

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEYS  
MAN'S QUESTIONNAIRE

NIPORT, MOHFW  
Mitra and Associates

| IDENTIFICATION  |   |       |       |   |   |   |   |   |   |  |  |  |  |  |
|---|---|-------|-------|---|---|---|---|---|---|--|--|--|--|--|
| CLUSTER NUMBER .....<br>HOUSEHOLD NUMBER .....<br>NAME OF THE HOUSEHOLD HEAD _____<br>NAME AND LINE NUMBER OF MAN _____<br>MAN SELECTED FOR DOMESTIC VIOLENCE MODULE (YES=1, NO=2) _____  | <table border="1" style="margin: auto;"> <tr><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></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> |       |       |   |   |   |   |   |   |  |  |  |  |  |
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| INTERVIEWER VISITS  |   |       |       |   |   |   |   |   |   |  |  |  |  |  |
|   | 1   | 2     | 3     | FINAL VISIT   |   |   |   |   |   |  |  |  |  |  |
| DATE  | _____   | _____ | _____ | DAY <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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>  |   |   |   |   |   |  |  |  |  |  |
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| INTERVIEWER'S NAME  | _____   | _____ | _____ | MONTH <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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>  |   |   |   |   |   |  |  |  |  |  |
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| TIME  | _____   | _____ |       | RESULT <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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>   |   |   |   |   |   |  |  |  |  |  |
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|   |   |       |       |   |   |   |   |   |   |  |  |  |  |  |
| *RESULT CODES:<br>1 COMPLETED      4 REFUSED<br>2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____<br>3 POSTPONED      6 INCAPACITATED      (SPECIFY)   |   |       |       |   |   |   |   |   |   |  |  |  |  |  |
| SUPERVISOR<br>NAME _____<br>DATE _____ <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><td style="width: 20px; height: 20px;"></td></tr> </table> |   |       |       | FIELD EDITOR<br>NAME _____<br>DATE _____ <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><td style="width: 20px; height: 20px;"></td></tr> </table>   |   |   |   |   | OFFICE EDITOR<br><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> |  |  | KEYED BY<br><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> |  |  |
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

|  |
|--|
| <p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____ and I am working with Mitra and Associates, a private research organization located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a national survey about the health of women, men and children under the authority of NIPOPT of Ministry of Health and Family Welfare. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. The survey usually takes between 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in the survey is completely voluntary. If we should come to 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. However, we hope you will participate in the survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey?<br/>May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ..... 1      ↓      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p> |
|--|

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP           |
|------|--|--|----------------|
| 101  | RECORD THE TIME.   | HOUR ..... <input type="text"/> <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/>  |                |
| 102  | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?<br>IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS ..... <input type="text"/> <input type="text"/><br>ALWAYS ..... 95<br>VISITOR ..... 96   | → 104          |
| 103  | Just before you moved here, did you live in a city, in a town, or in the village?  | CITY ..... 1<br>TOWN ..... 2<br>VILLAGE ..... 3  |                |
| 104  | In what month and year were you born?  | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 |                |
| 105  | How old were you at your last birthday?<br>COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.                                   | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>   |                |
| 105A | Are you now married, separated, deserted, widowed, divorced or have you never been married?                                      | CURRENTLY MARRIED ..... 1<br>SEPARATED ..... 2<br>DESERTED ..... 3<br>DIVORCED ..... 4<br>WIDOWED ..... 5<br>NEVER MARRIED ..... 6   | → END          |
| 106  | Have you ever attended school/madrasha?  | YES, SCHOOL ..... 1<br>YES, MADRASHA ..... 2<br>YES, BOTH ..... 3<br>NO ..... 4  | → 107<br>→ 110 |
| 106A | What type of school have you last attended?  | SCHOOL ..... 1<br>MADRASHA ..... 2   |                |
| 107  | What is the highest level of school you attended: primary, secondary, or college and higher?                                     | PRIMARY ..... 1<br>SECONDARY ..... 2<br>COLLEGE AND HIGHER ..... 3   |                |
| 108  | What is the highest class you completed at that level?   | CLASS ..... <input type="text"/> <input type="text"/>  |                |





SECTION 4. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|-----|--|---|-------|
| 401 | CHECK 306:<br>ONE OR MORE WIVES <input type="checkbox"/>   | QUESTION NOT ASKED <input type="checkbox"/>   | → 408 |
| 403 | (Is your wife /Are any of your wives) currently pregnant?  | YES ..... 1<br>NO ..... 2<br>DONT KNOW ..... 8  |       |
| 404 | CHECK 403:<br>NO WIFE PREGNANT OR DONT KNOW <input type="checkbox"/><br>WIFE(WIVES) PREGNANT <input type="checkbox"/><br><br>Now I have some questions about the future.<br>Would you like to have (a/another) child, or would you prefer not to have any (more) children?<br><br>Now I have some questions about the future.<br>After the child(ren) you and your (wife(wives)/partner(s) are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE (A/ANOTHER) CHILD ..... 1<br>NO MORE/NONE ..... 2<br>COUPLE INFECUND ..... 3<br>WIFE (WIVES) STERILIZED ..... 4<br>RESPONDENT STERILIZED ..... 5<br>UNDECIDED/DONT KNOW ..... 8  | → 408 |
| 405 | CHECK 306:<br>ONE WIFE <input type="checkbox"/><br>MORE THAN ONE WIFE <input type="checkbox"/>   |   | → 407 |
| 406 | CHECK 403:<br>WIFE NOT PREGNANT OR DONT KNOW <input type="checkbox"/><br>WIFE PREGNANT <input type="checkbox"/><br><br>How long would you like to wait from now before the birth of (a/another) child?<br><br>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="checkbox"/> <input type="checkbox"/><br>YEARS ..... 2 <input type="checkbox"/> <input type="checkbox"/><br><br>SOON/NOW ..... 993<br>COUPLE INFECUND ..... 994<br><br>OTHER ..... 996<br>(SPECIFY)<br>DONT KNOW ..... 998               | → 408 |
| 407 | How long would you like to wait from now before the birth of (a/another) child?  | MONTHS ..... 1 <input type="checkbox"/> <input type="checkbox"/><br>YEARS ..... 2 <input type="checkbox"/> <input type="checkbox"/><br><br>SOON/NOW ..... 993<br>HE/ALL HIS WIVES ARE INFECUND ..... 994<br><br>OTHER ..... 996<br>(SPECIFY)<br>DONT KNOW ..... 998 |       |
| 408 | Do you have any living children?   | YES ..... 1<br>NO ..... 2   |       |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                      |
|-----|--|--|---------------------------|
| 409 | <p>CHECK 408:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>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> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> | <p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96<br/>(SPECIFY)</p>   | <p>→ 411</p> <p>→ 411</p> |
| 410 | <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 the sex not matter?</p>  | <p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96<br/>(SPECIFY)</p> |                           |
| 411 | <p>In the last month have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen shows about family planning on the television?</p> <p>Read about family planning in a newspaper or magazine?</p> <p>Read about family planning in a poster, billboard or leaflet?</p> <p>Heard about family planning from a community event?</p>   | <p>YES NO</p> <p>RADIO ..... 1 2</p> <p>TELEVISION ..... 1 2</p> <p>NEWSPAPER OR MAGAZINE ... 1 2</p> <p>POSTER/BILLBOARD ..... 1 2</p> <p>COMMUNITY EVENT ..... 1 2</p>                                 |                           |
| 412 | <p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p>  | <p>DIS-<br/>AGREE AGREE DK</p> <p>CONTRACEPTION</p> <p>WOMAN'S BUSINESS . 1 2 8</p> <p>WOMAN MAY BECOME<br/>PROMISCUOUS ... 1 2 8</p>  |                           |

SECTION 5. PARTICIPATION IN HEALTH CARE

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP                           |
|-----|---|--|--------------------------------|
| 502 | Do you think that women need to have a medical checkup when they are pregnant even if they are not sick?                                | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8                        | <input type="checkbox"/> → 504 |
| 503 | At what month of pregnancy do you think that women need to have their first checkup?  | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98 |                                |
| 504 | During their pregnancy, do you think that women need to eat more, the same, or less than they did before their pregnancy?               | MORE ..... 1<br>SAME ..... 2<br>LESS ..... 3<br>DON'T KNOW ..... 8     |                                |
| 505 | CHECK 408:<br>HAS LIVING CHILDREN <input type="checkbox"/><br>↓<br>DOES NOT HAVE LIVING CHILDREN <input type="checkbox"/>               |  | <input type="checkbox"/> → 601 |
| 506 | How many years old is your youngest child?  | AGE IN YEARS <input type="text"/> <input type="text"/>                 |                                |
| 507 | CHECK 506:<br>YOUNGEST CHILD IS 0-3 YEARS OLD <input type="checkbox"/><br>↓<br>YOUNGEST CHILD 4 YEARS OR OLDER <input type="checkbox"/> |  | <input type="checkbox"/> → 601 |
| 508 | What is the name of your youngest child?<br>WRITE NAME OF YOUNGEST CHILD<br>_____<br>(NAME OF YOUNGEST CHILD)                           |  |                                |
| 509 | Did your wife go to a health facility for antenatal care when she was pregnant with (NAME OF YOUNGEST CHILD)?                           | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8                        | <input type="checkbox"/> → 511 |
| 510 | Did any medical persons such as a doctor, nurse, FWV or others visit your wife when she was pregnant with (NAME)?                       | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8                        | <input type="checkbox"/> → 512 |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|-----|--|---|-------|
| 511 | Were you present during any of the antenatal care visits?  | YES ..... 1<br>NO ..... 2   |       |
| 512 | At any time during this pregnancy, did any medical persons such as a doctor, nurse, FWV or others talk to you about this particular pregnancy?   | YES ..... 1<br>NO ..... 2   |       |
| 513 | At any time during this pregnancy, did you ever talk with your wife about what the medical persons such as a doctor, nurse FWV or others told her about her own health or that of the baby's health? | YES ..... 1<br>NO ..... 2   |       |
| 514 | Where did your wife give birth to (NAME)?  | HOME<br>OWN HOME ..... 11<br>OTHER HOME ..... 12<br><br>PUBLIC SECTOR<br>GOVT. HOSPITAL ..... 21<br>UPAZILA HEALTH COMPLEX ..... 22<br>MATERNAL AND CHILD CENTRE 23<br><br>OTHER _____ 26<br>(SPECIFY)<br><br>NGO SECTOR<br>NGO STATIC CLINIC ..... 31<br><br>OTHER _____ 36<br>(SPECIFY)<br><br>PRIVATE MED. SECTOR<br>PVT. HOSPITAL/CLINIC ..... 41<br>OTHER _____ 46<br>(SPECIFY)<br><br>OTHER PRIVATE _____ 96<br>(SPECIFY) |       |
| 515 | Were you present at the birth of (NAME) in (NAME OF PLACE IN 514)?   | YES ..... 1<br>NO ..... 2   |       |
| 516 | In the first two months after (NAME) was born, did your wife visit a health facility to have her own health or the baby's health checked?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 518 |
| 517 | In the first two months after (NAME) was born, did a medical person such as a doctor, nurse, FWV or others make a visit to check on your wife's or baby's health?                                    | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | ↳ 519 |
| 518 | Were you present during any of the visits?   | YES ..... 1<br>NO ..... 2   |       |
| 519 | Did (NAME OF THE YOUNGEST CHILD) ever receive any vaccinations to prevent him/her from getting diseases?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | ↳ 601 |
| 520 | Did you take (NAME) to be vaccinated at any time?  | YES ..... 1<br>NO ..... 2   |       |

SECTION 6. HIV/AIDS AND STI

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES                               | SKIP  |
|------|--|---|-------|
| 601  | Now I would like to talk about something else.<br>Have you ever heard of an illness called AIDS?   | YES ..... 1<br>NO ..... 2                       | → 613 |
| 602  | Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 603  | Can people get the AIDS virus from mosquito bites?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 604  | Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 605  | Can people get the AIDS virus by sharing food with a person who has AIDS?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 606  | Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 606A | Can people get the AIDS virus by using unsterilized needle or syringe?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 606B | Can people get the AIDS virus through unsafe blood transfusions?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 608  | Is it possible for a healthy-looking person to have the AIDS virus?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 613  | CHECK 601:<br>HEARD ABOUT AIDS <input type="checkbox"/><br>↓<br>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?<br>.....<br>NOT HEARD ABOUT AIDS <input type="checkbox"/><br>↓<br>Have you heard about infections that can be transmitted through sexual contact? | YES ..... 1<br>NO ..... 2                       |       |
| 614  | Have you heard about:<br>a) Syphilis?<br>b) Gonorrhea?   | YES NO<br>SYPHILIS 1 2<br>GONORRHEA 1 2         |       |
| 615  | CHECK 613/614: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?<br>YES <input type="checkbox"/><br>↓<br>NO <input type="checkbox"/> → 617  |   |       |
| 616  | 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<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 617  | During the last 12 months, have you had a discharge from your penis?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 618  | 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<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |
| 618A | During the last 12 months, have you had pain or burning sensation during urination?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8 |       |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|-----|---|--|-------|
| 619 | CHECK 616, 617, 618 AND 618A<br>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/><br>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>   |  | → 622 |
| 620 | The last time you had (PROBLEM FROM 616, 617, 618 and 618A), did you seek any kind of advice or treatment?  | YES ..... 1<br>NO ..... 2  | → 622 |
| 621 | Where did you go?<br>Any other place?<br>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).<br>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.<br>_____<br>(NAME OF PLACE(S)) | PUBLIC SECTOR<br>HOSPITAL/MEDICAL COLLEGE ..... A<br>FAMILY WELFARE CENTRE ..... B<br>UPAZILA HEALTH COMPLEX ..... C<br>SATELLITE CLINIC/<br>EPI OUTREACH ..... D<br>MATERNAL AND CHILD<br>WELFARE CENTRE (MCWC) ..... E<br>GOVT. FIELD WORKER (FWA) ..... F<br>COMMUNITY CLINIC ..... G<br>OTHER ..... H<br>(SPECIFY)<br>NGO SECTOR<br>NGO STATIC CLINIC ..... I<br>NGO SATELLITE CLINIC ..... J<br>NGO DEPOT HOLDER ..... K<br>NGO FIELD WORKER (FWA) ..... L<br>OTHER ..... M<br>(SPECIFY)<br>PRIVATE MEDICAL SECTOR<br>PRIVATE HOSPITAL/CLINIC ..... N<br>QUALIFIED DOCTOR ..... O<br>TRADITIONAL DOCTOR ..... P<br>PHARMACY ..... Q<br>OTHER PRIVATE<br>MEDICAL ..... R<br>(SPECIFY)<br>OTHER SOURCE<br>SHOP ..... S<br>FRIEND/RELATIVE ..... T<br>OTHER ..... X<br>(SPECIFY) |       |
| 622 | Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |

SECTION 7. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 701 | Have you ever heard of an illness called tuberculosis or TB?   | YES ..... 1<br>NO ..... 2  | → 705 |
| 702 | How does tuberculosis spread from one person to another?<br><br>PROBE: Any other ways?<br><br>RECORD ALL MENTIONED.  | THROUGH THE AIR WHEN<br>COUGHING OR SNEEZING ..... A<br>THROUGH SHARING UTENSILS ..... B<br>THROUGH TOUCHING A PERSON<br>WITH TB ..... C<br>THROUGH FOOD ..... D<br>THROUGH SEXUAL CONTACT ..... E<br>THROUGH MOSQUITO BITES ..... F<br><br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Z |       |
| 703 | Can tuberculosis be cured?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 705 | At any time during the last three months, have you had any health problems or injury, that made it difficult for you to carry out your normal work or regular activities?<br><br>IF YES PROBE AND CIRCLE APPROPRIATE CODE. | YES, ILLNESS ..... A<br>YES, INJURY ..... B<br>NONE ..... Y  | → 709 |
| 706 | For how many days in the last three months were you not able to do your normal work or regular activities due to this illness or injury?   | NUMBER OF DAYS ..... <input type="text"/> <input type="text"/>   |       |
| 707 | CHECK 705:<br><br>YES, ILLNESS <input type="checkbox"/><br>A' CIRCLED     ↓<br><br>A ' NOT CIRCLED <input type="checkbox"/>  |  | → 709 |
| 708 | What type of illness has prevented you from doing your normal work or regular activities?  | TUBERCULOSIS ..... A<br>ASTHMA ..... B<br>DIABETES ..... C<br>HIGH BLOOD PRESSURE ..... D<br>HEART PROBLEM ..... E<br>MALARIA/FEVER ..... F<br>JAUNDICE/HEPATITIS ..... G<br><br>OTHER _____ X<br>(SPECIFY)  |       |
| 709 | Do you currently smoke cigarettes/bidi?  | YES ..... 1<br>NO ..... 2  | → 711 |
| 710 | In the last 24 hours, how many cigarettes/bidi did you smoke?  | CIGARETTES ..... <input type="text"/> <input type="text"/><br><br>BIDI ..... <input type="text"/> <input type="text"/>   |       |
| 711 | Do you currently smoke or use any other type of tobacco?   | YES ..... 1<br>NO ..... 2  | → 801 |
| 712 | What (other) type of tobacco do you currently smoke or use?<br><br>RECORD ALL MENTIONED.   | PIPE ..... A<br>CHEWING TOBACCO ..... B<br>SNUFF ..... C<br><br>OTHER _____ X<br>(SPECIFY)   |       |

**SECTION 8: DOMESTIC VIOLENCE MODULE**

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP |
|------|---|---|------|
| 801  | Now I would like to talk with you about the relationship between married women and men. People have different opinions on this subject and we would like to know more about what you think.<br><br>If the husband is making enough money, do you believe that it is acceptable for married women to work outside the home to earn an income?  | YES ..... 1<br>NO ..... 2<br>DONT KNOW ..... 8  |      |
| 802  | If for some reason the husband cannot make enough money for the family, do you believe that it is acceptable for married women to work outside the home to earn an income?  | YES ..... 1<br>NO ..... 2<br>DONT KNOW ..... 8  |      |
| 803  | CHECK 105A:<br>CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>  |   | 805  |
| 804  | Who usually makes decisions about how to spend the cash that your wife earns?   | RESPONDENT ..... 1<br>WIFE ..... 2<br>RESPONDENT AND WIFE JOINTLY ..... 3<br>SOMEONE ELSE ..... 4<br>RESPONDENT AND SOMEONE ELSE ..... 5<br>WIFE DOES NOT EARN CASH ..... 6 |      |
| 805  | Who usually makes decisions about health care for yourself: you, your wife, you and your wife jointly, or someone else?   | RESPONDENT = 1<br>WIFE = 2<br>RESPONDENT & WIFE JOINTLY = 3<br>SOMEONE ELSE = 4<br>RESPONDENT AND SOMEONE ELSE JOINTLY = 5<br>1      2      3      4      5                 |      |
| 806  | Who usually makes decisions about making major household purchases?   | 1      2      3      4      5   |      |
| 807  | Who usually makes decisions about making purchases for daily household needs?   | 1      2      3      4      5   |      |
| 808  | Who usually makes decisions about visits to your family or relatives?   | 1      2      3      4      5   |      |
| 809  | Who usually makes decisions about your child health care?   | 1      2      3      4      5   |      |
| 809A | PRESENCE OF OTHERS AT THIS POINT.   | CHILDREN UNDER 10 ..... 1 2<br>WIFE (S) ..... 1 2<br>OTHER MALES ..... 1 2<br>OTHER FEMALES ..... 1 2   |      |
| 810  | Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:<br><br>If she goes out without telling him?<br>If she neglects the children?<br>If she argues with him?<br>If she refuses to have sex with him?<br>If she does not obey elders in the family?   | YES NO DK<br>GOES OUT ..... 1 2 8<br>NEGL. CHILDREN ..... 1 2 8<br>ARGUES ..... 1 2 8<br>REFUSES SEX ..... 1 2 8<br>DOESN.T OBEY ELDERS ..... 1 2 8                         |      |
| 811  | CHECK COVER PAGE:<br>MAN SELECTED FOR THIS SECTION <input type="checkbox"/> MAN NOT SELECTED <input type="checkbox"/>   |   | 820  |
| 812  | CHECK FOR PRESENCE OF OTHERS:<br>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.<br>PRIVACY OBTAINED ..... 1      PRIVACY NOT POSSIBLE ..... 2  |   | 821  |
| 813  | READ TO THE RESPONDENT<br>Now I would like to ask you questions about some other important aspects of a couple's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of couples in Bangladesh. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions. |   |      |
| 814  | As far as you know, did your father ever hit or beat your mother?   | YES ..... 1<br>NO ..... 2<br>DONT KNOW ..... 8  | 816  |
| 815  | How often did your father hit or beat you mother: often, sometimes or rarely?   | OFTEN ..... 1<br>SOMETIMES ..... 2<br>RARELY ..... 3<br>DONT KNOW ..... 8   |      |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP       |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
|------|---|--|------------|------------|-------|------------|------------|-----|-----|---|---|---|----|-----|--|--|--|-----|-----|---|---|---|----|-----|--|--|--|-----|-----|---|---|---|----|-----|--|--|--|-----|-----|---|---|---|----|-----|--|--|--|-----|-----|---|---|---|----|-----|--|--|--|-----|-----|---|---|---|----|-----|--|--|--|--|
| 816  | CHECK 105A:<br>CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED (SEPARATED/DESERTED/DIVORCED/WIDOWED) (READ IN PAST TENSE) <input type="checkbox"/>   |  |            |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| 817  | A At any time, were there any circumstances or family disagreements which caused you to:<br><br>a) push, shake, or throw something at your wife?<br>b) slap your wife?<br>c) twist her arm or pull her hair?<br>d) punch her with your fist or with something that could hurt her?<br>e) kick her, drag her or beat her up?<br>f) try to choke her or burn her on purpose?<br>g) threaten or attack her with a knife, gun, or any other weapon?<br>h) physically force her to have sexual intercourse with you even when she did not want to? | B CHECK 105A: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED<br>How often did this happen during the last 12 months: often, only sometimes, or not at all?<br><br><table border="1"> <thead> <tr> <th></th> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |            |            | OFTEN | SOME-TIMES | NOT AT ALL | YES | 1 → | 1 | 2 | 3 | NO | 2 ↓ |  |  |  | YES | 1 → | 1 | 2 | 3 | NO | 2 ↓ |  |  |  | YES | 1 → | 1 | 2 | 3 | NO | 2 ↓ |  |  |  | YES | 1 → | 1 | 2 | 3 | NO | 2 ↓ |  |  |  | YES | 1 → | 1 | 2 | 3 | NO | 2 ↓ |  |  |  | YES | 1 → | 1 | 2 | 3 | NO | 2 ↓ |  |  |  |  |
|      |   | OFTEN  | SOME-TIMES | NOT AT ALL |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| YES  | 1 →   | 1  | 2          | 3          |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| NO   | 2 ↓   |  |            |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| YES  | 1 →   | 1  | 2          | 3          |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| NO   | 2 ↓   |  |            |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| YES  | 1 →   | 1  | 2          | 3          |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| NO   | 2 ↓   |  |            |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| YES  | 1 →   | 1  | 2          | 3          |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| NO   | 2 ↓   |  |            |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| YES  | 1 →   | 1  | 2          | 3          |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| NO   | 2 ↓   |  |            |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| YES  | 1 →   | 1  | 2          | 3          |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| NO   | 2 ↓   |  |            |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| 818  | CHECK 817B (a-g):<br><br>AT LEAST ONE '1' OR '2' CIRCLED <input type="checkbox"/> FOR CATEGORIES 'a' THROUGH 'g'<br>NOT A SINGLE '1' OR '2' CIRCLED <input type="checkbox"/> FOR CATEGORIES 'a' THROUGH 'g'   |  | 820        |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| 819  | What is the reason for you to hurt your wife in the last 12 months?<br><br>Any other reason?<br><br>RECORD ALL MENTIONED.   | WITHOUT ANY REASON . . . . . A<br>BECAUSE OF FINANCIAL CRISIS . . . B<br>BECAUSE HUSBAND UNEMPLOYED . . . C<br>BECAUSE OF FOOD CRISIS . . . . . D<br>BECAUSE OF ENVY OR MALICE . . . . . E<br>BECAUSE SHE REFUSED SEX . . . . . F<br>WIFE DISOBEYED ME/ELDER . . . . . G<br>NEGLECTED HOUSEHOLD CHORES . . . H<br>WIFE WENT OUT WITHOUT PERMISSION . . . . . I<br>HUSBAND SUSPECTS WIFE OF INFIDELITY . . . . . J<br>MY WIFE SUSPECTS ME OF INFIDELITY . . . . . K<br>DOWRY ISSUE . . . . . L<br>DEMAND FOR MONEY/OTHER RESOURCES FROM HER FAMILY . . M<br>HUSBAND DRUNK/HAD DRUGS . . . . . N<br>NEGLECTED CHILDREN . . . . . O<br>OTHER _____ X<br>(SPECIFY)   |            |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| 819A | CHECK 819:<br><br>L' NOT CIRCLED <input type="checkbox"/> L'CIRCLED <input type="checkbox"/>  |  | 819C       |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |
| 819B | Did you hurt your wife for your demand related to dowry?  | YES . . . . . 1<br>NO . . . . . 2  |            |            |       |            |            |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |     |     |   |   |   |    |     |  |  |  |  |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP |  |  |  |  |
|------|--|--|------|--|--|--|--|
| 819C | CHECK 819:<br>M' NOT CIRCLED <input type="checkbox"/> M'CIRCLED <input type="checkbox"/>   |  | 819E |  |  |  |  |
| 819D | Did you hurt your wife for her inability to bring money/other resources from her family?   | YES ..... 1<br>NO ..... 2  |      |  |  |  |  |
| 819E | CHECK 819:<br>N' NOT CIRCLED <input type="checkbox"/> N'CIRCLED <input type="checkbox"/>   |  | 819G |  |  |  |  |
| 819F | Did you hurt your wife for your being drunk or addicted to alcohol or taking drugs?  | YES ..... 1<br>NO ..... 2  |      |  |  |  |  |
| 819G | Did she tell anyone about your hurting her?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | 819i |  |  |  |  |
| 819H | Whom did she tell?<br><br>RECORD ALL MENTIONED.  | FRIEND ..... A<br>FATHER/MOTHER ..... B<br>BROTHER/SISTER ..... C<br>AUNT/UNCLE ..... D<br>CHILDREN ..... E<br>MOTHER-IN-LAW ..... F<br>FATHER-IN-LAW ..... G<br>OTHER RELATIVE ..... H<br>POLICE ..... I<br>DOCTOR/HEALTHWORKER ..... J<br>MOULAVI/CLERIC ..... K<br>COUNSELOR ..... L<br>NGO/FEMALE ..... M<br>LOCAL LEADER ..... N<br>NEIGHBOUR ..... O<br><br>OTHER _____ X<br>(SPECIFY) |      |  |  |  |  |
| 819I | Did anyone provide any assistance to protect her from being hurt by you?   | YES ..... 1<br>NO ..... 2  | 820  |  |  |  |  |
| 819J | What type of assistance did she receive?   | NEIGHBOURS PREVENT ME FROM HITTING HER ..... A<br>ADVICE TO TELL POLICE BY NEIGHBOUR ..... B<br>ADVICE TO FILE A CASE IN THE COURT AGAINST HUSBAND ..... C<br>OTHER _____ X<br>(SPECIFY)   |      |  |  |  |  |
| 820  | Now I would like to ask you about another personal question. The information you provide will be kept strictly confidential. Some people take such things as Ganja, Charas, Phensidle, Pethedine, Heroin, Morphine, or other drugs, or any injectable drug.<br><br>In the last three months, have you ever taken:<br>Ghanja?<br>Charas?<br>Phensidle?<br>Pethedine?<br>Heroin?<br>Morphine?<br>Injectable drugs?<br><br>Other drugs? | YES NO<br>GHANJA ..... 1 2<br>CHARAS ..... 1 2<br>PHENSIDLE ..... 1 2<br>PETHEDINE ..... 1 2<br>HEROIN ..... 1 2<br>MORPHINE ..... 1 2<br>INJECTABLE DR. .... 1 2<br><br>OTHER DRUG _____ 1 2<br>(SPECIFY)   |      |  |  |  |  |
| 821  | RECORD THE TIME.   | HOUR <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><br>MINUTES <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>        |      |  |  |  |  |
|      |  |  |      |  |  |  |  |
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

