

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION (1)				
PROVINCE _____	DISRTICT _____	SECTOR _____		
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				
STRUCTURE NUMBER				
HOUSEHOLD NUMBER				
NAME AND LINE NUMBER OF MAN _____				
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MAN DV MODULE? (1=YES, 2=NO)				[]
CHECK HOUSEHOLD QUESTIONNAIRE DVH01: MAN SELECTED FOR DV MODULE? (1=YES, 2=NO)				[]
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [] []
				MONTH [] [] [] []
INTERVIEWER'S NAME	_____	_____	_____	YEAR [] [] [] []
RESULT*	_____	_____	_____	INT. NO. [] [] [] []
				RESULT* []
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS []
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				
LANGUAGE OF QUESTIONNAIRE**	[0] [1]	LANGUAGE OF INTERVIEW**	[] []	NATIVE LANGUAGE OF RESPONDENT**
			[] []	TRANSLATOR USED (YES = 1, NO = 2)
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 02 KINYARWANDA	
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME	[] [] [] []	NAME	[] [] [] []	[] []
	NUMBER		NUMBER	NUMBER
				KEYED BY
				[] []
				NUMBER

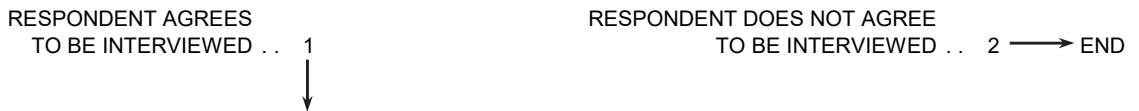
INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and other topics all over [NAME OF COUNTRY]. 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 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 _____



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in this village? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CAPITAL CITY 1 TOWN 2 RURAL AREA 3	
104	Before you moved here, which province did you live in?	KIGALI 01 SOUTH 02 WEST 03 NORTH 04 EAST 05 OUTSIDE OF COUNTRY 96	
105	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	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRE-PRIMARY 1 PRIMARY 2 POST-PRIMARY/VOCATIONAL 3 SECONDARY 4 HIGHER 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEARS <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/> → 113	
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 114	
113	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	
114	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	
115	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	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your religion?	CATHOLIC 1 PROTESTANT 2 ADVENTIST 3 MUSLIM 4 TRADITIONAL 5 OTHER 6 NO RELIGION 7	
124	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
125	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
211	<p>CHECK 208:</p> <p>HAS HAD MORE THAN ONE CHILD <input type="checkbox"/></p> <p>HAS HAD ONLY ONE CHILD <input type="checkbox"/></p> <p>a) How old were you when your first child was born?</p> <p>b) How old were you when your child was born?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
212	<p>CHECK 203 AND 205:</p> <p>AT LEAST ONE LIVING CHILD <input type="checkbox"/></p>	<p>NO LIVING CHILDREN <input type="checkbox"/></p>	<p>→ 301</p>
213	<p>CHECK 203 AND 205:</p> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>a) How old is your youngest child?</p> <p>b) How old is your child?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
214	<p>CHECK 213:</p> <p>(YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/></p> <p>(YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/></p>		<p>→ 301</p>
215	<p>CHECK 203 AND 205:</p> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>a) What is the name of your youngest child?</p> <p>b) What is the name of your child?</p>	<p>_____</p> <p>(NAME OF (YOUNGEST) CHILD)</p>	
216	<p>When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 218</p>
217	<p>Were you ever present during any of those antenatal check-ups?</p>	<p>PRESENT 1</p> <p>NOT PRESENT 2</p>	
218	<p>Was (NAME) born in a hospital or health facility?</p>	<p>HOSPITAL/HEALTH FACILITY 1</p> <p>OTHER 2</p>	
219	<p>When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?</p>	<p>MORE THAN USUAL 1</p> <p>ABOUT THE SAME 2</p> <p>LESS THAN USUAL 3</p> <p>NOTHING TO DRINK 4</p> <p>DON'T KNOW 8</p>	

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 which can prevent pregnancy for one or more years.	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	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	
12	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	
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ (SPECIFY) YES, TRADITIONAL METHOD _____ (SPECIFY) NO Y	A B

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2																																		
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303	In the last few months, have you discussed family planning with a health worker or health professional?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> </table>	YES	1	NO	2																																													
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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 when she has sexual relations?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 306																																										
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305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table style="width: 100%; border: none;"> <tr> <td>JUST BEFORE HER PERIOD BEGINS!</td> <td style="text-align: right;">1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED!</td> <td style="text-align: right;">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS!</td> <td style="text-align: right;">4</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">6</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	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																																			
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306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8																																											
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307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">DIS-</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">AGREE</td> <td style="text-align: center;">AGREE</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">DK</td> <td style="text-align: center;">8</td> </tr> <tr> <td>a) CONTRACEPTION WOMAN'S CONCERN</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) WOMEN MAY BECOME PROMISCUOUS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td style="text-align: right;">8</td> <td style="text-align: right;">8</td> </tr> </table>		DIS-			AGREE	AGREE		1	2		DK	8	a) CONTRACEPTION WOMAN'S CONCERN	1	2	b) WOMEN MAY BECOME PROMISCUOUS	1	2		8	8																												
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307C	CHECK 301 (07) KNOWS MALE CONDOM: YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401																																																
307D	Do you know of a place where a person can get a male condoms?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> </table>	YES	1	NO	2	→ 401																																												
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307E	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))	<table style="width: 100%; border: none;"> <tr> <td colspan="2">PUBLIC/AGREE SECTOR</td> </tr> <tr> <td>REFERRAL HOSPITAL</td> <td style="text-align: right;">A</td> </tr> <tr> <td>PROVINCIAL/DISTRICT HOSPITAL</td> <td style="text-align: right;">B</td> </tr> <tr> <td>HEALTH CENTER</td> <td style="text-align: right;">C</td> </tr> <tr> <td>HEALTH POST</td> <td style="text-align: right;">D</td> </tr> <tr> <td>OUTREACH</td> <td style="text-align: right;">E</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER</td> <td style="text-align: right;">F</td> </tr> <tr> <td>OTHER PUBLIC HEALTH FACILITY _____</td> <td style="text-align: right;">G</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td colspan="2">PRIVATE MEDICAL SECTOR</td> </tr> <tr> <td>POLYCLINIC</td> <td style="text-align: right;">H</td> </tr> <tr> <td>CLINIC</td> <td style="text-align: right;">I</td> </tr> <tr> <td>DISPENSARY</td> <td style="text-align: right;">J</td> </tr> <tr> <td>PHARMACY</td> <td style="text-align: right;">K</td> </tr> <tr> <td>FAMILY PLANNING CLINIC</td> <td style="text-align: right;">L</td> </tr> <tr> <td>OTHER PRIVATE HEALTH FACILITY _____</td> <td style="text-align: right;">M</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td colspan="2">OTHER SOURCES</td> </tr> <tr> <td>SHOP/BAR/KIOSK CONDOM</td> <td style="text-align: right;">N</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td style="text-align: right;">O</td> </tr> <tr> <td>FRIEND/RELATIVE</td> <td style="text-align: right;">P</td> </tr> <tr> <td>YOUTH CENTER</td> <td style="text-align: right;">Q</td> </tr> <tr> <td>OTHER FACILITY _____</td> <td style="text-align: right;">X</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </table>	PUBLIC/AGREE SECTOR		REFERRAL HOSPITAL	A	PROVINCIAL/DISTRICT HOSPITAL	B	HEALTH CENTER	C	HEALTH POST	D	OUTREACH	E	COMMUNITY HEALTH WORKER	F	OTHER PUBLIC HEALTH FACILITY _____	G	(SPECIFY)		PRIVATE MEDICAL SECTOR		POLYCLINIC	H	CLINIC	I	DISPENSARY	J	PHARMACY	K	FAMILY PLANNING CLINIC	L	OTHER PRIVATE HEALTH FACILITY _____	M	(SPECIFY)		OTHER SOURCES		SHOP/BAR/KIOSK CONDOM	N	TRADITIONAL HEALER	O	FRIEND/RELATIVE	P	YOUTH CENTER	Q	OTHER FACILITY _____	X	(SPECIFY)		
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307F	If you wanted to, could you get a male condom by yourself ?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> </table>	YES	1	NO	2																																													
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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 WIFE) 1 NO (ONLY ONE WIFE) 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"/> <input type="text"/>																
407	CHECK 405: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> ONE WIFE/ PARTNER ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> MORE THAN ONE WIFE/ PARTNER ↓ </div> </div> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> <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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">NAME</th> <th style="width: 15%;">LINE NUMBER</th> <th style="width: 35%;">AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	408 How old was (NAME) on her last birthday?
NAME	LINE NUMBER	AGE																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
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_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
408	ASK 408 FOR EACH PERSON.																	
409	CHECK 407: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> ONE WIFE/ PARTNER ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> MORE THAN ONE WIFE/ PARTNER ↓ </div> </div>		→ 411															
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2																
411	CHECK 405 AND 410: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> BOTH ARE CODE '2' ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> OTHER ↓ </div> </div> <p>a) In what month and year did you start living with your (wife/partner)?</p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>MONTH</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>DON'T KNOW MONTH</td> <td>98</td> </tr> <tr> <td>YEAR</td> <td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>DON'T KNOW YEAR</td> <td>9998</td> </tr> </tbody> </table>	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	→ 413							
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																	
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>																

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																				
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 501																		
415	I would like to ask you about your recent sexual activity. When was the last 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.	<table border="0"> <tr> <td>DAYS AGO</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	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"/>	<table border="0"> <tr> <td>→ 417</td> </tr> <tr> <td>→ 427</td> </tr> </table>	→ 417	→ 427
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"/>																		
→ 417																					
→ 427																					

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
416	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"/>
417	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←
418	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
419	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)
420	How long ago did you first have 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"/> 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"/>
421	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
422	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
423	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	
424	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 419 (ALL COLUMNS): AT LEAST ONE PARTNER <input type="checkbox"/> IS A SEX WORKER ↓	NO PARTNERS <input type="checkbox"/> ARE SEX WORKERS →	→ 427
426	CHECK 419 AND 417 (ALL COLUMNS): CONDOM USED WITH <input type="checkbox"/> EVERY SEX WORKER	OTHER <input type="checkbox"/>	→ 430 → 431
427	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 429
428	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 431
429	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 431
430	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	
431	In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	→ 433
432	Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	
433	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, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
434	CHECK 417: MOST RECENT PARTNER (FIRST COLUMN) CONDOM USED <input type="checkbox"/> ↓	NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 438 → 438
435	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.	PRUDENCE 01 PLAISIR 02 LOVE 03 GENERIC CONDOM 04 OTHER 96 (SPECIFY) DON'T KNOW 98	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	<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> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL 11</p> <p>PROVINCIAL / DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>PHARMACY 24</p> <p>FAMILY PLANING CLINIC 25</p> <p>OTHER PRIVATE HEALTH</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>YOUTH CENTER 34</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
437	<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>→ 439</p> <p>→ 440</p>
438	<p>The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 440</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: 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>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 501</p>
440	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</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"/>	→ 514								
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 514								
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 509								
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/>	HAS NOT FATHERED CHILDREN <input type="checkbox"/> HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/>	HAS NOT FATHERED CHILDREN <input type="checkbox"/> MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days for at least one hour?	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?	_____ _____ _____	
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: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER 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/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

SECTION 6. EMPLOYMENT AND GENDER ROLES

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	→ 615																																
613	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615																																
614	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																																	
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 618																																
616	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 618																																
617	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																																	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she has sex with someone else? g) If she looks in his telephone?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>f) SEX WITH SOMEONE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>g) TELEPHONE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	f) SEX WITH SOMEONE	1	2	8	g) TELEPHONE	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 HIV or AIDS?	YES 1 NO 2	→ 727																
702	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV 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 HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get HIV 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 HIV?	YES 1 NO 2 DON'T KNOW 8																	
707A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES 1 NO 2 DON'T KNOW 8																	
708	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) DURING PREGNANCY ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ...	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ...	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
709	CHECK 708: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> → 711 </div> </div>																		
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
711A	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus for pre-nuptial purposes?	YES 1 NO 2	
711B	CHECK 401, 402, and 403: CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/> FORMERLY MARRIED OR LIVING WITH A WOMEN <input type="checkbox"/> NEVER MARRIED OR NEVER LIVED WITH A WOMAN <input type="checkbox"/>		712
711C	I don't want to know the results, but have you ever been tested as a couple with your wife/partner to see if you and/or him have the AIDS virus?	YES 1 NO 2	→ 712
711D	I don't want to know the results, but have you and (your wife/partner) told each other the results of your tests?	YES 1 NO 2	
712	I don't want to know the results, but have you ever been tested for HIV?	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 95	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC SECTOR 17 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) OTHER SOURCE HOME 31 WORKPLACE 32 CORRECTIONAL FACILITY 33 YOUTH CENTER 34 OTHER 96 _____ (SPECIFY)	→ 718
716	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 718

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where is that?</p> <p>Any other place?</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 align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC SECTOR G</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANNING CLINIC L</p> <p>OTHER PRIVATE MEDICAL SECTOR M</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER X</p> <p align="center">_____ (SPECIFY)</p>	
718	<p>Have you heard of test kits people can use to test themselves for HIV?</p>	<p>YES 1</p> <p>NO 2</p>	→ 720
719	<p>Have you ever tested yourself for HIV using a self-test kit?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
721	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
722	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
723	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8	
726	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS HE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8	
727	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> <p>NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	YES 1 NO 2	
728	CHECK 414: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓</p> </div> <div style="text-align: center;"> <p>NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 736</p> </div> </div>		
729	CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES <input type="checkbox"/> ↓</p> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/> → 731</p> </div> </div>		
730	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	
731	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	
732	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	CHECK 730, 731 AND 732: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	→ 736
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 736
735	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC SECTOR G _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANING CLINIC L OTHER PRIVATE HEALTH M _____ (SPECIFY) OTHER SOURCE SHOP/ BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q OTHER X _____ (SPECIFY)	
736	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?	YES 1 NO 2 DON'T KNOW 8	
737	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL 2 OTHER 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/PROFESSIONAL 2 CIRCUMCISION DONE AT HOME 3 RITUAL SITE 4 OTHER HOME/PLACE 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
808	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811 → 810
809	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 812
810	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 813

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	<p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe sessions?</p> <p>g) Any others? _____</p> <p style="text-align: center;">(SPECIFY)</p>	<p style="text-align: center;">NUMBER DAILY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p style="text-align: center;">→ 813</p>
812	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe sessions?</p> <p>g) Any others? _____</p> <p style="text-align: center;">(SPECIFY)</p>	<p style="text-align: center;">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
813	<p>Do you currently use smokeless tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p style="text-align: center;">→ 815</p> <p style="text-align: center;">→ 816</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815J	<p>Do you currently have the following symptoms: PROBE FOR TIME</p> <p>k) Cough?</p> <p>l) Fever?</p> <p>m) Drenching night sweats?</p> <p>n) Unexpected weight lost?</p> <p>o) General fatigue or malaise?</p> <p>p) Chest pain?</p>	<p>YES, TWO WEEKS OR LONGER 1</p> <p>YES, LESS THAN TWO WEEKS 2</p> <p>NO 3</p> <p>YES, TWO WEEKS OR LONGER 1</p> <p>YES, LESS THAN TWO WEEKS 2</p> <p>NO 3</p> <p>YES, TWO WEEKS OR LONGER 1</p> <p>YES, LESS THAN TWO WEEKS 2</p> <p>NO 3</p> <p>YES, TWO WEEKS OR LONGER 1</p> <p>YES, LESS THAN TWO WEEKS 2</p> <p>NO 3</p> <p>YES, TWO WEEKS OR LONGER 1</p> <p>YES, LESS THAN TWO WEEKS 2</p> <p>NO 3</p>	
815Q	<p>CHECK 815J:</p> <p>IF AT LEAST ONE SYMPTOM "YES" <input type="checkbox"/> IF "NO" <input type="checkbox"/> CODE "1" OR "2" CIRCLED TO ALL SYMPTOMS</p>		816
815R	<p>Have you ever sought care or help?</p>	<p>YES 1</p> <p>NO 2</p>	816
815S	<p>(IF "YES") Where did you seek care or help?</p>	<p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR 17</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>PHARMACY 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 25</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>TRADITIONAL HEALER 32</p> <p>FRIEND/RELATIVE 33</p> <p>YOUTH CENTER 34</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p>	
816	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	DV00
817	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUELLE/COMMUNITY HEALTH INSURANCE A</p> <p>RAMA/RSSB B</p> <p>MMI C</p> <p>PRIVATE INSURANCE COMPANY D</p> <p>EMPLOYER E</p> <p>OTHER X</p> <p align="center">_____ (SPECIFY)</p> <p>DON'T KNOW Z</p>	

SECTION DV: DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
DV00	CHECK THE OVER PAGE IF THIS MAN SELECTED FOR MALE DV QUESTIONNAIRE WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/>	WOMAN <input type="checkbox"/> → NOT SELECTED	CLOS E INTER VIEW																								
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓	PRIVACY NOT POSSIBLE 2 →	→ DV32																								
DV01A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. 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.																										
DV02	CHECK 401 AND 402: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> ↓	FORMERLY MARRIED/ LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/> ↓	NEVER MARRIED/ NEVER LIVED WITH A WOMAN <input type="checkbox"/> → DV16																								
DV03	First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) (wife/partner)? a) She (is/was) jealous or angry if you (talk/talked) to other b) She frequently (accuses/accused) you of being unfaithful? c) She (does/did) not permit you to meet your male friends? d) She (tries/tried) to limit your contact with your family? e) She (insists/insisted) on knowing where you (are/were) at all times?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	
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NOT MEET FRIENDS ...	1	2	8																								
NO FAMILY	1	2	8																								
WHERE YOU ARE	1	2	8																								
DV04	Now I need to ask some more questions about your relationship with your (last) (wife/partner). A. Did your (last) (wife/ partner) ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?	B. How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="1"> <thead> <tr> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3									
EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																								
YES 1 NO 2 ↓	→ 1	2	3																								
YES 1 NO 2 ↓	→ 1	2	3																								
YES 1 NO 2 ↓	→ 1	2	3																								

DV05	A. Did your (last) (wife/ partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?			
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
	a) push you, shake you, or throw something at you?	YES 1 NO 2	→ 1	2	3
	b) slap you?	YES 1 NO 2	→ 1	2	3
	c) twist your arm or pull your hair?	YES 1 NO 2	→ 1	2	3
	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	→ 1	2	3
	e) kick you, drag you, or beat you up?	YES 1 NO 2	→ 1	2	3
	f) try to choke you or burn you on purpose?	YES 1 NO 2	→ 1	2	3
	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2	→ 1	2	3
	h) Physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→ 1	2	3
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3
DV06	CHECK DV05A (a-j):				
	AT LEAST ONE <input type="checkbox"/> 'YES' ↓		NOT A SINGLE <input type="checkbox"/> 'YES' →		DV09
DV07	How long after you first (got married/started living together) with your (last) (wife/partner) did (this/any of these things) first happen?	NUMBER OF YEARS <input type="text"/> <input type="text"/>			
	IF LESS THAN ONE YEAR, RECORD '00'.	BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95			
DV08	Did the following ever happen as a result of what your (last) (wife/partner) did to you:				
	a) You had cuts, bruises, or aches?	YES 1 NO 2			
	b) You had eye injuries, sprains, dislocations, or burns?	YES 1 NO 2			
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2			

DV09	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/partner) at times when she was not already beating or physically hurting you?	YES 1 NO 2	→ DV11																
DV10	In the last 12 months, how often have you done this to your (last) (wife/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																	
DV11	Does (did) your (last) (wife/partner) drink alcohol?	YES 1 NO 2	→ DV13																
DV12	How often does (did) she get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																	
DV13	Are (Were) you afraid of your (last) (wife/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																	
DV14	CHECK 409: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ DV16																
DV15	A. So far we have been talking about the behavior of your (current/last) (wife/partner). Now I want to ask you about the behavior of any previous (wife/partner).	B. How long ago did this last happen?																	
		<table border="1"> <thead> <tr> <th>EVER</th> <th>0 - 11 MONTHS AGO</th> <th>12+ MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will? YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) Did any previous (wife/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself? YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓	→ 1	2	3	b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will? YES 1 NO 2 ↓	→ 1	2	3	c) Did any previous (wife/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself? YES 1 NO 2 ↓	→ 1	2	3	
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c) Did any previous (wife/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself? YES 1 NO 2 ↓	→ 1	2	3																
DV16	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/>	a) From the time you were 15 years old has anyone other than (your/any) (wife/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 → DV22																

DV17	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/FATHER A STEP-MOTHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT GIRLFRIEND F FORMER GIRLFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WOR L POLICE/SOLDIER M OTHER _____ X (SPECIFY)	
DV18	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV18A	CHECK DV17 <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MORE THAN ONE RESPONSE SELECTED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> ONLY ONE RESPONSE SELECTED <input type="checkbox"/> </div> </div>		→ DV22B
DV18B	Who is the main person that has hurt you in this way in the last 12 months?	MOTHER/STEP-MOTHER 1 FATHER/STEP-FATHER 2 SISTER/BROTHER 3 DAUGHTER/SON 4 OTHER RELATIVE 5 CURRENT GIRLFRIEN 6 FORMER GIRLFRIEND 7 MOTHER-IN-LAW 8 FATHER-IN-LAW 9 OTHER IN-LAW 10 TEACHER 11 EMPLOYER/SOMEONE AT WORK .. 12 POLICE/SOLDIER 13 OTHER _____ 96 (SPECIFY)	
DV22	CHECK 401 AND 402: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> </div> </div>		→ DV22B
DV22A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (wife/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV23 → DV24A
DV22B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV26

DV23	Who was the person who was forcing you the very first time this happened?	CURRENT/FORMER GIRLFRIEND . . . 01 FATHER/STEP-FATHER 02 BROTHER/STEP-BROTHER 03 OTHER RELATIVE 04 IN-LAW 05 OWN FRIEND/ACQUAINTANCE 06 FAMILY FRIEND 07 TEACHER 08 EMPLOYER/SOMEONE AT WORK . . . 09 POLICE/SOLDIER 10 PRIEST/RELIGIOUS LEADER 11 STRANGER 12 OTHER _____ 96 (SPECIFY)	
DV24	CHECK 401 AND 402: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A WOMAN ↓ a) In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to?	NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A WOMAN ↓ b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to? YES 1 NO 2	<input type="checkbox"/> → DV25
DV24A	CHECK DV05A (h-j) and DV15A(b) AT LEAST ONE <input type="checkbox"/> 'YES' ↓ NOT A <input type="checkbox"/> SINGLE 'YES' →		<input type="checkbox"/> → DV26
DV25	CHECK 401 AND 402: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A WOMAN ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) wife/partner?	NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A WOMAN ↓ b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? AGE IN COMPLETED <input type="text"/> <input type="text"/> YEARS DON'T KNOW 98	
DV26	CHECK DV05A (a-j), DV15A (a-c), DV16, DV22A, AND DV22B: AT LEAST ONE <input type="checkbox"/> 'YES' ↓ NOT A SINGLE <input type="checkbox"/> 'YES' →		<input type="checkbox"/> → DV30
DV27	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	<input type="checkbox"/> → DV29

