

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2011  
MAN'S QUESTIONNAIRE

IDENTIFICATION																												
NAME AND CODE OF DISTRICT _____	<table border="1" style="margin: auto;"> <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>																											
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INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>6</td></tr><tr><td></td><td></td><td></td></tr></table>	2	0	6																					
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TIME	_____	_____		RESULT																								
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<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td>1 COMPLETED</td> <td>4 REFUSED</td> <td></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED		2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	3 POSTPONED	6 INCAPACITATED	(SPECIFY)															
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LANGUAGE OF QUESTIONNAIRE	ENGLISH _____			<table border="1" style="margin: auto;"> <tr><td>5</td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>	5																							
5																												
LANGUAGE OF INTERVIEW	_____																											
NATIVE LANGUAGE OF RESPONDENT	_____																											
TRANSLATOR USED (YES=1; NO=2)	.....																											
LANGUAGE CODES: NEPALI=1; BHOJPURI=2; MAITHILI=3; OTHER=6																												
SUPERVISOR	OFFICE EDITOR	KEYED BY																										
NAME _____	NAME _____	NAME _____																										
DATE _____	DATE _____	DATE _____																										

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_. I am working with MINISTRY OF HEALTH AND POPULATION. We are conducting a survey about health all over Nepal. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. No part of this interview is being recorded in tape or video. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 107
105	What is the highest grade you completed? IF COMPLETED LESS THAN ONE GRADE, RECORD '00'.	GRADE ..... <input type="text"/> <input type="text"/>	
106	CHECK 105: GRADE 5 OR LOWER <input type="checkbox"/> GRADE 6 OR HIGHER <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	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) BLIND/VISUALLY IMPAIRED ..... 5	
108	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	
109	CHECK 107:  CODE '2', '3' <input type="checkbox"/> CODE '1' OR '5' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED <input type="checkbox"/> CIRCLED <input type="checkbox"/>	→ 111	110
110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
111	Do you listen to the radio, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
113	What is your religion?	HINDU ..... 1 BUDDHIST ..... 2 MUSLIM ..... 3 KIRAT ..... 4 CHRISTIAN ..... 5 OTHER _____ 6 (SPECIFY)	
114	What is your caste/ethnicity?  WRITE CASTE/ETHNICITY ON LINE PROVIDED.	<div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div>  _____ (CASTE/ETHNICITY)	
115	In the last 12 months, how many times have you been away from your home community for one or more nights?	NUMBER OF TIMES ..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> NONE ..... 00	→ 201
116	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name.  Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <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 that you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <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 did not survive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <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	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.  IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 212 → 301								
210	Did all of the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 212								
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	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>									
213	CHECK 203 AND 205:  AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> →		→ 301								
214	How old is your (youngest) child?	AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

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

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.  Have you ever heard of (METHOD)?		
01	<b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	<b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	<b>IUD.</b> PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
04	<b>Injectables.</b> PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	<b>Implants.</b> PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
06	<b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	<b>Condom.</b> PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	<b>Rhythm Method.</b> PROBE: 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	
09	<b>Withdrawal.</b> PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	
10	<b>Emergency Contraception.</b> PROBE: As an emergency measure, within three/five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2	
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY)  NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in brochure or flipchart? Seen message on family planning in a poster, hoarding board or billboard? Seen street dramas on family planning?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>RADIO .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>BROCHURE OR FLIPCHART ...</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>POSTER, HOARDING/BILLBOARD</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>STREET DRAMA .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE .....	1	2	BROCHURE OR FLIPCHART ...	1	2	POSTER, HOARDING/BILLBOARD	1	2	STREET DRAMA .....	1	2	
	YES	NO																						
RADIO .....	1	2																						
TELEVISION .....	1	2																						
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BROCHURE OR FLIPCHART ...	1	2																						
POSTER, HOARDING/BILLBOARD	1	2																						
STREET DRAMA .....	1	2																						
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES ..... 1 NO ..... 2																						
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 306																					
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8																						
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">DIS- AGREE</td> <td style="text-align:right">AGREE</td> <td style="text-align:right">DK</td> </tr> <tr> <td>CONTRACEPTION WOMAN'S BUSINESS</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> </tr> <tr> <td>WOMEN MAY BECOME PROMISCUOUS</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> </tr> </table>		DIS- AGREE	AGREE	DK	CONTRACEPTION WOMAN'S BUSINESS	1	2	8	WOMEN MAY BECOME PROMISCUOUS	1	2	8										
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CONTRACEPTION WOMAN'S BUSINESS	1	2	8																					
WOMEN MAY BECOME PROMISCUOUS	1	2	8																					
307	CHECK 301 (07): KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401																					
308	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 401																					
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC ..... A PHC CENTER ..... B HEALTH POST ..... C SUB-HEALTH PO ..... D PHC OUTREACH ..... E MOBILE CLINIC ..... F FCHV ..... G OTHER PUBLIC ..... H (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN ..... I MARIE STOPES ..... J ADRA ..... K NEPAL RED CROSS ..... L UMN ..... M OTHER NGO. .... N (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC NURSING HOME ..... O PHARMACY ..... P SANGINI OUTLET ..... Q OTHER PRIVATE MEDICAL ..... R (SPECIFY) OTHER SOURCE SHOP ..... S FRIENDS/RELATIVES ..... T OTHER ..... X (SPECIFY)																						
310	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2																						

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED . . . . .	1	→ 404
		YES, LIVING WITH A WOMAN . . . . .	2	
		NO, NOT IN UNION . . . . .	3	
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED . . . . .	1	→ 413
		YES, LIVED WITH A WOMAN . . . . .	2	
		NO . . . . .	3	
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . .	1	→ 410
		DIVORCED . . . . .	2	
		SEPARATED . . . . .	3	
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM . . . . .	1	
		STAYING ELSEWHERE . . . . .	2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) . . . . .	1	→ 407
		NO (ONLY ONE) . . . . .	2	
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . .	<input type="text"/> <input type="text"/>	
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p>	<p>408 How old was (NAME) on her last birthday?</p> <p>AGE</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
408	ASK 408 FOR EACH PERSON.			
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>			→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . .	1	→ 411A
		MORE THAN ONCE . . . . .	2	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	AGE ..... <input type="text"/> <input type="text"/>	→ 413
412	How old were you when you first started living with her?	AGE ..... <input type="text"/> <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE .....00 AGE IN YEARS ..... <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNE .....95	→ 501
415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2  (SKIP TO 420) ←	YES ..... 1 NO ..... 2  (SKIP TO 420) ←	YES ..... 1 NO ..... 2  (SKIP TO 420) ←
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
420	What was your relationship to this person with whom you had sexual intercourse?  IF GIRLFRIEND: Were you living together as if married?  IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE ..... 1 LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←	WIFE ..... 1 LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←	WIFE ..... 1 LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 423) ←
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424) ↓
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
424	How many times during the last 12 months did you have sexual intercourse with this person?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
425	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>PHC CENTER ..... 12</p> <p>HEALTH POST ..... 13</p> <p>SUB-HEALTH POST ..... 14</p> <p>PHC OUTREACH ..... 15</p> <p>MOBILE CLINIC ..... 17</p> <p>FCHV ..... 18</p> <p>CONDOM BOX ..... 19</p> <p>OTHER GOVT. _____ 16</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) SECTOR</p> <p>FPAN ..... 21</p> <p>MARIE STOPES ..... 22</p> <p>ADRA ..... 23</p> <p>NEPAL RED CROSS ..... 24</p> <p>UMN ..... 25</p> <p>OTHER NGO. _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC</p> <p>NURSING HOME ..... 31</p> <p>PHARMACY ..... 32</p> <p>SANGINI OUTLET ..... 33</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 41</p> <p>FRIENDS/RELATIVES ..... 42</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION ..... A</p> <p>MALE STERILIZATION ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>PILL ..... F</p> <p>FEMALE CONDOM ..... G</p> <p>DIAPHRAGM ..... H</p> <p>FOAM/JELLY ..... I</p> <p>RHYTHM METHOD ..... J</p> <p>WITHDRAWAL ..... K</p> <p>OTHER MODERN METHOD ..... X</p> <p>OTHER TRADITIONAL METHOD ..... Y</p>	

**SECTION 5. FERTILITY PREFERENCES**

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

**SECTION 6. EMPLOYMENT AND GENDER ROLES**

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																									
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																									
613A	In your opinion, should a husband hit or beat his wife for any reason at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 701																								
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT .....	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES .....	1	2	8	REFUSES SEX .....	1	2	8	BURNS FOOD .....	1	2	8	
	YES	NO	DK																								
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ARGUES .....	1	2	8																								
REFUSES SEX .....	1	2	8																								
BURNS FOOD .....	1	2	8																								

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 722																
702	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
703	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
706	Can people get the AIDS virus by touching someone who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
708	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG. ....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG. ....	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 711																
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95																	
714	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVT. SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>VCT CENTER ..... B</p> <p>OTHER GOVT. _____ C</p> <p>(SPECIFY)</p> <p>NON-GOVT. SECTOR</p> <p>FPAN ..... D</p> <p>AMDA ..... E</p> <p>INF ..... F</p> <p>NEPAL RED CROSS ..... G</p> <p>OTHER GOVT. _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME ..... I</p> <p>OTHER PRIVATE MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>→ 718</p>
716	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 718</p>
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVT. SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>VCT CENTER ..... B</p> <p>OTHER GOVT. _____ C</p> <p>(SPECIFY)</p> <p>NON-GOVT. SECTOR</p> <p>FPAN ..... D</p> <p>AMDA ..... E</p> <p>INF ..... F</p> <p>NEPAL RED CROSS ..... G</p> <p>OTHER GOVT. _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME ..... I</p> <p>OTHER PRIVATE MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
718	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
721	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
722	CHECK 701:  HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
723	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 731
724	CHECK 722: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 726
725	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
726	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	
727	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
728	CHECK 725, 726, AND 727: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 731
729	The last time you had (PROBLEM FROM 725/726/727), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 731

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>GOVT. SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>PRIMARY HEALTH CARE ..... B</p> <p>HEALTH POST ..... C</p> <p>SUB-HEALTH POST ..... D</p> <p>PHC OUTREACH . E</p> <p>FAMILY PLANNING CLINIC ... F</p> <p>MOBILE CLINIC ..... G</p> <p>FIELDWORKER ..... H</p> <p>OTHER GOVT. _____ I</p> <p>(SPECIFY)</p> <p>NON-GOVT. SECTOR</p> <p>FPAN ..... J</p> <p>AMDA ..... K</p> <p>ADRA ..... L</p> <p>INF ..... M</p> <p>NEPAL RED CROSS ..... N</p> <p>UMN ..... O</p> <p>OTHER NON-GOVT. _____ P</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME ..... Q</p> <p>OTHER PRIVATE MEDICAL _____ R</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
731	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
732	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
801	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 804																																	
802	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 804																																	
803	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																		
804	<p>Do you currently smoke cigarettes?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 806																																	
805	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES ... <input type="text"/> <input type="text"/></p>																																		
806	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 807A																																	
807	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE ..... A</p> <p>BIDI ..... B</p> <p>CHEWING TOBACCO ..... C</p> <p>SNUFF ..... D</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																																		
807A	<p>In the last few months have you heard or seen the following programs on the radio and/or television:</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Jana Swastha Radio Karyakram?</td> <td>JANA SWASTHA ..... 1</td> <td>2</td> </tr> <tr> <td>Janasankhya Radio Karyakram?</td> <td>JANASANKHYA ..... 1</td> <td>2</td> </tr> <tr> <td>Hamro Swastha Radio Karyakram?</td> <td>HAMRO SWASTHA ... 1</td> <td>2</td> </tr> <tr> <td>Ama radio Karyakram?</td> <td>AMA RADIO ..... 1</td> <td>2</td> </tr> <tr> <td>Hamro Swastha TV Karyakram?</td> <td>HAMRO SWASTHA ... 1</td> <td>2</td> </tr> <tr> <td>Jeevan Chakra TV Karyakram?</td> <td>JEEVAN CHAKRA ..... 1</td> <td>2</td> </tr> <tr> <td>Thorai Bhaya Pugisari Radio Karyakram?</td> <td>THORAI BHAYA ..... 1</td> <td>2</td> </tr> <tr> <td>Ama TV Karyakram?</td> <td>AMA TV ..... 1</td> <td>2</td> </tr> <tr> <td>Sathi Sanga Manka Kura?</td> <td>SATHI SANGA MANKA . 1</td> <td>2</td> </tr> <tr> <td>Jeevan Jyoti Radio Karyakram?</td> <td>JEEVAN JYOTI ..... 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Jana Swastha Radio Karyakram?	JANA SWASTHA ..... 1	2	Janasankhya Radio Karyakram?	JANASANKHYA ..... 1	2	Hamro Swastha Radio Karyakram?	HAMRO SWASTHA ... 1	2	Ama radio Karyakram?	AMA RADIO ..... 1	2	Hamro Swastha TV Karyakram?	HAMRO SWASTHA ... 1	2	Jeevan Chakra TV Karyakram?	JEEVAN CHAKRA ..... 1	2	Thorai Bhaya Pugisari Radio Karyakram?	THORAI BHAYA ..... 1	2	Ama TV Karyakram?	AMA TV ..... 1	2	Sathi Sanga Manka Kura?	SATHI SANGA MANKA . 1	2	Jeevan Jyoti Radio Karyakram?	JEEVAN JYOTI ..... 1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
807B	Which source of media do you prefer the most to receive health-related messages?	NEPAL RADIO ..... 01 FM ..... 02 TELEVISION ..... 03 NEWSPAPER OR MAGAZINE ..... 04 BROCHURE OR LEAFLET ..... 05 FLIPCHART ..... 06 POSTER ..... 07 HOARDING/BILLBOARD ... .. 08  OTHER _____ 96 (SPECIFY)									
808	RECORD THE TIME.	HOUR ..... <table border="1" data-bbox="1241 495 1345 555"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> MINUTES ..... <table border="1" data-bbox="1241 555 1345 616"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_