

UGANDA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

IDENTIFICATION																																																						
REGION _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																					
DISTRICT _____																																																						
COUNTY _____																																																						
SUB-COUNTY/TOWN _____																																																						
PARISH/RC2 NAME _____																																																						
EA NAME _____																																																						
UDHS NUMBER.....																																																						
URBAN/RURAL (Urban=1, Rural=2).....																																																						
CITY/MUNICIPALITY/TOWN/COUNTRYSIDE..... (City=1, municipality=2, town=3, countryside=4)																																																						
HOUSEHOLD NUMBER.....																																																						
NAME OF HOUSEHOLD HEAD _____																																																						
NAME AND LINE NUMBER OF MAN _____																																																						
NAME AND LINE NUMBER OF FIRST WIFE _____																																																						
NAME AND LINE NUMBER OF SECOND WIFE _____																																																						
NAME AND LINE NUMBER OF THIRD WIFE _____																																																						
NAME AND LINE NUMBER OF FOURTH WIFE _____																																																						
INTERVIEWER VISITS																																																						
	1	2	3	FINAL VISIT																																																		
DATE	_____	_____	_____	DAY MONTH YEAR																																																		
INTERVIEWER'S NAME	_____	_____	_____	NAME																																																		
RESULT*	_____	_____	_____	RESULT																																																		
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISIT																																																		
<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____</p> <p> 2 NOT AT HOME 5 PARTLY COMPLETED _____</p> <p> 3 POSTPONED 6 INCAPACITATED _____ (SPECIFY)</p>																																																						
LANGUAGE OF QUESTIONNAIRE: ENGLISH				7																																																		
LANGUAGE USED IN INTERVIEW**.....				_____																																																		
RESPONDENT'S LOCAL LANGUAGE**.....				_____																																																		
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....				_____																																																		
<p>** LANGUAGE: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH</p> <p> 2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER</p> <p> 3 LUGBARA 6 RUNYORO-RUTORO</p>																																																						
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																																																			
NAME _____	NAME _____	_____	_____																																																			
DATE _____	DATE _____	_____	_____																																																			

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	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a municipality, in a town or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96	→105
104	Just before you moved here, did you live in a city, in a municipality, in a town, or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES.....1 NO.....2	→111
108	What is the highest level of school you attended: primary, junior, secondary or university?	PRIMARY.....1 JUNIOR.....2 SECONDARY.....3 UNIVERSITY.....4	
109	What is the highest grade you completed at that level?	GRADE..... <input type="text"/>	
110	CHECK 108: PRIMARY <input type="checkbox"/> JUNIOR OR HIGHER <input type="checkbox"/>		→112
111	Would you please read this sentence? SHOW SENTENCE TO RESPONDENT AND CIRCLE CORRECT CODE.	READ EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→113A
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113A	How often do you listen to the radio?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	→114A →114A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113B	What times do you usually listen to the radio? (CIRCLE ALL TIMES MENTIONED)	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).H DOES NOT KNOW.....Z	
113C	What day of the week do you usually like to listen to the radio? (CIRCLE ALL DAYS MENTIONED)	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	
114A	How often do you watch television (TV)?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	→ 115 → 115
114B	What times do you usually watch TV? (CIRCLE ALL TIMES MENTIONED)	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).H DOES NOT KNOW.....Z	
114C	What day of the week do you usually watch TV? (CIRCLE ALL DAYS MENTIONED)	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	
115	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
116	CHECK 115: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 118
117	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 LABOR ON SOMEONE ELSE'S FARM LAND..5 PUBLIC LAND.....6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	Do you earn cash for this work?	YES.....1 NO.....2	
119	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 SEVENTH DAY ADVENTIST.....4 OTHER.....6 (SPECIFY)	
120	What is your nationality?	UGANDAN.....01 RWANDESE.....02 SUDANESE.....03 KENYAN.....04 ZAIRIAN.....05 TANZANIAN.....06 OTHER.....96 (SPECIFY)	
121	What is your tribe?	ACHOLI.....01 BANYORO.....17 ALUR.....02 BARULLI.....18 BAAMBA.....03 BARUNDI.....19 BACHOPE.....04 BASOGA.....20 BADAMA.....05 BATORO.....21 BAFUMBIRA.....06 BATWA.....22 BAGANDA.....07 ITESO.....23 BAGISU.....08 KAKWA.....24 BAGWE.....09 KARIMOJONG.....25 BAGWERE.....10 KUMAM.....26 BAHORORO.....11 LANGI.....27 BAKIGA.....12 LENOU.....28 BAKONJO.....13 LUGBARA.....29 BANYANKOLE.....14 MADI.....30 BANYARWANDA.....15 NUBIAM.....31 BANYOLE.....16 SAMIA.....32 OTHER.....33 (SPECIFY) SEBET.....33 OTHER.....96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	<p>Now I would like to ask about all the children you have had during your life.</p> <p>I mean your own children, not ones you may have adopted or care for as a father but whose real father is someone else.</p> <p>Do you have children?</p>	<p>YES.....1</p> <p>NO.....2</p>	→206				
202	<p>Do you have any sons or daughters who are now living with you?</p>	<p>YES.....1</p> <p>NO.....2</p>	→204				
203	<p>How many sons live with you?</p> <p>And how many daughters live with you?</p> <p>IF NONE RECORD '00'.</p>	<p>SONS AT HOME.....</p> <p>DAUGHTERS AT HOME.....</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
204	<p>Do you have any sons or daughters who are alive but do not live with you?</p>	<p>YES.....1</p> <p>NO.....2</p>	→206				
205	<p>How many sons are alive but do not live with you?</p> <p>And how many daughters are alive but do not live with you?</p> <p>IF NONE RECORD '00'.</p>	<p>SONS ELSEWHERE.....</p> <p>DAUGHTERS ELSEWHERE.....</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
206	<p>Have you ever had a son or daughter who was born alive but later died?</p> <p>IF NO, ASK: Any baby who cried or showed signs of life but survived only a few hours or days?</p>	<p>YES.....1</p> <p>NO.....2</p>	→208				
207	<p>How many boys have died?</p> <p>And how many girls have died?</p> <p>IF NONE RECORD '00'.</p>	<p>BOYS DEAD.....</p> <p>GIRLS DEAD.....</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.</p> <p>IF NONE RECORD '00'.</p>	<p>TOTAL.....</p>	<table border="1"> <tr><td></td><td></td></tr> </table>				
209	<p>CHECK 208:</p> <p>Just to make sure that I have this right: you have had in TOTAL ___children during your life. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NEEDED</p>						

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 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNISED, AND CODE 3 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	302 Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?
	SPONTANEOUS YES	PROBED YES NO	
01] PILL Women can take a pill every day.	1	2	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	YES.....1 NO.....2
04] IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	YES.....1 NO.....2
05] DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	YES.....1 NO.....2
06] CONDOM Men can use a rubber sheath during sexual intercourse.	1	2	YES.....1 NO.....2
07] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
08] MALE STERILIZATION Men can have operation to avoid having any more children.	1	2	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
09] RHYTHM, COUNTING DAYS Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	YES.....1 NO.....2
10] NATURAL FAMILY PLANNING A woman can take her temperature every day or check her vaginal mucus to tell which days to avoid having sexual intercourse.	1	2	YES.....1 NO.....2
11] WITHDRAWAL Men can be careful and pull out before climax.	1	2	YES.....1 NO.....2
12] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3	YES.....1 NO.....2
	(SPECIFY)		YES.....1 NO.....2
	(SPECIFY)		YES.....1 NO.....2

304 CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) → SKIP TO 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																														
305	Have you ever used anything or tried anything in any way to delay or avoid having a child?	YES.....1 NO.....2	→401																																																																																																														
306	What have you used or done? CORRECT 303-304 (AND 302 IF NECESSARY)																																																																																																																
307	Are you currently doing something or using any method to delay or avoid having a child?	YES.....1 NO.....2	→401																																																																																																														
308	Which method are you using? Anything else? RECORD FIRST, SECOND, THIRD AND FOURTH PARTNER IN SEPARATE COLUMNS	<table border="0"> <thead> <tr> <th></th> <th>1ST</th> <th>2ND</th> <th>3RD</th> <th>4TH</th> </tr> <tr> <th></th> <th>WIFE</th> <th>WIFE</th> <th>WIFE</th> <th>WIFE</th> </tr> </thead> <tbody> <tr><td>PILL.....</td><td>01</td><td>01</td><td>01</td><td>01</td></tr> <tr><td>IUD.....</td><td>02</td><td>02</td><td>02</td><td>02</td></tr> <tr><td>INJECTIONS.....</td><td>03</td><td>03</td><td>03</td><td>03</td></tr> <tr><td>IMPLANTS/NORPLANT..</td><td>04</td><td>04</td><td>04</td><td>04</td></tr> <tr><td>DIAPHRAGM/FOAM/JELL.</td><td>05</td><td>05</td><td>05</td><td>05</td></tr> <tr><td>CONDOM.....</td><td>06</td><td>06</td><td>06</td><td>06</td></tr> <tr><td>FEMALE STERILIZATI..</td><td>07</td><td>07</td><td>07</td><td>07</td></tr> <tr><td>MALE STERILIZATION..</td><td>08</td><td>08</td><td>08</td><td>08</td></tr> <tr><td>RHYTHM,COUNTING DAY.</td><td>09</td><td>09</td><td>09</td><td>09</td></tr> <tr><td>NATURAL FP,MUCUS....</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>WITHDRAWAL.....</td><td>11</td><td>11</td><td>11</td><td>11</td></tr> <tr><td>NO (OTHER) METHOD...95</td><td>95</td><td>95</td><td>95</td><td>95</td></tr> <tr><td>OTHER _____ 96</td><td></td><td></td><td></td><td></td></tr> <tr><td>(SPECIFY)</td><td></td><td></td><td></td><td></td></tr> <tr><td>OTHER _____ 96</td><td></td><td></td><td></td><td></td></tr> <tr><td>(SPECIFY)</td><td></td><td></td><td></td><td></td></tr> <tr><td>OTHER _____ 96</td><td></td><td></td><td></td><td></td></tr> <tr><td>(SPECIFY)</td><td></td><td></td><td></td><td></td></tr> <tr><td>OTHER _____ 96</td><td></td><td></td><td></td><td></td></tr> <tr><td>(SPECIFY)</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		1ST	2ND	3RD	4TH		WIFE	WIFE	WIFE	WIFE	PILL.....	01	01	01	01	IUD.....	02	02	02	02	INJECTIONS.....	03	03	03	03	IMPLANTS/NORPLANT..	04	04	04	04	DIAPHRAGM/FOAM/JELL.	05	05	05	05	CONDOM.....	06	06	06	06	FEMALE STERILIZATI..	07	07	07	07	MALE STERILIZATION..	08	08	08	08	RHYTHM,COUNTING DAY.	09	09	09	09	NATURAL FP,MUCUS....	10	10	10	10	WITHDRAWAL.....	11	11	11	11	NO (OTHER) METHOD...95	95	95	95	95	OTHER _____ 96					(SPECIFY)					OTHER _____ 96					(SPECIFY)					OTHER _____ 96					(SPECIFY)					OTHER _____ 96					(SPECIFY)					
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SECTION 4. MARRIAGE AND SEXUAL BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WIFE/PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	WIFE/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
WIFE/PARTNER.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
402	Are you currently married or living with a woman?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVING WITH A WOMAN.....</td> <td>2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td>3</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	YES, LIVING WITH A WOMAN.....	2	NO, NOT IN UNION.....	3	→405									
YES, CURRENTLY MARRIED.....	1																	
YES, LIVING WITH A WOMAN.....	2																	
NO, NOT IN UNION.....	3																	
403	Have you ever been married or lived with a woman?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→409											
YES.....	1																	
NO.....	2																	
404	What is your marital status now: are you separated, divorced or widowed?	<table border="0"> <tr> <td>SEPARATED.....</td> <td>1</td> </tr> <tr> <td>DIVORCED.....</td> <td>2</td> </tr> <tr> <td>WIDOWED.....</td> <td>3</td> </tr> </table>	SEPARATED.....	1	DIVORCED.....	2	WIDOWED.....	3	→407									
SEPARATED.....	1																	
DIVORCED.....	2																	
WIDOWED.....	3																	
405	How many wives do you have?	NUMBER..... <input type="text"/> <input type="text"/>																
407	In what month and year did you start living with your (first) wife/partner?	<table border="0"> <tr> <td>MONTH.....</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW MONTH.....</td> <td>98</td> </tr> <tr> <td>YEAR.....</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW YEAR.....</td> <td>98</td> </tr> </table>	MONTH.....	<input type="text"/> <input type="text"/>	DOES NOT KNOW MONTH.....	98	YEAR.....	<input type="text"/> <input type="text"/>	DOES NOT KNOW YEAR.....	98	→409							
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YEAR.....	<input type="text"/> <input type="text"/>																	
DOES NOT KNOW YEAR.....	98																	
408	How old were you when you started living with her?	AGE..... <input type="text"/> <input type="text"/>																
409	Do you have a regular partner (apart from your wife/wives)? I mean someone with whom you have been having sex for about a year or more?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→411											
YES.....	1																	
NO.....	2																	
410	How many regular partners do you have (aside from your wife/wives)?	NUMBER..... <input type="text"/> <input type="text"/>																
411	CHECK 402 AND 409 MARRIED OR LIVING WITH A WOMAN OR HAS A REGULAR PARTNER <input type="checkbox"/> NOT MARRIED AND NO REGULAR PARTNER <input type="checkbox"/>		→414															
412	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with your (wife/regular partner)? IF RESPONDENT HAS BOTH WIFE AND REGULAR PARTNER, ASK WHEN HE LAST HAD SEX WITH EITHER.	<table border="0"> <tr> <td>NEVER.....</td> <td>.000</td> </tr> <tr> <td>DAYS AGO.....</td> <td>1 <input type="text"/> <input type="text"/></td> </tr> <tr> <td>WEEKS AGO.....</td> <td>2 <input type="text"/> <input type="text"/></td> </tr> <tr> <td>MONTHS AGO.....</td> <td>3 <input type="text"/> <input type="text"/></td> </tr> <tr> <td>YEARS AGO.....</td> <td>4 <input type="text"/> <input type="text"/></td> </tr> </table>	NEVER.....	.000	DAYS AGO.....	1 <input type="text"/> <input type="text"/>	WEEKS AGO.....	2 <input type="text"/> <input type="text"/>	MONTHS AGO.....	3 <input type="text"/> <input type="text"/>	YEARS AGO.....	4 <input type="text"/> <input type="text"/>	→414					
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DAYS AGO.....	1 <input type="text"/> <input type="text"/>																	
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MONTHS AGO.....	3 <input type="text"/> <input type="text"/>																	
YEARS AGO.....	4 <input type="text"/> <input type="text"/>																	
413	For that sexual intercourse, was a condom used?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2												
YES.....	1																	
NO.....	2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	Have you had sexual intercourse with anyone (else) in the last 6 months? (I mean, with someone other than your wife or regular partner that you mentioned earlier)	YES.....1 NO.....2	→417
415	With how many different people have you had sexual intercourse in the last 6 months (apart from your wife or regular partners)?	NUMBER..... <input type="text"/> <input type="text"/>	
416	Was a condom used with any of these women?	YES, EACH PERSON.....1 YES, SOME PERSON.....2 NO, WITH NO ONE.....3	
417	When was the last time you had sexual intercourse (apart from your wife/regular partner)?	NEVER.....000 →424 DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/>	
418	For that last sexual intercourse, did you give money, gifts or favours in return for sex?	CASH.....1 GIFT.....2 BOTH CASH AND GIFT.....3 NONE.....4	
419	Was this person someone you had met before or someone you met for the first time?	MET BEFORE.....1 MET FOR FIRST TIME.....2	
420	Was a condom used for that last sexual intercourse?	YES.....1 →421A NO.....2	
421	What was the main reason that you did not use a condom that time?	NO KNOWLEDGE ABOUT CONDOM.....01 CONDOMS NOT AVAILABLE.....02 CONDOM TOO COSTLY.....03 WANTED MORE CHILDREN.....04 TRUST EACH OTHER.....05 PARTNER DOES NOT APPROVE.....06 CONDOM USE IS CUMBERSOME.....07 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	
421A	CHECK 412 AND 417 HAD SEX IN LAST 4 WEEKS <input type="checkbox"/> NO SEX IN LAST 4 WEEKS <input type="checkbox"/>		→424
422	In the last four weeks, how many times have you had sexual intercourse?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
423	Was a condom used on any of these occasion? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	
424	Who did you have sex with the last time you had sexual intercourse? Was it with (your wife / the woman are living with) or was it with someone else?	SPOUSE.....1 REGULAR PARTNER.....2 SOMEONE ELSE.....3 NO ONE / NEVER HAD SEX.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
425	CHECK 303:	DID NOT USE CONDOM AS CONTRACEPTIVE METHOD <input type="checkbox"/>	USED CONDOM AS CONTRACEPTIVE METHOD <input type="checkbox"/>	428
426	Do you know where you can get condoms?	YES.....1 NO.....2	429	
427	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 DISPENSARY/HEALTH UNIT.....13 MOBILE CLINIC.....14 FIELD WORKER.....15</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/DRUG STORE.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25</p> <p>OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96 (SPECIFY)</p>		
428	Have you heard of a condom called 'Protector'?	YES.....1 NO.....2		
429	In general, do you think that most women like men to use condoms, they don't like men to use condoms, or it does not matter?	<p>LIKE MEN TO USE CONDOM.....1 DON'T LIKE MEN TO USE CONDOM.....2 DOES NOT MATTER.....3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DOES NOT KNOW.....8</p>		
430	Now think back to the past. How old were you when you had sexual intercourse for the first time?	<p>AGE..... <input type="text"/> <input type="text"/></p> <p>NEVER HAD SEX.....95 FIRST TIME WHEN MARRIED.....96</p>		

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
501	CHECK 402 AND 409: CURRENTLY IN UNION OR HAVING A REGULAR PARTNER <input type="checkbox"/>	NOT CURRENTLY IN UNION NOR HAVING A REGULAR PARTNER <input type="checkbox"/>	504A																									
502	Spouses/partners do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	<table border="1"> <thead> <tr> <th></th> <th>WIFE 1</th> <th>WIFE 2</th> <th>WIFE 3</th> <th>WIFE 4</th> </tr> </thead> <tbody> <tr> <td>APPROVES.....1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>DISAPPROVES.....2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>DOES NOT KNOW...8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		WIFE 1	WIFE 2	WIFE 3	WIFE 4	APPROVES.....1	1	1	1	1	DISAPPROVES.....2	2	2	2	2	DOES NOT KNOW...8	8	8	8	8						
	WIFE 1	WIFE 2	WIFE 3	WIFE 4																								
APPROVES.....1	1	1	1	1																								
DISAPPROVES.....2	2	2	2	2																								
DOES NOT KNOW...8	8	8	8	8																								
503	Do you think your wives/partners wants the same number of children that you want, or does she want more or fewer than you want?	<table border="1"> <thead> <tr> <th></th> <th>WIFE 1</th> <th>WIFE 2</th> <th>WIFE 3</th> <th>WIFE 4</th> </tr> </thead> <tbody> <tr> <td>SAME NUMBER.....1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>MORE CHILDREN...2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>FEWER CHILDREN..3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>DOES NOT KNOW...8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		WIFE 1	WIFE 2	WIFE 3	WIFE 4	SAME NUMBER.....1	1	1	1	1	MORE CHILDREN...2	2	2	2	2	FEWER CHILDREN..3	3	3	3	3	DOES NOT KNOW...8	8	8	8	8	
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DOES NOT KNOW...8	8	8	8	8																								
504A	CHECK 308 NEITHER STERILISED <input type="checkbox"/>	HE OR SHE STERILISED <input type="checkbox"/>	511																									
504B	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?	<table border="1"> <tbody> <tr> <td>HAVE (A/ANOTHER) CHILD.....1</td> <td rowspan="5">} → 506</td> </tr> <tr> <td>NO MORE/NONE.....2</td> </tr> <tr> <td>HIS WIFE CAN'T GET PREGNANT.....3</td> </tr> <tr> <td>HE CAN'T HAVE CHILDREN ANYMORE.....4</td> </tr> <tr> <td>UNDECIDED OR DOES NOT KNOW.....8</td> </tr> </tbody> </table>	HAVE (A/ANOTHER) CHILD.....1	} → 506	NO MORE/NONE.....2	HIS WIFE CAN'T GET PREGNANT.....3	HE CAN'T HAVE CHILDREN ANYMORE.....4	UNDECIDED OR DOES NOT KNOW.....8																				
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505	How long would you like to wait before the birth of (a/another) child?	<table border="1"> <tbody> <tr> <td>MONTHS.....1</td> <td><input type="text"/></td> </tr> <tr> <td>YEARS.....2</td> <td><input type="text"/></td> </tr> <tr> <td>SOON/NOW.....993</td> <td></td> </tr> <tr> <td>SHE OR HE CAN'T HAVE CHILDREN...994</td> <td></td> </tr> <tr> <td>AFTER MARRIAGE.....995</td> <td></td> </tr> <tr> <td>OTHER _____ 996</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>DOES NOT KNOW.....998</td> <td></td> </tr> </tbody> </table>	MONTHS.....1	<input type="text"/>	YEARS.....2	<input type="text"/>	SOON/NOW.....993		SHE OR HE CAN'T HAVE CHILDREN...994		AFTER MARRIAGE.....995		OTHER _____ 996		(SPECIFY)		DOES NOT KNOW.....998											
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(SPECIFY)																												
DOES NOT KNOW.....998																												
506	CHECK 307: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		511																									
507	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	<table border="1"> <tbody> <tr> <td>YES.....1</td> <td rowspan="3">} → 509</td> </tr> <tr> <td>NO.....2</td> </tr> <tr> <td>DOES NOT KNOW.....8</td> </tr> </tbody> </table>	YES.....1	} → 509	NO.....2	DOES NOT KNOW.....8																						
YES.....1	} → 509																											
NO.....2																												
DOES NOT KNOW.....8																												
508	Do you intend to use a method at any time in the future?	<table border="1"> <tbody> <tr> <td>YES.....1</td> <td rowspan="3">} → 510</td> </tr> <tr> <td>NO.....2</td> </tr> <tr> <td>DOES NOT KNOW.....8</td> </tr> </tbody> </table>	YES.....1	} → 510	NO.....2	DOES NOT KNOW.....8																						
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGH/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98	511
510	What is the main reason that you think you will never use a method?	NOT MARRIED.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTER.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 WIFE/PARTNER OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COSTS TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
511	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	513
512	How many of these children would you like to be boys and how many would you like to be girls?	BOYS GIRLS EITHER NUMBER.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 969696 (SPECIFY)	
513	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
514	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	ACCEPT-ABLE RADIO.....1 TELEVISION.....1	NOT ACCEPT-ABLE 2 2	DOES NOT KNOW 8 8
515	In the last six months have you heard or learned about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?		YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2	
516	CHECK 515: YES, HEARD FAMILY PLANNING PROGRAM ON THE RADIO <input type="checkbox"/> NO, DID NOT HEAR <input type="checkbox"/>			518
517	Which program or message have you heard? Any others? ON THE RADIO AND TELEVISION.	KONOWEEKA.....A ADVERTISEMENT FOR CONDOM/PILL.....B OTHER _____ X (SPECIFY)		
518	Do you think that the using of family planning will make a woman more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8		
519	Do you think that the using of family planning will make a man more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8		
520	What do you understand by the term "family planning"? RECORD ALL MENTIONED	ADVICE ON PRODUCING CHILDREN.....A NOT TO HAVE MANY CHILDREN.....B SPACING CHILDREN TO HAVE A MANAGEABLE FAMILY.....C PLANING A BRIGHT FUTURE.....D PRODUCE FEW CHILDREN, EDUCATE AND FEED THEM.....E OTHER _____ X (SPECIFY) DOES NOT KNOW.....2		
521	In a relationship, who do you think should have the major role using family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8		
522	Who should be responsible in getting information about family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8		
523	Have you seen/heard about the Yellow Family Planning Flower?	YES.....1 NO.....2 DOES NOT KNOW.....8		601
524	Can you describe it?	YELLOW FLOWER IN A CIRCLE.....1 SMALL FAMILY INSIDE THE FLOWER.....2 A MAN, WOMAN, AND TWO CHILDREN.....3 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8		
525	What does it mean?	FP SERVICES ARE AVAILABLE.....1 HIGH QUALITY SERVICES ARE AVAILABL.....2 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8		

SECTION 6. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you heard about disease that can be transmitted through sex?	YES.....1 NO.....2	→606
602	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
603	CHECK 424: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		→606
604	During the last 12 months, did you have any of these diseases?	YES.....1 NO.....2 DON'T KNOW.....8	→606
605	Which? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
606	During the last 12 months, did you have a discharge from your penis?	YES.....1 NO.....2 DON'T KNOW.....8	
607	During the last 12 months, did you have a sore or ulcer on your penis?	YES.....1 NO.....2 DON'T KNOW.....8	
608	CHECK 605, 606 AND 607: HAD ONE OR MORE DISEASES <input type="checkbox"/> NONE OF THE DISEASES <input type="checkbox"/>		→614
609	When you had the most recent episode of (DISEASE FROM 605, 606, AND 607) did you seek advice or treatment?	ADVICE/TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....8	→610A
610	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O TRADITIONAL HEALER.....P OTHER _____ X (SPECIFY) DON'T KNOW.....Z	→610B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610A	Why did not you seek advice or treatment?	EMBARRASSED.....1 TOO EXPENSIVE/COSTLY.....2 TREATMENT IS NOT AVAILABLE.....3 DOES NOT KNOW WHERE TO GO.....4 OTHER _____ 6 (SPECIFY)	
610B	CHECK 424: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		614
611	When you had the most recent episode of (DISEASE FROM 605, 606, AND 607) did you inform your partner?	YES.....1 NO.....2	
612	When you had the most recent episode of (DISEASE FROM 605, 606, AND 607) did you do something not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	614
613	What did you do?	NO SEXUAL INTERCOURSE.....A USED CONDOM.....B TOOK MEDICINES.....C OTHER _____ X (SPECIFY)	
614	CHECK 602: DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/>		616
615	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	701
616	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER _____ X (SPECIFY)	
617	How can a person get AIDS? Any other ways? RECORD ALL RESPONSES	SEXUAL INTERCOURSE.....A PAY FOR SEX (PROSTITUTES).....B HOMOSEXUAL CONTACT.....C SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....D BLOOD TRANSFUSION.....E UNSTERILISED EQUIPMENT.....F MOTHER TO CHILD (AT BIRTH).....G BREASTFEEDING.....H KISSING.....I MOSQUITO BITES.....J OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
618	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	620

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	<p>What can a person do to avoid getting AIDS or the virus that causes AIDS?</p> <p>Any other ways?</p> <p>RECORD ALL MENTIONED</p>	<p>DO NOT HAVE SEX AT ALL.....A</p> <p>USE CONDOMS DURING SEX.....B</p> <p>DON'T HAVE SEX WITH PROSTITUTES...C</p> <p>DON'T HAVE SEX WITH</p> <p>HOMOSEXUALS.....D</p> <p>DO NOT HAVE MANY SEX PARTNERS.....E</p> <p>HAVE ONE FAITHFUL PARTNER</p> <p>(ZERO GRAZING).....F</p> <p>AVOID BLOOD TRANSFUSIONS.....G</p> <p>AVOID UNSTERILISED EQUIPMENT.....H</p> <p>AVOID KISSING.....I</p> <p>AVOID MOSQUITO BITES.....J</p> <p>SEEK PROTECTION FROM</p> <p>TRADITIONAL HEALER.....K</p> <p>DO NOT DRINK TOO MUCH ALCOHOL.....L</p> <p>OTHER _____ W</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>	
620	<p>Is it possible for a healthy-looking person to have the AIDS virus?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
621	<p>Is AIDS a fatal disease, that is, do all people with AIDS die from the disease?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
622	<p>Can AIDS be transmitted from mother to child?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
623	<p>Can AIDS be transmitted through breastfeeding?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
624	<p>Do you personally know someone who has AIDS or has died of AIDS?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	→625
624A	<p>What relationship to you?</p>	<p>SPOUSE.....A</p> <p>SIBLINGS.....B</p> <p>FRIENDS/RELATIVES.....C</p> <p>NEIGHBOURS.....D</p> <p>OTHERS _____ X</p> <p>(SPECIFY)</p>	
625	<p>Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?</p>	<p>SMALL.....1</p> <p>MODERATE.....2</p> <p>GREAT.....3</p> <p>NO RISK AT ALL.....4</p>	→627
626	<p>Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>ABSTAIN FROM SEX.....A</p> <p>USE CONDOMS DURING SEX.....B</p> <p>HAVE ONLY ONE SEX PARTNER.....C</p> <p>LIMITED NUMBER OF PARTNERS.....D</p> <p>NO HOMOSEXUAL CONTACT.....E</p> <p>NO BLOOD TRANSFUSIONS.....F</p> <p>NO INJECTIONS.....G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>	→628
627	<p>Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>DO NOT USE CONDOMS.....A</p> <p>MULTIPLE SEX PARTNERS.....B</p> <p>SPOUSE HAS MULTIPLE PARTNERS.....C</p> <p>HOMOSEXUAL CONTACT.....D</p> <p>HAD BLOOD TRANSFUSION.....E</p> <p>HAD INJECTIONS.....F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
628	Since you heard of AIDS, have you changed your sexual behaviour to prevent getting AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→630
629	What did you do? Anything else? RECORD ALL MENTIONED	RESTRICTED SEX TO ONE PARTNER.....A STARTED USING CONDOMS.....B REDUCED NUMBER OF PARTNERS.....C STOPPED ALL SEX.....D NO MORE HOMOSEXUAL CONTACT.....E STOPPED SEX WITH PROSTITUTE.....F OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
630	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?	YES.....1 NO.....2	→632
630A	CHECK 424: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		→632
631	Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
632	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→636
633	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
634	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→636
635	Where could you go?	GOVERNMENT AND PARASTATAL PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
636	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL PEOPLE.....3 NOT BE INVOLVED.....4 OTHER.....6 (SPECIFY)	
637	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?	YES.....1 NO.....2 DEPENDS.....3 OTHER.....6 (SPECIFY) NOT SURE/DOES NOT KNOW.....8	

SECTION 7. MATERNAL MORTALITY

701	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere, and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/>
-----	--	---

702	CHECK 701: TWO OR MORE BIRTHS <input type="checkbox"/>	ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → SKIP TO 716
-----	--	--

703	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS..... <input type="text"/>
-----	---	---

	[1]	[2]	[3]	[4]	[5]	[6]
704 What was the name given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
705 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
706 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708< } DK.....8 GO TO [2]< }	YES.....1 NO.....2 GO TO 708< } DK.....8 GO TO [3]< }	YES.....1 NO.....2 GO TO 708< } DK.....8 GO TO [4]< }	YES.....1 NO.....2 GO TO 708< } DK.....8 GO TO [5]< }	YES.....1 NO.....2 GO TO 708< } DK.....8 GO TO [6]< }	YES.....1 NO.....2 GO TO 708< } DK.....8 GO TO [7]< }
707 How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]
708 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98
709 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
710 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
711 Was (NAME) pregnant when she died?	YES.....1 GO TO 714< } NO.....2	YES.....1 GO TO 714< } NO.....2	YES.....1 GO TO 714< } NO.....2	YES.....1 GO TO 714< } NO.....2	YES.....1 GO TO 714< } NO.....2	YES.....1 GO TO 714< } NO.....2
712 Did (NAME) die during childbirth?	YES.....1 GO TO 715< } NO.....2	YES.....1 GO TO 715< } NO.....2	YES.....1 GO TO 715< } NO.....2	YES.....1 GO TO 715< } NO.....2	YES.....1 GO TO 715< } NO.....2	YES.....1 GO TO 715< } NO.....2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715< }	YES.....1 NO.....2 GO TO 715< }	YES.....1 NO.....2 GO TO 715< }	YES.....1 NO.....2 GO TO 715< }	YES.....1 NO.....2 GO TO 715< }	YES.....1 NO.....2 GO TO 715< }
714 Was her death due to complications of pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
715 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

704 What was the name given to your oldest (next oldest) brother or sister?	[7]	[8]	[9]	[10]	[11]	[12]
	-----	-----	-----	-----	-----	-----
705 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
706 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708<] DK.....8 GO TO [8]<]	YES.....1 NO.....2 GO TO 708<] DK.....8 GO TO [9]<]	YES.....1 NO.....2 GO TO 708<] DK.....8 GO TO [10]<]	YES.....1 NO.....2 GO TO 708<] DK.....8 GO TO [11]<]	YES.....1 NO.....2 GO TO 708<] DK.....8 GO TO [12]<]	YES.....1 NO.....2 GO TO 708<] DK.....8 GO TO [13]<]
707 How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]
708 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98
709 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
710 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
711 Was (NAME) pregnant when she died?	YES.....1 GO TO 714<] NO.....2	YES.....1 GO TO 714<] NO.....2	YES.....1 GO TO 714<] NO.....2	YES.....1 GO TO 714<] NO.....2	YES.....1 GO TO 714<] NO.....2	YES.....1 GO TO 714<] NO.....2
712 Did (NAME) die during childbirth?	YES.....1 GO TO 715<] NO.....2	YES.....1 GO TO 715<] NO.....2	YES.....1 GO TO 715<] NO.....2	YES.....1 GO TO 715<] NO.....2	YES.....1 GO TO 715<] NO.....2	YES.....1 GO TO 715<] NO.....2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715<]	YES.....1 NO.....2 GO TO 715<]	YES.....1 NO.....2 GO TO 715<]	YES.....1 NO.....2 GO TO 715<]	YES.....1 NO.....2 GO TO 715<]	YES.....1 NO.....2 GO TO 715<]
714 Was her death due to complications of pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
715 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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:

Comments on
Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____