

UNITED REPUBLIC OF TANZANIA  
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2004  
NATIONAL BUREAU OF STATISTICS  
MAN'S QUESTIONNAIRE

**CONFIDENTIAL**

IDENTIFICATION																	
REGION _____  DISTRICT _____  WARD .....  ENUMERATION AREA .....  NAME OF HEAD OF HOUSEHOLD _____  TDHS NUMBER .....  HOUSEHOLD NUMBER .....  LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE ..... (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)  NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																
LARGE CITIES ARE; DAR ES SALAAM AND MWANZA. SMALL CITIES ARE; ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA MBEYA, SHINYANGA, TABORA, MJINI MAGHARIBI - ZANZIBAR. ALL OTHER URBAN AREAS ARE TOWN																	

INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> INT. CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					2	0	0			
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INTERVIEWER'S NAME	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>										
TIME	_____	_____	_____											
*RESULT CODES: 1 COMPLETED                      4 REFUSED 2 NOT AT HOME                      5 PARTLY COMPLETED                      7 OTHER _____ 3 POSTPONED                      6 INCAPACITATED                      (SPECIFY)														

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the National Bureau of Statistics. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions related to health. This information will help the government to plan health services. The survey usually does not take too much time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. **(1)**

At this time, do you want to ask me anything about the survey?  
May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

↓

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	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 D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA ..... 1 OTHER URBAN AREA ..... 2 RURAL AREA/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	<input type="checkbox"/> → 105
104	Just before you moved here, did you live in D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA ..... 1 OTHER URBAN AREA ..... 2 RURAL AREA/VILLAGE ..... 3	
105	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY ... <input type="text"/> <input type="text"/> NONE ..... 00	→ 107
106	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES ..... 1 NO ..... 2	
107	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	
108	How old are you in complete years?  COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 113
110	What is the highest level of school you attended: primary, secondary, or higher? (2)	PREPRIMARY ..... 0 PRIMARY ..... 1 POST-PRIMARY TRAINING ..... 2 SECONDARY ..... 3 POST-SECONDARY TRAINING ..... 4 UNIVERSITY ..... 5	
111	What is the highest (grade/form/year) you completed at that level? (2)	GRADE ..... <input type="text"/> <input type="text"/>	
112	CHECK 110:  PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 116
113	Now I would like you to read this sentence.  SHOW CARD TO RESPONDENT. (3)  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	
114	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? (4)	YES ..... 1 NO ..... 2	
115	CHECK 113:  CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 117
116	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	
117	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	
118	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	
119	Are you currently working?	YES ..... 1 NO ..... 2	→ 122
120	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 122
121	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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> _____ <input type="text"/> _____ <input type="text"/>	
123	CHECK 122: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 125
124	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 LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
125	During the last 12 months, how many months did you work?	NUMBER OF MONTHS ..... <input type="text"/> <input type="text"/>	
126	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	→ 129
127	Who mainly decides how the money you earn will be used?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 RESPONDENT AND SOMEONE ELSE JOINTLY ..... 5	
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?	ALMOST NONE ..... 1 LESS THAN HALF ..... 2 ABOUT HALF ..... 3 MORE THAN HALF ..... 4 ALL ..... 5 NONE, HIS INCOME IS ALL SAVED ..... 6	
129	What is your religion?	MOSLEM ..... 1 CATHOLIC ..... 2 PROTESTANT ..... 3 NONE ..... 4 OTHER _____ 6 (SPECIFY)	

<sup>1</sup> Wording of this paragraph should be modified in countries where participation is legally required.

<sup>2</sup> Revise according to the local education system.

<sup>3</sup> Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children", "Farming is hard work", "The child is reading a book", "Children work hard at school"). Cards should be prepared for every language in which respondents are likely to be literate.

<sup>4</sup> In countries with an interest in measuring participation across a number of literacy programs, an additional multiple-response question may be included for men who participated in a literacy program (for example, "What type of literacy programs have you participated in? PROBE: Any other programs?")

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	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 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	(In addition to the children that you have just told me about), do you have: a) any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? b) any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name?  NO <input type="checkbox"/> TO BOTH ↓      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 CHILDREN ..... <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>									

**SECTION 3. CONTRACEPTION**

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

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES ..... 1 NO ..... 2	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES ..... 1 NO ..... 2	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DON't KNOW ..... 8
13	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
14	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
15	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																
303	<p>Now I would like to ask you about a woman's risk of pregnancy.</p> <p>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?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p><input type="checkbox"/> → 305</p>																
304	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS ..... 1</p> <p>DURING HER PERIOD ..... 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED ..... 3</p> <p>HALFWAY BETWEEN TWO PERIODS ..... 4</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>																	
305	<p>Do you think that a woman who is breastfeeding her baby can become pregnant?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS ..... 3</p> <p>DON'T KNOW ..... 8</p>																	
306	<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	
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a)	1	2	8																
b)	1	2	8																
c)	1	2	8																
307	<p>CHECK 301(02) AND 302(02): KNOWLEDGE AND USE OF MALE STERILIZATION (1)</p> <p>HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/> ↓</p> <p>OTHER <input type="checkbox"/> →</p>		<p>→ 401</p>																
308	<p>Once you have had all the children you want, would you yourself ever consider getting sterilized? (1)</p>	<p>WOULD CONSIDER ..... 1</p> <p>WOULD NOT CONSIDER ..... 2</p> <p>UNSURE/DEPENDS ..... 3</p> <p>WIFE ALREADY STERILIZED ..... 4</p>	<p>→ 401</p> <p><input type="checkbox"/> → 401</p>																
309	<p>Why would you never consider getting sterilized? (1)</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 WAGES ..... G</p> <p>LOSS OF SEXUAL FUNCTION ..... H</p> <p>LOSS OF MANLINESS ..... I</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>																	

<sup>1</sup> Question may be deleted in countries where male sterilization is not widely known, used, or promoted.

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY (1)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	→ 406
401A	Is your wife/partner living with you now or is she staying elsewhere?	LIVING TOGETHER ..... 1 STAYING ELSEWHERE ..... 2	
401B	CHECK 401:  CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN <input type="checkbox"/>		→ 404
402	Do you have one wife or more than one wife?  IF ONLY ONE WIFE, RECORD '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 ONLY ONE LIVE-IN PARTNER, RECORD '01'.  IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/>	
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?  IF 'YES', PROBE TO IDENTIFY TYPE OF PARTNER.	REGULAR PARTNER(S) ONLY ..... 1 OCCASIONAL PARTNER(S) ONLY ..... 2 REGULAR AND OCCASIONAL PARTNERS ..... 3 NO SEXUAL PARTNER ..... 4	→ 409
406	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all?  IF 'YES', PROBE TO IDENTIFY TYPE OF PARTNER.	REGULAR PARTNER(S) ONLY ..... 1 OCCASIONAL PARTNER(S) ONLY ..... 2 REGULAR AND OCCASIONAL PARTNERS ..... 3 NO SEXUAL PARTNER ..... 4	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY ..... 1 YES, LIVED WITH A WOMAN ONLY ..... 2 YES, BOTH ..... 3 NO ..... 4	→ 411 → 416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 411



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
409	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '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).)																																												
410	<p>CHECK: 402 AND 404</p> <p>SUM OF 402 AND 404 = 1 <input type="checkbox"/></p> <p>SUM OF 402 AND 404 &gt; 1 <input type="checkbox"/></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> <table border="1"> <thead> <tr> <th data-bbox="285 562 375 632">WIFE/ PARTNER NUMBER</th> <th data-bbox="435 611 488 632">NAME</th> <th data-bbox="841 485 930 604">LINE NUMBER IN HHOLD. QUEST.</th> <th colspan="2" data-bbox="987 506 1092 604">STATUS:</th> <th data-bbox="1149 411 1239 558">410A How old was your wife/partner on her last birthday?</th> </tr> <tr> <td></td> <td></td> <td></td> <th data-bbox="963 562 1016 604">WIFE</th> <th data-bbox="1040 562 1094 604">PART- NER</th> <th data-bbox="1174 583 1227 604">AGE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>_____</td> <td><input type="text"/></td> <td>1</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td>_____</td> <td><input type="text"/></td> <td>1</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td>_____</td> <td><input type="text"/></td> <td>1</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td>_____</td> <td><input type="text"/></td> <td>1</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>5</td> <td>_____</td> <td><input type="text"/></td> <td>1</td> <td>2</td> <td><input type="text"/></td> </tr> </tbody> </table>	WIFE/ PARTNER NUMBER	NAME	LINE NUMBER IN HHOLD. QUEST.	STATUS:		410A How old was your wife/partner on her last birthday?				WIFE	PART- NER	AGE	1	_____	<input type="text"/>	1	2	<input type="text"/>	2	_____	<input type="text"/>	1	2	<input type="text"/>	3	_____	<input type="text"/>	1	2	<input type="text"/>	4	_____	<input type="text"/>	1	2	<input type="text"/>	5	_____	<input type="text"/>	1	2	<input type="text"/>		
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4	_____	<input type="text"/>	1	2	<input type="text"/>																																								
5	_____	<input type="text"/>	1	2	<input type="text"/>																																								
410B	<p>CHECK 410:</p> <p>ONLY ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/PARTNER <input type="checkbox"/></p>		→ 412																																										
411	Have you been married or lived with a woman only once or more than once?	<p>ONCE ..... 1</p> <p>MORE THAN ONCE ..... 2</p>	→ 414 → 413																																										
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 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	<p>CHECK 410 AND 411:</p> <p>ONLY ONE WIFE/PARTNER AND 411=1 <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner?</p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH ..... <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	→ 416																																										
415	How old were you when you started living with her?	AGE ..... <input type="text"/>																																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse?</p>	<p>NEVER ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ... 95</p>	→ 416B
416A	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	→ 440
416B	<p>CHECK 108:</p> <p>15-24 YEARS OLD <input type="checkbox"/> ↓</p> <p>25-49 YEARS OLD <input type="checkbox"/> →</p>		→ 417
416C	The first time you had sexual intercourse, was a condom used? (1)	<p>YES ..... 1</p> <p>NO ..... 2</p>	
416D	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
417	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/></p>	→ 437A

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
418	The last time you had sexual intercourse with this (second/third) person, was a condom used? (2)	YES ..... 1 NO ..... 2 (SKIP TO 421) ←	YES ..... 1 NO ..... 2 (SKIP TO 421) ←	YES ..... 1 NO ..... 2 (SKIP TO 421) ←
419	What was the main reason you used a condom on that occasion?	RESP. WANTED TO PREVENT STD/HIV . 01 RESP. WANTED TO TO PREVENT PREGNANCY ..... 02 RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 03 DID NOT TRUST PARTNER FELT PARTNER HAD OTHER PARTNERS . 04 PARTNER REQUESTED/ INSISTED ..... 05 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	RESP. WANTED TO PREVENT STD/HIV . 01 RESP. WANTED TO TO PREVENT PREGNANCY ..... 02 RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 03 DID NOT TRUST PARTNER FELT PARTNER HAD OTHER PARTNERS . 04 PARTNER REQUESTED/ INSISTED ..... 05 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	RESP. WANTED TO PREVENT STD/HIV . 01 RESP. WANTED TO TO PREVENT PREGNANCY ..... 02 RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 03 DID NOT TRUST PARTNER FELT PARTNER HAD OTHER PARTNERS . 04 PARTNER REQUESTED/ INSISTED ..... 05 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98
420	Did you use a condom 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
421	CHECK 302(2):	RESP. NOT RESP. <input type="checkbox"/> STERILIZED STERILIZED <input type="checkbox"/> (SKIP TO 426) ↓	RESP. NOT RESP. <input type="checkbox"/> STERILIZED STERILIZED <input type="checkbox"/> (SKIP TO 426) ↓	RESP. NOT RESP. <input type="checkbox"/> STERILIZED STERILIZED <input type="checkbox"/> (SKIP TO 426) ↓
422	The last time you had sexual intercourse with this person, did you or she do something else or use any other method besides a condom to avoid a pregnancy?	YES ..... 1 NO ..... 2 → 425 DK ..... 8 → 426	YES ..... 1 NO ..... 2 → 425 DK ..... 8 → 426	YES ..... 1 NO ..... 2 → 425 DK ..... 8 → 426
423	What method was used?	FEMALE STER . 01 PILL ..... 02 IUD ..... 03 INJECTABLES .... 04 IMPLANTS ..... 05 FEMALE CONDOM 06 DIAPHRAGM ... 07 FOAM/JELLY ... 08 → 426 LACT. AMEN. ... 09 PERIODIC ABST. 10 WITHDRAWAL . 11 OTHER ..... 96 (SPECIFY) DON'T KNOW ... 98	FEMALE STER . 01 PILL ..... 02 IUD ..... 03 INJECTABLES .... 04 IMPLANTS ..... 05 FEMALE CONDOM 06 DIAPHRAGM ... 07 FOAM/JELLY ... 08 → 426 LACT. AMEN. ... 09 PERIODIC ABST. 10 WITHDRAWAL . 11 OTHER ..... 96 (SPECIFY) DON'T KNOW ... 98	FEMALE STER . 01 PILL ..... 02 IUD ..... 03 INJECTABLES .... 04 IMPLANTS ..... 05 FEMALE CONDOM 06 DIAPHRAGM ... 07 FOAM/JELLY ... 08 → 426 LACT. AMEN. ... 09 PERIODIC ABST. 10 WITHDRAWAL . 11 OTHER ..... 96 (SPECIFY) DON'T KNOW ... 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	What is the main reason a method was not used?	CASUAL SEX PARTNER SO DOES NOT CARE . . . 11 CONTRACEPTION WOMEN'S BUSINESS . . . . . 12 NOT NEEDED AS CONDOM USED TO PREVENT HIV/AIDS . . . . . 13  FERTILITY-RELATED WIFE/PARTNER HAD HYSTERECTOMY/ MENOPAUSAL . . . 23 COUPLE SUBFECUND/ INFECUND . . . . . 24 WIFE/PARTNER WAS PREGNANT . . . . . 25 WIFE/PARTNER POSTPARTUM AMENORRHEIC . . 26 WIFE/PARTNER WAS BREASTFEEDING . 27 WANTED (MORE) CHILDREN . . . . . 28  OPPOSITION TO USE RESPONDENT . . . . 31 WIFE/PARTNER . . . 32 OTHERS . . . . . 33 RELIGIOUS PROHIBITION . . . . 34  LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42  METHOD-RELATED 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	CASUAL SEX PARTNER SO DOES NOT CARE . . . 11 CONTRACEPTION WOMEN'S BUSINESS . . . . . 12 NOT NEEDED AS CONDOM USED TO PREVENT HIV/AIDS . . . . . 13  FERTILITY-RELATED WIFE/PARTNER HAD HYSTERECTOMY/ MENOPAUSAL . . . 23 COUPLE SUBFECUND/ INFECUND . . . . . 24 WIFE/PARTNER WAS PREGNANT . . . . . 25 WIFE/PARTNER POSTPARTUM AMENORRHEIC . . 26 WIFE/PARTNER WAS BREASTFEEDING . 27 WANTED (MORE) CHILDREN . . . . . 28  OPPOSITION TO USE RESPONDENT . . . . 31 WIFE/PARTNER . . . 32 OTHERS . . . . . 33 RELIGIOUS PROHIBITION . . . . 34  LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42  METHOD-RELATED 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	CASUAL SEX PARTNER SO DOES NOT CARE . . . 11 CONTRACEPTION WOMEN'S BUSINESS . . . . . 12 NOT NEEDED AS CONDOM USED TO PREVENT HIV/AIDS . . . . . 13  FERTILITY-RELATED WIFE/PARTNER HAD HYSTERECTOMY/ MENOPAUSAL . . . 23 COUPLE SUBFECUND/ INFECUND . . . . . 24 WIFE/PARTNER WAS PREGNANT . . . . . 25 WIFE/PARTNER POSTPARTUM AMENORRHEIC . . 26 WIFE/PARTNER WAS BREASTFEEDING . 27 WANTED (MORE) CHILDREN . . . . . 28  OPPOSITION TO USE RESPONDENT . . . . 31 WIFE/PARTNER . . . 32 OTHERS . . . . . 33 RELIGIOUS PROHIBITION . . . . 34  LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42  METHOD-RELATED 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
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 428) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 428) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 428) ←

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
427	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4
428	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 '02' IF NO, CIRCLE '03'	HUSBAND/WIFE ..... 01 (SKIP TO 434) ←   LIVE-IN PARTNER .... 02 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 03 CASUAL ACQUAINTANCE .... 04 COMMERCIAL SEX WORKER ..... 05 OTHER ..... 96 (SPECIFY)	HUSBAND/WIFE ..... 01 (SKIP TO 434) ←   LIVE-IN PARTNER .... 02 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 03 CASUAL ACQUAINTANCE .... 04 COMMERCIAL SEX WORKER ..... 05 OTHER ..... 96 (SPECIFY)	HUSBAND/WIFE ..... 01 (SKIP TO 435) ←   LIVE-IN PARTNER .... 02 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 03 CASUAL ACQUAINTANCE .... 04 COMMERCIAL SEX WORKER ..... 05 OTHER ..... 96 (SPECIFY)
429	For how long (have you had/did you have) sexual relations with this person?	DAYS ... 1 <input type="text"/> <input type="text"/>  WEEKS .. 2 <input type="text"/> <input type="text"/>  MONTHS .. 3 <input type="text"/> <input type="text"/>  YEARS .. 4 <input type="text"/> <input type="text"/>	DAYS ... 1 <input type="text"/> <input type="text"/>  WEEKS .. 2 <input type="text"/> <input type="text"/>  MONTHS .. 3 <input type="text"/> <input type="text"/>  YEARS .. 4 <input type="text"/> <input type="text"/>	DAYS ... 1 <input type="text"/> <input type="text"/>  WEEKS .. 2 <input type="text"/> <input type="text"/>  MONTHS .. 3 <input type="text"/> <input type="text"/>  YEARS .. 4 <input type="text"/> <input type="text"/>
431	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
434	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 418 ←   IN NEXT COLUMN)  NO ..... 2 (SKIP TO 436A) ←	YES ..... 1 (GO BACK TO 418 ←   IN NEXT COLUMN)  NO ..... 2 (SKIP TO 436A) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
435	<p>In total, with how many different people have you had sex in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
436A	<p>In the last 12 months, did you pay anyone in exchange for sex?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 437A
436B	<p>The last time you paid for someone in exchange for sex, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 438
436C	<p>Did you use a condom every time you paid someone to have sexual intercourse in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE ..... 8</p>	→ 438
437A	<p>Have you ever paid for sex?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 438
437B	<p>How long ago was the last time you paid for sex?</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/></p>	
437C	<p>The last time that you paid for sex, was a condom used on that occasion?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
438	<p>In total, with how many different people have you had sex in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
440	<p>If someone needs a condom, where can they get it?</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>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>REFERAL/SPEC. HOSPITAL ..... B</p> <p>REGIONAL HOSPITAL ..... C</p> <p>DISTRICT HOSPITAL ..... D</p> <p>HEALTH CENTRE ..... E</p> <p>DISPENSARY ..... F</p> <p>VILLAGE HEALTH POST (W) ..... G</p> <p>CBD WORKER ..... H</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL/SPEC. HOSPITAL ..... I</p> <p>DISTRICT HOSPITAL ..... J</p> <p>GOVT. HEALTH CENTRE ..... K</p> <p>DISPENSARY ..... L</p> <p><b>PRIVATE</b></p> <p>DISTRICT HOSPITAL ..... M</p> <p>HEALTH CENTRE ..... N</p> <p>DISPENSARY ..... O</p> <p><b>OTHER</b></p> <p>PHARMACY ..... P</p> <p>NGO ..... Q</p> <p>VCT CENTER ..... R</p> <p>SHOP/KIOSK ..... S</p> <p>BAR ..... T</p> <p>GUEST HOUSE/HOTEL ..... U</p> <p>FRIEND/RELATIVE/NEIGHBOUR . V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	<p>→ 442</p>
441	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	
442	<p>CHECK 302(07), 416C, 418, AND 436B USE OF CONDOMS</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 447</p>
443	<p>How old were you when you used a condom for the first time?</p>	<p>AGE AT FIRST USE ..... <input type="text"/> <input type="text"/></p> <p>DOES NOT REMEMBER ..... 98</p>	
444	<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 PREGNANCY ..... A</p> <p>TO AVOID GETTING AIDS/HIV ..... B</p> <p>TO AVOID GETTING AN STD ..... C</p> <p>TO AVOID INFECTING PARTNER ... D</p> <p>TO EXPERIMENT/TRY A CONDOM .. E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
445	<p>Have you ever experienced any problems with 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 ..... Y</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
447	<p>I will now read you some statements about condom use. Please tell me if you agree or disagree with each.</p> <p>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 ask a man to use a condom.</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">AGREE</td> <td style="text-align: center;">DISAGREE</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>a)</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>b)</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>c)</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>d)</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>e)</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>f)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		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	
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449	<p>If someone needs a female condom, where can they get it?</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 style="text-align: center;">_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> <p>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>REFERAL/SPEC. HOSPITAL ..... B  REGIONAL HOSPITAL ..... C  DISTRICT HOSPITAL ..... D  HEALTH CENTRE ..... E  DISPENSARY ..... F  VILLAGE HEALTH POST (W) ..... G  CBD WORKER ..... H</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL/SPEC. HOSPITAL ..... I  DISTRICT HOSPITAL ..... J  GOVT. HEALTH CENTRE ..... K  DISPENSARY ..... L</p> <p><b>PRIVATE</b></p> <p>DISTRICT HOSPITAL ..... M  HEALTH CENTRE ..... N  DISPENSARY ..... O</p> <p><b>OTHER</b></p> <p>PHARMACY ..... P  NGO ..... Q  VCT CENTER ..... R  SHOP/KIOSK ..... S  BAR ..... T  GUEST HOUSE/HOTEL ..... U  FRIEND/RELATIVE/NEIGHBOUR . V</p> <p>OTHER _____ X  (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	<p style="text-align: right;">→ 501</p>																												
460	<p>If you wanted to, could you yourself get a female condom? (3)</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW/UNSURE ..... 8</p>																													

<sup>1</sup> In countries with an active female condom program, a question should be added on use of a female condom.

<sup>2</sup> Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

<sup>3</sup> Question may be deleted in countries where female condoms are not actively promoted.



SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 410:</p> <p>HAS ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>HAS MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>QUESTION SKIPPED <input type="checkbox"/></p>		→ 505
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES ..... 1 NO ..... 2 UNSURE ..... 3	
503	<p>CHECK 502:</p> <p>YES, WIFE/WIVES/ PREGNANT <input type="checkbox"/></p> <p>NO WIFE/PARTNER PREGNANT OR UNSURE <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child(ren) your wife/wives/ partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all?</p> <p>Now I have some questions the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children at all?</p>	HAVE A/ANOTHER CHILD ..... 1 NO MORE/NONE ..... 2 WIFE/WIVES INFECUND/ STERILIZED ..... 3 UNDECIDED/DON'T KNOW ..... 8	→ 505
504	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 AFTER MARRIAGE ..... 995 OTHER _____ 996 (SPECIFY) DON'T KNOW ..... 998	
505	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>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>	NONE ..... 00 NUMBER ..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 507 → 507
506	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	BOYS      GIRLS      EITHER NUM- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BER OTHER _____ (SPECIFY)	
507	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE ..... 1 DISAPPROVE ..... 2 DON'T KNOW/UNSURE ..... 8	


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	Is it acceptable or not acceptable to you for information on family planning to be provided:  a) On the radio? b) On the television? In a newspaper or magazine?	YES NO  RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
508A	In the last six months have you heard about family planning:  a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a poster? e) From billboards? f) At community events? g) From live drama? h) From a doctor or nurse? i) From a community health worker?	YES NO  RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2 POSTER ..... 1 2 BILLBOARD ..... 1 2 COMMUNITY EVENT ..... 1 2 DRAMA ..... 1 2 DOCTOR/NURSE ..... 1 2 HEALTH WORKER ..... 1 2	
509	In the past six months, what drama series have you listened to on the radio?  CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED, ASK:  In the last 6 months, have you listened to:  a) Zinduka? b) Twende na Wakati? c) Other?	YES SPO- YES NTA- PRO- NEOUS BED NO ZINDUKA ..... 1 2 3 TWEDE NA WAKATI ..... 1 2 3 OTHER ..... 1 2 3	
509A	CHECK 509:  LISTENED TO ZINDUKA <input type="checkbox"/> HAS NOT LISTENED TO ZINDUKA <input type="checkbox"/>		→ 509E
509B	How often do you listen to Zinduka?	TWICE A WEEK ..... 1 ONCE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 RARELY ..... 4 DON'T KNOW ..... 8	
509C	As a result of listening to Zinduka, did you do anything or take any action related to family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 509E
509D	What did you do as a result of listening to Zinduka?  RECORD ALL MENTIONED.	TALKED TO PARTNER ..... A TALKED TO A HEALTH WORKER ..... B TALKED TO SOMEONE ELSE ..... C VISITED A CLINIC FOR FAM. PLAN. .... D BEGAN USING A MOD. METHOD ..... E CONTINUED USING A MOD. METH. .... F OTHER ..... X (SPECIFY)	
509E	CHECK 509:  LISTENED TO TWENDA NA WAKATI <input type="checkbox"/> HAS NOT LISTENED TO TWENDA NA WAKATI <input type="checkbox"/>		→ 510
509F	How often do you listen to Twenda na Wakati?	TWICE A WEEK ..... 1 ONCE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 RARELY ..... 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES ..... 1 NO ..... 2	→ 512
511	With whom?  Anyone else?  RECORD ALL PERSONS MENTIONED.	WIFE(WIVES)/PARTNER(S) ..... A MOTHER ..... B FATHER ..... C SISTER(S) ..... D BROTHER(S) ..... E DAUGHTER ..... F SON ..... G MOTHER(S)-IN-LAW ..... H FATHER(S)-IN-LAW ..... I FRIENDS/NEIGHBORS ..... J  OTHER _____ X (SPECIFY)	
512	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES ..... 1 NO ..... 2	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209:  HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ 617
602	Please tell me the name and sex of your child (who was born most recently).  _____ (NAME OF CHILD)	BOY ..... 1 GIRL ..... 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH ..... <input type="text"/> <input type="text"/>  YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
604	Is (NAME OF CHILD) still living?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 606  → 606
605	How old was (NAME OF CHILD) when he/she died?  IF '1 YEAR', PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS ..... 1 <input type="text"/> <input type="text"/>  WEEKS ..... 2 <input type="text"/> <input type="text"/>  MONTHS ..... 3 <input type="text"/> <input type="text"/>  YEARS ..... 4 <input type="text"/> <input type="text"/>  DON'T KNOW ..... 998	
606	What is the name of (NAME OF CHILD)'s mother?  WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE.  IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00'  NAME OF CHILD'S MOTHER	LINE NUMBER IN HHQ. QUEST ..... <input type="text"/> <input type="text"/>	
607	CHECK 603:  (LAST) CHILD BORN IN 1997 (1) OR LATER <input type="checkbox"/> (LAST) CHILD BORN IN 1996 (2) OR EARLIER <input type="checkbox"/>		→ 617
608	CHECK 606:  LINE NUMBER IS '00' <input type="checkbox"/> OTHER LINE NUMBER <input type="checkbox"/>		→ 610
609	What is your relationship with (NAME OF CHILD)'s mother?	CURRENT SPOUSE ..... 01 FORMER SPOUSE ..... 02 CURRENT LIVE-IN PARTNER ..... 03 FORMER LIVE-IN PARTNER ..... 04 REGULAR SEXUAL PARTNER ..... 05 WOMAN IS GIRLFRIEND/FIANCÉE ... 06 OCCASIONAL SEXUAL PARTNER ... 07 FRIEND/ACQUAINTANCE ..... 08 OTHER ..... 96 (SPECIFY) _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
610	<p>ASK QUESTIONS 610-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.</p> <p>Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).</p>	<p style="text-align: center;">PREGNANCY</p> <p>610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?</p> <p>YES ..... 1  NO ..... 2  (SKIP TO 612) ←  DK ..... 8  (GO TO 610B IN NEXT COLUMN) ←</p>	<p style="text-align: center;">DELIVERY</p> <p>610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?</p> <p>YES ..... 1  NO ..... 2  (SKIP TO 612) ←  DK ..... 8  (GO TO 610C IN NEXT COLUMN) ←</p>	<p style="text-align: center;">SIX WEEKS AFTER DELIVERY</p> <p>610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?</p> <p>YES ..... 1  NO ..... 2  (SKIP TO 612) ←  DK ..... 8  (SKIP TO 613) ←</p>	
611	<p>Who mainly provided the money or goods or services to pay for this care?</p>	<p>FREE ..... 01  INSURANCE ..... 02  RESPONDENT ..... 03  CHILD'S MOTHER ..... 04  RESPONDENT AND CHILD'S MOTHER ..... 05  RESPONDENT'S FAMILY ..... 06  CHILD'S MOTHER'S FAMILY ..... 07  OTHER _____ 96  (SPECIFY)  (GO TO 610B IN NEXT COLUMN) ←</p>	<p>FREE ..... 01  INSURANCE ..... 02  RESPONDENT ..... 03  CHILD'S MOTHER ..... 04  RESPONDENT AND CHILD'S MOTHER ..... 05  RESPONDENT'S FAMILY ..... 06  CHILD'S MOTHER'S FAMILY ..... 07  OTHER _____ 96  (SPECIFY)  (GO TO 610C IN NEXT COLUMN) ←</p>	<p>FREE ..... 01  INSURANCE ..... 02  RESPONDENT ..... 03  CHILD'S MOTHER ..... 04  RESPONDENT AND CHILD'S MOTHER ..... 05  RESPONDENT'S FAMILY ..... 06  CHILD'S MOTHER'S FAMILY ..... 07  OTHER _____ 96  (SPECIFY)  (SKIP TO 613) ←</p>	
612	<p>What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?</p>	<p>NOT NECESSARY ..... 01  NOT CUSTOMARY ..... 02  RESPONDENT DIDN'T ALLOW ..... 03  TOO COSTLY ..... 04  TOO FAR/NO TRANSPORT ..... 05  POOR SERVICE ..... 06  LACK OF KNOWLEDGE ..... 07  OTHER _____ 96  (SPECIFY)  (GO TO 610B IN NEXT COLUMN) ←</p>	<p>NOT NECESSARY ..... 01  NOT CUSTOMARY ..... 02  RESPONDENT DIDN'T ALLOW ..... 03  TOO COSTLY ..... 04  TOO FAR/NO TRANSPORT ..... 05  POOR SERVICE ..... 06  LACK OF KNOWLEDGE ..... 07  OTHER _____ 96  (SPECIFY)  (GO TO 610C IN NEXT COLUMN) ←</p>	<p>NOT NECESSARY ..... 01  NOT CUSTOMARY ..... 02  RESPONDENT DIDN'T ALLOW ..... 03  TOO COSTLY ..... 04  TOO FAR/NO TRANSPORT ..... 05  POOR SERVICE ..... 06  LACK OF KNOWLEDGE ..... 07  OTHER _____ 96  (SPECIFY)  (SKIP TO 613) ←</p>	
613	<p>At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?</p>	<p>YES ..... 1  NO ..... 2</p>			
614	<p>CHECK 602 AND 604:</p> <p>NAME OF (LAST) CHILD _____</p> <p>(LAST) CHILD LIVING <input type="checkbox"/> (LAST) CHILD NOT LIVING OR DON'T KNOW <input type="checkbox"/> → 617</p>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	Does (NAME OF CHILD) live with you in your household?	YES ..... 1 NO ..... 2	→ 617
616	In your household who usually decides what to do if the (NAME OF CHILD) is ill?  RECORD ALL PERSONS MENTIONED.	RESPONDENT ..... A CHILD'S MOTHER ..... B WIFE/PARTNER WHO IS NOT CHILD'S MOTHER ..... C FEMALE RELATIVE ..... D MALE RELATIVE ..... E OTHER ..... X (SPECIFY) CHILD HAS NEVER BEEN ILL ..... Y	
617	Now, I want to talk to you about pregnancy and the health of children.  Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger?  PROBE: Any other signs or symptoms?  RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING ..... A HIGH FEVER ..... B ABDOMINAL PAIN ..... C SWELLING OF HANDS AND FEET ... D DIFFICULT LABOR FOR MORE THAN 12 HOURS ..... E CONVULSIONS ..... F OTHER ..... X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS ..... Z	
618	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	NOTHING ..... 1 LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 DON'T KNOW ..... 8	
619	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES ..... 1 NO ..... 2	
619A	Have you ever heard of female circumcision?	YES ..... 1 NO ..... 2	→ 619C
619B	In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you heard about this practice?	YES ..... 1 NO ..... 2	→ 620
619C	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED ..... 1 DISCONTINUED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	
620	Now, please tell me about yourself. Do you currently smoke cigarettes or tobacco? (3)  IF YES: What type of tobacco do you smoke?  RECORD ALL TYPES MENTIONED.	YES, CIGARETTES ..... A YES, PIPE ..... B YES, OTHER TOBACCO ..... C  NO ..... Y	
621	CHECK 620:  CODE 'A' <input type="checkbox"/> CIRCLED  CODE 'A' NOT <input type="checkbox"/> CIRCLED		→ 623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
623	<p>Have you had an injection for any reason in the last six months?</p> <p>IF YES: How many injections did you have?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE ..... 00</p>	→ 627
624	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE ..... 00</p>	→ 627
625	<p>The last time you had an injection, where did you go for the injection to be given?</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>REFERAL/SPEC. HOSPITAL ..... 11</p> <p>REGIONAL HOSPITAL ..... 12</p> <p>DISTRICT HOSPITAL ..... 13</p> <p>HEALTH CENTRE ..... 14</p> <p>DISPENSARY ..... 15</p> <p>VILLAGE HEALTH POST (W..... 16</p> <p>CBD WORKER ..... 17</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL/SPEC. HOSPITAL ..... 21</p> <p>DISTRICT HOSPITAL ..... 22</p> <p>GOVT. HEALTH CENTRE ..... 23</p> <p>DISPENSARY ..... 24</p> <p><b>PRIVATE</b></p> <p>DISTRICT HOSPITAL ..... 31</p> <p>HEALTH CENTRE ..... 32</p> <p>DISPENSARY ..... 33</p> <p><b>OTHER</b></p> <p>PHARMACY ..... 41</p> <p>NGO ..... 42</p> <p>VCT CENTER ..... 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
626	<p>The last time you had an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
627	<p>Some ethnic groups circumcise their males and some ethnic groups do not. Are you circumcised?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	


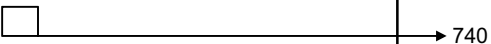



SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

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	→ 744
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
703 (1)	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
704	By using condoms each time they have sex, can people reduce their chances of being infected with the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
705 (1)	Can people be infected with the AIDS virus by eating from the same plate as someone who is sick with AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
706	Can people reduce their chances of being infected with the AIDS virus if they stop having sex altogether?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707 (1)	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	What else can a person do in order to avoid or reduce their chances of being infected by the AIDS virus?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES . K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY)  NOTHING ELSE ..... Y DON'T KNOW ..... Z	
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
711	Is it possible for a child to be infected by the AIDS virus:  During pregnancy? During delivery? By breastfeeding?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <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> </tbody> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8																	
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BREASTFEEDING ...	1	2	8																																
712	CHECK 711: AT LEAST <input type="checkbox"/> ONE 'YES'	OTHER <input type="checkbox"/>	→ 714																																
713	Are there any special medications 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?	<table> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td>8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8																											
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NO .....	2																																		
DON'T KNOW .....	8																																		
714	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	<table> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td>8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8																											
YES .....	1																																		
NO .....	2																																		
DON'T KNOW .....	8																																		
724	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	<table> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	→ 729																												
YES .....	1																																		
NO .....	2																																		
725	When was the last time you were tested?	<table> <tbody> <tr> <td>LESS THAN 12 MONTHS AGO ....</td> <td>1</td> </tr> <tr> <td>12 - 23 MONTHS AGO .....</td> <td>2</td> </tr> <tr> <td>2 OR MORE YEARS AGO .....</td> <td>3</td> </tr> </tbody> </table>	LESS THAN 12 MONTHS AGO ....	1	12 - 23 MONTHS AGO .....	2	2 OR MORE YEARS AGO .....	3																											
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12 - 23 MONTHS AGO .....	2																																		
2 OR MORE YEARS AGO .....	3																																		
726	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?	<table> <tbody> <tr> <td>ASKED FOR THE TEST .....</td> <td>1</td> </tr> <tr> <td>OFFERED AND ACCEPTED .....</td> <td>2</td> </tr> <tr> <td>REQUIRED .....</td> <td>3</td> </tr> </tbody> </table>	ASKED FOR THE TEST .....	1	OFFERED AND ACCEPTED .....	2	REQUIRED .....	3																											
ASKED FOR THE TEST .....	1																																		
OFFERED AND ACCEPTED .....	2																																		
REQUIRED .....	3																																		
727	I don't want to know the results, but did you get the results of the test?	<table> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2																													
YES .....	1																																		
NO .....	2																																		
728	Where was the test done? (3)  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)	<p><b>GOVERNMENT/PARASTATAL</b></p> <table> <tbody> <tr> <td>REFERAL/SPEC. HOSPITAL .....</td> <td>11</td> </tr> <tr> <td>REGIONAL HOSPITAL .....</td> <td>12</td> </tr> <tr> <td>DISTRICT HOSPITAL .....</td> <td>13</td> </tr> <tr> <td>HEALTH CENTRE .....</td> <td>14</td> </tr> <tr> <td>DISPENSARY .....</td> <td>15</td> </tr> <tr> <td>VILLAGE HEALTH POST (M. ....</td> <td>16</td> </tr> <tr> <td>CBD WORKER .....</td> <td>17</td> </tr> </tbody> </table> <p><b>RELIGIOUS/VOLUNTARY</b></p> <table> <tbody> <tr> <td>DISTRICT HOSPITAL .....</td> <td>22</td> </tr> <tr> <td>GOVT. HEALTH CENTRE .....</td> <td>23</td> </tr> <tr> <td>DISPENSARY .....</td> <td>24</td> </tr> </tbody> </table> <p><b>PRIVATE</b></p> <table> <tbody> <tr> <td>DISTRICT HOSPITAL .....</td> <td>31</td> </tr> <tr> <td>HEALTH CENTRE .....</td> <td>32</td> </tr> <tr> <td>DISPENSARY .....</td> <td>33</td> </tr> </tbody> </table> <p><b>OTHER</b></p> <table> <tbody> <tr> <td>NGO .....</td> <td>42</td> </tr> <tr> <td>VCT CENTER .....</td> <td>43</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> </tbody> </table> <p>(SPECIFY)</p>	REFERAL/SPEC. HOSPITAL .....	11	REGIONAL HOSPITAL .....	12	DISTRICT HOSPITAL .....	13	HEALTH CENTRE .....	14	DISPENSARY .....	15	VILLAGE HEALTH POST (M. ....	16	CBD WORKER .....	17	DISTRICT HOSPITAL .....	22	GOVT. HEALTH CENTRE .....	23	DISPENSARY .....	24	DISTRICT HOSPITAL .....	31	HEALTH CENTRE .....	32	DISPENSARY .....	33	NGO .....	42	VCT CENTER .....	43	OTHER _____	96	→ 731
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OTHER _____	96																																		
729	Do you know of a place where people can go to get tested for the virus that causes AIDS?	<table> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	→ 731																												
YES .....	1																																		
NO .....	2																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	<p>Where is that? (3)</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 SOURCES MENTIONED.</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>REFERAL/SPEC. HOSPITAL..... B</p> <p>REGIONAL HOSPITAL..... C</p> <p>DISTRICT HOSPITAL..... D</p> <p>HEALTH CENTRE..... E</p> <p>DISPENSARY..... F</p> <p>VILLAGE HEALTH POST (M..... G</p> <p>CBD WORKER..... H</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL/SPEC. HOSPITAL..... I</p> <p>DISTRICT HOSPITAL..... J</p> <p>GOVT. HEALTH CENTRE..... K</p> <p>DISPENSARY..... L</p> <p><b>PRIVATE</b></p> <p>DISTRICT HOSPITAL..... M</p> <p>HEALTH CENTRE..... N</p> <p>DISPENSARY..... O</p> <p><b>OTHER</b></p> <p>NGO..... Q</p> <p>VCT CENTER..... R</p> <p>OTHER..... X</p> <p>_____</p> <p>(SPECIFY)</p>	
731	If you learn that a fresh food vendor has the AIDS virus, but is not sick, would you buy fresh food from him/her?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	
731A	And if she/he is sick?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	
732	If a member of your family has been infected with the AIDS virus, but is not sick, would you want it to remain a secret within the family, or not a secret?	<p>YES, REMAIN A SECRET..... 1</p> <p>NO..... 2</p> <p>DK/NOT SURE/DEPENDS..... 8</p>	
733	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?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK/NOT SURE/DEPENDS..... 8</p>	
734	In your opinion, if a female teacher has been infected with the AIDS virus, but is not sick, should she continue teaching?	<p>SHOULD CONTINUE..... 1</p> <p>SHOULD NOT CONTINUE..... 2</p> <p>DK/NOT SURE/DEPENDS..... 8</p>	
734A	In your opinion, if a male teacher has been infected with the AIDS virus, should he continue teaching?	<p>SHOULD CONTINUE..... 1</p> <p>SHOULD NOT CONTINUE..... 2</p> <p>DK/NOT SURE/DEPENDS..... 8</p>	
735	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK ANYONE WITH AIDS..... 3</p> <p>DON'T KNOW..... 8</p>	→ 740
736	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
737	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
738	CHECK 735, 736, AND 737:  OTHER <input type="checkbox"/>   AT LEAST ONE 'YES' <input type="checkbox"/> 		
739	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES ..... 1 NO ..... 2	
740	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
741	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
742	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
743	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
744	Do you believe that young men should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
745	Do you believe that young women should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
746	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
747	Do you think that most men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
747	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
749	Do you think that most women you know have sex only with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
750	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
751	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>GENITAL ITCHING ..... I</p> <p>BLOOD IN URINE ..... J</p> <p>LOSS OF WEIGHT ..... K</p> <p>IMPOTENCE ..... L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p>	
752	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE ..... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>GENITAL ITCHING ..... I</p> <p>BLOOD IN URINE ..... J</p> <p>LOSS OF WEIGHT ..... K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD ..... L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
753	CHECK 416: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 801
754	CHECK 750: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		→ 756
755	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	
756	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	
757	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	
758	CHECK 755, 756, AND 757: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 801
759	The last time you had (PROBLEM FROM 755/756/757), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 801
760	Where did you go?  Any other place?  RECORD ALL SOURCES MENTIONED.	<b>GOVERNMENT/PARASTATAL</b> REFERAL/SPEC. HOSPITAL ..... B REGIONAL HOSPITAL ..... C DISTRICT HOSPITAL ..... D HEALTH CENTRE ..... E DISPENSARY ..... F VILLAGE HEALTH POST (V..... G CBD WORKER ..... H  <b>RELIGIOUS/VOLUNTARY</b> REFERAL/SPEC. HOSPITAL ..... I DISTRICT HOSPITAL ..... J GOVT. HEALTH CENTRE ..... K DISPENSARY ..... L  <b>PRIVATE</b> DISTRICT HOSPITAL ..... M HEALTH CENTRE ..... N DISPENSARY ..... O  <b>OTHER</b> PHARMACY ..... P NGO ..... Q VCT CENTER ..... R  OTHER _____ X (SPECIFY)	

- (1) If 703, 705 and/or 707 do not apply to the local context, replace the question using a specific local misconception.  
At least two questions related to misconceptions are needed.
- (2) For fieldwork in 2005 and 2006, the year should be 2003 and 2004, respectively.
- (3) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

SECTION 8. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
801	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit family, friends or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have and when to have them?</p>		HUS- BAND	WIFE	BOTH EQUAL- LY	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>		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	
803	<p>When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?</p>	YES .....	NO .....	DON'T KNOW .....			1 2 8
804	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p> <p>a) She is tired and not in the mood?</p> <p>b) She has recently given birth?</p> <p>c) She knows her husband has sex with other women? (1)</p> <p>d) She knows her husband has a sexually transmitted disease?</p>		YES	NO		DON'T KNOW, DEPENDS	
		a)	1	2		8	
		b)	1	2		8	
		c)	1	2		8	
		d)	1	2		8	
805	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go and have sex with another woman?</p>		YES	NO		DON'T KNOW, DEPENDS	
		a)	1	2		8	
		b)	1	2		8	
		c)	1	2		8	
		d)	1	2		8	
806	RECORD THE TIME.	HOUR .....					
		MINUTES .....					

<sup>1</sup> In polygynous societies, the phrase 'other women' should be replaced by the phrase 'women other than his wives.'