

**CENTRAL STATISTICAL AUTHORITY
ETHIOPIAN DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE**

IDENTIFICATION	
REGION _____ ZONE _____ WOREDA _____ TOWN _____ KEBELE _____ ENUMERATION AREA _____ CLUSTER NUMBER URBAN/RURAL: URBAN1 RURAL.....2 TYPE OF PLACE: LARGE CITY.....1 SMALL CITY.....2 TOWN.....3 COUNTRYSIDE.....4 NAME OF HOUSEHOLD HEAD _____ HOUSEHOLD NUMBER NAME AND LINE NUMBER OF MAN _____	REGION <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> CLUSTER NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> URBAN/ RURAL TYPE OF PLACE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> HOUSEHOLD NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> LINE NUMBER OF MAN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> 9 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> INTERVIEWER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> RESULT <input style="width: 20px; height: 20px;" type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <input style="width: 20px; height: 20px;" type="text"/>
	TIME	_____	_____	

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

LANGUAGE			
QUESTIONNAIRE	INTERVIEW	RESPONDENT'S NATIVE LANGUAGE	TRANSLATOR USED DURING INTERVIEW
AMARIGNA1	AMARIGNA 1	AMARIGNA..... 1	YES..... 1
OROMIGNA2	OROMIGNA.....2	OROMIGNA.....2	NO..... 2
TIGRIGNA3	TIGRIGNA3	TIGRIGNA3	
SOMALIGNA.....4	SOMALIGNA4	SOMALIGNA4	
AFARIGNA5	AFARIGNA5	AFARIGNA5	
OTHER 6	OTHER 6	OTHER 6	
(SPECIFY)	(SPECIFY)	(SPECIFY)	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NAME _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M101	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING <input type="checkbox"/> HOUR <input type="checkbox"/> MINUTES <input type="checkbox"/>	
M102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
M103	How long have you been living continuously in (NAME OF WOREDA OR TOWN)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="checkbox"/> ALWAYS 95 VISITOR 96	→ 105
M104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
M105	In what month and year were you born?	MONTH <input type="checkbox"/> DON'T KNOW MONTH 98 YEAR <input type="checkbox"/> DON'T KNOW YEAR 9998	
M106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <input type="checkbox"/>	
M107	Have you ever attended formal school?	YES 1 NO 2	→ 111
M109	What is the highest grade you completed?	GRADE <input type="checkbox"/> TECHNICAL / VOCATIONAL CERTIFICATE 13 UNIVERSITY/COLLEGE DIPLOMA 14 UNIVERSITY/COLLEGE DIGREE 15	
M110	CHECK 109: 00-06 <input type="checkbox"/> 07 AND HIGHER <input type="checkbox"/>		→ 114
M111	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT.	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)	→ 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M114	Do you read a newspaper or magazine 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	
M115	Do you listen to the radio 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	
M116	Do you watch television 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	
M117	What is your religion?	ORTHODOX 1 CATHOLIC 2 PROTESTANT 3 MOSLEM 4 TRADITIONAL 5 OTHER 6 (SPECIFY)	
M118	What is your ethnicity? RECORD THE MAJOR ETHNIC GROUP.	_____ <input type="checkbox"/> <input type="checkbox"/>	
M119	Are you currently working?	YES 1 NO 2	→ 122
M120	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201
M122	What is your occupation, that is, what kind of work do you mainly do? DO NOT RECORD NAME OR TYPE OF ESTABLISHMENT. RECORD THE ACTUAL TYPE OF WORK PERFORMED BY HIM. MEN WHO WORK AS AGRICULTURAL WORKERS SHOULD BE RECORDED AS "SKILLED AGRICULTURAL WORKERS" OR "NON SKILLED AGRICULTURAL WORKERS".	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2	→ M207
M203	Are any of your children living with you now? IF YES: How many? IF NONE, RECORD '00'.	CHILDREN AT HOME <input type="text"/> <input type="text"/> NONE 00	
M205	Do you have any children who are alive but not living with you? IF YES: How many? IF NONE, RECORD '00'.	CHILDREN AWAY <input type="text"/> <input type="text"/> NONE 00	
M207	Do you have any children who have died? IF YES: How many? IF NONE, RECORD '00'.	CHILDREN DEAD <input type="text"/> <input type="text"/> NONE 00	
M208	SUM ANSWERS TO M203, M205, AND M207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/> <input type="text"/>	
M209	CHECK M208: Just to make sure that I have this right: you have had in TOTAL _____ children during your life. Is that correct? IF HE HAS NOT HAD CHILDREN (M208 IS '00') Just to make sure I have this right: you have not had any children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT M201-M208 AS NECESSARY.		
M210	CHECK M208: HAS HAD CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → M301		
M211	In what month and year was your last child born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
M212	What is the name of your last child?	_____ (NAME OF LAST CHILD)	
M213	When (NAME OF LAST CHILD)'s mother became pregnant with (him/her), did you want to have a child <u>then</u> , did you want to have a child but wanted to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	WANTED THEN 1 → M301 WANTED LATER 2 DID NOT WANT AT ALL 3 → M301	
M214	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> UNDECIDED/DON'T KNOW 998	

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 M301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN M301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN M301, ASK M302.

M301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	M302	Have you ever had a partner who used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO2	Have you ever had a partner who had an operation to avoid having any (more) children? YES1 NO, DOES NOT KNOW.....2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO2	Have you ever had an operation to avoid having any (more) children? YES1 NO.....2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for one or more months.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2	Have you ever used a condom? YES1 NO.....2
08	DIAPHRAGM/FOAM/JELLY Women can place a sponge, diaphragm, suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
09	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2	YES1 NO, DOES NOT KNOW.....2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO2	YES1 NO, DOES NOT KNOW.....2 YES1 NO, DOES NOT KNOW.....2
M303	CHECK M302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		M306

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M304	Have you or any of your sex partners ever used anything or tried in any way to delay or avoid pregnancy?	YES1 NO2	→ M312
M305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
M306	CHECK M302 (02): RESPONDENT NOT STERILIZED (CODE '1' NOT CIRCLED) <input type="checkbox"/> RESPONDENT STERILIZED (CODE '1' CIRCLED) <input type="checkbox"/>		→ M308A
M307	Are you, your wife (wives), or any other partner with whom you have sex currently doing something or using any method to delay or avoid a pregnancy?	YES1 NO, DOES NOT KNOW2	→ M312
M308 M308A	Which method are you using? CIRCLE 'B' FOR MALE STERILIZATION. IF REPENDENT USES CONDOM, FOLLOW SKIP INSTRUCTION FOR CONDOM.	FEMALE STERILIZATIONA MALE STERILIZATION.....B PILL.....C IUDD INJECTIONS.....E IMPLANTSF CONDOM.....G DIAPHRAGM/FOAM/JELLY.....H RHYTHM/PERIODIC ABSTINENCE.....I WITHDRAWAL.....J OTHER _____ X (SPECIFY)	→ M401 → M401
M309	What is the brand name of the condom you last used? RECORD NAME OF BRAND. _____ (BRAND NAME)	BRAND..... <input type="text"/> <input type="text"/> NO BRAND NAME95 DON'T KNOW98	
M310	Do you use more condoms now than a year ago, about the same number, or fewer?	MORE1 SAME2 FEWER3	→ M401
M311	What is the main reason you use more condoms now than a year ago?	FEAR OF GETTING AIDS1 FEAR OF GETTING OTHER STDS.....2 FAMILY PLANNING.....3 LESS EXPENSIVE NOW4 MORE AVAILABLE NOW5 INCREASED SEXUAL ACTIVITY.....6 OTHER _____ 7 (SPECIFY) DON'T KNOW8	→ M401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M312	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED11 FERTILITY-RELATED REASONS NOT HAVING SEX21 INFREQUENT SEX22 WIFE/PARTNER MENOP./HYST.23 COUPLE SUBFECUND/INFECUND ..24 WIFE/PARTNER POSTP./BREASTF. 25 WANTS (MORE) CHILDREN26 OPPOSITION TO USE RESPONDENT OPPOSED31 WIFE/PARTNER OPPOSED32 OTHERS OPPOSED33 RELIGIOUS PROHIBITION34 LACK OF KNOWLEDGE KNOWS NO METHOD41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS52 LACK OF ACCESS/TOO FAR53 COST TOO MUCH54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ M404 → M406
M402	How many wives do you have?	NUMBER OF WIVES <input type="text"/> <input type="text"/>	
M403	Besides your wife / wives, do you have any other women with whom you live as if married?	YES 1 NO 2	→ M405
M404	<p>CHECK M401:</p> <p align="center"> <input type="checkbox"/> CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN </p> <p> <input type="checkbox"/> How many other women are you living with as if you were married? <input type="checkbox"/> How many women are you living with as if you were married? </p>	NUMBER OF LIVE-IN PARTNERS <input type="text"/> <input type="text"/>	
M405	<p>WRITE THE NAMES AND LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE / WIVES AND PARTNER(S). IF A WIFE / PARTNER DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00' IN THE LINE NUMBER BOX. THE NUMBER OF BOXES FILLED MUST BE EQUAL TO THE NUMBER OF WIVES PLUS NUMBER OF LIVE-IN PARTNERS.</p> <p>Please tell me the name(s) of your wife/wives and live-in partner(s)</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p>	<p align="center">LINE NUMBER</p> <p>..... <input type="text"/> <input type="text"/></p> <p>..... <input type="text"/> <input type="text"/></p> <p>..... <input type="text"/> <input type="text"/></p> <p>..... <input type="text"/> <input type="text"/></p> <p>..... <input type="text"/> <input type="text"/></p> <p>..... <input type="text"/> <input type="text"/></p> <p>..... <input type="text"/> <input type="text"/></p>	→ M409
M406	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER 1 OCCASIONAL SEXUAL PARTNER 2 NO SEXUAL PARTNER 3	
M407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ M409 → M501
M408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
M409	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M410	<p>CHECK M409:</p> <p>MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner?</p> <p>MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/></p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH.....<input type="text"/><input type="text"/></p> <p>DON'T KNOW MONTH..... 98</p> <p>YEAR.....<input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW YEAR.....9998</p>	<p>→ M501</p>
M411	<p>How old were you when you started living with her?</p>	<p>AGE.....<input type="text"/><input type="text"/></p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M501	<p>CHECK M401:</p> <p>CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/></p> <p>NOT CURRENTLY IN UNION <input type="checkbox"/></p>		M506
M502	<p>CHECK M402, and M404</p> <p>HAS ONE WIFE/WOMAN HE IS LIVING WITH <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/WOMAN HE IS LIVING WITH <input type="checkbox"/></p> <p>Is your wife/the woman you are living with currently pregnant?</p> <p>Is one of your wives (the women you are living with) pregnant?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DOES NOT KNOW/UNSURE..... 3</p>	M504
M503	<p>When she became 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?</p>	<p>THEN 1</p> <p>WANTED TO WAIT 2</p> <p>NOT AT ALL 3</p>	
M504	<p>CHECK M502</p> <p>WIFE/PARTNER NOT PREGNANT/ NOT SURE <input type="checkbox"/></p> <p>WIFE/PARTNER PREGNANT <input type="checkbox"/></p> <p>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?</p> <p>Now I have some questions about the future. After the child your wife/partner is expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD..... 1</p> <p>NO MORE/NONE 2</p> <p>SAYS WIFE CAN'T GET PREGNANT 3</p> <p>SAYS HE CAN'T HAVE ANY MORE..... 4</p> <p>UNDECIDED/DOESN'T KNOW 8</p>	M506
M505	<p>CHECK M502:</p> <p>WIFE/PARTNER NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>WIFE/PARTNER PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child your wife/partner is expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1</p> <p>YEARS..... 2</p> <p>SOON/NOW 993</p> <p>SAYS WIFE CAN'T GET PREGNANT .. 994</p> <p>AFTER MARRIAGE..... 995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW..... 998</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
M511	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3																									
M512	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a pamphlet/poster? At a community event?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PAMPHLET/POSTER</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COMMUNITY EVENT</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	PAMPHLET/POSTER	1	2	COMMUNITY EVENT	1	2							
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PAMPHLET/POSTER	1	2																									
COMMUNITY EVENT	1	2																									
M518	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td style="text-align: right;">PRES/ LISTEN.</td> <td style="text-align: right;">PRES/ NOT LISTEN.</td> <td style="text-align: right;">NOT PRS</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>HUSBAND</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>OTHER MALES</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>OTHER FEMALES</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS	CHILDREN <10	1	2	8	HUSBAND	1	2	8	OTHER MALES	1	2	8	OTHER FEMALES	1	2	8					
	PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS																								
CHILDREN <10	1	2	8																								
HUSBAND	1	2	8																								
OTHER MALES	1	2	8																								
OTHER FEMALES	1	2	8																								
M519	Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>GOES OUT</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>ARGUES</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>REFUSES SEX</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>BURNS FOOD</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
	YES	NO	DK																								
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BURNS FOOD	1	2	8																								

SECTION 6. SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M601	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER00</p> <p>AGE <input type="text"/> <input type="text"/></p> <p>WHEN FIRST UNION STARTED96</p>	→ M701
M602	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.</p>	<p>DAYS AGO1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO4 <input type="text"/> <input type="text"/></p>	
M603	<p>The last time you had sexual intercourse, did you use a condom?</p>	<p>YES1</p> <p>NO2</p> <p>DOES NOT KNOW CONDOMS3</p>	→ M605
M604	<p>What was the main reason you used a condom on that occasion?</p>	<p>TO PREVENT STD/HIV1</p> <p>TO PREVENT PREGNANCY2</p> <p>TO PREVENT BOTH STD/HIV AND PREGNANCY3</p> <p>DID NOT TRUST PARTNER/FEELS SHE HAS OTHER PARTNERS4</p> <p>PARTNER INSISTED5</p> <p>OTHER6 (SPECIFY)</p> <p>DON'T KNOW8</p>	→ M607
M605	<p>The last time you had sexual intercourse, did you or your partner do something or use some method to avoid a pregnancy?</p>	<p>YES1</p> <p>NO2</p> <p>UNSURE/DOES NOT KNOW3</p>	→ M607
M606	<p>What did you do or what did you use?</p>	<p>FEMALE STERILIZATIONA</p> <p>MALE STERILIZATIONB</p> <p>PILLC</p> <p>IUDD</p> <p>INJECTIONSE</p> <p>IMPLANTSF</p> <p>CONDOMG</p> <p>DIAPHRAGM/FOAM/JELLYH</p> <p>PERIODIC ABSTINENCEI</p> <p>WITHDRAWALJ</p> <p>OTHERX (SPECIFY)</p> <p>DON'T KNOWZ</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
M607	What is your relationship to the woman with whom you last had sex? IF "BOYFRIEND" OR "FIANCE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	SPOUSE/LIVE-IN PARTNER..... 1 BOYFRIEND/FIANCE 2 FRIEND/ACQUAINTANCE..... 3 RELATIVE 4 PROSTITUTE..... 5 OTHER 8 (SPECIFY)	→ M609								
M608	How long have you had a sexual relationship with this woman you last had sex with?	DAYS..... 1 <table border="1" data-bbox="1271 527 1362 705"> <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> WEEKS..... 2 MONTHS..... 3 YEARS 4									
M609	Have you had sex with anyone else in the last 12 months?	YES 1 NO 2	→ M617								
M610	The last time you had sexual intercourse with this other woman, did you use a condom?	YES 1 NO 2 DOES NOT KNOW CONDOMS..... 3	→ M612								
M611	What was the main reason you used a condom on that occasion?	TO PREVENT STD/HIV 1 TO PREVENT PREGNANCY..... 2 TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS SHE HAS OTHER PARTNERS..... 4 PARTNER INSISTED..... 5 OTHER 6 (SPECIFY) DON'T KNOW 8	→ M614								
M612	The last time you had sexual intercourse with this woman, did you or your partner do something or use some method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DOES NOT KNOW 3	→ M614								
M613	What did you do or what did you use?	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS..... F CONDOM G DIAPHRAGM/FOAM/JELLY..... H PERIODIC ABSTINENCE I WITHDRAWAL..... J OTHER X (SPECIFY) DON'T KNOW Z									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M614	What is your relationship to this woman? IF "BOYFRIEND" OR "FIANCE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	SPOUSE/LIVE-IN PARTNER..... 1 BOYFRIEND/FIANCE 2 FRIEND/ACQUAINTANCE..... 3 RELATIVE 4 WOMAN IS A PROSTITUTE 5 OTHER 6 (SPECIFY)	→ M616
M615	How long have you maintained a sexual relationship with this woman?	DAYS..... 1 <input type="text"/> <input type="text"/> WEEKS..... 2 <input type="text"/> <input type="text"/> MONTHS..... 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/>	
M616	Altogether, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS <input type="text"/> <input type="text"/>	
M617	Have you ever paid for sex?	YES 1 NO 2	→ M701
M618	How long ago was the last time you paid for sex?	DAYS AGO..... 1 <input type="text"/> <input type="text"/> WEEKS AGO..... 2 <input type="text"/> <input type="text"/> MONTHS AGO..... 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> DOES NOT REMEMBER 998	
M619	The last time you paid for sex, did you use a condom?	YES 1 NO 2	

SECTION 7: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ M724
M701A	From which sources of information have you heard about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO A TV B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D HEALTH WORKERS E MOSQUES/CHURCHES F SCHOOLS/TEACHERS G COMMUNITY EVENTS H FRIENDS/RELATIVES I WORK PLACE J DRAMA/PERFORMANCE K OTHER _____ X (SPECIFY)	
M702	Is there anything a person can do to avoid getting AIDS, or the virus which causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→ M704
M703	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS 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 BLOOD TRANSFUSIONS I AVOID INJECTIONS WITH UNCLEAN NEEDLES 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	
M704	CHECK M703: NEITHER CODE 'C' NOR CODE 'D' CIRCLED <input type="checkbox"/> CODE 'C' AND/OR CODE 'D' CIRCLED <input type="checkbox"/>		→ M707

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M705	In your view, is a person's chance of getting AIDS influenced by the number of sexual partners he or she has?	YES 1 NO 2 DON'T KNOW 8	→ M707
M706	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	
M707	CHECK M703: DID NOT MENTION USE OF CONDOMS DURING SEX (CODE 'B' NOT CIRCLED) <input type="checkbox"/> MENTIONED USE OF CONDOMS DURING SEX (CODE 'B' CIRCLED) <input type="checkbox"/>		→ M709
M708	Do you think that by using condoms during sexual intercourse a person decreases his/her chances of getting AIDS, increases his/her chances of getting AIDS, or it does not make a difference?	DECREASES HIS CHANCES 1 INCREASES HIS CHANCES 2 DOESN'T MAKE A DIFFERENCE 3 DON'T KNOW/UNSURE 8	
M709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
M710	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2 UNSURE/DON'T KNOW 8	
M711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→ M713
M712	When can the virus that causes AIDS be transmitted from a mother to a child? Any others times? RECORD ALL RESPONSES.	DURING PREGNANCY A AT DELIVERY B DURING BREASTFEEDING C OTHER TIMES D DON'T KNOW Z	
M713	CHECK M501: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ M716
M714	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife/ the woman you are living with?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
M733	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVERNMENT</p> <p>HOSPITAL..... 11</p> <p>HEALTH CENTER 12</p> <p>HEALTH STATION/CLINIC 13</p> <p>HEALTH POST 14</p> <p>OTHER GOVERNMENT _____ 16</p> <p>(SPECIFY)</p> <p>NONGOVERNMENTAL (NGO)</p> <p>HEALTH FACILITY..... 21</p> <p>OTHER NGO _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE DOCTOR/CLINIC..... 32</p> <p>PHARMACY 33</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>							
M734	<p>When you had the (sexually-transmitted disease/discharge from your penis/sore or ulcer on your penis) did you inform the person or persons you were having sex with?</p>	<p>YES 1</p> <p>NO 2</p> <p>SOME, NOT ALL 3</p> <p>DID NOT HAVE SEX</p> <p>PARTNERS AT THAT TIME 4</p>							
M735	<p>When you had the (sexually transmitted disease/discharge from your penis/sore or ulcer on your penis) did you do something to avoid infecting the person or persons you were having sex with?</p>	<p>YES 1</p> <p>NO 2</p> <p>PARTNER ALREADY INFECTED..... 3</p> <p>NOT HAVING SEX AT THAT TIME 4</p>	<p>→ M736</p>						
M735A	<p>What did you do?</p> <p>Any thing else?</p> <p>RECORD ALL MENTIONED</p>	<p>USE CONDOM..... A</p> <p>STOPPED HAVING SEX B</p> <p>WASH PENIS BEFORE SEX..... C</p> <p>REDUCED THE FREQUENCY OF</p> <p>SEXUAL INTERCOURSE D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>							
M736	<p>RECORD THE TIME.</p> <p>MORNING = 1</p> <p>EVENING = 2</p>	<p>MORNING/EVENING.....</p> <p>HOUR</p> <p>MINUTES</p> <table border="1" data-bbox="1271 1461 1365 1602"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

THANK YOU

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____