





**SECTION 1. RESPONDENT'S BACKGROUND**

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	What is your marital status now: are you currently married or widowed, divorced, or separated?	CURRENTLY MARRIED ..... 1 WIDOWED ..... 2 DIVORCED ..... 3 SEPARATED ..... 4 NEVER MARRIED ..... 5	} → 106A } → END
105	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	
106	Do you have other wives?	YES (MORE THAN ONE) ..... 1 NO (ONLY ONE) ..... 2	→ 108
106A	Did you have other wives?		
107	Altogether, how many wives do/did you have?	TOTAL NUMBER OF WIVES ..... <input type="text"/>	
108	CHECK 106 AND 106A:  ONE WIFE <input type="checkbox"/> ↓ In what month and year did you start living with your (wife)?  MORE THAN ONE WIFE <input type="checkbox"/> ↓ Now I would like to ask about your first (wife). In what month and year did you start living with her?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 110
109	How old were you when you first started living with her?	AGE ..... <input type="text"/> <input type="text"/>	
110	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 113
111	What is the highest class you completed?  IF COMPLETED LESS THAN CLASS ONE, WRITE '00'. IF MA, MPHIL, PHD, MBBS, OR BSC/4 YEARS, WRITE '16'.	CLASS ..... <input type="text"/> <input type="text"/>	
112	CHECK 111:  CLASS 00-08 <input type="checkbox"/> ↓ CLASS 09 OR HIGHER <input type="checkbox"/>		→ 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL ..... 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE ..... 2</p> <p>ABLE TO READ WHOLE SENTENCE ..... 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED ..... 5</p>	
114	<p>CHECK 113:</p> <p>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></p> <p>CODE '1' OR '5' CIRCLED <input type="checkbox"/></p>	<p>→ 116</p>	
115	<p>Do you read a newspaper or magazine daily, at least once a week, occasionally or not at all?</p>	<p>DAILY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>OCCASIONALLY ..... 3</p> <p>NOT AT ALL ..... 4</p>	
116	<p>Do you listen to the radio daily, at least once a week, occasionally or not at all?</p>	<p>DAILY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>OCCASIONALLY ..... 3</p> <p>NOT AT ALL ..... 4</p>	
117	<p>Do you watch television daily, at least once a week, occasionally or not at all?</p>	<p>DAILY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>OCCASIONALLY ..... 3</p> <p>NOT AT ALL ..... 4</p>	
118	<p>What is your mother tongue?</p>	<p>URDU ..... 01</p> <p>PUNJABI ..... 02</p> <p>SINDHI ..... 03</p> <p>PUSHTO ..... 04</p> <p>BALOCHI ..... 05</p> <p>ENGLISH ..... 06</p> <p>BARAUHI ..... 07</p> <p>SIRAIKI ..... 08</p> <p>HINDKO ..... 09</p> <p>KASHMIRI ..... 10</p> <p>SHINA ..... 11</p> <p>BRUSHASKI ..... 12</p> <p>WAKHI ..... 13</p> <p>CHITRALI/KHWAR ..... 14</p> <p>BALTI ..... 15</p> <p>PAHARI ..... 16</p> <p>POTOWARI ..... 17</p> <p>MARWARI ..... 18</p> <p>FARSI ..... 19</p> <p>OTHER ..... 96</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours.  Do you have any children?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters 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 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	Do you have 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	→ 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 your children have the same biological mother?	YES ..... 1 NO ..... 2	→ 212								
211	In all, how many wives have you fathered children with?	NUMBER OF WIVES ..... <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? <b>IF LESS THAN ONE YEAR, RECORD '00'</b>	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"/> IS AGE 0-2 YEARS	OTHER <input type="checkbox"/>	→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD) <b>[IF NOT LISTED IN THE HOUSEHOLD ROSTER. ENTER "00"]</b>	LINE NUMBER <input type="text"/> <input type="text"/>	
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 219
218	Were you ever present during any of those antenatal checkups or did you just accompanied your wife to any of those antenatal checkups?	PRESENT DURING CHECK-UP ..... 1 ONLY ACCOMPANY ..... 2 NOT ACCOMPANY ..... 3	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY ..... 1 OTHER ..... 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	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Have you ever heard of (METHOD)?</p> <p>PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	302 Have you or your wife/wives ever used (METHOD)?	
01	<p><b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>Has your wife/wives ever had an operation to avoid having any more pregnancies?</p> <p>YES ..... 1 NO ..... 2</p>
02	<p><b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had an operation to avoid having any more pregnancies?</p> <p>YES ..... 1 NO ..... 2</p>
03	<p><b>IUD.</b> PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
04	<p><b>Injectables.</b> PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
05	<p><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.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
06	<p><b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
07	<p><b>Condom.</b> PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
08	<p><b>Standad Days Method. PROBE:</b> A Woman uses a string of colored beadsto know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
09	<p><b>Lactational Amen. Method (LAM) PROBE:</b></p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
10	<p><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.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
11	<p><b>Withdrawal, Azal.</b> PROBE: Men can be careful and pull out before climax.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
12	<p><b>Emergency Contraception.</b> PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
13	<p>Have you heard of any other ways or methods that husband and wife can use to avoid pregnancy?</p>	<p>YES ..... 1</p> <hr/> <p align="center">(SPECIFY)</p> <hr/> <p align="center">(SPECIFY)</p> <p>NO ..... 2</p>	<p>YES ..... 1 NO ..... 2</p> <p>YES ..... 1 NO ..... 2</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
303	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine?	<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> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE .....	1	2	
	YES	NO													
RADIO .....	1	2													
TELEVISION .....	1	2													
NEWSPAPER OR MAGAZINE .....	1	2													
304	CHECK 303:  HEARD/WATCH/READ ABOUT MESSAGE <input type="checkbox"/> (ANY YES IN 303)	NOT HEARD/WATCH/READ <input type="checkbox"/> ABOUT MESSAGE	304C												
304A	What messages did it convey to you?  Anything else?  <b>[CIRCLE ALL MENTIONED]</b>	LIMITING THE FAMILY ..... A HIGHER AGE AT MARRIAGE ..... B SPACING OF CHILDREN ..... C USE OF CONTRACEPTIVES ..... D WELFARE OF FAMILY ..... E MATERNAL AND CHILD HEALTH ..... F LESS CHILDREN MEAN PROSPEROUS LIFE ..... G MORE CHILDREN MEAN POVERTY AND STARVATION ..... H IMPORTANCE OF BREASTFEEDING ..... I OTHER-1 _____ X (SPECIFY) OTHER-2 _____ Y (SPECIFY) DON'T KNOW/NOT REMEMBER ..... Z													
304B	Do you think that the message you heard or watch or read was effective or not effective in persuading couples to use family planning?	EFFECTIVE ..... 1 NOT EFFECTIVE ..... 2 DON'T KNOW ..... 8													
304C	CHECK 104:  CURRENTLY MARRIED <input type="checkbox"/> ↓	WIDOWED/DIVORCED OR SEPARATED <input type="checkbox"/>	307												
305	CHECK 302:  MAN NOT STERILIZED <input type="checkbox"/> ↓	MAN STERILIZED <input type="checkbox"/>	307												
306	In the last few month, have you discussed family planning with a health worker or health professional?	YES ..... 1 NO ..... 2													
307	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	309												
308	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													



SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 104:  CURRENTLY MARRIED <input type="checkbox"/> ↓  WIDOWED/DIVORCED <input type="checkbox"/> OR SEPARATED		→ 409
402	CHECK 302:  MAN NOT STERILIZED <input type="checkbox"/> ↓  MAN STERILIZED <input type="checkbox"/>		→ 409
403	Is your (wife)/Are any of your (wives) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 405
404	Now I have some questions about the future. After the (child/children) you and your (wife(wives) 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	→ 406 → 409
405	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 WIFE (WIVES) CAN'T GET PREGNANT ..... 3 WIFE (WIVES) STERILIZED..... 4 HE/ALL HIS WIVES/ ARE INFECUND ..... 5 UNDECIDED/DON'T KNOW ..... 8	→ 409
406	CHECK 106:  ONE WIFE <input type="checkbox"/> ↓  MORE THAN ONE WIFE <input type="checkbox"/>		→ 408
407	CHECK 403: WIFE NOT PREGNANT <input type="checkbox"/> OR DON'T KNOW ↓  WIFE 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	→ 409
408	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/ ARE INFECUND ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	<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>→ 501</p> <p>→ 501</p>
410	<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>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
512	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																													
513	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																													
514	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she burns the food? e) If she neglects the in-laws f) If she refuses to have sex with him?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEGL. CHILDREN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARGUES .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BURNS FOOD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEGL. IN-LAWS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>REFUSES SEX .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT .....	1	2	8	NEGL. CHILDREN .....	1	2	8	ARGUES .....	1	2	8	BURNS FOOD .....	1	2	8	NEGL. IN-LAWS .....	1	2	8	REFUSES SEX .....	1	2	8	
	YES	NO	DK																												
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REFUSES SEX .....	1	2	8																												

**SECTION 6. HIV AIDS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 617																
602	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																	
603	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
604	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																	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
606	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
607	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
608	Can the virus that causes AIDS be transmitted from a mother to her baby:  a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG. ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY ....	1	2	8	BREASTFEEDING ....	1	2	8	
	YES	NO	DK																
DURING PREG. ....	1	2	8																
DURING DELIVERY ....	1	2	8																
BREASTFEEDING ....	1	2	8																
609	CHECK 608: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 611																
610	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																	
611	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 613																
612	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)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ..... C OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H STAND-ALONE VCT CENTER ..... I OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) OTHER _____ X (SPECIFY)																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
613	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
614	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		
615	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		
616	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		
617	CHECK 601:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HEARD ABOUT AIDS</p> <input type="checkbox"/> </div> <div style="border-left: 1px dashed black; width: 1px; height: 100px;"></div> <div style="text-align: center;"> <p>NOT HEARD ABOUT AIDS</p> <input type="checkbox"/> </div> </div> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	YES ..... 1 NO ..... 2	→ 701	
618	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	} 701	
619	The last time you had problems, did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 701	
620	Where did you go?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ..... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E FIELDWORKER ..... F OTHER PUBLIC SECTOR _____ G (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H STAND-ALONE VCT CENTER ..... I PHARMACY ..... J MOBILE CLINIC ..... K FIELDWORKER ..... L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY)  OTHER SOURCE SHOP ..... N OTHER _____ X (SPECIFY)		

SECTION 7. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 706
702	How does tuberculosis spread from one person to another?  <b>PROBE:</b> Any other ways?  <b>[CIRCLE ALL MENTIONED]</b>	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A BY SHARING UTENSILS ..... B BY TOUCHING A PERSON WITH TB ..... C THROUGH SHARING FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F OTHER _____ X SPECIFY DON'T KNOW ..... Z	
703	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 705
704	What is the duration of treatment of TB now a days?  <b>[IF MORE THAN 7 MONTHS, RECORD 7]</b>	MONTHS ..... <input type="text"/> DON'T KNOW ..... 8	
705	Have ever been told by a doctor or nurse or LHV that God forbid you have/ had tuberculosis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
706	Have you ever heard of an illness called Hepatitis B or C?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 709
707	Is there anything a person can do to avoid getting Hepatitis B or C?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 709
708	What can a person do to avoid getting Hepatitis B or C?  <b>PROBE:</b> Any other ways?  <b>[CIRCLE ALL MENTIONED]</b>	SAFE SEX ..... A SAFE BLOOD TRANSFUTION ..... B USE OF DISPOSABLE SYRINGE ..... C AVOID CONTAMINATED FOOD/WATER ..... D AVOID CONTACT WITH INFECTED PERSON ..... E MAKING SURE THAT THE INSTRUMENTS OF DENTISTS ARE PROPERLY STERILIZED ..... F OTHERS _____ X SPECIFY NO RESPONSE ..... Y DON'T KNOW ..... Z	
709	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 712
710	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  <b>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</b>	NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
712	Do you presently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 714
713	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>	
714	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 716
715	What (other) type of tobacco do you currently smoke or use?  <b>[CIRCLE ALL MENTIONED]</b>	PIPE ..... A CHEWING TOBACCO/NUSWAR ..... B SNUFF ..... C HUKAA/SHEESHA ..... D OTHER _____ X (SPECIFY)	
716	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	

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: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_