

2005 ETHIOPIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

IMPLEMENTING ORGANIZATION:
PHCCO

IDENTIFICATION																			
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER REGION LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF MAN _____	<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> <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>																		
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></table> 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></table> YEAR <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> INT. NUMBER <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> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>															
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RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>															
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TIME	_____	_____																	
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																			
LANGUAGE OF QUESTIONNAIRE: <input type="checkbox"/> LANGUAGE OF INTERVIEW: <input type="checkbox"/> LANGUAGE OF RESPONDENT <input type="checkbox"/> LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6 TRANSLATOR USED: <input type="checkbox"/> (YES = 1, NO = 2)																			
SUPERVISOR NAME _____ 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></tr></table>			FIELD EDITOR NAME _____ 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></tr></table>			OFFICE EDITOR <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 <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>										

SECTION 1. RESPONDENT'S BACKGROUND AND WORK STATUS

INTRODUCTION

Hello. My name is _____ and I am working with the Population and Housing Census Commission Office (PHCCO). We are conducting a national survey about the health of women, men and children. 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 about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?
 May I begin the interview now?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING <input type="checkbox"/> HOUR <input type="checkbox"/> MINUTES <input type="checkbox"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="checkbox"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	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	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="checkbox"/>	
106	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 110
108	What is the highest grade you completed?	GRADE <input type="checkbox"/> TECH./VOC. CERTIFICATE 13 UNIVERSITY/COLLEGE DIPLOMA ... 14 UNIVERSITY/COLLEGE DEGREE OR HIGHER 15	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 01 LOOKING FOR WORK 02 RETIRED 03 TOO ILL TO WORK 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE 06 OTHER _____ 96 (SPECIFY)	} } } → 201 } }
123	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
124	CHECK 123: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		} } } → 126
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 DOESN'T WORK ON LAND 5	
126	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE ... <input type="text"/> <input type="text"/>	
206	Have you ever fathered a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	(In addition to the children that you have just told me about), do you have any other living sons or daughters <u>or</u> sons or daughters who died who are biologically your children but who are not legally yours or do not have your name? NO <input type="checkbox"/> ↓ YES <input type="checkbox"/> →	PROBE AND CORRECT 201-207 AS NECESSARY.	→ 208
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/> <input type="text"/>	
210	CHECK 209: HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 213 → 214
211	Do the children you have fathered all have the same biological mother?	YES 1 NO 2	→ 213

212	In all how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
213	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	Are you the primary care giver for any children?	YES 1 NO 2	→ 301
215	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 301
216	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8	

SECTION 3. CONTRACEPTION

301	<p>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.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>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 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	<p>Have you ever had an operation to avoid having any more children?</p> <p>YES 1 NO 2</p>
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↘	
06	IMPLANTS (or NORPLANTS) Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for five or more years.	YES 1 NO 2 ↘	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	<p>YES 1 NO 2</p>
08	DIAPHRAGM/FOAM/JELLY Women can place a sheath and/or a suppository/tablet/jelly/cream in their vagina before intercourse.	YES 1 NO 2 ↘	
09	STANDARD DAYS METHOD Women can use a cycle of beads to count the days they are most likely to get pregnant and avoid sexual intercourse during those days.	YES 1 NO 2 ↘	
10	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↘	
11	RHYTHM METHOD 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 NO 2 ↘	<p>YES 1 NO 2</p>
12	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	<p>YES 1 NO 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>_____</p> <p align="center">(SPECIFY)</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
303	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2																	
304	Now I would like to ask you about when a woman is most likely to get pregnant. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306																
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																	
306	Do you think that a woman who is breastfeeding her baby can get pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8																	
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. Contraception is women's business and a man should not have to worry about it Women who use contraception may become promiscuous. A woman is the one who gets pregnant so she should be the one to get sterilized.	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DISAGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK		1	2	8		1	2	8		1	2	8	
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SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404 → 407																																				
402	Do you currently have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <input type="text"/> <input type="text"/>																																					
403	In addition to your wife (wives), are you currently living with any other women as if married?	YES 1 NO 2	→ 405																																				
404	Are you living with one woman or more than one woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if you were married?	NUMBER OF LIVE-IN PARTNERS <input type="text"/> <input type="text"/>																																					
405	<p>CHECK Q.402 AND Q.404</p> <p>SUM OF Q.402 AND Q.404 = 01 <input type="text"/> ↓ Please tell me the name of your wife/partner.</p> <p>RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>																																						
	<p>SUM OF Q.402 AND Q.404 > 01 <input type="text"/> ↓ Please tell me the name of each wife/partner that you live with as if married, starting with the one you lived with first.</p> <p>RECORD <u>EACH</u> WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE SEPARATELY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. CIRCLE THE APPROPRIATE CODE FOR WIFE OR PARTNER.</p> <table border="1" data-bbox="272 1150 1437 1845"> <thead> <tr> <th data-bbox="272 1150 727 1205">WIFE/PARTNER NAME</th> <th data-bbox="727 1150 959 1205">LINE NUMBER IN HHOLD QUEST.</th> <th data-bbox="959 1150 1166 1205">STATUS WIFE=1 PARTNER=2</th> <th data-bbox="1166 1150 1437 1205">Q.405A How old was your wife/partner on her last birthday?</th> </tr> <tr> <td></td> <td></td> <td></td> <td>AGE</td> </tr> </thead> <tbody> <tr> <td>1 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1 2</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>2 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1 2</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>3 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1 2</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>4 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1 2</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>5 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1 2</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>6 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1 2</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>7 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1 2</td> <td><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>			WIFE/PARTNER NAME	LINE NUMBER IN HHOLD QUEST.	STATUS WIFE=1 PARTNER=2	Q.405A How old was your wife/partner on her last birthday?				AGE	1 _____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	2 _____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	3 _____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	4 _____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	5 _____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	6 _____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>	7 _____	<input type="text"/> <input type="text"/>	1 2	<input type="text"/> <input type="text"/>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	CHECK 405: ONLY ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> Have you ever been married to or lived together as if married with any other woman than your current wife/partner? Have you ever been married to or lived together as if married with any other woman in addition to those you have just mentioned?	YES 1 NO 2	→ 409 → 410
407	Have you ever been married or lived together with a woman as if married?	YES 1 NO 2	→ 412
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
409	In total, how many women have you been married to or lived together with as if married in your whole life?	NUMBER <input type="text"/>	
409A	CHECK 405 AND 409: ONLY ONE WIFE/PARTNER TOTAL IN 405 AND 409 <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER IN 405 AND/OR 409 <input type="checkbox"/>		→ 410A
410	In what month and year did you start living with your wife/partner?	MONTH <input type="text"/> DON'T KNOW MONTH 98	
410A	Now I would like to ask about when you started living with your <u>first</u> wife/partner. In what month and year was that?	YEAR <input type="text"/> DON'T KNOW YEAR 9998	→ 412
411	How old were you when you first started living with her?	AGE <input type="text"/>	
412	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 had sexual intercourse for the very first time (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 414 → 414
413	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→ 443
414	CHECK 105: 15-24 YEARS OLD <input type="checkbox"/> 25-59 YEARS OLD <input type="checkbox"/>		→ 419
415	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
419	When was the <u>last</u> time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 428

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER																								
420	The last time you had sexual intercourse with this (second) person, was a condom used?	YES 1 NO 2 (SKIP TO 422) ←	YES 1 NO 2 (SKIP TO 422) ←																								
421	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2																								
422	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE 01 (SKIP TO 424) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	SPOUSE 01 (SKIP TO 424) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)																								
423	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ... 1 <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> MONTHS . 2 <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> YEARS... 3 <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>													DAYS ... 1 <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> MONTHS . 2 <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> YEARS... 3 <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>												
424	The last time you had sexual intercourse with this (second) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 426) ←	YES 1 NO 2 (SKIP TO 426) ←																								
425	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4																								
426	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 420 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES 1 (GO TO 427 ← IN NEXT PAGE) NO 2 (SKIP TO 428) ←																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
428	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
429	CHECK 422 ALL COLUMNS: NO PARTNERS ARE COMMERCIAL SEX WORKERS <input type="checkbox"/> ↓ AT LEAST ONE PARTNER A COMMERCIAL SEX WORKER <input type="checkbox"/>	Q. 422 NOT ASKED <input type="checkbox"/>	→ 431 → 443
430	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	→ 433
431	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	→ 433
432	Was a condom used every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DK 8	
433	CHECK 420 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER) YES <input type="checkbox"/> ↓ NO/NOT ASKED <input type="checkbox"/>		→ 439
434	The last time you had intercourse you told me you used a condom. Did you or your partner obtain the condom?	MAN HIMSELF 1 PARTNER 2 SOMEONE ELSE 3	
435	What brand did you use?	BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/> DON'T KNOW 98	
436	How much did you (your partner) pay when getting the condom?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998	
437	How many condoms did you (your partner) get the last time?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
438	<p>From where did you (your partner) obtain the condom the last time?</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(S))</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>GOVT. HEALTH STATION/CLINIC D</p> <p>CBD E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>NON GOVT (NGO)</p> <p>NGO HEALTH FACILITY G</p> <p>CBD/CBRHA H</p> <p>OTHER NGO _____ I</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR M</p> <p>SHOP N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
439	<p>CHECK 302 (02) USING MALE STERILIZATION</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 442</p>
440	<p>The last time you had sex did you (or your partner) use any method (other than the condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>→ 442</p>
441	<p>What method did you (your partner) use?</p> <p>PROBE:</p> <p>Did you use any other method to prevent pregnancy?</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>PILL C</p> <p>IUD D</p> <p>INJECTABLES E</p> <p>IMPLANTS F</p> <p>CONDOM G</p> <p>DIAPHRAGM/FOAM/JELLY H</p> <p>STANDARD DAYS METHOD I</p> <p>LACTATIONAL AMEN. METHOD J</p> <p>RHYTHM METHOD K</p> <p>WITHDRAWAL L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
442	<p>CHECK 420 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER)</p> <p>NO/NOT ASKED <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 447</p>
443	<p>CHECK 301 (07) KNOWS MALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>→ 447</p>
444	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 447</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
445	<p>Where is that?</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>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>GOVT. HEALTH STATION/CLINIC D</p> <p>CBD E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>NON GOVT (NGO)</p> <p>NGO HEALTH FACILITY G</p> <p>CBD/CBRHA H</p> <p>OTHER NGO _____ I</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR M</p> <p>SHOP N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
446	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
447	<p>I will now read you some statements about the male condom. Please tell me if you agree or disagree with each statement.</p> <p>Condoms diminish a man's sexual pleasure.</p> <p>Condoms diminish a woman's pleasure.</p> <p>A condom is very inconvenient to use.</p> <p>A condom can be reused.</p> <p>Buying condoms is embarrassing.</p>	<p>YES NO DK</p> <p>DIMINISH MAN'S PLEASURE . 1 2 8</p> <p>DIMINISH WOMAN'S</p> <p>PLEASURE 1 2 8</p> <p>INCONVENIENT 1 2 8</p> <p>REUSED 1 2 8</p> <p>EMBARRASING TO BUY ... 1 2 8</p>	
448	Some men are circumcised. Are you circumcised?	<p>YES 1</p> <p>NO 2</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 401 and 405:</p> <p>IN Q. 405 MARRIED TO OR LIVING WITH ONE WOMAN <input type="checkbox"/></p> <p>IN Q. 405 MARRIED TO AND/OR LIVING WITH MORE THAN ONE WOMAN <input type="checkbox"/></p>	<p>Q. 401: NOT IN UNION <input type="checkbox"/></p>	<p>→ 502A</p> <p>→ 505</p>
502	Is your wife/partner currently pregnant?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	
502A	<p>IF MORE THAN ONE WIFE/PARTNER, ASK:</p> <p>Are any of your wives/partners currently pregnant?</p>		
503	<p>CHECK 502:</p> <p>WIFE NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>WIFE 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 you are 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/WIVES CAN'T GET PREGNANT 3</p> <p>UNDECIDED/DON'T KNOW 8</p>	<p>→ 505</p>
504	<p>CHECK 502:</p> <p>WIFE NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>WIFE 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 you are 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>AFTER MARRIAGE 995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	
505	<p>CHECK 202 AND 204:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>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"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 507</p> <p>→ 507</p>
506	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>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
507	<p>In the last few months have you heard about family planning:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p> <p>In a pamphlet/poster/leaflets/booklets?</p> <p>At 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>PAMPHLET, ETC. 1 2</p> <p>COMMUNITY EVENT 1 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	CHECK 401 and 405: IN Q. 405 MARRIED TO OR LIVING WITH ONE WOMAN <input type="checkbox"/> IN Q. 405 MARRIED TO AND/OR LIVING WITH MORE THAN ONE WOMAN <input type="checkbox"/>	Q. 401: NOT IN UNION <input type="checkbox"/>	→ 509A → 514
509	Is your wife/partner currently using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	→ 511
509A	IF MORE THAN ONE WIFE/PARTNER, ASK: Are any of your wives/partners currently using a method of family planning?		
510	Would you say that using contraception is mainly your decision, mainly your wife's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY WIFE/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
511	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
512	Who decides how the money you earn will be used: mainly you, mainly your wife/partner, or you and your wife/partner jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 RESPONDENT DOESN'T BRING IN ANY MONEY 4 OTHER 6	
513	Would you say that the money that you bring into the household is more than what your wife/partner brings in, less than what she brings in, or about the same?	MORE THAN HER 1 LESS THAN HER 2 ABOUT THE SAME 3 WIFE/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	
514	Now I would like to ask you a few questions regarding relationships between men and women. In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:		
	making large household purchases?	HUS- BAND WIFE BOTH EQUAL- LY DON'T KNOW, DEPENDS	
	making small daily household purchases?	1 2 3 8	
	deciding when to visit family, friends or relatives?	1 2 3 8	
	deciding what to do with the money she earns for her work?	1 2 3 8	
	deciding how many children to have and when to have them?	1 2 3 8	
515	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:		
	If she goes out without telling him?	YES NO DK	
	If she neglects the children?	GOES OUT 1 2 8	
	If she argues with him?	NEGL. CHILDREN ... 1 2 8	
	If she refuses to have sex with him?	ARGUES 1 2 8	
	If she burns the food?	REFUSES SEX 1 2 8	
		BURNS FOOD 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>She knows her husband has a sexually transmitted disease?</p> <p>She knows her husband has sex with other women?</p> <p>She is tired or not in the mood?</p>	<p style="text-align: right;">YES NO DK</p> <p>HAS STD 1 2 8</p> <p>OTHER WOMEN 1 2 8</p> <p>TIRED/NOT IN MOOD ... 1 2 8</p>	
517	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>Get angry and reprimand her?</p> <p>Refuse to give her money or other means of financial support?</p> <p>Use force and have sex with her even if she doesn't want to?</p> <p>Go and have sex with another woman?</p>	<p style="text-align: right;">DON'T KNOW, DEPENDS</p> <p>YES NO</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p>	
518	<p>When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
519	<p>Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>NONE 00</p>	→ 523
520	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>NONE 00</p>	→ 523
521	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC . 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST 13</p> <p>COMM. HEALTH AGENT 14</p> <p>OTHER PUBLIC 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>NON-GOVT. (NGO) HEALTH FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR 31</p> <p>DENTAL CLINIC/OFFICE 32</p> <p>PHARMACY 33</p> <p>OFFICE OR HOME OF NURSE/</p> <p>HEALTH WORKER 34</p> <p>OTHER PRIVATE</p> <p>MEDICAL 36</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER PLACE</p> <p>AT HOME 41</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>	

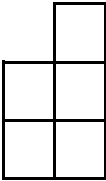
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
523	Do you currently smoke cigarettes?	YES 1 NO 2	→ 525
524	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
525	Do you currently smoke or use any other type of tobacco like gaya, shisha or suret?	YES 1 NO 2	→ 527
526	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED	PIPE A CHEWING TOBACCO B SNUFF/SURET C SHISHA D GAYA E OTHER X (SPECIFY)	
527	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 601
528	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z	
529	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
530	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

SECTION 6. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 634
602	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
603	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
604	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
606	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
607	Can people get the AIDS virus because of the curse of God or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
608	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	↳ 610
609	What can a person do? Anything else? RECORD ALL WAYS 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 H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
610	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
611	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
612	CHECK 611: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 614																
613	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
614	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8																	
615	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 620																
616	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
617	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
618	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	
619	Where was the test done? 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. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC 11 GOVT. HEALTH CENTER 12 VCT CENTER 13 GOVT. HEALTH POST 14 FAMILY PLANNING CLINIC 15 STAND ALONE VCT CENTER 16 OTHER PUBLIC _____ 17 (SPECIFY) NON-GOVT. (NGO) HEALTH FACILITY 21 STAND ALONE VCT CENTER 22 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ DOCTOR 31 STAND ALONE VCT CENTER 32 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 622																
620	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 622																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
621	<p>Where is that?</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>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC A</p> <p>GOVT. HEALTH CENTER B</p> <p>VCT CENTER C</p> <p>GOVT. HEALTH POST D</p> <p>FAMILY PLANNING CLINIC E</p> <p>STAND ALONE VCT CENTER F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) HEALTH FACILITY H</p> <p>STAND ALONE VCT CENTER I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR J</p> <p>STAND ALONE VCT CENTER K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER _____ M</p> <p>(SPECIFY)</p>	
622	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
623	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
624	<p>If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
625	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
626	<p>Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	→ 630
627	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	
628	<p>Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	
629	<p>Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
642	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC . A</p> <p>GOVT. HEALTH CENTER B</p> <p>VCT CENTER C</p> <p>GOVT. HEALTH POST D</p> <p>FAMILY PLANNING CLINIC E</p> <p>STAND ALONE VCT CENTER F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) HEALTH FACILITY H</p> <p>STAND ALONE VCT CENTER I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR J</p> <p>STAND ALONE VCT CENTER K</p> <p>PHARMACY L</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR N</p> <p>SHOP O</p> <p>TRADITIONAL HEALER P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
643	<p>RECORD THE TIME.</p> <p>MORNING = 1</p> <p>EVENING = 2</p>	<p>MORNING/EVENING</p> <p>HOUR</p> <p>MINUTES</p> 	

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: _____