

LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

21 August, 2004

IDENTIFICATION																								
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ EA NUMBER HOUSEHOLD NUMBER LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4) DISTRICT ¹ URBAN/RURAL (URBAN=1, RURAL=2) NAME AND LINE NUMBER OF MAN _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																							
INTERVIEWER VISITS																								
	1	2	3	FINAL VISIT																				
DATE _____ INTERVIEWER'S NAME _____ RESULT* _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY MONTH YEAR NAME RESULT																				
NEXT VISIT: DATE _____ TIME _____	_____ _____	_____ _____		TOTAL NO. OF VISITS <input style="width: 30px; height: 20px;" type="text"/>																				
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)																								
LANGUAGE OF QUESTIONNAIRE: ENGLISH LANGUAGE OF INTERVIEW *** _____ HOME LANGUAGE OF RESPONDENT*** _____ WAS A TRANSLATOR USED? (YES=1, NO=2).....				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px; text-align: center;">0</td><td style="width: 25px; height: 25px; text-align: center;">1</td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>	0	1																		
0	1																							
*** LANGUAGE CODES: 01 ENGLISH 06 OTHER _____ 02 SESOTHO (SPECIFY)																								
FIELD EDITOR	SUPERVISOR		OFFICE EDITOR	KEYED BY																				
NAME _____ DATE _____	NAME _____ DATE _____		_____ _____	_____ _____																				

¹ 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING; 08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey about the health of men, women 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 between 20 and 45 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?

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES	
102	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 an urban or in a rural area?	URBAN1 RURAL.....2	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS.....95 VISITOR96	→105
104	Just before you moved here, did you live in an urban or in a rural area?	URBAN1 RURAL.....2	
105	In the last 12 months, on how many separate occasions have you traveled away from this household and slept away?	NUMBER OF TRIPS AWAY .. NONE00	→107
106	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES1 NO2	
107	In what month and year were you born?	MONTH DON'T KNOW MONTH98 YEAR..... DON'T KNOW YEAR.....9998	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
109	Have you ever attended school?	YES1 NO2	→116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	What is the highest level of school you attended?	PRIMARY 1 VOCAT/TECHN. TRAINING AFTER PRIMARY 2 SECONDARY/HIGH 3 VOCAT/TECHN. TRAINING AFTER SECONDARY/HIGH 4 COLLEGE 5 GRADUATE/POST GRADUATE 6	
111	What is the highest (standard/form/year) you completed at that level?	STND/FORM/YEAR <input type="text"/> <input type="text"/>	
112	CHECK 108: AGE 24 OR BELOW <input type="checkbox"/> v AGE 25 OR ABOVE <input type="checkbox"/>		->115
113	Are you currently attending school?	YES 1 NO 2	->115
114	What is the main reason you are not attending school?	GOT MARRIED 01 CARE FOR YOUNGER CHILDREN 02 FAMILY NEEDED HELP ON FARM OR IN BUSINESS 03 COULD NOT PAY SCHOOL FEES 04 NEEDED TO WORK FOR MONEY 05 GRADUATED 06 DID NOT PASS ENTRANCE EXAMS 07 DID NOT LIKE SCHOOL 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
115	CHECK 110: PRIMARY/ VOCATION/TECHN. AFTER PRIMARY <input type="checkbox"/> v SECONDARY OR HIGHER <input type="checkbox"/>		->119
116	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. ¹ IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	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) BLIND/VISUALLY IMPAIRED 5	
117	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
118	CHECK 116: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED v CODE '1' OR '5' CIRCLED <input type="checkbox"/>		->120
119	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	->120

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119A	What kind of newspapers or magazines do you read: Lesotho newspapers/magazines, RSA newspapers/magazines, or any other? RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/MAGAZINE..... A RSA NEWSPAPER/MAGAZINE..... B OTHER _____ X (SPECIFY)	
120	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 DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	->121
120A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other? RECORD ALL MENTIONED.	LESOTHO RADIO A RSA RADIO B OTHER _____ X (SPECIFY)	
121	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	->122
121A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other? RECORD ALL MENTIONED.	LESOTHO TV A RSA TV B OTHER _____ X (SPECIFY)	
122	Are you currently working?	YES.....1 NO2	->125
123	Have you done any work in the last 12 months?	YES1 NO2	->125
124	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING1 LOOKING FOR WORK2 RETIRED3 UNABLE TO WORK, ILL/HANDICAPPED4 HOUSEWORK/CHILDCARE5 OTHER _____ 6 (SPECIFY)	->132
125	What is your occupation, that is, what kind of work do you mainly do?	<input type="checkbox"/> <input type="checkbox"/> _____ _____ _____	
126	CHECK 125: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	_____	->128
127	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 LAND1 FAMILY LAND2 RENTED LAND3 SOMEONE ELSE'S LAND4	
128	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="checkbox"/> <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	Are/were you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4] >132
130	Who mainly decides how the money you earn will be used?	RESPONDENT1 WIFE/PARTNER2 RESPONDENT AND WIFE/ PARTNER JOINTLY3 SOMEONE ELSE4 RESPONDENT AND SOMEONE ELSE JOINTLY5	
131	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HIS INCOME IS ALL SAVED6	
132	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH01 LESOTHO EVANGELICAL CHURCH02 METHODIST03 ANGLICAN CHURCH04 SEVENTH DAY ADVENTIST05 PENTECOSTAL06 OTHER CHRISTIAN07 NONE08 OTHER RELIGION _____ 96 (SPECIFY)	

¹ LITERACY CARD (Q. 116):

- 1. Parents love their children.**
- 2. Farming is hard work.**
- 3. Birds fly in the sky.**
- 4. Children work hard at school.**

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 only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES1 NO2 DON'T KNOW8	->206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES1 NO2	->204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME	
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES1 NO2	->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..... DAUGHTERS ELSEWHERE..	
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?	YES1 NO2 DON'T KNOW8	->208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD GIRLS DEAD.....	
208	(In addition to the children that you have just told me about), do you have: a) any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? b) any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name? NO TO BOTH <input type="checkbox"/> v YES TO EITHER OR BOTH <input type="checkbox"/> PROBE AND CORRECT 201-207 AS NECESSARY.		
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN	
210	CHECK 209: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> v HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		->213 ->301
211	Do the children that you have fathered all have the same biological mother?	YES1 NO2	->213
212	In all, how many women have you fathered children with?	NUMBER OF WOMEN.....	
213	How old were you when your (first) child was born?	AGE IN YEARS	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:		302 Have you (or your partner) ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES..... 1 NO 2 v	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES..... 1 NO 2 v	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES..... 1 NO 2 v	
04	IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES..... 1 NO 2 v	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES..... 1 NO 2 v	
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 NO 2 v	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES..... 1 NO 2 v	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES..... 1 NO 2 v	YES 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES..... 1 NO 2 v	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES..... 1 NO 2 v	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES..... 1 NO 2 v	
12	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 NO 2 v	YES 1 NO 2 DON'T KNOW 8
13	WITHDRAWAL Men can be careful and pull out before climax.	YES..... 1 NO 2 v	YES 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse or IUCD up to five days after sexual intercourse to avoid becoming pregnant.	YES..... 1 NO 2 v	
15	LOCAL TRADITIONAL METHODS There are various traditional methods that exist in different regions in Lesotho used to delay or avoid a pregnancy.	YES 1 NO 2 v	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:	302 Have you ever used (METHOD)?																					
16	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY) NO2	YES.....1 YES1 NO.....2 YES1 NO.....2																					
303	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 if she has sexual relations?	YES1 NO2 DON'T KNOW8	->305																				
304	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 PERIOD2 RIGHT AFTER HER PERIOD HAS ENDED3 HALFWAY BETWEEN TWO PERIODS4 OTHER6 (SPECIFY) DON'T KNOW8																					
305	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES1 NO2 DEPENDS3 DON'T KNOW8																					
306	I would like to ask you about the first time that you or your partner did something or used a method to avoid pregnancy. How many living children did you have at that time, if any?	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/> DON'T KNOW98																					
307	How old were you when you first started using something to avoid impregnating someone?	AGE AT FIRST USE..... <input type="text"/> <input type="text"/>																					
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception. d) A woman who uses contraceptives might have a problem getting pregnant.	<table border="0"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	
	AGREE	DISAGREE	DK																				
a)	1	2	8																				
b)	1	2	8																				
c)	1	2	8																				
d)	1	2	8																				
309	CHECK 301(02) AND 302(02): KNOWLEDGE AND USE OF MALE STERILIZATION HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="text"/> v OTHER <input type="text"/>		->401																				

310	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WOULD CONSIDER1 WOULD NOT CONSIDER.....2 UNSURE/DEPENDS3 WIFE ALREADY STERILIZED4	→401]→401
311	Why would you never consider getting sterilized? PROBE: Any other reasons? RECORD ALL REASONS MENTIONED.	AGAINST RELIGION..... A BAD FOR MAN'S HEALTH B OPERATION NOT SAFE C LESS INTRUSIVE WAYS AVAILABLE D MAY WANT MORE CHILDREN /MAY WANT TO REPLACE CHILD WHO DIED E MAY REMARRY SOME DAY F LOSS OF WAGES..... G LOSS OF SEXUAL FUNCTION H LOSS OF MANLINESS I OTHER _____ X (SPECIFY)	

SECTION 4. MARRIAGE, SEXUAL ACTIVITY AND CONTRACEPTIVE USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a partner? NOTE TO INTERVIEWER: 'MARRIED' MEANS HAVING GOTTEN MARRIED THROUGH TRADITIONAL, CIVIL AND/OR RELIGIOUS CEREMONY.	YES, CURRENTLY MARRIED..... 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	—>404 —>406
402	Do you 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	Are there any other women with whom you live as if married?	YES 1 NO 2	—>405
404	Are you living with one (other) woman or more than one (other) 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 married?	NUMBER OF <input type="text"/> <input type="text"/> LIVE-IN PARTNERS	
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?	REGULAR PARTNER(S) ONLY..... 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER..... 4	—>409
406	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all?	REGULAR PARTNER(S) ONLY..... 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER..... 4	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY 1 YES, LIVED WITH A WOMAN ONLY..... 2 YES, BOTH 3 NO 4	—>411 —>416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED..... 2 SEPARATED..... 3 COHABITING 4	—>411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, ENTER '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. (IF RESPONDENT HAS MORE THAN FIVE WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S)).</p> <p>CHECK: 402 AND 404</p> <p>SUM OF 402 AND 404 = 1 <input type="checkbox"/> v</p> <p>Please tell me the name of your wife/partner.</p> <p>WIFE/PARTNER NUMBER</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p> <p>8 _____</p> <p>9 _____</p> <p>10 _____</p>	<p>SUM OF 402 AND 404 > 1 <input type="checkbox"/> v</p> <p>Please tell me the name of each wife/partner that you live with, starting with the one you lived with first.</p> <p>LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE</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> <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>	
410	<p>CHECK 409:</p> <p>ONLY ONE WIFE/PARTNER <input type="checkbox"/> v</p> <p>MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> _____</p>		->412
411	<p>Have you been married or lived with a woman only once or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE..... 2</p>	->414 ->413
412	<p>Have you ever been married to or lived as if married to any woman other than those you have just mentioned?</p>	<p>YES 1</p> <p>NO 2</p>	->414
413	<p>In total, how many women have you been married to or lived with as if married in your whole life?</p>	<p>NUMBER OF WOMEN <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	<p>CHECK 409 AND 411:</p> <p>ONLY ONE WIFE/ PARTNER AND 411=1 <input type="checkbox"/> v</p> <p>OTHER <input type="checkbox"/> v</p> <p>In what month and year did you start living with your wife/partner? 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 MONTH98</p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR.....9998</p>	->416
415	How old were you when you started living with her?	AGE <input type="text"/> <input type="text"/>	
416	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some health issues.</p> <p>How old were you when you first had sexual intercourse with a woman (if ever)?</p>	<p>NEVER00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95</p>	->446
416A	<p>CHECK 108:</p> <p>15-24 YEARS OLD <input type="checkbox"/> v</p> <p>25-59 YEARS OLD <input type="checkbox"/></p>		->417
416B	The first time you had sexual intercourse, was a male or female condom used?	<p>YES, MALE CONDOM 1</p> <p>YES, FEMALE CONDOM..... 2</p> <p>NO 3</p>	
417	<p>When was the last time you had sexual intercourse with a woman?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO.....2 <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>	->445
418	The last time you had sexual intercourse, did you or your partner use any contraception/protection?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	->420 ->423A
419	<p>What method of contraception/protection was used the last time you had sex?</p> <p>IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUCD..... 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS..... 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM..... 08</p> <p>DIAPHRAGM..... 09</p> <p>FOAM/JELLY..... 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>LOCAL TRADITIONAL METHOD 14</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	->421

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	<p>What is the reason a method was <u>not</u> used?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE.....A</p> <p>CONTRACEPTION WOMEN'S BUSINESSB</p> <p>FERTILITY-RELATED REASONS</p> <p>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY.....C</p> <p>COUPLE SUBFECUND/INFECUND...D</p> <p>WIFE/PARTNER WAS PREGNANT ...E</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC.....F</p> <p>WIFE/PARTNER WAS BREASTFEEDINGG</p> <p>WANTED (MORE) CHILDRENH</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>WIFE/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODM</p> <p>KNOWS NO SOURCEN</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTSP</p> <p>LACK OF ACCESS/TOO FARQ</p> <p>COST TOO MUCHR</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOWZ</p>	<p>->423A</p>
421	<p>CHECK 419:</p> <p>MALE OR FEMALE CONDOM USED <input type="checkbox"/></p> <p>OTHER METHOD USED <input type="checkbox"/></p>		<p>->423</p>
422	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY..... 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04</p> <p>PARTNER REQUESTED/INSISTED 05</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>->423A</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
423	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE01 COST TOO MUCH.....02 USED FAMILY PLANNING METHOD03 CONDOMS TRANSMIT HIV04 CONDOMS HAVE WORMS05 TRUSTED PARTNER06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE08 PARTNER REFUSED/OBJECTED.....09 PARTNER DRUNK/ON DRUGS.....10 RESPONDENT DRUNK/ON DRUGS11 PARTNER WANTED TO GET PREGNANT12 OTHER _____ 96 (SPECIFY)																	
423A	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2	->424																
423B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY..... 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER..... 4																	
424	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancé living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	WIFE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE..... 02 OTHER FRIEND..... 03 CASUAL ACQUAINTANCE..... 04 RELATIVE 05 WOMAN IS PROSTITUTE 06 OTHER _____ 96 (SPECIFY)	->426																
425	For how long (have you had/did you have) sexual relations with this woman? IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	DAYS.....1 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> WEEKS.....2 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MONTHS3 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEARS4 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																	
426	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	->445																
427	The last time you had sexual intercourse with this second woman, did you or your partner use any contraception/protection ?	YES 1 NO 2 DON'T KNOW/UNSURE 8	->429 ->432A																
428	What method of contraception/protection was used the last time you had sex? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUCD..... 04 INJECTABLES 05 IMPLANTS..... 06 MALE CONDOM 07 FEMALE CONDOM..... 08 DIAPHRAGM..... 09 FOAM/JELLY..... 10 LACTATIONAL AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 LOCAL TRADITIONAL METHOD 14 OTHER _____ 96 (SPECIFY)	->430																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
429	<p>What is the reason a method was <u>not</u> used?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE.....A</p> <p>CONTRACEPTION WOMEN'S BUSINESSB</p> <p>FERTILITY-RELATED REASONS</p> <p>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY..... C</p> <p>COUPLE SUBFECUND/INFECUND... D</p> <p>WIFE/PARTNER WAS PREGNANT ...E</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC..... F</p> <p>WIFE/PARTNER WAS BREASTFEEDING G</p> <p>WANTED (MORE) CHILDREN H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED..... I</p> <p>WIFE/PARTNER OPPOSED..... J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS..... O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COST TOO MUCH R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES..... T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>->432A</p>
430	<p>CHECK 428:</p> <p>MALE OR FEMALE CONDOM USED <input type="checkbox"/></p> <p>OTHER METHOD USED <input type="checkbox"/></p>		<p>->432</p>
431	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY..... 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04</p> <p>PARTNER REQUESTED/INSISTED 05</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>->432A</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
432	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE01 COST TOO MUCH.....02 USED FAMILY PLANNING METHOD03 CONDOMS TRANSMIT HIV04 CONDOMS HAVE WORMS05 TRUSTED PARTNER06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE08 PARTNER REFUSED/OBJECTED.....09 PARTNER DRUNK/ON DRUGS.....10 RESPONDENT DRUNK/ON DRUGS11 PARTNER WANTED TO GET PREGNANT12 OTHER _____ 96 (SPECIFY)									
432A	The last time you had sexual intercourse with this second person, did you or this person drink alcohol?	YES 1 NO 2	->433								
432B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY..... 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER..... 4									
433	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancé living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	WIFE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE..... 02 OTHER FRIEND..... 03 CASUAL ACQUAINTANCE..... 04 RELATIVE 05 WOMAN IS PROSTITUTE 06 OTHER _____ 96 (SPECIFY)	->435								
434	For how long (have you had/did you have) sexual relations with this woman? IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	DAYS..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> WEEKS..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
435	Other than these two women, have you had sex with any other woman in the last 12 months?	YES 1 NO 2	->445								
436	The last time you had sexual intercourse with this third woman, did you or your partner use any contraception/protection ?	YES 1 NO 2 DON'T KNOW/UNSURE 8	->438 ->441A								
437	What method of contraception/protection was used the last time you had sex? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUCD..... 04 INJECTABLES 05 IMPLANTS..... 06 MALE CONDOM 07 FEMALE CONDOM..... 08 DIAPHRAGM..... 09 FOAM/JELLY..... 10 LACTATIONAL AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL..... 13 LOCAL TRADITIONAL METHOD 14 OTHER _____ 96 (SPECIFY)	->439								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
438	<p>What is the reason a method was <u>not</u> used?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE.....A</p> <p>CONTRACEPTION WOMEN'S BUSINESSB</p> <p>FERTILITY-RELATED REASONS</p> <p>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY.....C</p> <p>COUPLE SUBFECUND/INFECUND...D</p> <p>WIFE/PARTNER WAS PREGNANT...E</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC.....F</p> <p>WIFE/PARTNER WAS BREASTFEEDINGG</p> <p>WANTED (MORE) CHILDRENH</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>WIFE/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....M</p> <p>KNOWS NO SOURCE.....N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTSP</p> <p>LACK OF ACCESS/TOO FARQ</p> <p>COST TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOWZ</p>	<p>->441A</p>
439	<p>CHECK 437:</p> <p>MALE OR FEMALE CONDOM USED <input type="checkbox"/></p> <p>OTHER METHOD USED <input type="checkbox"/></p> <p style="text-align: center;">v</p>		<p>->441</p>
440	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY.....02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY.....03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS04</p> <p>PARTNER REQUESTED/INSISTED05</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW98</p>	<p>->441A</p>
441	<p>What is the main reason you did <u>not</u> use a condom that time?</p>	<p>NOT AVAILABLE01</p> <p>COST TOO MUCH.....02</p> <p>USED FAMILY PLANNING METHOD ...03</p> <p>CONDOMS TRANSMIT HIV04</p> <p>CONDOMS HAVE WORMS05</p> <p>TRUSTED PARTNER06</p> <p>PARTNER WAS NEGATIVE/NO RISK...07</p> <p>RESPONDENT DOESN'T LIKE.....08</p> <p>PARTNER REFUSED/OBJECTED.....09</p> <p>PARTNER DRUNK/ON DRUGS.....10</p> <p>RESPONDENT DRUNK/ON DRUGS11</p> <p>PARTNER WANTED TO GET PREGNANT12</p> <p>OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
441A	The last time you had sexual intercourse with this third person, did you or this person drink alcohol?	YES 1 NO 2	->442																
441B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER 4																	
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancé living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	WIFE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 WOMAN IS PROSTITUTE 06 OTHER _____ 96 (SPECIFY)	->444																
443	For how long (have you had/did you have) sexual relations with this woman? IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	
444	In total, how many different women have you had sexual intercourse with in the last 12 months? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98																	
445	In total, how many different women have you had sexual intercourse with in your lifetime? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98																	
446	If you needed or wanted to, could you yourself get a male condom easily?	EASILY 1 SOMEWHAT DIFFICULT 2 VERY DIFFICULT/IMPOSSIBLE 3 DON'T KNOW/UNSURE 8																	
447	CHECK 302(07), 416B, 419, 428, 437 EVER USED A MALE OR FEMALE CONDOM? HAS USED CONDOM <input checked="" type="checkbox"/> NEVER USED A CONDOM <input type="checkbox"/>		->449																
448	How old were you when you used a male/female condom for the first time?	AGE AT FIRST USE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T REMEMBER 98																	
449	Have you ever paid for sex?	YES 1 NO 2	->452																
450	How long ago was the last time you paid for sex?	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
451	The last time that you paid for sex, was a male or female condom used on that occasion?	YES, MALE CONDOM 1 YES, FEMALE CONDOM..... 2 NO 3	
452	Do you know of a place where a person can get male or female condoms?	YES 1 NO 2	->454
453	Where is that? Any other place? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL..... A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G OTHER PRIVATE MEDICAL H (SPECIFY) CHAL CHAL HOSPITAL..... I CHAL HEALTH CENTER..... J CBD K COMMUNITY HEALTH WORKER L SUPPORT GROUPS..... M OTHER SOURCE SHOP N CHURCH..... O PEER EDUCATORS P FRIENDS/RELATIVES..... Q OTHER X (SPECIFY)	
454	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.	DIFFICULT TO DISPOSE OF A DIFFICULT TO PUT ON/TAKE OFF B SPOILS THE MOOD C DIMINISHES PLEASURE D WIFE PARTNER OBJECTS/DOES NOT LIKE E WIFE/PARTNER GOT PREGNANT F INCONVENIENT TO USE/MESSY G CONDOM BROKE..... H OTHER X (SPECIFY) NO PROBLEM..... Y	
455	I will now read you some statements about male condom use. Please tell me if you agree or disagree with each. a) Male condoms diminish a man's sexual pleasure. b) A male condom is very inconvenient to use. c) A male condom can be reused. d) A male condom protects against sexually transmitted infection. e) Buying male condoms is embarrassing. f) A woman has no right to ask a man to use a male condom. g) A male condom has the AIDS virus h) A male condom is the best way to prevent unwanted pregnancy i) People who use the male condom are not faithful since they might have the AIDS virus or other sexually transmitted infections.	<u>AGREE</u> <u>DISAGREE</u> <u>DK</u> a) 1 2 8 b) 1 2 8 c) 1 2 8 d) 1 2 8 e) 1 2 8 f) 1 2 8 g) 1 2 8 h) 1 2 8 i) 1 2 8	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 409: HAS ONE WIFE/ PARTNER <input type="checkbox"/> v HAS MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> v	QUESTION SKIPPED <input type="checkbox"/> _____	->505
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES1 NO2 UNSURE3	
503	CHECK 502: YES, WIFE/WIVES/ PARTNER(S) PREGNANT (CODE '1') <input type="checkbox"/> v NO WIFE/PARTNER PREGNANT OR UNSURE (CODE '2' OR '3') v Now I have some questions about the future. After the child(ren) your wife/wives/ partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all? 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 at all?	HAVE A/ANOTHER CHILD.....1 NO MORE/NONE.....2 WIFE/WIVES INFECUND/ STERILIZED3 UNDECIDED/DON'T KNOW8	->505
504	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> SOON/NOW993 AFTER MARRIAGE995 OTHER _____ 996 (SPECIFY) DON'T KNOW998	
505	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> v NO LIVING CHILDREN <input type="checkbox"/> v 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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE.....00 NUMBER..... <input type="checkbox"/> <input type="checkbox"/> OTHER _____ 96 (SPECIFY)	->507 ->507
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?	BOYS GIRLS EITHER NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER _____ 96 (SPECIFY)	
507	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 DON'T KNOW/UNSURE8	
508	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO1 2 TELEVISION1 2 NEWSPAPER OR MAGAZINE1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	In the last 3 months, have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES.....1 NO2	→511
510	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE/PARTNERA MOTHERB FATHERC SISTER(S).....D BROTHER(S)E DAUGHTER.....F SON.....G MOTHER-IN-LAWH FRIENDS/NEIGHBORSI TEACHERSJ CHIEFSK FATHER-IN-LAW.....L OTHER _____ X (SPECIFY)	
511	In the last 3 months, have you discussed the practice of family planning with a health worker or health professional?	YES1 NO2	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> v	HAS NOT HAD ANY CHILDREN <input type="checkbox"/>	→617
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY..... 1 GIRL..... 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH..... <input type="text"/> <input type="text"/> YEAR .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
604	Is (NAME OF CHILD) still living?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→606 →606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER _____	LINE NUMBER IN HDD QRE. <input type="text"/> <input type="text"/>	
607	CHECK 603: (LAST) CHILD BORN IN 1999 OR LATER <input type="checkbox"/> v	(LAST) CHILD BORN IN 1998 OR EARLIER <input type="checkbox"/>	→617
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/> v	OTHER LINE NUMBER <input type="checkbox"/>	→610
609	What is your relationship with (NAME OF CHILD'S MOTHER)?	CURRENT SPOUSE..... 01 FORMER SPOUSE..... 02 CURRENT LIVE-IN PARTNER 03 FORMER LIVE-IN PARTNER 04 REGULAR SEXUAL PARTNER 05 WOMAN IS GIRLFRIEND/FIANCÉE 06 OCCASIONAL SEXUAL PARTNER 07 FRIEND/ACQUAINTANCE .. 08 OTHER _____ 96 (SPECIFY)	

ASK QUESTIONS 611-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.				
		PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY
610	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)? YES 1 NO 2 (SKIP TO 612) <- DK 8 (GO TO 610B IN <- NEXT COLUMN)	610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)? YES 1 NO 2 (SKIP TO 612) <- DK 8 (GO TO 610C IN <- NEXT COLUMN)	610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery? YES 1 NO 2 (SKIP TO 612) <- DK 8 (SKIP TO 613) <-
611	Who mainly provided the money or goods or services to pay for this care?	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (GO TO 610B IN <- NEXT COLUMN)	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (GO TO 610C IN <- NEXT COLUMN)	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (SKIP TO 613) <-
612	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/ delivery/the six weeks after delivery)?	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) (GO TO 610B IN <- NEXT COLUMN)	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) (GO TO 610C IN <- NEXT COLUMN)	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES 1 NO 2	
614	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING <input type="checkbox"/> (LAST) CHILD NOT LIVING OR DON'T KNOW <input type="checkbox"/>		->617
615	Does (NAME OF CHILD) live with you in your household?	YES 1 NO 2	->617
616	In your household who usually decides what to do if (NAME OF CHILD) is ill? RECORD ALL PERSONS MENTIONED.	RESPONDENT A CHILD'S MOTHER B WIFE/PARTNER WHO IS NOT CHILD'S MOTHER ... C FEMALE RELATIVE D MALE RELATIVE E OTHER _____ X (SPECIFY) CHILD HAS NEVER BEEN ILL Y	
617	Now, I want to talk to you about pregnancy and the health of children. Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING A HIGH FEVER B ABDOMINAL PAIN C SWELLING OF HANDS AND FEET D DIFFICULT LABOR FOR MORE THAN 12 HRS E CONVULSIONS F OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS Z	
618	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS 1 ABOUT THE SAME 2 MORE 3 DON'T KNOW 8	
619	Have you ever heard of a special product called [MOTSOAKO] you can get for the treatment of diarrhea?	YES 1 NO 2	
620	Now, please tell me about yourself. Do you currently smoke cigarettes or tobacco? ¹ IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, SNUFF C YES, OTHER TOBACCO D NO Y	
621	CHECK 620: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>		->623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
623	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	->628A
624	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY, RECORD '90'.	NUMBER OF DAYS <input type="text"/> NONE 95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
625	Have you ever gotten drunk from drinking an alcohol-containing beverage?	YES 1 NO 2	->628A
626	CHECK 624: DRANK ALCOHOL ON AT LEAST ONE DAY <input type="text"/> v	NONE <input type="text"/>	->628A
627	In the last 3 months, on how many occasions did you get drunk?	NUMBER OF..... <input type="text"/> <input type="text"/> TIMES NONE 95	
628A	Have you had an injection for any reason in the last three months? IF YES: How many injections did you have? IF DAILY INJECTIONS FOR 3 MONTHS, ASK: Are you diabetic? IF YES, CIRLCE CODE '95'. IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS AND NOT DIABETIC, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS.... <input type="text"/> <input type="text"/> DIABETIC.....95 NONE.....00	->628C ->629A
628B	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 90, 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	
628C	The last time you had an injection, did [You/The person who gave you the injection] take the syringe and the needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
629A	Do you have a Health Card/Bukana?	YES 1 NO 2	->701
629B	Have you ever used another person's Health Card/Bukana?	YES 1 NO 2	

SECTION 7. HIV AND AIDS, OTHER SEXUALLY TRANSMITTED INFECTIONS, AND TUBERCULOSIS

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	→734
702	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	
703	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	Can a person get the AIDS virus from kissing another person?	YES 1 NO 2 DON'T KNOW 8	
705	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	
706	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get the AIDS virus by using the same eating utensils as a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
708	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
709	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
710	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳712
711	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 INTRAVENOUSLY ... 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	
712	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
713	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG 1 2 8 DURING DELIVERY... 1 2 8 BREASTFEEDING 1 2 8	
715	Are there any special medications that a doctor or a nurse can give to a pregnant woman infected with the AIDS virus can take to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
716	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	
717	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	→721
718	When was the last time you were tested?	LESS THAN 12 MONTHS 1 12-23 MONTHS 2 2 YEARS OR MORE 3	
719	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	
720	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	↳723A
721	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
722	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→724
723	Where can you go for the test? RECORD ONLY FIRST RESPONSE GIVEN.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER ... 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC 16 (SPECIFY)	
723A	Where did you go for the test? 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)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL 26 (SPECIFY) CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 CBD 41 COMMUNITY HEALTH WORKER 42 SUPPORT GROUPS 43 OTHER SOURCE SHOP 51 CHURCH 52 FRIENDS/RELATIVES 53 OTHER 96 (SPECIFY)	
724	CHECK 401: YES, CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→726
725	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												
726	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: On the radio? On the TV? In newspapers?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">ACCEPT- ABLE</td> <td style="text-align: center;">NOT ACCEPT- ABLE</td> </tr> <tr> <td>ON THE RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ON THE TV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>IN NEWSPAPERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	ON THE RADIO	1	2	ON THE TV	1	2	IN NEWSPAPERS	1	2	
	ACCEPT- ABLE	NOT ACCEPT- ABLE													
ON THE RADIO	1	2													
ON THE TV	1	2													
IN NEWSPAPERS	1	2													
727	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES 1 NO 2 DK/NOT SURE 8													
728	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE 8													
729	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?	YES 1 NO 2 DK/NOT SURE 8													
730A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE 8													
730B	If a male teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE 8													
731	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE 8													
732	Have you ever been taught how to use a condom?	YES 1 NO 2	→734												
733	Where/who taught you how to use a condom? Anywhere/anybody else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G OTHER PRIVATE MEDICAL H (SPECIFY) CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CBD K COMMUNITY HEALTH WORKER L SUPPORT GROUPS M OTHER SOURCE MEDIA N PEER EDUCATORS O SHOP P CHURCH Q FRIENDS/RELATIVES R OTHER X (SPECIFY)													
734	(Apart from AIDS), have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→737												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	<p>If a man has a sexually transmitted infection, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS.....Y</p> <p>DON'T KNOWZ</p>	
736	<p>If a woman has a sexually transmitted infection, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE..... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS.....Y</p> <p>DON'T KNOWZ</p>	
737	<p>CHECK 416:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p style="text-align: center;">V</p>		->748
738	<p>CHECK 734:</p> <p>KNOWS STI <input type="checkbox"/> DOES NOT KNOW STI <input type="checkbox"/></p> <p style="text-align: center;">V</p>		->740
739	<p>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 sexually-transmitted infection?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>	
740	<p>Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>	
741	<p>Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>	

742	CHECK 739/740/741: HAS HAD AN INFECTION <input checked="" type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		->748																		
743	The last time you had (PROBLEM FROM 739/740/741), did you seek any kind of advice or treatment?	YES..... 1 NO 2	->745																		
744	Where did you go? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... E PHARMACY F PRIVATE DOCTOR..... G OTHER PRIVATE MEDICAL H (SPECIFY) CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CBD K COMMUNITY HEALTH WORKER L SUPPORT GROUPS M OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P TRADITIONAL HEALER Q OTHER X (SPECIFY)																			
745	When you had (PROBLEM FROM 739/740/741), did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3	->748																		
746	When you had (PROBLEM FROM 739/740/741), did you inform your sexual partner(s) about it?	YES..... 1 SOME/NOT ALL 2 NO 3 DID NOT HAVE PARTNER 4	->748																		
747	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>USE MEDICINE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>STOP SEX.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>USE CONDOM.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	USE MEDICINE.....	1	2	STOP SEX.....	1	2	USE CONDOM.....	1	2							
	YES	NO																			
USE MEDICINE.....	1	2																			
STOP SEX.....	1	2																			
USE CONDOM.....	1	2																			
748	Now I would like to ask you about something else. Some men in Lesotho are circumcised. Are you circumcised?	YES 1 NO 2																			
749	Now I would like to ask you about something else. Since age 15, have you ever had the following symptoms: a. Cough for two weeks or more? b. Fever for two weeks or more? c. Chest or back pain? d. Coughing up blood? e. Sweating at night?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>COUGH 2+ WEEKS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEVER 2+ WEEKS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CHEST/BACK PAIN</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BLOOD IN SPUTUM</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NIGHT SWEATING</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	COUGH 2+ WEEKS	1	2	FEVER 2+ WEEKS	1	2	CHEST/BACK PAIN	1	2	BLOOD IN SPUTUM	1	2	NIGHT SWEATING	1	2	
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NIGHT SWEATING	1	2																			

750	CHECK 749: AT LEAST ONE 'YES' (ANY SYMPTOMS) <input checked="" type="checkbox"/> v	NOT A SINGLE 'YES' (NO SYMPTOM) <input type="checkbox"/> _____	->758						
751	Did you seek consultation or treatment for the symptom(s)?	YES 1 NO 2	->753						
752	What is the main reason you did <u>not</u> seek consultation or treatment for the symptom(s)?	SYMPTOMS HARMLESS 1 COST 2 DISTANCE 3 EMBARRASSED 4 OTHER _____ 6 (SPECIFY)	->758						
753	The last time you had such symptoms, where did you first go for advice or treatment?	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC _____ 14 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL _____ 24 (SPECIFY) CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 CBD 41 COMMUNITY HEALTH WORKER 42 SUPPORT GROUPS 43 TRADITIONAL HEALER 51 OTHER _____ 96 (SPECIFY)							
754	How soon after the symptom(s) did you first seek consultation or treatment?	DAYS 1 <table border="1" data-bbox="1268 1262 1365 1314"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1268 1314 1365 1367"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1268 1367 1365 1419"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
755	During that first visit, were you told by a doctor or another health professional that you had tuberculosis?	YES 1 NO 2	->758						
756	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES 1 NO 2	->759						

757	Where did you go?	PUBLIC SECTOR GOVERNMENT HOSPITAL11 GOVT. HEALTH CENTER12 FAMILY PLANNING CLINIC13 OTHER PUBLIC14 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY22 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL24 (SPECIFY) CHAL CHAL HOSPITAL31 CHAL HEALTH CENTER.....32 CBD41 COMMUNITY HEALTH WORKER42 SUPPORT GROUPS.....43 TRADITIONAL HEALER.....51 OTHER96 (SPECIFY)	->759
758	Have you ever heard of an illness called tuberculosis?	YES1 NO2	->801
759	Do you think tuberculosis can be cured?	YES1 NO2	
760	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES1 NO2 DK/NOT SURE8	
761	What signs or symptoms would lead you to think that a person has tuberculosis? PROBE: Any others? RECORD ALL MENTIONED.	COUGHINGA COUGHING WITH SPUTUM.....B COUGHING FOR SEVERAL WEEKS.....C FEVER.....D BLOOD IN SPUTUME LOSS OF APPETITEF NIGHT SWEATINGG PAIN IN CHEST OR BACKH TIREDNESS/FATIGUE.....I WEIGHT LOSS.....J OTHERX (SPECIFY) NO SYMPTOMS.....Y DON'T KNOW.....Z	
762	What do you think is the cause of tuberculosis? PROBE: Anything else? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIAA INHERITEDB LIFESTYLEC SMOKINGD ALCOHOL DRINKINGE EXPOSURE TO COLD TEMPERAT.F DUST/POLLUTION.....G OTHERX (SPECIFY) OTHERY (SPECIFY) DON'T KNOW.....Z	

SECTION 8. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
801	<p>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:</p> <p>a) making large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit family, friends or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have and when to have them?</p> <p>f) deciding on family planning</p>	<table border="0"> <tr> <td></td> <td align="center">HUSB- AND</td> <td align="center">WIFE</td> <td align="center">BOTH EQUALLY</td> <td align="center">DON'T KNOW/ DEPENDS</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td>d)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td>e)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td>f)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> </table>		HUSB- AND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	a)	1	2	3	8	b)	1	2	3	8	c)	1	2	3	8	d)	1	2	3	8	e)	1	2	3	8	f)	1	2	3	8	
	HUSB- AND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS																																		
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f)	1	2	3	8																																		
802	<p>Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...</p> <p>a) If she goes out without telling him?</p> <p>b) If she neglects the children?</p> <p>c) If she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) If she burns the food?</p> <p>f) If she is unfaithful and has sex with other men?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DON'T KNOW/ DEPENDS</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>f)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DON'T KNOW/ DEPENDS	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	f)	1	2	8								
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803	<p>When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p>																																				
804	<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 if...</p> <p>a) She is tired and not in the mood?</p> <p>b) She has recently given birth?</p> <p>c) She knows her husband has sex with other women?¹</p> <p>d) She knows her husband has a sexually transmitted disease?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DON'T KNOW/ DEPENDS</td> </tr> <tr> <td></td> <td align="center">DEPENDS</td> <td></td> <td></td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DON'T KNOW/ DEPENDS		DEPENDS			a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8												
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805	<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>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go and have sex with another woman?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DON'T KNOW/ DEPENDS</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DON'T KNOW/ DEPENDS	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8																
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806	<p>RECORD THE TIME.</p>	<p>HOUR.....</p> <p>MINUTES</p> <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>																																				