

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES
2013 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

IDENTIFICATION										
PLACE NAME _____										
NAME OF HOUSEHOLD HEAD _____										
LDHS CLUSTER NUMBER	<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
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NAME AND LINE NUMBER OF MAN _____										

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY MONTH YEAR INT. NUMBER RESULT												
INTERVIEWER'S NAME	_____	_____	_____	<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td>2</td><td>0</td><td>1</td><td>3</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0	1	3								
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RESULT*	_____	_____	_____	<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS												
<p>*RESULT CODES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> <td>(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED			2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	(SPECIFY)	3 POSTPONED	6 INCAPACITATED		
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____	NAME _____												
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Liberia Institute of Statistics and Geo-Information Services (LISGIS). We are conducting a survey about demographics and health all over Liberia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>CHECK 108:</p> <p>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></p> <p>CODE '1' OR '5' CIRCLED <input type="checkbox"/></p>		→ 111
110	<p>Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
111	<p>Do you listen to the radio, at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
112	<p>Do you watch television, at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
113	<p>What is your religion?</p>	<p>CHRISTIAN 1</p> <p>MUSLIM 2</p> <p>TRADITIONAL RELIGION 3</p> <p>NO RELIGION 4</p> <p>OTHER 6 (SPECIFY)</p>	
114	<p>What dialect do you speak (besides English)?</p>	<p>BASSA 01</p> <p>GBANDI 02</p> <p>BELLE 03</p> <p>DEY 04</p> <p>GIO 05</p> <p>GOLA 06</p> <p>GREBO 07</p> <p>KISSI 08</p> <p>KPELLE 09</p> <p>KRAHN 10</p> <p>KRU 11</p> <p>LORMA 12</p> <p>MANDINGO 13</p> <p>MANO 14</p> <p>MENDE 15</p> <p>SARPO 16</p> <p>VAI 17</p> <p>NONE / ONLY ENGLISH 18</p> <p>OTHER 96</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<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	<input type="checkbox"/> → 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 that you have fathered who are alive but do not live with you?	YES 1 NO 2	<input type="checkbox"/> → 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 son or a daughter 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 DON'T KNOW 8	<input type="checkbox"/> → 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	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →	→ 212 → 301	
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	<input type="checkbox"/> → 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> →	→ 301	
214	How old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-2 YEARS OTHER <input type="checkbox"/>		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any prenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those prenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
220	When a child has running stomach how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning or birth control - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization, Tube Tie, Turning the Womb. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables, Depo. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants, Jadelle. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom, Raincoat. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	CycleBeads, Standard Days. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
10	Lactational Amenorrhea Method (LAM).	YES 1 NO 2	
11	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Emergency Contraception. PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she does man business?	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	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's issue and a man should not have to worry about it. b) Women who use contraception may become loose or promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S ISSUE 1 2 8 WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
308	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 401
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B GOVT. CLINIC C COMMUNITY HEALTH VOL/gCHV D NACP E OTHER PUBLIC SECTOR F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I PLANNED PARENTHOOD ASSN. LIB. J MOBILE CLINIC K OTHER PRIVATE MEDICAL SECTOR L (SPECIFY) OTHER SOURCE SHOP M CHURCH N FRIENDS/RELATIVES O OTHER X (SPECIFY)	
310	If you wanted to, could you yourself get a condom?	YES 1 NO 2	

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	<input type="checkbox"/> → 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410															
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	→ 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<p>408 How old was (NAME) on her last birthday?</p> <table border="1"> <thead> <tr> <th data-bbox="954 995 1089 1016">NAME</th> <th data-bbox="1117 974 1214 1016">LINE NUMBER</th> <th data-bbox="1295 995 1344 1016">AGE</th> </tr> </thead> <tbody> <tr> <td data-bbox="954 1079 1089 1100">_____</td> <td data-bbox="1117 1037 1214 1100"><input type="text"/></td> <td data-bbox="1256 1037 1354 1100"><input type="text"/></td> </tr> <tr> <td data-bbox="954 1184 1089 1205">_____</td> <td data-bbox="1117 1142 1214 1205"><input type="text"/></td> <td data-bbox="1256 1142 1354 1205"><input type="text"/></td> </tr> <tr> <td data-bbox="954 1289 1089 1310">_____</td> <td data-bbox="1117 1247 1214 1310"><input type="text"/></td> <td data-bbox="1256 1247 1354 1310"><input type="text"/></td> </tr> <tr> <td data-bbox="954 1373 1089 1394">_____</td> <td data-bbox="1117 1331 1214 1394"><input type="text"/></td> <td data-bbox="1256 1331 1354 1394"><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	
NAME	LINE NUMBER	AGE																
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_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
408	ASK 408 FOR EACH PERSON.																	
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 413
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about woman business in order to gain a better understanding of some important life issues. How old were you when you did woman business for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 501
415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the <u>last</u> time you did woman business? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	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"/>	→ 418 → 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you did woman business with this person?		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"/>	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"/>
418	The last time you did woman business (with this second/third woman) did you use a condom?	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←
419	Did you use a condom every time you did woman business with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
420	What was your relationship to this person with whom you did woman business? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ← <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ← <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ← <input type="checkbox"/>
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) <input type="checkbox"/> OTHER <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) <input type="checkbox"/> OTHER <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) <input type="checkbox"/> OTHER <input type="checkbox"/>
423	How long ago did you first do woman business with this (second/third) woman?	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"/>	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"/>	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"/>
424	How many times during the last 12 months have you done woman business with this woman? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	How old is this woman?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
426	Apart from (this person/these two people), have you had woman business with any other person in the last 12 months?	YES 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	
427	In the last 12 months, how many women have you done woman business with? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	<input type="checkbox"/> → 430
429	CHECK 420 AND 418 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	<input type="checkbox"/> → 433 <input type="checkbox"/> → 434
430	In the last 12 months, did you pay anyone in exchange for doing woman business?	YES 1 NO 2	<input type="checkbox"/> → 432
431	Have you ever paid anyone in exchange for doing woman business?	YES 1 NO 2	<input type="checkbox"/> → 434
432	The last time you paid someone in exchange for doing woman business, did you use a condom?	YES 1 NO 2	<input type="checkbox"/> → 434
433	Was a condom used for woman business every time you paid someone in exchange for doing woman business in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
434	In your whole life, how many women have you done woman business with? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>		<input type="checkbox"/> → 438 <input type="checkbox"/> → 438
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	STAR 01 MOH/NACP FREE 02 OTHER 96 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. CLINIC 13</p> <p>NACP 14</p> <p>OTHER PUBLIC SECTOR _____ 15</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>PLANNED PARENTHOOD ASSN. LIB. 24</p> <p>MOBILE CLINIC 25</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>FOAM/JELLY I</p> <p>CYCLEBEADS/STANDARD DAYS ... J</p> <p>LACTATIONAL AMEN. METHOD ... K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	→ 509							
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 509							
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 505							
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509							
505	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?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 509							
506	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 508							
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/>	WIFE/PARTNER PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	<table border="1"> <tr> <td>MONTHS 1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS 2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	MONTHS 1	<input type="text"/>	<input type="text"/>	YEARS 2	<input type="text"/>	<input type="text"/>	→ 509
MONTHS 1	<input type="text"/>	<input type="text"/>								
YEARS 2	<input type="text"/>	<input type="text"/>								
508	How long would you like to wait from now before the birth of (a/another) child?	<table border="1"> <tr> <td>MONTHS 1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS 2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	MONTHS 1	<input type="text"/>	<input type="text"/>	YEARS 2	<input type="text"/>	<input type="text"/>		
MONTHS 1	<input type="text"/>	<input type="text"/>								
YEARS 2	<input type="text"/>	<input type="text"/>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</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 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<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 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604		
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604		
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 607		
604	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____ <table border="1" data-bbox="1260 562 1357 621" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3			
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND IN KIND 2 IN KIND ONLY 3 NOT PAID 4			
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612		
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610		
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)			
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)			
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)			

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 723																
702	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 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <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> </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																
709	CHECK 708: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/> → 711																		
710	Are there any special drugs 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																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	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	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER12</p> <p>GOVT. HEALTH CLINIC 13</p> <p>STAND-ALONE VCT CENTER 14</p> <p>NACP 15</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 22</p> <p>STAND-ALONE VCT CENTER 23</p> <p>PHARMACY 24</p> <p>PLANNED PARENTHOOD ASSN. LIB 25</p> <p>MOBILE CLINIC 26</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 718</p>
716	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 718</p>
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH CLINIC C</p> <p>STAND-ALONE VCT CENTER D</p> <p>NACP E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>STAND-ALONE VCT CENTER I</p> <p>PHARMACY J</p> <p>PLANNED PARENTHOOD ASSN. LIB K</p> <p>MOBILE CLINIC L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
718	<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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
719	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8				
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8				
721	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?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8				
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8				
723	<p>CHECK 701:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through woman business?</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; vertical-align: top;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through woman business?</p> </td> </tr> </table>	<p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through woman business?</p>	<p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through woman business?</p>	<p>YES 1 NO 2</p>	
<p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through woman business?</p>	<p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through woman business?</p>				
724	<p>CHECK 414:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; vertical-align: top;"> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 732</p> </td> </tr> </table>	<p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 732</p>		
<p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 732</p>				
725	<p>CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>YES <input type="checkbox"/></p> <p>↓</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; vertical-align: top;"> <p>NO <input type="checkbox"/></p> <p>→ 727</p> </td> </tr> </table>	<p>YES <input type="checkbox"/></p> <p>↓</p>	<p>NO <input type="checkbox"/></p> <p>→ 727</p>		
<p>YES <input type="checkbox"/></p> <p>↓</p>	<p>NO <input type="checkbox"/></p> <p>→ 727</p>				
726	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 woman business?	YES 1 NO 2 DON'T KNOW 8				
727	Sometimes men experience an abnormal discharge from their penis/private parts. During the last 12 months, have you had an abnormal discharge from your penis/private parts?	YES 1 NO 2 DON'T KNOW 8				
728	Sometimes men have a sore or ulcer near their penis/private parts. During the last 12 months, have you had a sore or ulcer near your penis/private parts?	YES 1 NO 2 DON'T KNOW 8				
729	<p>CHECK 726, 727, AND 728:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>↓</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; vertical-align: top;"> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> <p>→ 732</p> </td> </tr> </table>	<p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> <p>→ 732</p>		
<p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> <p>→ 732</p>				
730	The last time you had (PROBLEM FROM 726/727/728), did you go for any kind of advice or treatment?	YES 1 NO 2	→ 732			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH CLINIC C</p> <p>STAND-ALONE VCT CENTER D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>STAND-ALONE VCT CENTER H</p> <p>PHARMACY I</p> <p>PLANNED PARENTHOOD ASSN. LIB J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER ... N</p> <p>BLACK BAGGER/DRUG PEDDLER O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
732	<p>If a wife knows her husband has a disease that she can get from doing man business, is she justified in asking that they use a condom when they do man business?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
733	<p>Is a wife justified in refusing to do man business with her husband when she knows he has sex with women other than his wives?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	
802	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 805
803	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 805
804	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
805	Do you currently smoke cigarettes?	YES 1 NO 2	→ 807
806	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
807	Do you currently smoke or use any (other) type of tobacco?	YES 1 NO 2	→ 809
808	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C CIGAR D OTHER _____ X (SPECIFY)	
809	Now I would like to ask you a few questions about drinking alcohol. In the past month, have you drunk alcohol such as beer, palm wine, or liquor?	YES 1 NO 2	→ 812
810	In the past month, how often have you drunk alcohol? PROBE: How many times in a month?	EVERY DAY 1 ALMOST EVERY DAY 2 1-2 TIMES A WEEK 3 2-3 TIMES A MONTH 4 ONCE A MONTH 5	
811	When you did drink alcohol, how many drinks did you usually have? We count one drink as one can or bottle of beer, one glass of wine, or one shot of liquor.	NUMBER OF DRINKS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
812	Are you covered by any health insurance?	YES 1 NO 2	→ 814								
813	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)									
814	RECORD THE TIME.	HOUR <table border="1" data-bbox="1260 527 1357 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES <table border="1" data-bbox="1260 579 1357 632"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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 SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____