

**NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2003
INDIVIDUAL MAN'S QUESTIONNAIRE**

NATIONAL POPULATION COMMISSION

IDENTIFICATION																																	
STATE NAME _____	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <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> <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> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																
LOCAL GOVT. AREA _____																																	
LOCALITY NAME _____																																	
ENUMERATION AREA _____																																	
URBAN /RURAL (URBAN = 1, RURAL = 2) _____																																	
CLUSTER NUMBER.....																																	
BUILDING NUMBER.....																																	
HOUSEHOLD NAME/NUMBER _____																																	
LARGE TOWN/MEDIUM TOWN/SMALL TOWN/VILLAGE (LARGE TOWN = 1, MEDIUM TOWN = 2, SMALL TOWN = 3, VILLAGE = 4)	<table border="1" style="width:50%; margin: auto;"> <tr><td> </td><td> </td></tr> </table>																																
NAME AND LINE NUMBER OF MAN _____																																	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="width:30px; height:20px; display: inline-table;"></table> MONTH <table border="1" style="width:30px; height:20px; display: inline-table;"></table> YEAR <table border="1" style="width:30px; height:20px; display: inline-table;"></table>
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="width:30px; height:20px; display: inline-table;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="width:30px; height:20px; display: inline-table;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="width:30px; height:20px; display: inline-table;"></table>
TIME	_____	_____		

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

	HAUSA	YORUBA	IGBO	ENGLISH		
OTHER LANGUAGE OF INTERVIEW	1	2		3	4	TRANSLATOR USED? YES 1 NO 2
NATIVE LANGUAGE OF RESPONDENT	1	2	3		4	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="width:30px; height:20px; display: inline-table;"></table>	NAME _____ <table border="1" style="width:30px; height:20px; display: inline-table;"></table>	<table border="1" style="width:30px; height:20px; display: inline-table;"></table>	<table border="1" style="width:30px; height:20px; display: inline-table;"></table>
DATE _____	DATE _____		

ENGLISH

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

GREETINGS. My name is _____ and I am working with the National Population Commission. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. We won't take too much of your time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. We hope that you will participate in this survey since your views are important.

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 INTERVIEWED1 | RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME (START OF INTERVIEW).	HOUR <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
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 a city, in a town, or in a village?	CITY 1 TOWN..... 2 VILLAGE..... 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS..... 95 VISITOR 96	↳105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY 1 TOWN..... 2 VILLAGE..... 3	
105	In the last 12 months, have you ever traveled away from this community and slept away?	YES 1 NO 2	→108
106	In the last 12 months, on how many separate occasions have you traveled away from this community and slept away?	NUMBER OF TRIPS AWAY.... <input type="text"/> <input type="text"/>	
107	In the last 12 months, have you been away from this community for more than 1 month at a time?	YES 1 NO 2	
108	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH 98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR..... 9998	
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND/OR 109 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
110	Have you ever attended school?	YES 1 NO 2	→114
111	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What is the highest (class/form/year) you completed at that level?	CLASS/FORM/YEAR <input type="text"/> <input type="text"/>	
113	CHECK 111: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→117
114	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. 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)	
115	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	
116	CHECK 114: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→118
117	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	
118	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	Are you currently working?	YES 1 NO 2	→123
121	Have you done any work in the last 12 months?	YES 1 NO 2	→123
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 RETIRED 3 UNABLE TO WORK, ILL/ HANDICAPPED 4 HOUSEWORK/CHILDCARE 5 OTHER 6 (SPECIFY)	→129
123	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
124	CHECK 123: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→126

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND1 FAMILY LAND2 RENTED LAND3 SOMEONE ELSE'S LAND4	
126	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
127	Are 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	↳ 129
127A	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	
128	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?	NONE1 ALMOST NONE2 LESS THAN HALF3 ABOUT HALF4 MORE THAN HALF5 ALL6	
129	What is your religion?	CATHOLIC 1 PROTESTANT 2 OTHER CHRISTIAN 3 ISLAM 4 TRADITIONALIST 5 OTHER _____ 6 (SPECIFY)	
130	What is your ethnic group?	_____ <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 2: REPRODUCTION AND PREFERENCES

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?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES 1 NO 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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 survived only a few hours or days?	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	(In addition to the children that you have just told me about), have you ever fathered a) Any other living sons or daughters who are biologically yours but who are not legally yours or do not have your last name? b) Any other sons or daughters who died and who were biologically your children but were not legally yours or did not have your last name? NO TO BOTH <input type="checkbox"/> OTHER <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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209: 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"/>		→213 →301								
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→213								
212	In all how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
214	At the time when this child was born, were you married to the child's mother?	YES 1 NO 2									

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 RECOGNISED, AND CODE 2 IF NOT RECOGNISED. 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: Have you ever heard of (METHOD)?	302	
01	FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES.....1 NO2	
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES.....1 NO2	Have you ever had an operation to avoid having any more children? YES1 NO2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2	YES1 NO2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO2	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES.....1 NO2	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO2	
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 NO2	
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 NO2	YES1 NO2 DON'T KNOW8
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2	YES1 NO2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO2	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY) NO2	YES.....1 NO2	YES1 NO2 YES1 NO2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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?	YES 1 NO 2 DON'T KNOW 8	→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 PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS... 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
305	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8	
311	CHECK 301(07) AND 302(07): KNOWLEDGE AND USE OF CONDOMS HAS HEARD OF AND USED CONDOMS <input type="checkbox"/> HAS HEARD OF CONDOMS BUT HAS NEVER USED <input type="checkbox"/> HAS NOT HEARD OF CONDOMS <input type="checkbox"/>		→324 →324
314	Now when you have sex, do you use a condom every time, sometimes, or not at all?	EVERY TIME 1 SOMETIMES 2 NOT AT ALL 3 NOT HAVING SEX 4	→324 →324
315	When do you use a condom? PROBE: Any other times? RECORD ALL SITUATIONS MENTIONED.	ON PARTNER'S FERTILE DAYS A DURING WIFE'S/PARTNER'S MENSTRUATION B WHEN NOT USING SOME OTHER METHOD C WITH A STRANGER D WITH A COMMERCIAL SEX WORKER... E WITH ANYONE OTHER THAN WIFE/REGULAR PARTNER F WITH WIFE/REGULAR PARTNER G OTHER X (SPECIFY)	
324	CHECK 301(02) AND 302(02): KNOWLEDGE OF MALE STERILIZATION RESPONDENT IS STERILIZED <input type="checkbox"/> HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/> HAS NOT HEARD OF MALE STERILIZATION <input type="checkbox"/>		→326 →328
325	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WOULD CONSIDER 1 WOULD NOT CONSIDER 2 UNSURE/DEPENDS 3 WIFE ALREADY STERILIZED 4	→327 →328
326	In your opinion what are some of the advantages of male sterilization? PROBE: Any other advantages? RECORD ALL ADVANTAGES MENTIONED.	PUTS MAN IN CONTROL A EFFECTIVE METHOD B OPERATION IS SAFE C SAFER THAN FEMALE STERILIZATION D OPERATION INEXPENSIVE E LESS EXPENSIVE THAN FEMALE STERILIZATION F OPERATION IS SIMPLE G GIVES MAN FREEDOM H OTHER X (SPECIFY) DON'T KNOW Z	→328

327	<p>Why would you never consider getting sterilized?</p> <p>PROBE: Any other reasons?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>AGAINST RELIGION A</p> <p>BAD FOR MAN'S HEALTH B</p> <p>OPERATION NOT SAFE C</p> <p>LESS INTRUSIVE WAYS AVAILABLE D</p> <p>MAY WANT MORE CHILDREN/MAY WANT TO REPLACE CHILD WHO DIED E</p> <p>MAY REMARRY SOME DAY F</p> <p>LOSS OF WEIGHT G</p> <p>LOSS OF SEXUAL FUNCTION H</p> <p>LOSS OF MANLINESS I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																	
328	<p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p> <p>c) A woman is the one who gets pregnant so she should be the one to use contraception.</p>	<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> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	
	AGREE	DISAGREE	DK																
a)	1	2	8																
b)	1	2	8																
c)	1	2	8																
329	<p>Do you currently smoke cigarettes or tobacco?</p> <p>IF YES: What type of cigarette/tobacco do you smoke?</p> <p>RECORD ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES A</p> <p>YES, PIPE B</p> <p>YES, OTHER TOBACCO C</p> <p>NO Y</p>																	
330	<p>CHECK 329:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></p>		→332																
331	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>																	
332	<p>Have you ever drunk an alcohol-containing beverage?</p>	<p>YES 1</p> <p>NO 2</p>	→401																
333	<p>In the last 3 months, on how many days did you drink an alcohol-containing beverage?</p> <p>IF EVERY DAY, RECORD '90'.</p>	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>NONE 95</p>																	
334	<p>Have you ever gotten "drunk" from drinking an alcohol-containing beverage?</p>	<p>YES 1</p> <p>NO 2</p>	→401																

335	CHECK 333: DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/> NONE <input type="checkbox"/>	→401
336	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF DAYS <input type="checkbox"/> <input type="checkbox"/> NONE 95

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
401	Are you currently married or living with a woman?	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 partner?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNER(S) 3 NO OTHER PARTNER 4	→409																		
406	Do you currently have any regular sexual partners, occasional sexual partners, or no sexual partner at all?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNER(S) 3 NO SEXUAL PARTNER 4																			
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→411 →416																		
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→411																		
409	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER DOES NOT LIVE IN THE HOUSEHOLD, 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>CHECK 402 AND 404</p> <p>SUM OF <input type="text"/> SUM OF <input type="text"/> 402 AND 404 = 1 402 AND 404 > 1</p> <p>Please tell me the name of your wife/partner.</p> <p>Please tell me the name of each (wife/partner that you live with as if married), starting with the one you lived with first.</p> <p>WIFE/PARTNER NUMBER</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p>	<table border="1"> <thead> <tr> <th>LINE NUMBER IN HHD. QUEST</th> <th>WIFE</th> <th>PARTNER</th> </tr> </thead> <tbody> <tr> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> </tbody> </table>	LINE NUMBER IN HHD. QUEST	WIFE	PARTNER	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	CHECK 409: ONLY ONE WIFE/ PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		→412
411	Have you been married or lived with a woman only once, or more than once?	ONCE..... 1 MORE THAN ONCE 2	→414 →413
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	YES 1 NO 2	→414
413	In total, how many women have you been married to or lived with as if married in your whole life?	NUMBER OF WOMEN <input type="text"/>	
414	CHECK 409 AND 411: ONLY ONE WIFE/ PARTNER AND 411=1 <input type="checkbox"/> OTHER <input type="checkbox"/> 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?	MONTH <input type="text"/> DOES NOT KNOW MONTH 98 YEAR <input type="text"/> DOES NOT KNOW YEAR 9998	→416
415	How old were you when you started living with her?	AGE..... <input type="text"/>	
416	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse with a woman (if ever)?	NEVER..... 00 AGE IN YEARS..... <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→448
416A	CHECK 109: 15-24 25-59 YEARS OLD YEARS OLD <input type="checkbox"/>		→417
416B	The first time you had sexual intercourse, was a condom used?	YES 1 NO 2	
416C	What is your relationship to the woman with whom you had your first sexual intercourse?	GIRL-FRIEND 1 SPOUSE 2 CASUAL PARTNER..... 3 COMMERCIAL SEX WORKER 4 OTHER 6 (SPECIFY)	
417	When was the last time you had sexual intercourse with a woman? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO..... 3 <input type="text"/> YEARS AGO 4 <input type="text"/>	→445
418	The last time you had sexual intercourse with a woman, did you use a condom?	YES 1 NO 2	→420

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
419	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV..... 1 RESPONDENT WANTED TO PREVENT PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FELT SHE HAD OTHER PARTNERS 4 PARTNER REQUESTED/INSISTED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	→424
420	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→424
421	The last time you had sexual intercourse with a woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→423 →424
422	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
423	What is the main reason a method was not used?	CASUAL SEX PARTNER SO DOES NOT CARE 11 CONTRACEPTION WOMEN'S BUSINESS 12 FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY 23 COUPLE SUBFECUND/INFECOND . 24 WIFE/PARTNER WAS PREGNANT. 25 WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC 26 WIFE/PARTNER WAS BREASTFEEDING 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98									
424	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	SPOUSE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 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" data-bbox="1255 1272 1354 1455"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS 2 MONTHS 3 YEARS 4									
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 another woman, was a condom used?	YES 1 NO 2	→429								
428	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV 01 RESPONDENT WANTED TO PREVENT A PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT SHE HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98	→433								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
429	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→433
430	The last time you had sexual intercourse with this other woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→432 →433
431	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER 96 (SPECIFY) DON'T KNOW 98	→433
432	What is the main reason a method was not used?	CASUAL SEX PARTNER SO DOES NOT CARE 11 CONTRACEPTION WOMEN'S BUSINESS 12 FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY 23 COUPLE SUBFECUND/INFECUND ... 24 WIFE/PARTNER WAS PREGNANT ... 25 WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC ... 26 WIFE/PARTNER WAS BREASTFEEDING 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98	
433	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	SPOUSE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER 96 (SPECIFY)	→435

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
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><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 MONTHS 3 YEARS 4									
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, was a condom used?	YES 1 NO 2	→438								
437	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV 1 RESPONDENT WANTED TO PREVENT A PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FELT SHE HAD OTHER PARTNERS 4 PARTNER REQUESTED/INSISTED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→442								
438	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→442								
439	The last time you had sexual intercourse with the third woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→441 →442								
440	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→442								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
441	What is the main reason a method was not used?	CASUAL SEX PARTNER SO DOES NOT CARE 11 CONTRACEPTION WOMEN'S BUSINESS 12 FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY 23 COUPLE SUBFECUND/INFECUND . 24 WIFE/PARTNER WAS PREGNANT. 25 WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC 26 WIFE/PARTNER WAS BREASTFEEDING 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98									
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	SPOUSE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 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" data-bbox="1255 1266 1354 1308"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1255 1318 1354 1360"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1255 1371 1354 1413"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1255 1423 1354 1465"><tr><td></td><td></td></tr></table>									
444	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS <table border="1" data-bbox="1255 1497 1354 1539"><tr><td></td><td></td></tr></table>									
445	Have you ever paid for sex?	YES 1 NO 2	→448								
446	How long ago was the last time you paid for sex?	DAYS AGO 1 <table border="1" data-bbox="1255 1665 1354 1707"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1255 1717 1354 1759"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1255 1770 1354 1812"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1255 1822 1354 1864"><tr><td></td><td></td></tr></table>									
447	The last time that you paid for sex, was a condom used on that occasion?	YES 1 NO 2									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
448	Do you know of a place where a person can get condoms?	YES 1 NO 2	→451																
449	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY/PATENT MEDICINE STORE H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>COMMUNITY HEALTH WORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>NGO P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																	
450	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8																	
451	<p>CHECK 302(07), 416B, 418, 427, 436, AND 447: USE OF CONDOMS</p> <p>AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/></p>		→455																
452	How old were you when you used a condom for the first time?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98																	
453	<p>Why did you use a condom that first time?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>TO AVOID A PREGNANCY A</p> <p>TO AVOID GETTING AIDS/HIV B</p> <p>TO AVOID GETTING AN STI C</p> <p>TO AVOID INFECTING A PARTNER D</p> <p>TO EXPERIMENT/TRY A CONDOM E</p> <p>PARTNER REQUESTED/INSISTED F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																	
454	<p>Have you ever experienced any problems when using condoms?</p> <p>IF YES: What problems have you experienced?</p> <p>PROBE: Any other problems?</p> <p>RECORD ALL PROBLEMS MENTIONED.</p>	<p>DIFFICULT TO DISPOSE OF A</p> <p>DIFFICULT TO PUT ON/TAKE OFF B</p> <p>SPOILS THE MOOD C</p> <p>DIMINISHES PLEASURE D</p> <p>WIFE/PARTNER OBJECTS/DOES NOT LIKE E</p> <p>WIFE/PARTNER GOT PREGNANT F</p> <p>INCONVENIENT TO USE/MESSY G</p> <p>CONDOM BROKE H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO PROBLEM Z</p>																	
455	<p>Is it acceptable or not acceptable to you for information on condoms to be provided:</p> <p>On the radio?</p> <p>On the television?</p> <p>In newspaper or magazine?</p>	<table border="0"> <tr> <td></td> <td>ACCEPT-ABLE</td> <td>NOT ACCEPT-ABLE</td> <td>DK</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		ACCEPT-ABLE	NOT ACCEPT-ABLE	DK	RADIO.....	1	2	8	TELEVISION....	1	2	8	NEWSPAPER/MAGAZINE.....	1	2	8	
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TELEVISION....	1	2	8																
NEWSPAPER/MAGAZINE.....	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
455A	In the last few months, have you heard/read about condom On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? From town crier? Mobile public announcement?	NO RADIO 1 2 TELEVISION..... 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER..... 1 2 LEAFLETS OR BROCHURES 1 2 TOWN CRIER 1 2 MOBILE PUBLIC ANNOUNCEMENT----- 1 2	
456	I will now read to you some statements about condom use. Please tell me if you agree or disagree with each. a) Condoms diminish a man's sexual pleasure. b) A condom is very inconvenient to use. c) A condom can be reused. d) A condom protects against disease. e) Buying condoms is embarrassing. f) A woman has no right to tell a man to use a condom. g) Condoms break easily h) Condoms are expensive	AGREE DISAGREE DK 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	
457	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→460
458	Where is that? 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) PROBE: Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER..... B FAMILY PLANNING CLINIC..... C MOBILE CLINIC..... D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... G PHARMACY/PATENT MEDICINE STORE..... H PRIVATE DOCTOR..... I MOBILE CLINIC..... J COMMUNITY HEALTH WORKER K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M CHURCH N FRIENDS/RELATIVES O NGO..... P OTHER _____ X (SPECIFY)	
459	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DON'T KNOW/UNSURE..... 8	
460	As I said earlier all the information you give me will be kept secret. Have you ever heard of men who have sex with other men?	YES 1 NO 2 DON'T KNOW 8	→505 →505
461	Do you know any man who has had sex with another man?	YES 1 NO 2 DON'T KNOW 8	→505 →505
462	Have you ever had sex with another man?	YES 1 NO 2 DON'T KNOW 8	

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505	<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? <input type="text"/></p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be? <input type="text"/></p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE00</p> <p>NUMBER..... <input type="text"/><input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→507</p> <p>→507</p>
506	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER... <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
507	<p>Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?</p>	<p>APPROVE.....1</p> <p>DISAPPROVE.....2</p> <p>DON'T KNOW/UNSURE.....8</p>	
508	<p>In the last 3 months have you heard/read about family planning:</p> <p>On the radio?</p> <p>On the television?</p> <p>In newspaper or magazine?</p> <p>From a poster?</p> <p>From leaflet or brochure?</p> <p>From town crier?</p> <p>Mobile public announcement ?</p>	<p>YES NO</p> <p>RADIO.....1 2</p> <p>TELEVISION1 2</p> <p>NEWSPAPER OR MAGAZINE1 2</p> <p>POSTER.....1 2</p> <p>LEAFLET OR BROCHURE..... 1 2</p> <p>TOWN CRIER1 2</p> <p>MOBILE PUBLIC ANNOUNCEMENT.....1 2</p>	
509	<p>Is it acceptable or not acceptable to you for information on Family Planning to be provided:</p> <p>On the radio?</p> <p>On the television?</p> <p>In newspaper or magazine?</p>	<p>ACCEPT- NOT ACCEPT- ABLE ABLE DK</p> <p>RADIO.....1 2 8</p> <p>TELEVISION.....1 2 8</p> <p>NEWSPAPER/ MAGAZINE.....1 2 8</p>	
510	<p>In the last 3 months, have you discussed the practice of family planning with your friends, neighbours, or relatives?</p>	<p>YES1</p> <p>NO.....2</p>	<p>→512</p>
511	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>WIFE(VES)/PARTNERA</p> <p>MOTHER.....B</p> <p>FATHER.....C</p> <p>SISTER(S).....D</p> <p>BROTHER(S).....E</p> <p>DAUGHTER(S).....F</p> <p>SON(S).....G</p> <p>MOTHER-IN-LAWH</p> <p>FATHER-IN-LAWI</p> <p>FRIENDS/NEIGHBOURSJ</p> <p>OTHER _____ X (SPECIFY)</p>	
512	<p>In the last 3 months, have you discussed the practice of family planning with a health worker or health professional?</p>	<p>YES1</p> <p>NO.....2</p>	

SECTION 7. AIDS AND OTHER SEXUALLY-TRANSMITTED INFECTIONS

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	→ 724
701A	How can a person get AIDS? Any other ways? RECORD ALL MENTIONED.	SEXUAL INTERCOURSE A SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS B SEX WITH PROSTITUTES C NOT USING CONDOM D HOMOSEXUAL CONTACT E BLOOD TRANSFUSION F INJECTIONS G KISSING H MOSQUITO BITES I CIRCUMCISION J RAZOR BLADES/BARBER CLIPPER..... K SHARP OBJECT L UNSTERILIZED/REUSED NEEDLE M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
702	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	↳ 709
703	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS, BLADES K AVOID KISSING L AVOID MOSQUITO BITES..... M SEEK PROTECTION FROM TRADITIONAL HEALER..... N AVOID USING SHARP OBJECTS O OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW..... Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and has no other partners?	YES..... 1 NO 2 DON'T KNOW..... 8	
705	Can a person get the AIDS virus from mosquito bites?	YES..... 1 NO 2 DON'T KNOW..... 8	
706	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	
707	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES..... 1 NO 2 DON'T KNOW..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
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																					
708A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES..... 1 NO 2 DON'T KNOW..... 8																					
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES..... 1 NO 2 DON'T KNOW..... 8																					
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES..... 1 NO 2																					
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES..... 1 NO 2 DON'T KNOW..... 8	↳713																				
712	Can the virus that causes AIDS be transmitted from a mother to her child... During pregnancy? During delivery? By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY.....</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>BY BREASTFEEDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREGNANCY.....	1	2	8	DURING DELIVERY.....	1	2	8	BY BREASTFEEDING.....	1	2	8					
	YES	NO	DK																				
DURING PREGNANCY.....	1	2	8																				
DURING DELIVERY.....	1	2	8																				
BY BREASTFEEDING.....	1	2	8																				
712A	Have you heard of any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES..... 1 NO 2 DON'T KNOW..... 8																					
713	CHECK 401: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES, CURRENTLY MARRIED/LIVING WITH A WOMAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO, NOT IN UNION</p> <input type="checkbox"/> </div> </div>		→715																				
714	Have you ever talked with (your wife/woman you are living with) about ways to prevent getting the virus that causes AIDS? IF MORE THAN ONE WIFE/PARTNER, ASK ABOUT ANY OF HIS WIVES/PARTNERS.	YES..... 1 NO 2																					
715	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>on the radio? on the TV?</p> <p>in newspapers/magazines? in Church/Mosque? at home? at school?</p> </div> <div style="width: 45%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>ACCEP- TABLE</th> <th>NOT ACCEP- TABLE</th> </tr> </thead> <tbody> <tr> <td>ON THE RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ON THE TV.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IN NEWSPAPERS/ MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IN CHURCH/MOSQUE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AT HOME.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AT SCHOOL.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> </div> </div>		ACCEP- TABLE	NOT ACCEP- TABLE	ON THE RADIO.....	1	2	ON THE TV.....	1	2	IN NEWSPAPERS/ MAGAZINE.....	1	2	IN CHURCH/MOSQUE.....	1	2	AT HOME.....	1	2	AT SCHOOL.....	1	2	
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AT HOME.....	1	2																					
AT SCHOOL.....	1	2																					
715A	Would you buy fresh vegetables from a seller who has the AIDS virus?	YES..... 1 NO 2 DOES NOT KNOW..... 8																					
716	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, SECRET..... 1 NO, NOT SECRET..... 2 DON'T KNOWK/UNSURE..... 8																					
717	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/DEPENDS..... 8																					
718	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	CAN CONTINUE..... 1 SHOULD NOT CONTINUE..... 2 DON'T KNOW /UNSURE/DEPENDS..... 8																					
719	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES..... 1 NO 2 DK/NOT SURE/DEPENDS..... 8																					
720	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																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720A	When was the last time you were tested?	LESS THAN 12 MONTHS 1 12-23 MONTHS 2 2 YEARS OR MORE 3	
720B	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	
720C	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 DK/NOT SURE/DEPENDS 8	
722	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→ 723B
723	Where can you go for the test? RECORD ONLY FIRST RESPONSE GIVEN.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 DISPENSARY 15	
723A	Where did you go for the test?	OTHER PUBLIC 16 (SPECIFY)	
	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/PATENT MEDICINE STORE 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIENDS/RELATIVES 33 OTHER 96 (SPECIFY)	
723B	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS AIDS 5 DON'T KNOW/UNSURE 8	↳ 723D → 723F → 723E
723C	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	ABSTAIN FROM SEX B USE CONDOMS C AVOID MULTIPLE SEX PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F ENSURE SAFE BLOOD TRANSFUSION G ENSURE INJECTION WITH STERILIZED NEEDLE H AVOID KISSING I AVOID MOSQUITO BITES J SEEK PROTECTION FROM TRADITIONAL HEALER K OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	↳ 723E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
723D	<p>Why do you think that you have a (MODERATE/GREAT CHANCE) of getting AIDS?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>DO NOT USE CONDOMS..... A</p> <p>MORE THAN ONE SEXUAL PARTNER.. B</p> <p>SEX WITH PROSTITUTES C</p> <p>SPOUSE HAS OTHER (PARTNERS) D</p> <p>HOMOSEXUAL CONTACT E</p> <p>HAD BLOOD TRANSFUSION.....F</p> <p>HAD INJECTIONS WITH UNSTERILISED NEEDLES..... G</p> <p>SEEK PROTECTION FROM TRADITIONAL HEALER..... H</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW.....Z</p>	
723E	<p>Since you heard of AIDS, have you changed your behaviour to prevent getting AIDS?</p> <p>IF YES, what did you do?</p> <p>RECORD ALL MENTIONED.</p>	<p>DIDN'T START SEX..... A</p> <p>STOPPED ALL SEX B</p> <p>STARTED USING CONDOMS C</p> <p>RESTRICTED SEX TO ONE PARTNER . D</p> <p>REDUCED NUMBER OF PARTNERS E</p> <p>ADVICE SPOUSE/PARTNER TO BE FAITHFULF</p> <p>NO MORE HOMOSEXUAL CONTACTS G</p> <p>ENSURE INJECTION WITH STERILIZED NEEDLES H</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO BEHAVIOUR CHANGE Y</p>	
723F	<p>From which sources of information have you learned most about AIDS?</p> <p>Any other sources?</p> <p>RECORD ALL MENTIONED.</p>	<p>RADIO A</p> <p>T.V. B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>PAMPHLETS/POSTERS D</p> <p>HEALTH WORKERS E</p> <p>CHURCHES/MOSQUESF</p> <p>SCHOOLS/TEACHERS G</p> <p>COMMUNITY MEETINGS H</p> <p>FRIENDS/RELATIVES I</p> <p>WORKPLACE J</p> <p>OTHER _____ X (SPECIFY)</p>	
724	<p>(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?</p>	<p>YES..... 1</p> <p>NO 2</p>	→727

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
725	<p>If a man has a sexually transmitted infection, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAINA GENITAL DISCHARGE/DRIPPING.....B FOUL SMELLING DISCHARGE.....C BURNING PAIN ON URINATION.....D REDNESS/INFLAMMATION IN GENITAL AREA.....E SWELLING IN GENITAL AREAF GENITAL SORES/ULCERSG GENITAL WARTSH GENITAL ITCHINGI BLOOD IN URINEJ LOSS OF WEIGHTK IMPOTENCEL OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMSY DON'T KNOW.....Z	
726	<p>If a woman has a sexually transmitted infection, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAINA GENITAL DISCHARGEB FOUL SMELLING DISCHARGE.....C BURNING PAIN ON URINATION.....D REDNESS/INFLAMMATION IN GENITAL AREA.....E SWELLING IN GENITAL AREAF GENITAL SORES/ULCERSG GENITAL WARTSH GENITAL ITCHING.....I BLOOD IN URINEJ LOSS OF WEIGHTK HARD TO GET PREGNANT/HAVE A CHILD.....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMSY DON'T KNOW.....Z	
727	CHECK 416: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> _____		→801
727A	CHECK 724: KNOWS STIs <input type="checkbox"/> DOES NOT KNOW STIs <input type="checkbox"/> _____		→729
728	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?	YES..... 1 NO 2 DON'T KNOW..... 8	
729	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES..... 1 NO 2 DON'T KNOW..... 8	
730	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?	YES..... 1 NO 2 DON'T KNOW..... 8	
731	CHECK 728/729/730: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/> _____		→801
732	The last time you had (PROBLEM(S) FROM 728/729/730), did you seek any kind of advice or treatment?	YES..... 1 NO 2	→734

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
733	<p>The last time you had (PROBLEM(S) FROM 728/729/730), did you do any of the following? Did you....</p> <p>Go to a clinic, hospital or private doctor? Consult a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Ask for advice from friends or relatives?</p>	<p style="text-align: center;">YES NO</p> <p>CLINIC/HOSPITAL 1 2 TRADITIONAL HEALER... 1 2 SHOP/PHARMACY 1 2 FRIENDS/RELATIVES 1 2</p>		
734	<p>When you had (PROBLEM(S) FROM 728/729/730), did you inform the person(s) with whom you were having sex?</p>	<p>YES..... 1 NO 2 SOME/NOT ALL 3 DID NOT HAVE A PARTNER..... 4</p>		→801
735	<p>When you had (PROBLEM(S) FROM 728/729/730), did you do anything to avoid infecting your sexual partner(s)?</p>	<p>YES..... 1 NO 2 PARTNER(S) ALREADY INFECTED 3</p>		↓801
736	<p>What did you do to avoid infecting your partner(s)? Did you....</p> <p>Use medicine? Stop having sex? Use a condom when having sex?</p>	<p style="text-align: center;">YES NO</p> <p>USE MEDICINE 1 2 STOP SEX 1 2 USE CONDOM 1 2</p>		

SECTION 8. ATTITUDES TOWARD WOMEN

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>	HUS- BAND	WIFE	BOTH	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	
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 the food is not cooked on time?</p>	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		
803	<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 women other than his wives?</p> <p>d) She knows her husband has a sexually transmitted infection?</p>	YES	NO	DON'T KNOW/ DEPENDS		
		a) 1	2	8		
		b) 1	2	8		
		c) 1	2	8		
		d) 1	2	8		
803A	<p>When a wife knows her husband has a sexually transmitted disease, is she justified in asking that he use a condom?</p>	YES..... 1 NO 2 DON'T KNOW..... 8				
804	<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>	YES	NO	DON'T KNOW/ DEPENDS		
		a) 1	2	8		
		b) 1	2	8		
		c) 1	2	8		
		d) 1	2	8		

SECTION 9. FEMALE GENITAL CUTTING (CIRCUMCISION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of female circumcision?	YES 1 NO 2	→903
902	In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→909
903	What benefits do girls themselves get if they undergo circumcision? PROBE: Any other benefits? RECORD ALL MENTIONED.	CLEANLINESS/HYGIENE A SOCIAL ACCEPTANCE B BETTER MARRIAGE PROSPECTS C PRESERVE VIRGINITY/PREVENT PREMARITAL SEX D MORE SEXUAL PLEASURE FOR THE MAN E RELIGIOUS APPROVAL F OTHER _____ X (SPECIFY) NO BENEFITS Y DON'T KNOW Z	
904	What benefits do girls themselves get if they <u>do not</u> undergo circumcision? PROBE: Anything else? RECORD ALL MENTIONED.	FEWER MEDICAL PROBLEMS A AVOIDING PAIN B MORE SEXUAL PLEASURE FOR HER C MORE SEXUAL PLEASURE FOR THE MAN D FOLLOWS RELIGION E OTHER _____ X (SPECIFY) NO BENEFITS Y DON'T KNOW Z	
905	Would you say that this practice is a way to prevent a girl from having sex before marriage or does it have no effect on premarital sex?	PREVENT SEX 1 NO EFFECT 2 DON'T KNOW 8	
906	Do you believe that this practice is required by your religion?	YES 1 NO 2 DON'T KNOW 8	
907	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8	
908	Do you think that women want this practice to be continued, or discontinued?	CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8	
909	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	