

**1996 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY  
MEN'S QUESTIONNAIRE  
FOR MEN AGED 15-59**

| IDENTIFICATION   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| CLUSTER NUMBER.....  | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PROVINCE _____   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DISTRICT _____   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HOUSEHOLD NUMBER.....  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF HOUSEHOLD HEAD _____   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| URBAN/RURAL (urban=1, rural=2).....  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LUSAKA/OTHER CITY/TOWN/VILLAGE.....<br>(Lusaka=1, Other city=2, Town=3, Village=4) |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 _____   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

**\*RESULT CODES:**

- |               |                    |               |
|---------------|--------------------|---------------|
| 1 COMPLETED   | 4 REFUSED          | 7 OTHER _____ |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | (SPECIFY)     |
| 3 POSTPONED   | 6 INCAPACITATED    |               |

|  |   |   |   |  |  |  |  |  |  |
|--|---|---|---|--|--|--|--|--|--|
| LANGUAGE OF QUESTIONNAIRE**      ENGLISH                     | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td>0</td><td>1</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | 0 | 1 |  |  |  |  |  |  |
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| LANGUAGE USED IN INTERVIEW**.....                            |   |   |   |  |  |  |  |  |  |
| RESPONDENT'S LOCAL LANGUAGE**.....                           |   |   |   |  |  |  |  |  |  |
| TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME).. |   |   |   |  |  |  |  |  |  |

- \*\*LANGUAGE CODES:**    01 ENGLISH                      03 KAOONDE                      05 LUNDA                      07 NYANJA                      09 OTHER  
    02 BEMBA                      04 LOZI                      06 LUVALE                      08 TONGA

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

**SECTION 1. RESPONDENT'S BACKGROUND**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | GO TO |
|-----|--|--|-------|
| 101 | RECORD THE TIME.   | HOUR..... <input type="text"/> <input type="text"/><br>MINUTES..... <input type="text"/> <input type="text"/>  |       |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?                               | LUSAKA.....1<br>OTHER CITY.....2<br>TOWN.....3<br>VILLAGE.....4  |       |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  | YEARS..... <input type="text"/> <input type="text"/><br>ALWAYS.....95<br>VISITOR.....96  | →105  |
| 104 | Just before you moved here, did you live in a city, in a town, or in a village?  | LUSAKA.....1<br>OTHER CITY.....2<br>TOWN.....3<br>VILLAGE.....4  |       |
| 105 | In what month and year were you born?  | MONTH..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH.....98<br>YEAR..... <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR.....98 |       |
| 106 | How old were you at your last birthday?<br>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<br>NO.....2  | →111  |
| 108 | What is the highest level of school you attended: primary, secondary, or higher?   | PRIMARY.....1<br>SECONDARY.....2<br>HIGHER.....3   |       |
| 109 | How many years did you complete at that level?<br>COMMENT _____  | YEARS..... <input type="text"/> <input type="text"/>   |       |
| 110 | CHECK 108:    PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>  |  | →112  |
| 111 | Can you read and understand a letter or newspaper easily, with difficulty, or not at all?  | EASILY.....1<br>WITH DIFFICULTY.....2<br>NOT AT ALL.....3  | →113  |
| 112 | How often do you usually read a newspaper or magazine? Would you say every day, every other day, at least once a week, at least once a month, a few times a year, or never?<br><br>CIRCLE ONLY ONE ANSWER. | EVERYDAY.....1<br>EVERY OTHER DAY.....2<br>AT LEAST ONCE A WEEK.....3<br>AT LEAST ONCE A MONTH.....4<br>FEW TIMES A YEAR.....5<br>NEVER.....6                    |       |
| 113 | How often do you usually listen to a radio? Would you say every day, every other day, at least once a week, at least once a month, a few times a year, or never?<br><br>CIRCLE ONLY ONE ANSWER.            | EVERYDAY.....1<br>EVERY OTHER DAY.....2<br>AT LEAST ONCE A WEEK.....3<br>AT LEAST ONCE A MONTH.....4<br>FEW TIMES A YEAR.....5<br>NEVER.....6                    |       |
| 114 | How often do you usually watch television? Would you say every day, every other day, at least once a week, at least once a month, a few times a year, or never?<br><br>CIRCLE ONLY ONE ANSWER.             | EVERYDAY.....1<br>EVERY OTHER DAY.....2<br>AT LEAST ONCE A WEEK.....3<br>AT LEAST ONCE A MONTH.....4<br>FEW TIMES A YEAR.....5<br>NEVER.....6                    |       |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | GO TO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 115 | Are you currently working?  | YES.....1<br>NO.....2  | →117  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 116 | Have you done any work in the last 12 months?   | YES.....1<br>NO.....2  | →124  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 117 | 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>   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 118 | <b>CHECK 117:</b><br>WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>                              |  | →120  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 119 | 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<br>FAMILY LAND.....2<br>RENTED LAND.....3<br>SOMEONE ELSE'S LAND.....4  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 120 | Do you do this work for a member of your family, for someone else, or are you self-employed?  | FOR FAMILY MEMBER.....1<br>FOR SOMEONE ELSE.....2<br>SELF-EMPLOYED.....3   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 121 | Do you usually work at this job throughout the year, or do you work seasonally, or only once in a while?  | THROUGHOUT THE YEAR.....1<br>SEASONALLY/PART OF THE YEAR....2<br>ONCE IN A WHILE.....3   | →123  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 122 | During the last 12 months, how many months did you work at this job?  | NUMBER OF MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px;"></div>  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 123 | How much do you earn for this work?<br>KWACHA _____<br>PROBE: Is this by the hour, by the day, by the week, by the month or by the year?<br>PER _____ | KWACHA<br>PER HOUR..1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br>PER DAY...2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br>PER WEEK..3. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br>PER MONTH.4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br>PER YEAR..5 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br>OTHER _____ 99999996<br>(SPECIFY) |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 124 | What religion are you?  | CATHOLIC.....1<br>PROTESTANT.....2<br>MUSLIM.....3<br>OTHER _____ 4<br>(SPECIFY)   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 125 | What tribe do you belong to?  | _____ <div style="border: 1px solid black; width: 40px; height: 20px;"></div>  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SECTION 2. REPRODUCTION

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES                               | GO TO |
|------|---|---|-------|
| 201  | Now I would like to ask about your children. I am interested only in your own children. Do not include children you may have adopted or care for as a father but whose real father is someone else. Have you ever had children?   | YES.....1<br>NO.....2                           | →206  |
| 202  | Do you have any sons or daughters who are now living with you?  | YES.....1<br>NO.....2                           | →204  |
| 203  | How many sons live with you?<br>And how many daughters live with you?<br>IF NONE, RECORD '00'.  | SONS AT HOME.....<br>DAUGHTERS AT HOME.....     |       |
| 204  | Do you have any sons or daughters who are alive but do not live with you?   | YES.....1<br>NO.....2                           | →206  |
| 205  | How many sons are alive but do not live with you?<br>And how many daughters are alive but do not live with you?<br>IF NONE, RECORD '00'.  | SONS ELSEWHERE.....<br>DAUGHTERS ELSEWHERE..... |       |
| 206  | Have you ever had a son or a daughter who was born alive but later died?<br>IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?   | YES.....1<br>NO.....2                           | →208  |
| 207  | How many boys have died?<br>And how many girls have died?<br>IF NONE, RECORD '00'.  | BOYS DEAD.....<br>GIRLS DEAD.....               |       |
| 208  | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.<br>IF NONE, RECORD '00'.   | TOTAL.....                                      |       |
| 209  | CHECK 208:<br>Just to make sure that I have this right: you have had in total ___ children during your life. Is that correct?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY. |   |       |
| 210  | CHECK 208: HAS HAD CHILDREN <input type="checkbox"/> HAS NEVER HAD CHILDREN (NONE) <input type="checkbox"/>   |   | →301  |
| 210A | In what month and year was your last child born?  | MONTH.....<br>YEAR.....                         |       |
| 210B | CHECK 210A, LAST CHILD: BORN SINCE JANUARY 1991 <input type="checkbox"/>  | BEFORE JANUARY 1991 <input type="checkbox"/>    | →301  |
| 211  | When you were expecting your last born child, did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all?  | THEN.....1<br>LATER.....2<br>NOT AT ALL.....3   |       |

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 RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.  
 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 <input type="checkbox"/> PILL Women can take a pill every day.  | 1                                    | 2 3           | YES.....1<br>NO, DOES NOT KNOW.....2   |
| 02 <input type="checkbox"/> IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.  | 1                                    | 2 3           | YES.....1<br>NO, DOES NOT KNOW.....2   |
| 03 <input type="checkbox"/> INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.                        | 1                                    | 2 3           | YES.....1<br>NO, DOES NOT KNOW.....2   |
| 04 <input type="checkbox"/> 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 3           | YES.....1<br>NO, DOES NOT KNOW.....2   |
| 05 <input type="checkbox"/> FOAMING TABLETS/JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.                  | 1                                    | 2 3           | YES.....1<br>NO, DOES NOT KNOW.....2   |
| 06 <input type="checkbox"/> CONDOM Men can put a rubber sheath on their penis during sexual intercourse.   | 1                                    | 2 3           | YES.....1<br>NO.....2  |
| 07 <input type="checkbox"/> FEMALE STERILIZATION Women can have an operation to avoid having any more children.  | 1                                    | 2 3           | Have you ever had a partner who had an operation to avoid having children?<br>YES.....1<br>NO, DOES NOT KNOW.....2 |
| 08 <input type="checkbox"/> MALE STERILIZATION Men can have an operation to avoid having any more children.  | 1                                    | 2 3           | Have you ever had an operation to avoid having any more children?<br>YES.....1<br>NO.....2                         |
| 09 <input type="checkbox"/> NATURAL FAMILY PLANNING Couples can avoid having sexual intercourse on the days of the month when the woman is more likely to become pregnant. | 1                                    | 2 3           | YES.....1<br>NO, DOES NOT KNOW.....2   |
| 10 <input type="checkbox"/> WITHDRAWAL Men can be careful and pull out before climax.  | 1                                    | 2 3           | YES.....1<br>NO.....2  |
| 11 <input type="checkbox"/> Have you heard of any other ways or methods that women or men can use to avoid pregnancy?<br><br>_____<br>(SPECIFY)<br><br>_____<br>(SPECIFY)  | 1                                    | 3             | YES.....1<br>NO.....2<br><br>YES.....1<br>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   | GO TO |
|-----|--|---|-------|
| 305 | Have you or any of your partners ever used anything or tried in any way to delay or avoid pregnancy? | YES.....1<br>NO.....2   | →309  |
| 306 | What have you used or done?<br>CORRECT 303 AND 304 (AND 302 IF NECESSARY).                           |   |       |
| 307 | Are you or your partner currently doing something or using a method to delay or avoid a pregnancy?   | YES.....1<br>NO.....2   | →309  |
| 308 | Which method are you using?  | PILL.....01<br>IUD.....02<br>INJECTIONS.....03<br>IMPLANTS.....04<br>FOAMING TABLETS/JELLY.....05<br>CONDOM.....06<br>FEMALE STERILIZATION.....07<br>MALE STERILIZATION.....08<br>NATURAL FAMILY PLANNING.....09<br>WITHDRAWAL.....10<br>OTHER METHOD _____ 96<br>(SPECIFY)   | →401  |
| 309 | What is the main reason you are not using a method of contraception to avoid pregnancy?              | NOT MARRIED.....11<br><br>FERTILITY-RELATED REASONS<br>NOT HAVING SEX.....21<br>INFREQUENT SEX.....22<br>WIFE MENOPAUSAL/HYSTERECTOMY.23<br>WIFE SUBFECUND/INFECUND.....24<br>POSTPARTUM/BREASTFEEDING.....25<br>WANTS (MORE) CHILDREN.....26<br>WIFE PREGNANT.....27<br><br>OPPOSITION TO USE<br>RESPONDENT OPPOSED.....31<br>WIFE/PARTNER OPPOSED.....32<br>OTHERS OPPOSED.....33<br>RELIGIOUS PROHIBITION.....34<br><br>LACK OF KNOWLEDGE<br>KNOWS NO METHOD.....41<br>KNOWS NO SOURCE.....42<br><br>METHOD-RELATED REASONS<br>HEALTH CONCERNS.....51<br>FEAR OF SIDE EFFECTS.....52<br>LACK OF ACCESS/TOO FAR.....53<br>COST TOO MUCH.....54<br>INCONVENIENT TO USE.....55<br>INTERFERES WITH BODY'S<br>NORMAL PROCESSES.....56<br><br>UP TO THE WOMAN TO USE.....61<br><br>OTHER _____ 96<br>(SPECIFY)<br>DOES NOT KNOW.....98 |       |

**SECTION 4. MARRIAGE**

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | GO TO  |  |                      |                      |                      |                      |                      |                      |      |
|--|---|---|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------|
| 401  | Are you currently married or living with a woman?   | YES, CURRENTLY MARRIED.....1<br>YES, LIVING WITH A WOMAN.....2<br>NO, NOT IN UNION.....3  | →402A<br>→404  |  |                      |                      |                      |                      |                      |                      |      |
| 402<br>402A  | How many wives do you have?<br>How many women are you living with as if you are married?  | NUMBER OF WIVES..... <input type="text"/> <input type="text"/>  |  |  |                      |                      |                      |                      |                      |                      |      |
| 403  | WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE/WIVES.<br>IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00'.<br>THE NUMBER OF BOXES FILLED MUST EQUAL THE NUMBER OF WIVES.  | <table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | <input type="text"/>   | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | →407 |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   |  |                      |                      |                      |                      |                      |                      |      |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   |  |                      |                      |                      |                      |                      |                      |      |
| 404  | Do you currently have a regular sexual partner, an occasional sexual partner or no sexual partner at all?   | REGULAR SEXUAL PARTNER.....1<br>OCCASIONAL SEXUAL PARTNER.....2<br>NO SEXUAL PARTNER.....3  |  |  |                      |                      |                      |                      |                      |                      |      |
| 405  | Have you ever been married or lived with a woman?   | YES, FORMERLY MARRIED.....1<br>YES, LIVED WITH A WOMAN.....2<br>NO.....3  | →407<br>→410F  |  |                      |                      |                      |                      |                      |                      |      |
| 406  | What is your marital status now: are you widowed, divorced, or separated?   | WIDOWED.....1<br>DIVORCED.....2<br>SEPARATED.....3  |  |  |                      |                      |                      |                      |                      |                      |      |
| 407  | Have you been married or lived with a woman only once, or more than once?   | ONCE.....1<br>MORE THAN ONCE.....2  |  |  |                      |                      |                      |                      |                      |                      |      |
| 408  | CHECK 407:<br><table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">                             MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/><br/>                             In what month and year did you start living with your wife/woman?                         </td> <td style="width: 50%; vertical-align: top;">                             MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/><br/>                             Now we will talk about your first wife/woman you lived with. In what month and year did you start living with her?                         </td> </tr> </table> | MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/><br>In what month and year did you start living with your wife/woman?  | MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/><br>Now we will talk about your first wife/woman you lived with. In what month and year did you start living with her? | MONTH..... <input type="text"/> <input type="text"/><br>DOES NOT KNOW MONTH.....98<br>YEAR..... <input type="text"/> <input type="text"/><br>DOES NOT KNOW YEAR.....98 | →409A                |                      |                      |                      |                      |                      |      |
| MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/><br>In what month and year did you start living with your wife/woman? | MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/><br>Now we will talk about your first wife/woman you lived with. In what month and year did you start living with her?  |   |  |  |                      |                      |                      |                      |                      |                      |      |
| 409  | How old were you when you started living with her?  | AGE..... <input type="text"/> <input type="text"/>  |  |  |                      |                      |                      |                      |                      |                      |      |

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| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | GO TO |
|------|--|---|-------|
| 409A | CHECK 401:<br>CURRENTLY MARRIED <input type="checkbox"/><br>OR<br>LIVING WITH A WOMAN <input type="checkbox"/>   | NOT IN UNION <input type="checkbox"/>   | →410F |
| 410  | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.<br><br>When was the last time you had sexual intercourse with (your wife/the woman you are living with)?  | DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/><br>WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/><br>MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/><br>YEARS AGO.....4 <input type="checkbox"/> <input type="checkbox"/>                  |       |
| 410A | CHECK 301 AND 302:<br>KNOWS CONDOM <input type="checkbox"/><br>↓<br>The last time you had sex with (your wife/the woman you are living with), did you use a condom?<br><br>DOES NOT KNOW CONDOM <input type="checkbox"/><br>↓<br>Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your wife/the woman you are living with) did you use a condom? | YES.....1<br>NO.....2<br>DOES NOT KNOW/NOT SURE.....8   |       |
| 410B | Have you had sex with anyone other than (your wife/the woman you are living with) in the last 12 months?   | YES.....1<br>NO.....2   | →410J |
| 410C | When was the last time you had sexual intercourse with someone other than (your wife/the woman you are living with)?   | DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/><br>WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/><br>MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/>   |       |
| 410D | Did you use a condom that time?  | YES.....1<br>NO.....2<br>DOES NOT KNOW/NOT SURE.....8   |       |
| 410E | In the last 12 months, how many different persons other than (your wife/the woman you are living with) have you had sex with?  | NUMBER OF PERSONS..... <input type="checkbox"/> <input type="checkbox"/><br>DOES NOT KNOW.....98  | →410J |
| 410F | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.<br><br>When was the last time you had sexual intercourse (if ever)?   | NEVER.....000<br>DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/><br>WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/><br>MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/><br>YEARS AGO.....4 <input type="checkbox"/> <input type="checkbox"/> | →509  |



| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | GO TO |
|------|---|---|-------|
| 410G | <p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, did you use a condom?</p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>↓</p> <p>Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, did you use a condom?</p>  | <p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>   |       |
| 410H | <p>CHECK 410F:</p> <p>LESS THAN 12 MONTHS SINCE LAST SEX <input type="checkbox"/></p> <p>↓</p> <p>12 MONTHS OR LONGER SINCE LAST SEX <input type="checkbox"/></p>   |   | →410J |
| 410I | <p>In the last 12 months, how many different persons have you had sex with?</p>   | <p>NUMBER OF PERSONS..... <input type="text"/></p> <p>DOES NOT KNOW.....98</p>  |       |
| 410J | <p>CHECK 401:</p> <p>CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was it with your (wife/the woman you live with), a regular partner, an acquaintance, someone you paid for sex, or someone else?</p> <p>NOT CURRENTLY MARRIED AND NOT LIVING WITH A WOMAN <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was it with a regular partner, an acquaintance, someone you paid for sex, or someone else?</p> | <p>WIFE/WOMAN LIVES WITH.....1</p> <p>REGULAR PARTNER.....2</p> <p>ACQUAINTANCE.....3</p> <p>SOMEONE HE PAID FOR SEX.....4</p> <p>SOMEONE ELSE.....5</p>  |       |
| 413  | <p>Do you know of a place where you can get condoms?</p>  | <p>YES.....1</p> <p>NO.....2</p>  | →416  |
| 414  | <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</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FIELDWORKER.....13</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>MISSION HOSPITAL/CLINIC.....22</p> <p>PHARMACY.....23</p> <p>PRIVATE DOCTOR.....24</p> <p>MOBILE CLINIC.....25</p> <p>FIELD WORKER.....26</p> <p>OTHER PRIVATE MEDICAL _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....31</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> |       |
| 416  | <p>How old were you when you first had sexual intercourse?</p>  | <p>AGE..... <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p>  |       |

**SECTION 5. FERTILITY PREFERENCES**

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | GO TO |
|-----|---|---|-------|
| 501 | CHECK 401:<br>NOT IN UNION <input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>   |   | 503   |
| 502 | CHECK 404:<br>REGULAR SEXUAL PARTNER <input type="checkbox"/> OCCASIONAL SEXUAL PARTNER <input type="checkbox"/> NO SEXUAL PARTNER <input type="checkbox"/>   |   | 505A  |
| 503 | Is your wife (or one of your wives)/partner pregnant now?   | YES.....1<br>NO.....2<br>UNSURE.....8   | 505A  |
| 504 | When she became pregnant, did you want her to become pregnant then, did you want her to wait until later, or did you not want this pregnancy at all?  | THEN.....1<br>LATER.....2<br>NOT AT ALL.....3   | 505B  |
| 505 | A) WIFE/PARTNER NOT PREGNANT OR UNSURE OR NO WIFE/PARTNER <input type="checkbox"/><br>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?<br>B) WIFE/PARTNER PREGNANT <input type="checkbox"/><br>Now I have some questions about the future. After the child your wife/partner is expecting, would you like to have another child or would you prefer not to have any more children? | HAVE (A/ANOTHER) CHILD.....1<br>NO MORE/NONE.....2<br>SAYS WIFE CAN'T GET PREGNANT...3<br>SAYS HE CAN'T HAVE ONE ANY MORE.4<br>UNDECIDED/DOES NOT KNOW.....8            | 507   |
| 506 | CHECK 503:<br>WIFE/PARTNER NOT PREGNANT OR UNSURE OR NO WIFE/PARTNER <input type="checkbox"/><br>How long would you like to wait from now before the birth of (a/another) child?<br>WIFE/PARTNER PREGNANT <input type="checkbox"/><br>After the child your wife/partner is expecting, how long would you like to wait before the birth of another child?  | MONTHS.....1<br>YEARS.....2<br>SOON/NOW.....993<br>SAYS WIFE CAN'T GET PREGNANT..994<br>AFTER MARRIAGE.....995<br>OTHER _____ 996<br>(SPECIFY)<br>DOES NOT KNOW.....998 |       |
| 507 | CHECK 308: USING A METHOD?<br>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>  |   | 512   |
| 508 | Do you think you will use a method to delay or avoid pregnancy within the next 12 months?   | YES.....1<br>NO.....2<br>DOES NOT KNOW.....8  | 510   |
| 509 | Do you think you will use a method delay or avoid pregnancy at any time in future?  | YES.....1<br>NO.....2<br>DOES NOT KNOW.....8  | 511   |

|     |                                       |   |      |
|-----|---------------------------------------|---|------|
| 510 | Which method would you prefer to use? | PILL.....01<br>IUD.....02<br>INJECTIONS.....03<br>IMPLANTS.....04<br>FOAMING TABLETS/JELLY.....05<br>CONDOM.....06<br>FEMALE STERILIZATION.....07<br>MALE STERILIZATION.....08<br>NATURAL FAMILY PLANNING.....09<br>WITHDRAWAL.....10<br>OTHER _____ 96<br>(SPECIFY)<br>UNSURE.....98 | →512 |
|-----|---------------------------------------|---|------|

|     |   |  |  |
|-----|---|--|--|
| 511 | What is the main reason that you think you will never use a method? | NOT MARRIED.....11<br><br>FERTILITY-RELATED REASONS<br>INFREQUENT SEX.....22<br>WIFE MENOPAUSAL/HYSTERECTOMY..23<br>WIFE SUBFECUND/INFECUND.....24<br>WANTS MORE CHILDREN.....26<br>OPPOSITION TO USE<br>RESPONDENT OPPOSED.....31<br>WIFE OPPOSED.....32<br>OTHERS OPPOSED.....33<br>RELIGIOUS PROHIBITION.....34<br>LACK OF KNOWLEDGE<br>KNOWS NO METHOD.....41<br>KNOWS NO SOURCE.....42<br>METHOD-RELATED REASONS<br>HEALTH CONCERNS.....51<br>FEAR OF SIDE EFFECTS.....52<br>LACK OF ACCESS/TOO FAR.....53<br>COST TOO MUCH.....54<br>INCONVENIENT TO USE.....55<br>INTERFERES WITH BODY'S<br>NORMAL PROCESSES.....56<br>UP TO THE WOMAN TO USE.....61<br><br>OTHER _____ 96<br>(SPECIFY)<br>DOES NOT KNOW.....98 |  |
|-----|---|--|--|

|     |  |  |      |
|-----|--|--|------|
| 512 | CHECK 202 AND 204:<br><br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/><br/> <b>HAS LIVING CHILDREN</b><br/>           ↓<br/>           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?<br/>           _____<br/>           PROBE FOR A NUMERIC RESPONSE.         </div> <div style="text-align: center;"> <input type="checkbox"/><br/> <b>NO LIVING CHILDREN</b><br/>           ↓<br/>           If you could choose exactly the number of children to have in your whole life, how many would that be?<br/>           _____         </div> </div> | NUMBER..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/><br><br>OTHER _____ 96<br>(SPECIFY) | →514 |
|-----|--|--|------|

|     |   |   |  |
|-----|---|---|--|
| 513 | How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter? | <div style="text-align: right; margin-bottom: 10px;">BOYS</div> NUMBER..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/><br>OTHER _____ 96<br>(SPECIFY) <div style="text-align: right; margin-bottom: 10px;">GIRLS</div> NUMBER..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/><br>OTHER _____ 96<br>(SPECIFY) <div style="text-align: right; margin-bottom: 10px;">EITHER</div> NUMBER..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/><br>OTHER _____ 96<br>(SPECIFY) |  |
|-----|---|---|--|

| NO.                           | QUESTIONS AND FILTERS   | CODING CATEGORIES  | GO TO         |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
|-------------------------------|---|--|---------------|-------------|-----------------|---------------|-------------|--|---|---|------------------|--|---|---|-----------------------------|--|---|---|--------------|--|---|---|-----------------------------|--|---|---|------------------|--|---|---|-----------------------|--|---|---|-------------------------------|--|---|---|--|
| 514                           | Would you say that you approve or disapprove of couples using a method to avoid pregnancy?  | APPROVES.....1<br>DISAPPROVES.....2<br>NO OPINION.....3  |               |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| 515                           | Is it acceptable or not acceptable to you for information on family planning to be provided:<br><br>On the radio?<br>On the television?   | <table border="0"> <tr> <td></td> <td>ACCEPT-ABLE</td> <td>NOT ACCEPT-ABLE</td> <td>DOES NOT KNOW</td> </tr> <tr> <td>RADIO.....1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....1</td> <td></td> <td>2</td> <td>8</td> </tr> </table>   |               | ACCEPT-ABLE | NOT ACCEPT-ABLE | DOES NOT KNOW | RADIO.....1 |  | 2 | 8 | TELEVISION.....1 |  | 2 | 8 |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
|                               | ACCEPT-ABLE   | NOT ACCEPT-ABLE  | DOES NOT KNOW |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| RADIO.....1                   |   | 2  | 8             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| TELEVISION.....1              |   | 2  | 8             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| 516                           | In the last few months have you heard about family planning:<br><br>On the radio?<br>On the television?<br>In a newspaper or magazine?<br>From a poster?<br>From leaflets or brochures?<br>From live drama?<br>From a doctor or a nurse?<br>From community health worker? | <table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>RADIO.....1</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....1</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....1</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....1</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>LIVE DRAMA.....1</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>DOCTOR OR NURSE.....1</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER.....1</td> <td></td> <td>1</td> <td>2</td> </tr> </table> |               |             | YES             | NO            | RADIO.....1 |  | 1 | 2 | TELEVISION.....1 |  | 1 | 2 | NEWSPAPER OR MAGAZINE.....1 |  | 1 | 2 | POSTER.....1 |  | 1 | 2 | LEAFLETS OR BROCHURES.....1 |  | 1 | 2 | LIVE DRAMA.....1 |  | 1 | 2 | DOCTOR OR NURSE.....1 |  | 1 | 2 | COMMUNITY HEALTH WORKER.....1 |  | 1 | 2 |  |
|                               |   | YES  | NO            |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| RADIO.....1                   |   | 1  | 2             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| TELEVISION.....1              |   | 1  | 2             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| NEWSPAPER OR MAGAZINE.....1   |   | 1  | 2             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| POSTER.....1                  |   | 1  | 2             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| LEAFLETS OR BROCHURES.....1   |   | 1  | 2             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| LIVE DRAMA.....1              |   | 1  | 2             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| DOCTOR OR NURSE.....1         |   | 1  | 2             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| COMMUNITY HEALTH WORKER.....1 |   | 1  | 2             |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| 518                           | In the last few months have you discussed the practice of family planning with your (wife, partner), friends, neighbors, or relatives?  | YES.....1<br>NO.....2  | →520          |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| 519                           | With whom?<br><br>Anyone else?<br><br>RECORD ALL MENTIONED.   | WIFE/PARTNER.....A<br>MOTHER.....B<br>FATHER.....C<br>SISTER(S).....D<br>BROTHER(S).....E<br>DAUGHTER.....F<br>MOTHER-IN-LAW.....G<br>FRIENDS/NEIGHBORS.....H<br>COMMUNITY HEALTH WORKER.....I<br>LOCAL COMMUNITY LEADER.....J<br>RELIGIOUS LEADER.....K<br><br>OTHER _____ X<br>(SPECIFY)   |               |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| 520                           | CHECK 401:<br><br>CURRENTLY MARRIED <input type="checkbox"/><br>LIVING WITH A WOMAN <input type="checkbox"/><br>NOT IN UNION <input type="checkbox"/>   |  | →601A         |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| 521                           | Spouses do not always agree on everything. Now I want to ask you about your wife's /the woman you live with's views on family planning. Do you think that your wife /the woman you live with approves or disapproves of couples using a method to avoid pregnancy?        | APPROVES.....1<br>DISAPPROVES.....2<br>DOES NOT KNOW.....8   |               |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |
| 522                           | How often have you talked to your wife/the woman you live with about family planning in the past year?  | NEVER.....1<br>ONCE OR TWICE.....2<br>MORE OFTEN.....3   |               |             |                 |               |             |  |   |   |                  |  |   |   |                             |  |   |   |              |  |   |   |                             |  |   |   |                  |  |   |   |                       |  |   |   |                               |  |   |   |  |

**SECTION 6. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES**

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | GO TO  |
|------|--|--|--------|
| 601A | Have you heard about diseases that can be transmitted through sexual intercourse?          | YES.....1<br>NO.....2  | →601F  |
| 601B | Which diseases do you know?  | SYPHILIS.....A<br>GONORRHEA.....B<br>AIDS.....C<br>GENITAL WARTS/CONDYLOMATA.....D   |        |
|      | RECORD ALL RESPONSES   | OTHER _____ W<br>(SPECIFY)   |        |
|      |  | OTHER _____ X<br>(SPECIFY)   |        |
|      |  | DON'T KNOW.....Z   |        |
| 601C | CHECK 410 AND 410F:<br>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>                 | HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>  | →601F  |
| 601D | During the last twelve months, did you have any of these diseases?                         | YES.....1<br>NO.....2<br>DOES NOT KNOW.....8   | →601F  |
| 601E | Which of the diseases did you have?  | SYPHILIS.....A<br>GONORRHEA.....B<br>AIDS.....C<br>GENITAL WARTS/CONDYLOMATA.....D   |        |
|      | RECORD ALL RESPONSES   | OTHER _____ W<br>(SPECIFY)   |        |
|      |  | OTHER _____ X<br>(SPECIFY)   |        |
|      |  | DON'T KNOW.....Z   |        |
| 601F | During the last twelve months, did you have a discharge from your penis?                   | YES.....1<br>NO.....2<br>DOES NOT KNOW.....8   |        |
| 601G | During the last twelve months, did you have a sore or ulcer on your penis?                 | YES.....1<br>NO.....2<br>DOES NOT KNOW.....8   |        |
| 601H | CHECK 601E, 601F AND 601G<br>HAD ONE OR MORE DISEASES <input type="checkbox"/>             | NONE OF THE DISEASES <input type="checkbox"/>  | →601N  |
| 601I | The last time you had (DISEASE FROM 601E/DISCHARGE/SORE) did you seek advice or treatment? | YES.....1<br>NO.....2  | →601JA |
| 601J | Where did you seek advice or treatment?  | PUBLIC SECTOR<br>GOVERNMENT HOSPITAL.....11<br>GOVERNMENT HEALTH CENTER.....12<br>FIELDWORKER.....13<br>OTHER PUBLIC _____ 16<br>(SPECIFY)   |        |
|      | Any other place or person?   | PRIVATE MEDICAL SECTOR<br>PRIVATE HOSPITAL/CLINIC.....21<br>MISSION HOSPITAL/CLINIC.....22<br>PHARMACY.....23<br>PRIVATE DOCTOR.....24<br>MOBILE CLINIC.....25<br>FIELD WORKER.....26<br>OTHER PRIVATE MEDICAL _____ 27<br>(SPECIFY) |        |
|      | RECORD ALL MENTIONED   | OTHER SOURCE (SPECIFY)<br>SHOP.....31<br>FRIENDS/RELATIVES.....33  |        |
|      |  | OTHER _____ 36<br>(SPECIFY)  |        |

| NO.   | QUESTIONS AND FILTERS   | CODING CATEGORIES   | GO TO |
|-------|---|---|-------|
| 601JA | CHECK 410 AND 410F:<br>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>  | HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>   | 601N  |
| 601K  | When you had (DISEASE FROM 601E/DISCHARGE/SORE) did you inform your partner(s)?   | YES.....1<br>NO.....2   |       |
| 601L  | When you had (DISEASE FROM 601E/DISCHARGE/SORE) did you do something not to infect your partner(s)?                       | YES.....1<br>NO.....2<br>PARTNER ALREADY INFECTED.....3   | 601N  |
| 601M  | What did you do?<br><br>RECORD ALL MENTIONED  | NO SEXUAL INTERCOURSE.....A<br>USED CONDOMS.....B<br>TOOK MEDICINES.....C<br><br>OTHER _____ X<br>(SPECIFY)   |       |
| 601N  | CHECK 601B<br>DID NOT MENTION 'AIDS' <input type="checkbox"/>   | MENTIONED 'AIDS' <input type="checkbox"/>   | 602   |
| 601O  | Have you ever heard of an illness called AIDS?  | YES.....1<br>NO.....2   | 611C  |
| 602   | From which sources of information have you learned most about AIDS?<br><br>Any other sources?<br><br>RECORD ALL MENTIONED | RADIO.....A<br>TV.....B<br>NEWSPAPERS/MAGAZINES.....C<br>PAMPHLETS/POSTERS.....D<br>HEALTH WORKERS.....E<br>MOSQUES/CHURCHES.....F<br>SCHOOLS/TEACHERS.....G<br>COMMUNITY MEETINGS.....H<br>FRIENDS/RELATIVES.....I<br>WORK PLACE.....J<br><br>OTHER _____ X<br>(SPECIFY)   |       |
| 602B  | How can a person get AIDS?<br><br>Any other ways?<br><br>RECORD ALL MENTIONED   | SEXUAL INTERCOURSE.....A<br>SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....B<br>SEX WITH PROSTITUTES.....C<br>NOT USING CONDOM.....D<br>HOMOSEXUAL CONTACT.....E<br>BLOOD TRANSFUSION.....F<br>INJECTIONS.....G<br>KISSING.....H<br>MOSQUITO BITES.....I<br>CONTAMINATED RAZOR BLADES.....J<br>OTHER _____ W<br>(SPECIFY)<br>OTHER _____ X<br>(SPECIFY)<br>DOES NOT KNOW.....Z |       |
| 603   | Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?                                    | YES.....1<br>NO.....2<br>DOES NOT KNOW.....B  | 607   |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | GO TO        |
|------|---|--|--------------|
| 604  | What can a person do?<br><br>Any other ways?<br><br>RECORD ALL MENTIONED  | SAFE SEX.....A<br>ABSTAIN FROM SEX.....B<br>USE CONDOMS.....C<br>AVOID MULTIPLE SEX PARTNERS.....D<br>AVOID SEX WITH PROSTITUTES.....E<br>AVOID SEX WITH HOMOSEXUALS.....F<br>AVOID BLOOD TRANSFUSIONS.....G<br>AVOID INJECTIONS.....H<br>AVOID KISSING.....I<br>AVOID MOSQUITO BITES.....J<br>SEEK PROTECTION FROM<br>FROM TRADITIONAL HEALER.....K<br>OTHER _____ W<br>OTHER (SPECIFY) _____ X<br>(SPECIFY)<br>DOES NOT KNOW.....Z |              |
| 605  | CHECK 604: MENTIONED "SAFE SEX" <input type="checkbox"/>  | DID NOT MENTION "SAFE SEX" <input type="checkbox"/>  | 607          |
| 606  | What does "safe sex" mean to you?<br><br>RECORD ALL MENTIONED   | ABSTAIN FROM SEX.....B<br>USE CONDOMS.....C<br>AVOID MULTIPLE SEX PARTNERS.....D<br>AVOID SEX WITH PROSTITUTES.....E<br>AVOID SEX WITH HOMOSEXUALS.....F<br>OTHER _____ X<br>(SPECIFY)<br>DOES NOT KNOW.....Z  |              |
| 607  | Is it possible for a healthy-looking person to have the AIDS virus?   | YES.....1<br>NO.....2<br>DOES NOT KNOW.....8   |              |
| 608  | Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?                  | ALMOST NEVER.....1<br>SOMETIMES.....2<br>ALMOST ALWAYS.....3<br>DOES NOT KNOW.....8  |              |
| 608A | Can AIDS be cured?  | YES.....1<br>NO.....2<br>DOES NOT KNOW.....8   |              |
| 608B | Can AIDS be transmitted from mother to child?   | YES.....1<br>NO.....2<br>DOES NOT KNOW.....8   |              |
| 608C | Do you personally know someone who has AIDS or has died of AIDS?  | YES.....1<br>NO.....2<br>DOES NOT KNOW.....8   | 609          |
| 608D | How many people that you personally know now have AIDS?   | NUMBER OF PERSONS..... <input type="text"/> <input type="text"/>   |              |
| 608E | How many people that you personally know have died of AIDS?   | NUMBER OF PERSONS..... <input type="text"/> <input type="text"/>   |              |
| 609  | CHECK 601E: IF RESPONDENT HAS AIDS, CIRCLE 5.<br><br>Do you think your chances of getting AIDS are small, moderate, great, or no risk at all? | SMALL.....1<br>MODERATE.....2<br>GREAT.....3<br>NO RISK AT ALL.....4<br>HAS AIDS.....5   | 609B<br>611A |
| 609A | Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS?<br><br>Any other reasons?<br><br>RECORD ALL MENTIONED                | ABSTAIN FROM SEX.....B<br>USE CONDOMS.....C<br>HAVE ONLY ONE SEX PARTNER.....D<br>LIMITED NUMBER OF SEX PARTNERS.....E<br>AVOID SEX WITH PROSTITUTES.....F<br>SPOUSE HAS NO OTHER PARTNER.....G<br>NO HOMOSEXUAL CONTACT.....H<br>NO BLOOD TRANSFUSIONS.....I<br>NO INJECTIONS.....J<br>OTHER _____ X<br>(SPECIFY)   | 611A         |

| NO.  | QUESTIONS AND FILTERS  | CODES  | GO TO                   |
|------|--|--|-------------------------|
| 609B | Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS?<br><br>Any other reasons?<br><br>RECORD ALL MENTIONED                                    | DO NOT USE CONDOMS.....C<br>MORE THAN ONE SEX PARTNER.....D<br>MANY SEX PARTNERS.....E<br>SEX WITH PROSTITUTES.....F<br>SPOUSE HAS OTHER PARTNER(S).....G<br>HOMOSEXUAL CONTACT.....H<br>HAD BLOOD TRANSFUSION.....I<br>HAD INJECTIONS.....J<br><br>OTHER _____ X<br>(SPECIFY)   |                         |
| 611A | Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?<br><br>IF YES, what did you do?<br><br>Anything else?<br><br>RECORD ALL MENTIONED | DIDN'T START SEX.....A<br>STOPPED ALL SEX.....B<br>STARTED USING CONDOMS.....C<br>RESTRICTED SEX TO ONE PARTNER...D<br>REDUCED NUMBER OF PARTNERS.....E<br>AVOID SEX WITH PROSTITUTES.....F<br>ASK SPOUSE TO BE FAITHFUL.....G<br>NO MORE HOMOSEXUAL CONTACTS....H<br>STOPPED INJECTIONS.....J<br><br>OTHER _____ W<br>(SPECIFY)<br><br>OTHER _____ X<br>(SPECIFY)<br><br>NO BEHAVIOR CHANGE.....Y | →611C<br>→611F<br>→611C |
| 611B | Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?<br><br>IF YES, In what way?<br><br>RECORD ALL MENTIONED  | DIDN'T START SEX.....A<br>STOPPED ALL SEX.....B<br>STARTED USING CONDOMS.....C<br>RESTRICTED SEX TO ONE PARTNER...D<br>REDUCED NUMBER OF PARTNERS.....E<br>AVOID SEX WITH PROSTITUTES.....F<br>NO MORE HOMOSEXUAL CONTACTS....G<br><br>OTHER _____ X<br>(SPECIFY)<br><br>NO CHANGE IN SEXUAL BEHAVIOR...Y<br>DOES NOT KNOW.....Z   |                         |
| 611C | 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<br>NO.....2  | →611F                   |
| 611D | CHECK 410 AND 410F:<br>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>   | HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>  | →613                    |
| 611E | We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?                             | YES.....1<br>NO.....2  | →611G                   |
| 611F | CHECK 410 AND 410F:<br>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>   | HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>  | →613                    |
| 611G | Have you given or received money, gifts or favors in return for sex at any time in the last 12 months?   | YES.....1<br>NO.....2  |                         |
| 613  | RECORD THE TIME.   | HOUR.....<br>MINUTE.....   | <input type="text"/>    |



**INTERVIEWER'S OBSERVATIONS**  
To be filled in after completing interview

Comments  
about Respondent:

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Comments on  
Specific Questions:

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Any Other Comments:

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**SUPERVISOR'S OBSERVATIONS**

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Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

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Name of Editor: \_\_\_\_\_ Date: \_\_\_\_\_

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