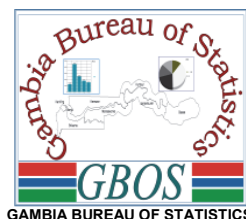




**THE GAMBIA DEMOGRAPHIC AND HEALTH SURVEY 2013
MAN'S QUESTIONNAIRE**



GAMBIA BUREAU OF STATISTICS IN COLLABORATION WITH MINISTRY OF HEALTH AND SOCIAL WELFARE

IDENTIFICATION				
LOCAL GOVERNMENT AREA:	<input type="checkbox"/>	1 BANJUL 2 KANIFING 3 BRIKAMA 4 MANSAKONKO	5 KEREWAN 6 KUNTAUR 7 JANJANGBUREH 8 BASSE	
DISTRICT NAME:	DCODE <input type="text"/>	SETTLEMENT NAME:	SCODE <input type="text"/>	
NAME OF RESPONDENT'S:			TEL	<input type="text"/>
EA NUMBER:	<input type="text"/>	CLUSTER NUMBER	<input type="text"/>	HOUSEHOLD NUMBER <input type="text"/>
AREA OF RESIDENCE:	<input type="checkbox"/>	1 URBAN 2 RURAL	RESPONDENT'S LINE NUMBER	<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2013 INT. NUMBER <input type="text"/> RESULT <input type="text"/>
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RESULT*	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NUMBER OF VISITS <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	

*RESULT CODES:

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME <input type="text"/>	NAME <input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with The Gambia Bureau of Statistics and the Ministry of Health and Social Welfare. We are conducting a survey about health all over the Gambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What type of school system did you attend?	COVENTIONAL 1 MADRASSA 2	
105A	What is the highest level of school you attended: primary (lower basic), secondary, or higher?	PRE-SCHOOL 0 PRE-SCHOOL (MADRASSA) 1 PRIMARY/LOWER BASIC 2 PRIMARY (MADRASSA) LOWER.B 3 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 4 SECONDARY (MADRASSA) 5 HIGHER (TERITIARY, UNIVERSITY, COLLEGE) 6 VOCATIONAL 7	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105A: PRIMARY <input type="checkbox"/> OR PRE-SCHOOL ↓ SECONDARY <input type="checkbox"/> OR HIGHER →		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read these sentences to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentences to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 111		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	What is your religion?	ISLAM 1 CHRISTIANITY 2 OTHER RELIGION 6 NO RELIGION 7	
113A	What is your nationality?	GAMBIAN 1 NON-GAMBIAN 2	→ 115
114	What is your ethnicity?	MANDINKA/JAHANKA 01 WOLLOF 02 JOLA/KARONINKA 03 FULA/TUKULUR/LOROBO 04 SERERE 05 SERAHULEH 06 CREOLE / AKU MARABOUT 07 MANJAGO 08 BAMBARA 9 OTHER ETHNIC GROUP (specify) 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH 01 FACILITY CLOSED 02 TOO FAR/NO TRANSPORTATION 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 HE DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK IT WAS NECESSARY 09 OTHER 96 (SPECIFY) DON'T KNOW 98	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Lactational Amenorrhea Method (LAM).	YES 1 NO 2
09A	DIAPHRAGM/FOAM/JELLY. PROBE : Women can place a diaphragm, suppository,jelly,or cream in their vagina before intercourse.	YES 1 NO 2
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. (3)	YES 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Heard about family planning through peer health education? Heard about family planning from friends/Relatives? Read about family planning from traditional communicators? Read about family planning from the internet? Heard about family planning from a Health personel/worker?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 PEER HEALTH EDUCATION 1 2 FRIENDS/RELATIVES 1 2 TRAD COMMUNICATORS 1 2 INTERNET 1 2 HEALTH PERSONEL/WORKER 1 2	
303	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? (3)	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8	
307	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 311
308	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 311
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C FIELDWORKER E OTHER PUBLIC SECTOR F _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I FIELDWORKER K OTHER PRIVATE MEDICAL SECTOR L _____ (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC M NGO MOBILE CLINIC N OTHER NGO MEDICAL SECTOR O _____ (SPECIFY) OTHER SOURCE SHOP P FRIENDS/RELATIVES R OTHER X _____ (SPECIFY)	

310	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
311	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		401
312	Do you know of a place where a person can get female condoms?	YES 1 NO 2	401
313	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C FIELDWORKER E OTHER PUBLIC SECTOR F _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I FIELDWORKER K OTHER PRIVATE MEDICAL SECTOR L _____ (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC M NGO MOBILE CLINIC N OTHER NGO MEDICAL SECTOR O _____ (SPECIFY) OTHER SOURCE SHOP P FRIENDS/RELATIVES R OTHER X _____ (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→404																									
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→413																									
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→410																									
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																										
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	→407																									
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																										
407	<p>CHECK 405:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> <p align="center">ONE WIFE/ PARTNER</p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p align="center">MORE THAN ONE WIFE/ PARTNER</p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> </td> </tr> </table> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<p align="center">ONE WIFE/ PARTNER</p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p>	<p align="center">MORE THAN ONE WIFE/ PARTNER</p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p>	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">LINE NUMBER</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td>_____</td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td>_____</td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td>_____</td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> </tbody> </table>		LINE NUMBER		_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<p>408 How old was (NAME) on her last birthday? (1)</p> <p align="center">AGE</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td align="center"><input type="text"/></td> <td align="center"><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"/>
<p align="center">ONE WIFE/ PARTNER</p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p>	<p align="center">MORE THAN ONE WIFE/ PARTNER</p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p>																											
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<input type="text"/>	<input type="text"/>																											
408	ASK 408 FOR EACH PERSON.																											

409	CHECK 407: ONE WIFE/ PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/>	411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→411A
411 411A	In what month and year did you start living with your (wife/partner)? Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413 CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER95	→501
415 Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.			
416	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
418	The last time you had sexual intercourse with this (second/third) person, was a condom used?	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
420	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 COM.SEX WORKER ... 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 COM.SEX WORKER 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 COM.SEX WORKER 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 423) ← <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 423) ← <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 423) ← <input type="checkbox"/>
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424)
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS COMMERCIAL SEX WORKERS <input type="checkbox"/>	NO PARTNERS ARE COMMERCIAL SEX WORKERS <input type="checkbox"/>	→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 433 → 434
430	In the last 12 months , did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 438 → 438
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	BRAND _____ DON'T KNOW & PACKAGE NOT SEEN 98	

437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST 13</p> <p>FIELDWORKER 14</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>FIELDWORKER 24</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC 31</p> <p>FAMILY PLANNING CLINIC 32</p> <p>NGO MOBILE CLINIC 33</p> <p>OTHER NGO MEDICAL SECTOR _____ .36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>FRIEND / RELATIVE 42</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>LACTATIONAL AMEN. METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	

SECTION 5. FERTILITY PREFERENCES

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
509	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.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 601 → 601
510	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it is a boy or a girl?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																																	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																																	
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she uses contraceptives without the consent of the husband? If she argues with the husband/partner's relatives?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARGUES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>REFUSES SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BURNS FOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>USING CONTRACEPTIVE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARGUES W. RELATIVES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	USING CONTRACEPTIVE	1	2	8	ARGUES W. RELATIVES	1	2	8	
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SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 723
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
706	Can people get the AIDS virus because of witchcraft, or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY 1 2 8 BREASTFEEDING 1 2 8	
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 711
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 96	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>PHARMACY 22</p> <p>FIELDWORKER 23</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC 31</p> <p>NGO MOBILE CLINIC 32</p> <p>FAMILY PLANNING CLINIC 33</p> <p>OTHER NGO MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>CORRECTIONAL FACILITY 42</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>718</p> <p>→</p>
716	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 718</p>
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR _____ C</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR D</p> <p>PHARMACY E</p> <p>FIELDWORKER F</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ G</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC H</p> <p>NGO MOBILE CLINIC I</p> <p>FAMILY PLANNING CLINIC J</p> <p>OTHER NGO MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME L</p> <p>CORRECTIONAL FACILITY M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
719	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ... 1 NO 2 DK/NOT SURE/DEPENDS 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
721	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 732		
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → 727		
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 732		
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES 1 NO 2 → 732	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR _____ C</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR D</p> <p>PHARMACY E</p> <p>FIELDWORKER F</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ G</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC H</p> <p>NGO MOBILE CLINIC I</p> <p>FAMILY PLANNING CLINIC J</p> <p>OTHER NGO MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME L</p> <p>CORRECTIONAL FACILITY M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
732	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
733	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wife?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER,</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 804
802	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 804
803	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
804	<p>Do you currently smoke cigarettes?</p>	<p>YES 1 NO 2</p>	→ 806
805	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES..... <input type="text"/> <input type="text"/></p>	
806	<p>Do you currently smoke or use any type of tobacco?</p>	<p>YES 1 NO 2</p>	→ 808
807	<p>What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.</p>	<p>PIPE A CIGARS B SNUFF C OTHER _____ X</p>	
808	<p>Are you covered by any health insurance?</p>	<p>YES 1 NO 2</p>	→ 813
809	<p>What type of health insurance are you covered by? RECORD ALL MENTIONED.</p>	<p>HEALTH INSURANCE THROUGH EMPLOYER A OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSUR. B OTHER _____ X (SPECIFY)</p>	
813	<p>RECORD THE TIME.</p>	<p>HOUR <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>	

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: _____