLINIC .....22 NGO DEPOT HOLDER .....23 NGO FIELDWORKER .....24  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC .....31 QUALIFIED DOCTOR .....32 TRADITIONAL DOCTOR.....33 PHARMACY .....34  OTHER PRIVATE SECTOR SHOP .....41 FRIEND/RELATIVES .....42  OTHER _____ 96 (SPECIFY) DON'T KNOW .....98	



**SECTION 4. MARRIAGE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	WRITE THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE. IF SHE DOES NOT LIVE IN THE HOUSEHOLD, RECORD '00'	LINE NO..... <input type="text"/> <input type="text"/>	
402	Have you been married only once, or more than once?	ONCE..... 1 MORE THAN ONCE..... 2	
403	In what month and year did you start living with your (first) wife?	MONTH..... DON'T KNOW MONTH..... 98 YEAR..... → 405 DON'T KNOW YEAR..... 9998	
404	How old were you when you started living with her?	AGE..... <input type="text"/> <input type="text"/>	
405	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you first had sexual intercourse (if ever)?	NEVER..... 00 AGE IN YEARS..... FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE..... 96	0501

**SECTION 5. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> SHE OR HE STERILIZED <input type="checkbox"/>		515
502	Is your wife are currently pregnant?	YES.....1 NO.....2 DOES NOT KNOW/UNSURE.....3	504A
503	When she become pregnant, did you want her to become pregnant then, did you want her to have a child but wanted to wait or did you not want her to have a child at all?	THEN.....1 WANTED TO WAIT.....2 NOT AT ALL.....3	504B
504	CHECK 502: <b>A</b> WIFE NOT PREGNANT OR UNSURE <input type="checkbox"/> <b>B</b> WIFE IS PREGNANT <input type="checkbox"/>  Now I have some questions about the future.      Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?      After the child your wife is expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 SAYS HE CAN'T HAVE ANY MORE.....4 UNDECIDED/DON'T KNOW.....8	506, 511, 511, 511
505	CHECK 502: WIFE IS NOT PREGNANT OR UNSURE <input type="checkbox"/> WIFE IS PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?      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 SAYS WIFE CAN'T GET PREGNANT.....994 OTHER.....996 (SPECIFY) DON'T KNOW.....998	511
506	CHECK 502: WIFE NOT PREGNANT OR UNSURE <input type="checkbox"/> WIFE IS PREGNANT <input type="checkbox"/>		512
507	CHECK 310: USING A METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		515
508	CHECK 505:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		512





**SECTION 6. PARTICIPATION IN HEALTH CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	<p>Now we talk about possible problems that women might face when she is going to have a child.</p> <p>Do you know any complications during pregnancy, childbirth and after delivery that need medical attention?</p> <p>PROBE: Any other complication?</p> <p>RECORD ALL MENTIONED.</p>	<p>SEVERE HEADACHE/BLURRY VISION/SWOLLEN ARMS AND LEGS .... A</p> <p>VAGINAL BLEEDING DURING PREGNANCY ..... B</p> <p>LABOR MORE THAN 18 HOURS ..... C</p> <p>EXCESSIVE BLEEDING DURING/ AFTER DELIVERY ..... D</p> <p>CONVULSIONS..... E</p> <p>FEVER MORE THAN 3 DAYS DURING PREGNANCY OR AFTER DELIVERY .... F</p> <p>BAD SMELLING VAGINAL DISCHARGE ..... G</p> <p>OTHER _____ . X (SPECIFY)</p>	
601B	<p>Do you think that women should have a medical checkup when they are pregnant even they are not sick?</p>	<p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	<p>→ 601D</p>
601C	<p>At what months of pregnancy do you think that women should have first check up for pregnancy?</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .....98</p>	
601D	<p>During the pregnancy do you think women should eat more, same or less?</p>	<p>MORE ..... 1</p> <p>SAME .....2</p> <p>LESS .....3</p> <p>DON'T KNOW .....8</p>	
601E	<p>CHECK 211:</p> <p>LAST CHILD BORN SINCE APRIL 1994      3</p> <p>HAS NO CHILDREN OR THE LAST CHILD WAS BORN BEFORE APRIL 1994</p>		<p>0616</p>
602	<p>What is the name of your last child, that is the one who was born in (DATE AS INDICATED IN 211)?</p>	<p>_____</p> <p>(NAME OF LAST CHILD)</p>	
603	<p>Did your wife go to a health facility to receive antenatal care when she was pregnant with (NAME OF LAST BORN CHILD)?</p>	<p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	<p>→ 604</p>
603A	<p>Did any health professional such as doctor, nurse, FWV or others come for your wife's antenatal care when she was pregnant with (NAME OF LAST BORN CHILD)?</p>	<p>YES.....1</p> <p>NO .....2</p>	<p>→ 607</p>
604	<p>Were you present anytime during the antenatal care visit?</p>	<p>YES.....1</p> <p>NO .....2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
605	At any time while she was pregnant with (NAME OF LAST BORN CHILD), did any health professional such as doctor, nurse, or FWV talk to you about this particular pregnancy?	YES.....1 NO .....2	
606	During this pregnancy, did you ever talked with your wife about what the health professional such as doctor, nurse, or FWV told her about her own health and the baby's health?	YES.....1 NO .....2	
607	Where did your wife give birth to (NAME OF LAST BORN CHILD)?	HOME OWN HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23  NGO SECTOR NGO STATIC CLINIC.....31  PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....41  OTHER .....96 (SPECIFY)	
608	When she gave birth to (NAME OF LAST BORN CHILD), were you present (NAME OF THE PLACE IN 607) at that time?	YES.....1 NO .....2	
609	In the first two months after (NAME OF LAST BORN CHILD) was born, did your wife visit a health facility to have her own health or the child's health checked or did someone such as doctor, nurse or FWV from the health facility come to your place to check your wife's or or child's health?	YES, VISITED.....1 YES, CAME .....2 NO .....8	611
610	Were you present at that time?	YES.....1 NO .....2	
601	CHECK 211A:  LAST CHILD IS ALIVE  LAST CHILD IS DEAD  3		0616
612	Did (NAME OF LAST BORN CHILD) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO .....2 DON'T KNOW .....8	614
613	When (NAME OF LAST BORN CHILD) was vaccinated in a health facility, did you take him/her anytime to the health facility?	YES.....1 NO .....2	
614	Was (NAME OF LAST BORN CHILD) suffered from any health problem in the last four weeks that a health professional (such as doctor, nurse, FWV) visit was needed?	YES.....1 NO .....2	616
615	Was you present when (NAME OF LAST BORN CHILD) was seen by the health professional such as doctor, nurse, or FWV for such health problem?	YES.....1 NO .....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
616	<p>Now tell me about your health. Have you ever, at any time in your life, had any of the following health problems?</p> <p>Tuberculosis? Asthma? Diabetes? High blood pressure? Heart problem? Malaria? Hepatitis/Jaundice?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>TUBERCULOSIS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ASTHMA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DIABETES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HIGH BLOOD PRESSURE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEART PROBLEM.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALARIA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEPATITIS/JAUNDICE .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	TUBERCULOSIS.....	1	2	ASTHMA.....	1	2	DIABETES.....	1	2	HIGH BLOOD PRESSURE .....	1	2	HEART PROBLEM.....	1	2	MALARIA.....	1	2	HEPATITIS/JAUNDICE .....	1	2	
	YES	NO																									
TUBERCULOSIS.....	1	2																									
ASTHMA.....	1	2																									
DIABETES.....	1	2																									
HIGH BLOOD PRESSURE .....	1	2																									
HEART PROBLEM.....	1	2																									
MALARIA.....	1	2																									
HEPATITIS/JAUNDICE .....	1	2																									
617	<p>CHECK 616 (ALL HEALTH PROBLEMS): AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>701</p>																								
618	<p>Did you receive any treatment for this (these) disease(s)?</p>	<p>YES.....1 NO .....2</p>																									
619	<p>At any time during the last 3 months, did (this/these) health problem(s) prevent you from doing your work?</p>	<p>YES.....1 NO .....2</p>	<p>701</p>																								
620	<p>For how many days in the last 3 months were you unable to do your work due to this (these) health problem(s)?</p>	<p>DAYS..... <input type="text"/> <input type="text"/></p>																									

**SECTION 7: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES.....1 NO .....2	0718
701A	From which sources of information have you learned most about AIDS?  Any other sources?  RECORD ALL MENTIONED.	RADIO ..... A TV ..... B NEWSPAPER/MAGAZINES..... C PAMPHLETS/POSTERS..... D HEALTH WORKERS ..... E MOSQUES/TEMPLES/CHURGES..... F SCHOOLS/TEACHERS..... G COMMUNITY MEETINGS ..... H FRIENDS/RELATIVES ..... I WORK PLACE ..... J BILL BOARD/SIGN BOARD ..... K OTHER ..... X (SPECIFY)	
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO .....2 DON'T KNOW.....8	0710
703	What can a person do?  Anything else?  RECORD ALL MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX WITHIN MARRIAGE ..... C LIMIT SEX WITH TRUSTED PARTNER.. D AVOID SEX WITH PROSTITUTES ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY .... H AVOID UNSAFE BLOOD TRANSFUSIONS..... I AVOID UNSTERILIZED NEEDLE/SYRING ..... J AVOID KISSING ..... K AVOID MOSQUITO BITES..... L SEEK PROTECTION FROM TRADITIONAL HEALER ..... M AVOID SHARING RAZORS/BLADES ..... N  OTHER ..... W (SPECIFY)  OTHER ..... X (SPECIFY) DON'T KNOW..... Z	
704	CHECK 703:  NEITHER CODE 'C' NOR CODE 'D' CIRCLED 3	CODE 'C' AND/OR CODE 'D' CIRCLED	0707
705	In your opinion, is there any chance of getting AIDS for a person with multiple sexual partners?	YES.....1 NO .....2 DON'T KNOW.....8	707
706	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS.....1 LESSER CHANCE OF AIDS .....2 DON'T KNOW.....8	
707	CHECK 703:  DID NOT MENTION USE OF CONDOMS DURING SEX (CODE 'B' NOT CIRCLED) 3	MENTIONED USE OF CONDOMS DURING SEX (CODE 'B' CIRCLED)	0710



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	If a person uses a condom every time he or she has sexual intercourse, does this person have a greater or a lesser chance of getting AIDS than someone who doesn't use a condom?	GREATER CHANCE OF AIDS.....1 LESSER CHANCE OF AIDS.....2 DON'T KNOW .....8	
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES .....1 NO .....2 DON'T KNOW .....8	
715	Have you ever talked with your wife about ways to prevent getting the virus that causes AIDS?	YES .....1 NO .....2	
718	(Apart from AIDS), have you heard about (other) disease that can be transmitted through sexual contact?	YES .....1 NO .....2	0721
719	In a man, what signs and symptoms would lead you to think that he has such a disease?  Any others?  RECORD ALL MENTIONED.	LOWER ABDOMINAL PAIN.....A DISCHARGE FROM PENIS/DRIPPING...B FOUL SMELLING DISCHARGE .....C BURNING PAIN ON URINATION .....D REDNESS/INFLAMMATION IN GENITAL AREA .....E SWELLING IN GENITAL AREA .....F GENITAL SORES/ULCERS .....G GENITAL WARTS .....H BLOOD IN URINE .....I LOSS OF WEIGHT .....J IMPOTENCE .....K NO SYMPTOMS.....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW .....Z	
720	In a woman, what signs and symptoms would lead you to think that she has such a disease?  Any others?  RECORD ALL MENTIONED.	LOWER ABDOMINAL PAIN.....A GENITAL DISCHARGE.....B FOUL SMELLING DISCHARGE .....C BURNING PAIN ON URINATION .....D REDNESS/INFLAMMATION IN GENITAL AREA .....E SWELLING IN GENITAL AREA .....F GENITAL SORES/ULCERS .....G GENITAL WARTS .....H BLOOD IN URINE .....I LOSS OF WEIGHT .....J INABILITY TO GIVE BIRTH .....K NO SYMPTOMS.....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW .....Z	
721	CHECK 405:  HAS HAD SEXUAL INTERCOURSE 3 HAS NOT HAD SEXUAL INTERCOURSE		0801
722	During the last 12 months, have you had a sexually-transmitted disease?	YES .....1 NO .....2 DON'T KNOW .....8	
723	Now I would like to ask you some questions about your health in the last 12 months. Sometimes, men experience a discharge from their penis.  During the last 12 months, have you had a discharge from your penis?	YES .....1 NO .....2 DON'T KNOW .....8	
724	Sometimes, men experience 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?	YES .....1 NO .....2 DON'T KNOW .....8	
724A	During the last 12 months, have you had pain/burning sensation during urination?	YES .....1 NO .....2 DON'T KNOW .....8	



**SECTION 8. ATTITUDES TOWARDS WOMEN**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
	Now I would like to ask you a few questions regarding men and women in couples. People have many different opinions on this subject and we would like to know what it is that you think about it.																						
801	If the husband can provide enough money, do you believe that it is acceptable for married women to work outside the home to earn an income or do you think they should stay home and take care of the household?	WORK OUTSIDE THE HOUSE ..... 1 STAY HOME ..... 2 NO OPINION ..... 8																					
802	If for some reason the husband cannot provide enough money for the family, do you believe that it is acceptable for married women to work outside the home to earn an income or do you think they should stay home and take care of the household?	WORK OUTSIDE THE HOUSE ..... 1 STAY HOME ..... 2 NO OPINION ..... 8																					
803	In a couple, do you think the woman should have a say about <ul style="list-style-type: none"> <li>• large household expenses, that require a lot of money?</li> <li>• minor daily household expenses?</li> <li>• when to visit family, friends or relatives?</li> <li>• what to do with the money she earns with her work?</li> </ul>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>NO OPINION</td> </tr> <tr> <td>• large household expenses, that require a lot of money?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>• minor daily household expenses?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>• when to visit family, friends or relatives?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>• what to do with the money she earns with her work?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	NO OPINION	• large household expenses, that require a lot of money?	1	2	8	• minor daily household expenses?	1	2	8	• when to visit family, friends or relatives?	1	2	8	• what to do with the money she earns with her work?	1	2	8	
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• what to do with the money she earns with her work?	1	2	8																				
804	It is normal for couples to have quarrels and disagreements. During those quarrels some husbands occasionally severely reprimand or even beat their wives. In your opinion, do you think a man would be justified to beat his wife: <ul style="list-style-type: none"> <li>• If she goes out without telling him?</li> <li>• If she neglects the children?</li> <li>• If she argues with her husband?</li> <li>• If she fails to provide food on time?</li> </ul>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>NO OPINION</td> </tr> <tr> <td>• If she goes out without telling him?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>• If she neglects the children?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>• If she argues with her husband?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>• If she fails to provide food on time?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	NO OPINION	• If she goes out without telling him?	1	2	8	• If she neglects the children?	1	2	8	• If she argues with her husband?	1	2	8	• If she fails to provide food on time?	1	2	8	
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805	In a couple, who do you think should have the main responsibility to maintain the discipline among the children, the husband, the wife or both?	HUSBAND ..... 1 WIFE ..... 2 BOTH ..... 3 ANY RELATIVE ..... 4 OTHER _____ 5 (SPECIFY) NO OPINION ..... 8																					
806	In a couple, who do you think has the main responsibility to take care of the children, the husband, the wife or both?	HUSBAND ..... 1 WIFE ..... 2 BOTH ..... 3 NO OPINION ..... 8																					
807	In a couple, who do you think has the main responsibility to take care of the house, the husband, the wife or both?	HUSBAND ..... 1 WIFE ..... 2 BOTH ..... 3 NO OPINION ..... 8																					
808	RECORD THE TIME.	HOUR ..... MINUTES .....																					