

AFGHANISTAN DEMOGRAPHIC AND HEALTH SURVEY 2015
EVER-MARRIED MAN'S QUESTIONNAIRE

CENTRAL STATISTICS ORGANIZATION AND MINISTRY OF PUBLIC HEALTH

IDENTIFICATION																						
PROVINCE _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
DISTRICT _____																						
VILLAGE/NAHIA _____																						
CONTROLLER AREA																						
CLUSTER NUMBER [SAHA SHOMOR]																						
TYPE OF LOCATION (URBAN=1; RURAL=2)																						
STRUCTURE/BUILDING NUMBER/GATE NUMBER																						
HOUSEHOLD NUMBER																						
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
NAME AND LINE NUMBER OF MAN _____	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
INTERVIEWER VISITS																						
	1	2	3	FINAL VISIT																		
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>																		
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RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>																		
NEXT VISIT: DATE	_____	_____		RESULT <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>																		
TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>																		
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;">7 OTHER _____</td> <td style="width: 25%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____		2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)		3 POSTPONED	6 INCAPACITATED								
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2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)																				
3 POSTPONED	6 INCAPACITATED																					

	DARI	PASHTO	OTHER	
LANGUAGE OF INTERVIEW	1	2	6 _____	TRANSLATOR USED? YES NO
NATIVE LANGUAGE OF RESPONDENT	1	2	6 _____	1 2

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY												
NAME _____ <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>					NAME _____ <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>					<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
		NAME	NAME												

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

As-salamu alaykum. My name is _____. I am working with Central Statistics Organization. We are conducting a survey about health all over Afghanistan, which is conducted with the joint effort of the Ministry of Public Health and Central Statistics Organization. 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: _____

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
104A	What type of school have you attended?	SCHOOL 1 MADRASSA 2	
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest grade you completed? IF COMPLETED LESS THAN GRADE ONE, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 110
108	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 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' CIRCLED <input type="checkbox"/> 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	To which ethnic group do you belong?	PASHTUN 01 TAJIK 02 HAZARA 03 UZBEK 04 TURKMEN 05 NURISTANI 06 BALOCH 07 PASHAI 08 OTHER 96 (SPECIFY)	

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"/> → 212 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 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 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"/> IS AGE 0-2 YEARS 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 8	→ 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	
220	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?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	<p>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.</p> <p>Have you ever heard of (METHOD)?</p>		
01	<p>Female Sterilization. PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>	
02	<p>Male Sterilization. PROBE: Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>	
03	<p>IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 NO 2</p>	
04	<p>Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>	
05	<p>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.</p>	<p>YES 1 NO 2</p>	
06	<p>Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>	
07	<p>Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2</p>	
09	<p>Lactational Amenorrhea Method (LAM).</p>	<p>YES 1 NO 2</p>	
10	<p>Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p>	<p>YES 1 NO 2</p>	
11	<p>Withdrawal. PROBE: Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2</p>	
12	<p>Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES 1 NO 2</p>	
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>NO 2</p>	

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? Seen or read about family planning in internet? Read about family planning in billboard? Heard from health professionals? Heard from local community leaders?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INTERNET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BILLBOARD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH PROFESSIONALS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOCAL LEADERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	INTERNET	1	2	BILLBOARD	1	2	HEALTH PROFESSIONALS ...	1	2	LOCAL LEADERS	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-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES	1	NO	2																					
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 when she has sexual relations?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	<input type="checkbox"/> → 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-collapse: collapse;"> <tbody> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td> <td style="text-align: center;">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td> <td style="text-align: center;">4</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </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	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 business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DIS- AGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>CONTRACEPTION WOMAN'S BUSINESS</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>WOMEN MAY BECOME PROMISCUOUS</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>		AGREE	DIS- AGREE	DK	CONTRACEPTION WOMAN'S BUSINESS	1	2	8	WOMEN MAY BECOME PROMISCUOUS	1	2	8													
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307	CHECK 301 (07): KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> → 401																								
308	Do you know of a place where a person can get male condoms?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES	1	NO	2	<input type="checkbox"/> → 401																				
YES	1																										
NO	2																										

309	<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(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL OR DISTRICT) A</p> <p>CHC/POLYCLINIC B</p> <p>BASIC HEALTH CENTER C</p> <p>HEALTH SUB-CENTER D</p> <p>HEALTH POST/SUB-HEALTH POST E</p> <p>COMMUNITY HEALTH WORKER... F</p> <p>MOBILE CLINIC G</p> <p>OTHER PUBLIC SECTOR _____ H (SPECIFY)</p> <p>NON-GOVERNMENT SECTOR</p> <p>MARIE STOPES I</p> <p>RED CROSS SOCIETY J</p> <p>AFGA K</p> <p>OTHER NGO SECTOR _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC M</p> <p>PHARMACY N</p> <p>PRIVATE DOCTOR O</p> <p>FIELDWORKER P</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ Q (SPECIFY)</p> <p>OTHER SOURCE</p> <p>CHARITY/FOUNDATIONS R</p> <p>REFUGEE CAMP S</p> <p>SHOP T</p> <p>FRIENDS/RELATIVES U</p> <p>OTHER _____ X (SPECIFY)</p>	
310	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	What is your current marital status: are you married, widowed, divorced, or separated?	CURRENTLY MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	<input type="checkbox"/> → 410															
404	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have other wives?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	<input type="checkbox"/> → 407															
406	Altogether, how many wives do you have?	TOTAL NUMBER OF WIVES <input type="text"/> <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE <input type="checkbox"/></p> <p>Please tell me the name of your wife.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>408 ASK 408 FOR EACH PERSON.</p>	<p>MORE THAN ONE WIFE <input type="checkbox"/></p> <p>Please tell me the name of each of your wives.</p> <table border="1"> <thead> <tr> <th data-bbox="911 853 1054 882">NAME</th> <th data-bbox="1086 831 1187 882">LINE NUMBER</th> <th data-bbox="1262 853 1331 882">AGE</th> </tr> </thead> <tbody> <tr> <td data-bbox="911 958 1054 981">_____</td> <td data-bbox="1086 913 1187 981"><input type="text"/></td> <td data-bbox="1262 913 1331 981"><input type="text"/></td> </tr> <tr> <td data-bbox="911 1070 1054 1093">_____</td> <td data-bbox="1086 1025 1187 1093"><input type="text"/></td> <td data-bbox="1262 1025 1331 1093"><input type="text"/></td> </tr> <tr> <td data-bbox="911 1182 1054 1205">_____</td> <td data-bbox="1086 1137 1187 1205"><input type="text"/></td> <td data-bbox="1262 1137 1331 1205"><input type="text"/></td> </tr> <tr> <td data-bbox="911 1294 1054 1317">_____</td> <td data-bbox="1086 1249 1187 1317"><input type="text"/></td> <td data-bbox="1262 1249 1331 1317"><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"/>	<p>408 How old was (NAME) on her last birthday?</p>
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"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE <input type="checkbox"/></p> <p>MORE THAN ONE WIFE <input type="checkbox"/></p>		<input type="checkbox"/> → 411A															
410	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	<input type="checkbox"/> → 411A															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your wife?	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
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 INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE 95	→ 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"/>	→ 438
418	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→ 438
436	What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	ARAMESH 01 SATHI 02 ASODAGI 03 MOH/UNFPA 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 (NATIONAL, REGIONAL, PROVINCIAL OR DISTRICT) 11</p> <p>CHC/POLYCLINIC 12</p> <p>BASIC HEALTH CENTER 13</p> <p>HEALTH SUB-CENTER 14</p> <p>HEALTH POST/SUB-HEALTH POST 15</p> <p>COMMUNITY HEALTH WORKER ... 16</p> <p>MOBILE CLINIC 17</p> <p>OTHER PUBLIC SECTOR _____ 18</p> <p>(SPECIFY)</p> <p>NON-GOVERNMENT SECTOR</p> <p>MARIE STOPES 21</p> <p>RED CROSS SOCIETY 22</p> <p>AFGA 23</p> <p>OTHER NGO SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>FIELDWORKER 34</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>CHARITY/FOUNDATIONS 41</p> <p>REFUGEE CAMP 42</p> <p>SHOP 43</p> <p>FRIEND/RELATIVE 44</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: 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>LAM J</p> <p>RHYTHM METHOD K</p> <p>WITHDRAWAL L</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 <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 509
503	Is your wife (Are any of your wives) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife/wives) 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 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) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 509
506	CHECK 407: ONE WIFE <input type="checkbox"/> MORE THAN ONE WIFE <input type="checkbox"/>		→ 508
507	CHECK 503: WIFE NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE 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 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 509
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 ARE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>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's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

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?	 _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> _____ _____				
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 <input type="checkbox"/> NOT CURRENTLY MARRIED <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, or you and your wife jointly?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 OTHER _____ 6 (SPECIFY)				
610	Who usually makes decisions about health care for yourself: you, your wife, you and your wife jointly, or someone else?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)				
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE 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?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>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	
	YES	NO	DK																								
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ARGUES	1	2	8																								
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BURNS FOOD	1	2	8																								

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 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 AIDS?	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																	
708	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? 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>DURING PREG.</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> </tr> <tr> <td>DURING DELIVERY</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> </tr> <tr> <td>BREASTFEEDING</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> </tr> </table>		YES	NO	DK	DURING PREG. 1 2 8	DURING DELIVERY 1 2 8	BREASTFEEDING 1 2 8	
	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 HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
710A	From where did you hear or get information about HIV/AIDS? Any other source?	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER/BILLBOARD D INTERNET E HEALTH PROFESSIONALS F RELIGIOUS INSTITUTIONS G SCHOOL/TEACHER H COMMUNITY MEETINGS I WORKPLACE J FRIENDS/RELATIVES K OTHER _____ X (SPECIFY)																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 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 GOVT. HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL OR DISTRICT) 11 CHC/POLYCLINIC 12 BASIC HEALTH CENTER 13 HEALTH SUB-CENTER 14 HEALTH POST/SUB-HEALTH POST 15 STAND-ALONE VCT CENTER 16 FAMILY PLANNING CLINIC 17 MOBILE CLINIC 18 COMMUNITY HEALTH WORKER 19 OTHER PUBLIC SECTOR 20 (SPECIFY) NGO MARIE STOPES 21 RED CROSS SOCIETY 22 AFGA 23 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31 STAND-ALONE VCT CENTER 32 PHARMACY 33 MOBILE CLINIC 34 FIELDWORKER 35 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 CHARITY/FOUNDATIONS 42 REFUGEE CAMP 43 OTHER 96 (SPECIFY)	→ 718

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Do you know of a place where people can go to get tested for HIV?	YES 1 NO 2	→ 718
717	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)	PUBLIC SECTOR GOVT. HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL OR DISTRICT) A CHC/POLYCLINIC B BASIC HEALTH CENTER C HEALTH SUB-CENTER D HEALTH POST/SUB-HEALTH POST E STAND-ALONE VCT CENTER F FAMILY PLANNING CLINIC G MOBILE CLINIC H COMMUNITY HEALTH WORKER I OTHER PUBLIC SECTOR _____ J (SPECIFY) NGO SECTOR MARIE STOPES K RED CROSS SOCIETY L AFGA M OTHER NGO SECTOR _____ N (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR O STAND-ALONE VCT CENTER P PHARMACY Q MOBILE CLINIC R FIELDWORKER S OTHER PRIVATE MEDICAL SECTOR _____ T (SPECIFY) OTHER SOURCE HOME U CHARITY/FOUNDATIONS V REFUGEE CAMP W OTHER _____ X (SPECIFY)	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL OR DISTRICT) A</p> <p>CHC/POLYCLINIC B</p> <p>BASIC HEALTH CENTER C</p> <p>HEALTH SUB-CENTER D</p> <p>HEALTH POST/SUB-HEALTH POST E</p> <p>STAND-ALONE VCT CENTER ... F</p> <p>FAMILY PLANNING CLINIC G</p> <p>MOBILE CLINIC H</p> <p>COMMUNITY HEALTH WORKER I</p> <p>OTHER PUBLIC SECTOR J</p> <p>_____ (SPECIFY)</p> <p>NGO SECTOR</p> <p>MARIE STOPES K</p> <p>RED CROSS SOCIETY L</p> <p>AFGA M</p> <p>OTHER NGO SECTOR N</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR O</p> <p>STAND-ALONE VCT CENTER ... P</p> <p>PHARMACY Q</p> <p>MOBILE CLINIC R</p> <p>FIELDWORKER S</p> <p>OTHER PRIVATE MEDICAL SECTOR T</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>CHARITY/FOUNDATIONS U</p> <p>REFUGEE CAMP V</p> <p>SHOP W</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 other women?</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	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 cigarettes?	YES 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
810	Do you currently smoke or use any (other) type of tobacco?	YES 1 NO 2	→ 811A
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	CHELAM A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811A	Do you currently use drugs?	YES 1 NO 2	→ 811C
811B	What type of drugs do you currently use? RECORD ALL MENTIONED.	OPIUM A HEROIN B OTHER _____ X (SPECIFY)	
811C	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 812
811D	How does tuberculosis spread from one person to another? PROBE: Any other ways? [CIRCLE ALL MENTIONED]	THROUGH THE AIR WHEN COUGHING OR SNEEZING A BY SHARING UTENSILS B BY TOUCHING A PERSON WITH TB . . . C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X SPECIFY DON'T KNOW Z	
811E	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	→ 811G
811F	Have you ever been told by a doctor or nurse that you have/ had tuberculosis?	YES 1 NO 2 DON'T KNOW 8	
811G	Have you ever heard of an illness called Hepatitis?	YES 1 NO 2 DON'T KNOW 8	→ 812
811H	Is there anything a person can do to avoid getting Hepatitis?	YES 1 NO 2 DON'T KNOW 8	→ 811J
811I	What can a person do to avoid getting Hepatitis? PROBE: Any other ways? [CIRCLE ALL MENTIONED]	SAFE SEX A SAFE BLOOD TRANSFER B DISPOSABLE SYRINGE C AVOID CONTAMINATED FOOD/WATER D AVOID CONTACT WITH INFECTED PERSON E MAKING SURE THAT INSTRUMENTS OF DENTISTS ARE PROPERLY STERILIZED F OTHERS _____ X (SPECIFY) DON'T KNOW Z	
811J	Have you ever been told by a doctor or nurse that you have/ had Hepatitis?	YES 1 NO 2 DON'T KNOW 8	→ 812
811K	What type of Hepatitis were you diagnosed with?	HEPATITIS A A HEPATITIS B B HEPATITIS C C DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
811L	Are you currently suffering from Hepatitis?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 812								
811M	What type of Hepatitis are you currently suffering from?	HEPATITIS A A HEPATITIS B B HEPATITIS C C DON'T KNOW Z									
812	Are you covered by any health insurance?	YES 1 NO 2	<input type="checkbox"/> → 814								
813	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)									
814	RECORD THE TIME.	HOUR <table border="1" data-bbox="1241 846 1345 913" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" data-bbox="1241 913 1345 969" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____