

**BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2004  
MAN'S QUESTIONNAIRE**

IDENTIFICATION																					
DIVISION _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 20px;"> <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> <div style="margin-bottom: 20px;"> <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> <div style="margin-bottom: 20px;"> <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>																				
DISTRICT _____																					
UPAZILA _____																					
UNION OR WARD _____																					
VILLAGE OR MOHALLA OR BLOCK _____																					
CLUSTER NUMBER .....																					
HOUSEHOLD NUMBER.....																					
RURAL=1, MUNICIPALITY=2, OTHER URBAN=3, SMA=4 .....																					
NAME OF THE HOUSEHOLD HEAD _____																					
NAME AND LINE NUMBER OF MAN _____																					

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; 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></table>						
INTERVIEWER[S] NAME	_____	_____	_____	MONTH* <table border="1" style="display: inline-table; 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></table>						
RESULT**	_____	_____	_____	YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr></table>						
NEXT VISIT: DATE	_____	_____		CODE <table border="1" style="display: inline-table; 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></table>						
TIME	_____	_____	_____	RESULT** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
<b>**RESULT CODES:</b> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 RESPONDENT INCAPACITATED 7 OTHER _____ (SPECIFY)				TOTAL NO. OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>						
<b>*MONTH CODES</b> 01 JANUARY                      04 APRIL                      07 JULY                      10 OCTOBER 02 FEBRUARY                    05 MAY                        08 AUGUST                    11 NOVEMBER 03 MARCH                        06 JUNE                        09 SEPTEMBER                12 DECEMBER										
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR						
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	How old were you at your last birthday?  COMPARE AND CORRECT 108 AND /OR 109 IF INCONSISTENT	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>  IF AGE IN NOT BETWEEN 15 AND 59	→ END
110	Have you ever attended school or madrasha?	YES, SCHOOL.....1 YES, MADRASHA .....2 YES, BOTH .....3 NO.....4	→ 111B → 113
111A	What type of schooling did you last attend?	SCHOOL.....1 MADRASHA.....2	
111B	What level of schooling have you last attended?  What is the highest grade you completed at that schooling?	LEVEL..... <input type="text"/> CLASS..... <input type="text"/> <input type="text"/>	
112	CHECK 111B:  CLASS IS LESS THAN 6 <input type="checkbox"/> CLASS IS 6 OR MORE THAN 6 <input type="checkbox"/>		→ 114
113	Can you read and write a letter in any language easily, with difficulty, or not at all?	EASILY..... 1 WITH DIFFICULTY ..... 2 NOT AT ALL..... 3	115
114	Do you usually read a newspaper or magazine?	YES ..... 1 NO ..... 2	115
114A	How often do you read newspaper or magazine: every day, at least once a week, or less than once a week?	EVERY DAY..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3	
115	Do you listen to the radio?	YES ..... 1 NO ..... 2	116
115A	How often do you listen to the radio: every day, at least once a week, less than once a week?	EVERY DAY..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3	
116	Do you watch television?	YES ..... 1 NO ..... 2	117
116A	How often do you watch television: every day, at least once a week, less than once a week?	EVERY DAY..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3	
117	What is your religion?	ISLAM ..... 1 HINDUISM ..... 2 BUDDHISM ..... 3 CHRISTIANITY ..... 4 OTHER ..... 6  (SPECIFY)	
119	Are you currently working?	YES .....1 NO.....2	→ 128
120	What is your occupation, that is, what kind of work do you mainly do?	..... ..... ..... <input type="text"/> <input type="text"/>	
121	CHECK 120: WORKS IN AGRICULTURE <input type="checkbox"/> WORKS IN OTHER SECTORS <input type="checkbox"/>		→ 123
122	Do you work mainly on your own land or on family land, or do you rent land or work on someone else's land?	OWN LAND..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
123	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	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	<del>126</del>
125	During the last 1 year, how many months did you work?	NUMBER OF MONTHS ..... <input type="text"/> <input type="text"/>	
126	Do you think that your earning is sufficient, moderately sufficient or not sufficient to provide for your family's basic needs?	SUFFICIENT ..... 1 MODERATELY SUFFICIENT ..... 2 NOT SUFFICIENT ..... 3	201
128	Have you done any work in the last 1 year?	YES ..... 1 NO ..... 2	201
129	What have you been doing over the last 1 year?	GOING TO SCHOOL/STUDYING ..... 1 LOOKING FOR WORK ..... 2 INACTIVE ..... 3 COULD NOT WORK/HANDICAPPED ..... 4  OTHER ..... 6 (SPECIFY)	

**SECTION 2. HEALTH AND LIFE STYLE**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
201	At any time during the last 3 months, for any health problem(s) or injury, did you have difficulty in doing your normal work, or in doing regular activities?	YES, ILLNESS .....A YES, INJURY .....B NONE .....Y	→207A	
202	For how many days in the last 3 months were you unable to do your normal work or regular activities due to this (these) health problem(s) and/or injuries?	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/>		
203	CHECK 201: CIRCLED 'A'(ILLNESS) <input type="checkbox"/> DID NOT CIRCLE 'A' <input type="checkbox"/>		→207A	
204	What type of illness prevents you from doing your work or other regular activities?	TUBERCULOSIS .....A ASTHMA .....B DIABETES .....C HIGH BLOOD PRESSURE .....D HEART PROBLEM .....E MALARIA/FEBER .....F JAUNDICE/HEPATITIS .....G  OTHER _____ X  (SPECIFY)		
207A	Do you smoke? Such as:	207B. In 24 hours usually how many times do you smoke/eat (NAME OF THE ITEM)?	207C. Have you ever smoked/eaten (NAME OF THE ITEM)?	
1	Cigarette?	Yes ..... 1 → No ..... 2 ↘ SKIP 207C	Times ..... <input type="text"/> <input type="text"/> GO TO NEXT ITEM	Yes ..... 1 No ..... 2
2	Bidi?	Yes ..... 1 → No ..... 2 ↘ SKIP 207C	Times ..... <input type="text"/> <input type="text"/> GO TO NEXT ITEM	Yes ..... 1 No ..... 2
3	Hukka?	Yes ..... 1 → No ..... 2 ↘ SKIP 207C	Times ..... <input type="text"/> <input type="text"/> GO TO NEXT ITEM	Yes ..... 1 No ..... 2
4	Pipe?	Yes ..... 1 → No ..... 2 ↘ SKIP 207C	Times ..... <input type="text"/> <input type="text"/> GO TO NEXT ITEM	Yes ..... 1 No ..... 2
5	Anything else? _____ (Specify)	Yes ..... 1 → No ..... 2 ↘ SKIP 207C	Times ..... <input type="text"/> <input type="text"/> GO TO NEXT ITEM	Yes ..... 1 No ..... 2
6	Do you currently eat tobacco leaves or sada pata or gul?	Yes ..... 1 → No ..... 2 ↘ SKIP 207C	Times ..... <input type="text"/> <input type="text"/> GO TO NEXT ITEM	Yes ..... 1 No ..... 2
7	Do you currently eat pan with tobacco or zarda?	Yes ..... 1 → No ..... 2 ↘ SKIP 207C	Times ..... <input type="text"/> <input type="text"/> GO TO 301	Yes ..... 1 No ..... 2

**SECTION 3. MARRIAGE AND SEXUAL ACTIVITY**

Now, I would like to ask you some questions about your marriage life.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
301	Are you currently married, widowed, divorced or separated?	MARRIED ..... 1 WIDOWED ..... 2 DIVORCED ..... 3 SEPARATED ..... 4 NEVER MARRIED..... 5	→ 306 → 316A	
305	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2		
306	Have you been married only once, or more than once?	ONCE..... 1 MORE THAN ONCE..... 2		
307A	CHECK 301:  CURRENTLY MARRIED <input type="checkbox"/>	NOT CURRENTLY MARRIED <input type="checkbox"/>	→ 308	
307B	RECORD THE WIFE'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.  IF THERE ARE TWO WIVES IN THE HOUSEHOLD, RECORD THE NAME AND LINE NUMBERS OF BOTH.	NAME _____ LINE NO..... <input type="text"/> <input type="text"/>  NAME _____ LINE NO..... <input type="text"/> <input type="text"/>		
308	CHECK 306:  MARRIED <input type="checkbox"/> ONLY ONCE  In what month and year did you start living with your wife?	MARRIED <input type="checkbox"/> MORE THAN ONCE  Now, we will talk about your first wife. In what month and year did you start living with her?	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	→ 310
309	How old were you when you started living with her?	AGE ..... <input type="text"/> <input type="text"/>		
310	Did you have sex before (first) marriage?	YES ..... 1 NO..... 2	→ 311	
310A	How old were you when you first had sexual intercourse?	AGE IN YEARS ..... <input type="text"/> <input type="text"/>		
311	Now I would like to talk about sexual relationship after marriage. Sometimes, a man may seek for sexual relationship with women other than his wife. After marriage, have you ever had sex with any woman other than your wife?	YES ..... 1 NO..... 2	→ 317	
312	Beside your wife, with whom did you have sexual relationship?  Any other?	GIRL FRIEND/FIANCEE .....A OTHER FRIEND.....B CASUAL ACQUAINTANCE .....C COMMERCIAL SEX WORKER .....D RELATIVE .....E  OTHER _____ X (SPECIFY)		
313A	In the last 1 year, did you have sexual intercourse with any women other than your wife?	YES..... 1 NO..... 2	→ 317	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313B	Beside your wife, with whom did you have sexual intercourse?  Any other?	GIRL FRIEND/FIANCEE ..... A OTHER FRIEND ..... B CASUAL ACQUAINTANCE ..... C COMMERCIAL SEX WORKER ..... D RELATIVE ..... E  OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313C	In the last 1 year, with how many women did you have sexual intercourse other than your wife?	NUMBER ..... <input type="text"/> <input type="text"/>	

313D	CHECK 313B: MULTIPLE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/>		→ 315
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314A	Beside your wife, with whom (among those mentioned in Q 313B) did you have last sexual intercourse?	GIRL FRIEND/FIANCEE ..... 1 OTHER FRIEND ..... 2 CASUAL ACQUAINTANCE ..... 3 COMMERCIAL SEX WORKER ..... 4 RELATIVE ..... 5  OTHER _____ 6 (SPECIFY)	
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314B	The last time you had sexual intercourse with (mentioned 314A), did you use a condom?	YES..... 1 NO ..... 2	→ 315A → 315B
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315	The last time you had sexual intercourse with (mentioned 313B), did you use a condom?	YES..... 1 NO ..... 2	→ 315B
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315A	Why did you use condom?	TO PREVENT STD ..... A TO PREVENT PREGNENCY ..... B OTHER _____ X (SPECIFY)	
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315B	CHECK 106: RESPONSE GIVEN <input type="checkbox"/> (Lived outside in last 1 year) DID NOT GIVE ANY ANSWER <input type="checkbox"/> (Did not live outside in last 1 year)		→ 317
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315C	In the last 1 year, did you have sexual intercourse with any woman other than your wife while travelling outside your home community?	YES..... 1 NO ..... 2	→ 317
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315D	Did you have this sexual intercourse inside Bangladesh or outside Bangladesh?	INSIDE BANGLADESH..... A OUTSIDE BANGLADESH ..... B	
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315E	INTERVIEWER: CHECK 315D IF CODE 'A' CIRCLED THEN ASK, OTHERWISE SKIP TO 315F In the last 1 year with whom did you have sexual intercourse other than your wife while travelling inside Bangladesh?  Any other?	GIRL FRIEND/FIANCEE ..... A OTHER FRIEND ..... B CASUAL ACQUAINTANCE ..... C COMMERCIAL SEX WORKER ..... D RELATIVE ..... E OTHER _____ X (SPECIFY)	
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315EA	Beside your wife, with how many women did you have sexual intercourse in the last 1 year?	NUMBER ..... <input type="text"/> <input type="text"/>	
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315EB	The last time you had sexual intercourse with (among those mentioned in 315EA), did you use a condom?	YES..... 1 NO ..... 2	→ 315F
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315EC	Why did you use condom?	TO PREVENT STD ..... A TO PREVENT PREGNENCY ..... B OTHER _____ X (SPECIFY)	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315F	INTERVIEWER: CHECK 315D IF CODE 'B' CIRCLED THEN ASK, OTHERWISE SKIP TO 317 In the last 1 year, with whom did you have sexual intercourse other than your wife while travelling outside Bangladesh?  Any other?	GIRL FRIEND/FIANCEE .....A OTHER FRIEND.....B CASUAL ACQUAINTANCE .....C COMMERCIAL SEX WORKER .....D RELATIVE .....E OTHER ..... X (SPECIFY)	
315FA	Beside your wife, with how many women did you have sexual intercourse in the last 1 year?	NUMBER ..... <input type="checkbox"/> <input type="checkbox"/>	
315FB	The last time you had sexual intercourse with (among those mentioned in 315FA), did you use a condom?	YES ..... 1 NO..... 2	→ 317
315FC	Why did you use condom?	TO PREVENT STD .....A TO PREVENT PREGNANCY.....B OTHER ..... X (SPECIFY)	→ 317
316A	Some times men have sexual urge and have sex before marriage.  Have you ever had sex with any woman?	YES ..... 1 NO..... 2	→ 317
316B	How old were you when you first had sexual intercourse?	AGE IN YEARS ..... <input type="checkbox"/> <input type="checkbox"/>	
316C	With whom did you have sexual intercourse?  Any other?	GIRL FRIEND/FIANCEE .....A OTHER FRIEND.....B CASUAL ACQUAINTANCE .....C COMMERCIAL SEX WORKER .....D RELATIVE .....E OTHER ..... X (SPECIFY)	
316D	In the last 1 year, did you have sexual intercourse with any women?	YES ..... 1 NO..... 2	→ 317
316E	With whom did you have sexual intercourse?  Any other?	GIRL FRIEND/FIANCEE .....A OTHER FRIEND.....B CASUAL ACQUAINTANCE .....C COMMERCIAL SEX WORKER .....D RELATIVE .....E OTHER ..... X (SPECIFY)	
316EA	With how many women did you have sexual intercourse in the last 1 year?	NUMBER ..... <input type="checkbox"/> <input type="checkbox"/>	
316EB	CHECK 316E : <input type="checkbox"/> MULTIPLE CODES CIRCLED	ONLY ONE CODE CIRCLED <input type="checkbox"/>	→ 316H
316F	With whom (among those mentioned in Q 316E) did you have last sexual intercourse?	GIRL FRIEND/FIANCEE ..... 1 OTHER FRIEND..... 2 CASUAL ACQUAINTANCE ..... 3 COMMERCIAL SEX WORKER ..... 4 RELATIVE ..... 5 OTHER ..... 7 (SPECIFY)	
316G	The last time you had sexual intercourse with (mentioned 316F), did you use a condom?	YES ..... 1 NO..... 2	→ 316I → 316IA
316H	The last time you had sexual intercourse with (mentioned 316E), did you use a condom?	YES ..... 1 NO..... 2	→ 316IA
316I	Why did you use condom?	TO PREVENT STD .....A TO PREVENT PREGNANCY.....B OTHER ..... X (SPECIFY)	
316IA	CHECK 106: RESPONSE GIVEN <input type="checkbox"/> (Lived outside in the last 1 year)	DID NOT GIVE ANY RESPONSE <input type="checkbox"/> (Did not live outside in the last 1 year)	→ 317



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316J	In the last 1 year, did you have sexual intercourse with any women while travelling outside your home community?	YES..... 1 NO ..... 2	→ 317
316K	Was this sexual intercourse inside Bangladesh or outside Bangladesh?	INSIDE BANGLADESH..... A OUTSIDE BANGLADESH ..... B	
316L	INTERVIEWER: CHECK 316K IF CODE 'A' CIRCLED THEN ASK, OTHERWISE SKIP TO 317. With whom did you have sexual intercourse? Any other?	GIRL FRIEND/FIANCEE ..... A OTHER FRIEND ..... B CASUAL ACQUAINTANCE ..... C COMMERCIAL SEX WORKER ..... D RELATIVE ..... E OTHER ..... X (SPECIFY)	
316LA	With how many women did you have sexual intercourse in the last 1 year?	NUMBER ..... <input type="text"/> <input type="text"/>	
316LB	The last time you had sexual intercourse with (among those mentioned in 316LA), did you use a condom?	YES..... 1 NO ..... 2	→ 316M
316LC	Why did you use condom?	TO PREVENT STD ..... A TO PREVENT PREGNANCY ..... B OTHER ..... X (SPECIFY)	
316M	INTERVIEWER: CHECK 316K IF CODE 'B' CIRCLED THEN ASK, OTHERWISE SKIP TO 317 With whom did you have sexual intercourse? Any other?	GIRL FRIEND/FIANCEE ..... A OTHER FRIEND ..... B CASUAL ACQUAINTANCE ..... C COMMERCIAL SEX WORKER ..... D RELATIVE ..... E OTHER ..... X (SPECIFY)	
316MA	With how many women did you have sexual intercourse in the last 1 year?	NUMBER ..... <input type="text"/> <input type="text"/>	
316MB	The last time you had sexual intercourse with (among those mentioned in 316MA), did you use a condom?	YES..... 1 NO ..... 2	→ 317
316MC	Why did you use condom?	TO PREVENT STD ..... A TO PREVENT PREGNANCY ..... B OTHER ..... X (SPECIFY)	
317	Sometimes, some men may desire sexual pleasure from persons other than women. Have you ever had sex with any boys/men or transgender (hizra)?	YES, WITH A MAN/BOYS ..... 1 YES, WITH A TRANSGENDER ..... 2 YES, BOTH ..... 3 NONE ..... 4	→ 321
318	In the last 1 year, did you have such sex?	YES, WITH A MAN ..... 1 YES, WITH A TRANSGENDER ..... 2 YES, BOTH ..... 3 NONE ..... 4	
319	The last time you had such sexual intercourse, did you or your partner use a condom?	YES..... 1 NO ..... 2	→ 321
320	Why did you use condom?	TO PREVENT STD ..... A OTHER ..... X (SPECIFY)	
321	Do you know of a place where you can obtain a condom?	YES..... 1 NO ..... 2	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p data-bbox="191 155 332 182">Where is that?</p> <p data-bbox="418 365 602 392">(NAME OF PLACE)</p> <p data-bbox="191 457 764 506">IF WOMAN SAYS MORE THAN ONE PLACE ASK FOR THE PLACE SHE WOULD MOST LIKELY USE</p>	<p data-bbox="834 155 1008 182">PUBLIC SECTOR</p> <p data-bbox="857 186 1256 214">HOSPITAL/MEDICAL COLLEGE ..... 11</p> <p data-bbox="857 218 1256 245">FAMILY WELFARE CENTRE..... 12</p> <p data-bbox="857 249 1256 277">UPAZILA HEALTH COMPLEX ..... 13</p> <p data-bbox="857 281 1256 308">SATELLITE CLINIC/ EPI OUTREACH SITE ..... 14</p> <p data-bbox="857 312 1256 340">MATERNAL CHILD WELFARE CENTER (MCWC) ..... 15</p> <p data-bbox="857 344 1256 371">GOVT. FIELD WORKER (FWA)..... 16</p> <p data-bbox="857 375 1256 403">COMMUNITY CLINIC ..... 17</p> <p data-bbox="834 457 980 485">NGO SECTOR</p> <p data-bbox="857 489 1256 516">NGO STATIC CLINIC ..... 21</p> <p data-bbox="857 520 1256 548">NGO SATELLITE CLINIC ..... 22</p> <p data-bbox="857 552 1256 579">NGO DEPOT HOLDER..... 23</p> <p data-bbox="857 583 1256 611">NGO FIELDWORKER ..... 24</p> <p data-bbox="834 604 1122 632">PRIVATE MEDICAL SECTOR</p> <p data-bbox="857 636 1256 663">PRIVATE HOSPITAL/CLINIC ..... 31</p> <p data-bbox="857 667 1256 695">QUALIFIED DOCTOR..... 32</p> <p data-bbox="857 699 1256 726">TRADITIONAL DOCTOR..... 33</p> <p data-bbox="857 730 1256 758">PHARMACY ..... 34</p> <p data-bbox="834 751 1101 779">OTHER PRIVATE SECTOR</p> <p data-bbox="857 783 1256 810">SHOP ..... 41</p> <p data-bbox="857 814 1256 842">FRIEND/RELATIVES ..... 42</p> <p data-bbox="834 873 1256 900">OTHER ..... 96</p> <p data-bbox="1003 905 1110 932">(SPECIFY)</p> <p data-bbox="834 936 1256 963">DON'T KNOW ..... 98</p>	

**SECTION 4. PARTICIPATION IN HEALTH CARE**

Now, I would like to ask you some questions about the participation in healthcare.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>ASK QUESTIONS SEPARATELY FOR PREGNANCY, DELIVERY AND AFTER DELIVERY BUT RECORD RESPONSES IN SAME CODING CATEGORY.</p> <p>What are the problems at the time of pregnancy that may cause death to the mother?</p> <p>Any other?</p> <p>What are the problems at the time of delivery that may cause death to the mother?</p> <p>Any other?</p> <p>What are the problems after the delivery that may cause death to the mother?</p> <p>Any other?</p> <p>RECORD ALL MENTIONED</p>	<p>SEVERE HEADACHE .....A</p> <p>BLURRY VISION .....B</p> <p>HIGH BLOOD PRESSURE ..... C</p> <p>PRE-ECLAMPSIA .....D</p> <p>CONVULSION/ECLAMPSIA.....E</p> <p>EXCESSIVE VAGINAL BLEEDING .....F</p> <p>FOUL-SMELLING DISCHARGE WITH HIGH FEVER..... G</p> <p>JAUNDICE ..... H</p> <p>TETANUS ..... I</p> <p>BABY'S HAND OR FEET COME/ BABY IN BAD POSITION ..... J</p> <p>PROLONG LABOR.....K</p> <p>OBSTRUCTED LABOR.....L</p> <p>RETAINED PLACENTA..... M</p> <p>TORNED UTEROUS ..... N</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... Y</p>	
402	Do you think that women should have a medical checkup when they are pregnant even if they are not sick?	<p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	→ 404
403	At what months of pregnancy do you think that women should have first check up for pregnancy?	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .....98</p>	
404	During the pregnancy do you think women should eat more, same or less?	<p>MORE.....1</p> <p>SAME .....2</p> <p>LESS .....3</p> <p>DON'T KNOW .....8</p>	
405A	In what year was you last child born? PROBE	<p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>UNMARRIED/NO CHILDREN BORN .....9996</p>	→ 419B
405B	<p>CHECK 405A : <input type="checkbox"/> CHILD BORN 1998 OR LATER</p> <p><input type="checkbox"/> CHILD BORN 1997 OR EARLIER</p>		→ 418B
406	What is the name of your last born child?	<p>_____</p> <p align="center">(NAME OF LAST CHILD)</p>	
407	Did your wife go to a health facility to receive antenatal care when she was pregnant with (NAME OF LAST BORN CHILD)?	<p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	→ 409
408	Did any health professional such as doctor, nurse, FWV or others come for your wife's antenatal care when she was pregnant with (NAME OF LAST BORN CHILD)?	<p>YES .....1</p> <p>NO .....2</p>	→ 412
409	Were you present anytime during the antenatal care visit?	<p>YES .....1</p> <p>NO .....2</p>	
410	At any time while she was pregnant with (NAME OF LAST BORN CHILD), did any health professional such as doctor, nurse, or FWV talk to you about this particular pregnancy?	<p>YES .....1</p> <p>NO .....2</p>	
411	During this pregnancy, did you ever talk with your wife about what the health professional such as doctor, nurse, or FWV told her about her own health or the baby's health?	<p>YES .....1</p> <p>NO .....2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	Where did your wife give birth to (NAME OF LAST BORN CHILD)?	HOME OWN HOME.....11 OTHER HOME .....12 PUBLIC SECTOR GOVT. HOSPITAL .....21 UPAZILA HEALTH COMPLEX .....22 MATERNAL AND CHILD WELFARE CENTER (MCWC) .....23  NGO SECTOR NGO STATIC CLINIC .....31  PRIVATE SECTOR PVT. HOSPITAL/CLINIC .....41  OTHER _____96 (SPECIFY)	
413	When she gave birth to (NAME OF LAST BORN CHILD), were you present (NAME OF THE PLACE IN 412) at that time?	YES..... 1 NO..... 2	
414	In the first two months after (NAME OF LAST BORN CHILD) was born, did your wife visit a health facility to have her own health or the child's health checked or did someone such as doctor, nurse or FWV from the health facility come to your place to check your wife's or child's health?	YES, VISITED..... 1 YES, CAME TO THEIR PLACE ..... 2 NO..... 8 → 416	
415	Were you present at that time?	YES..... 1 NO..... 2	
416	Where is your last child (alive or dead)?	ALIVE..... 1 DEAD..... 2 → 418B	
417	Did (NAME OF LAST BORN CHILD) ever receive any vaccinations to prevent him/her from getting diseases?	YES..... 1 NO..... 2 DON'T KNOW ..... 8 → 418B	
418A	When (NAME OF LAST BORN CHILD) was vaccinated in a health facility, did you take him/her anytime to the health facility?	YES..... 1 NO..... 2	
418B	How many living children do you have?	NUMBER ..... <input type="text"/> <input type="text"/>	
419	<b>419A</b> <input type="checkbox"/> <b>419B</b> <input type="checkbox"/> <b>CHECK 418B</b> HAS LIVING CHILDREN      NO LIVING CHILDREN  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? PROBE FOR A NUMERIC RESPONSE.	NUMBER ..... <input type="text"/> <input type="text"/> OTHER _____96 → 501 (SPECIFY)	
420	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?	NUMBER BOYS ..... <input type="text"/> <input type="text"/> GIRLS ..... <input type="text"/> <input type="text"/> EITHER..... <input type="text"/> <input type="text"/>  OTHER _____96 (SPECIFY)	

**SECTION 5: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES.....1 NO .....2	→ 509A
502	From which sources of information have you learned most about AIDS?  Any other sources?  RECORD ALL MENTIONED.	RADIO ..... A TV ..... B NEWSPAPER/MAGAZINES..... C PAMPHLETS/POSTERS ..... D HEALTH WORKERS ..... E MOSQUES/TEMPLES/CHURCES ..... F SCHOOLS/TEACHERS ..... G COMMUNITY MEETINGS ..... H FRIENDS/RELATIVES..... I WORK PLACE ..... J BILL BOARD/SIGN BOARD ..... K OTHER _____ X (SPECIFY)	
503	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO .....2 DON'T KNOW .....8	→ 505
504	What can a person do?  Anything else?  RECORD ALL MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX WITHIN MARRIAGE ..... C LIMIT SEX WITH TRUSTED PARTNER... D AVOID SEX WITH PROSTITUTES ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ..... H AVOID UNSAFE BLOOD TRANSFUSIONS ..... I AVOID UNSTERILIZED NEEDLE/SYRING ..... J AVOID KISSING..... K AVOID MOSQUITO BITES ..... L SEEK PROTECTION FROM TRADITIONAL HEALER..... M AVOID SHARING RAZORS/BLADES ..... N AVOID SEX WITH OTHER WOMEN ..... O OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
505	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO .....2 DON'T KNOW .....8	
506	Can the virus that causes AIDS be transmitted from a mother to a child?	YES.....1 NO .....2 DON'T KNOW .....8	
507	CHECK 301: YES CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 509A
508	Have you ever talked with your wife about ways to prevent getting the virus that causes AIDS?	YES.....1 NO .....2	
509A	(Apart from AIDS), have you heard about (other) infection or disease that can be transmitted through sexual contact?	YES.....1 NO .....2	→ 510

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
509B	Have you heard about _____? a. Syphilis? b. Gonorrhoea?	<table border="0"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	YES	NO	1	2	1	2	
YES	NO								
1	2								
1	2								
509C	CHECK 509B:  AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		514						
510	In a man, what signs and symptoms would lead you to think that he has diseases such as STD or syphilis or gonorrhoea?  Any others?  RECORD ALL MENTIONED.	LOWER ABDOMINAL PAIN .....A DISCHARGE FROM PENIS/DRIPPING ....B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA .....E SWELLING IN GENITAL AREA..... F GENITAL SORES/ULCERS..... G GENITAL WARTS ..... H BLOOD IN URINE .....I LOSS OF WEIGHT ..... J IMPOTENCE.....K NO SYMPTOMS ..... L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW ..... Z							
511	In a woman, what signs and symptoms would lead you to think that she has such a disease STD/syphilis/gonorrhoea?  Any others?  RECORD ALL MENTIONED.	LOWER ABDOMINAL PAIN .....A GENITAL DISCHARGE .....B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA .....E SWELLING IN GENITAL AREA..... F GENITAL SORES/ULCERS..... G GENITAL WARTS ..... H BLOOD IN URINE .....I LOSS OF WEIGHT ..... J INABILITY TO GIVE BIRTH .....K NO SYMPTOMS ..... L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW ..... Z							
513	Now I would like to ask you some questions about your health in the last 1 year. During the last 1 year, have you had a sexually transmitted disease?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8							
514	During the last 1 year, have you had a discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8							
515	Sometimes, men experience a sore or ulcer on or near their penis?  During the last 1 year, have you had a sore or ulcer on or near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8							
516	During the last 1 year, have you had pain or burning sensation during urination?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8							
517	CHECK 513, 514, 515 OR 516:  AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		521						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
518	The last time you had (INFECTION/DISEASE FROM 513, 514, 515 OR 516), did you seek any kind of advice or treatment?	YES..... 1 NO ..... 2	→ 520																		
519	The last time you had (INFECTION/DISEASE FROM 513, 514, 515 OR 516) did you do any of the following? Did you....  Seek advice from a health professional such as doctor, nurse in a clinic or hospital? Seek advice or medicine from a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Seek treatment from a homeopath doctor? Ask for advice from friends or relatives?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>HEALTH WORKER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRADITIONAL HEALER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PHARMACY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HOMEOPATH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FRIENDS/RELATIVES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	HEALTH WORKER .....	1	2	TRADITIONAL HEALER .....	1	2	PHARMACY .....	1	2	HOMEOPATH .....	1	2	FRIENDS/RELATIVES.....	1	2	
	YES	NO																			
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FRIENDS/RELATIVES.....	1	2																			
520	CHECK 301:  CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY NOT MARRIED <input type="checkbox"/>		→ 520B																		
520A	The last time when you had (INFECTION/DISEASE FROM 513, 514, 515 OR 516), did you inform your wife?	YES..... 1 NO ..... 2 SOME/NOT ALL..... 3																			
520B	The last time when you had (INFECTION/DISEASE FROM 513, 514, 515 OR 516), did you have sex with anyone?	YES..... 1 NO ..... 2	→ 521																		
520C	The last time when you had infection and had sexual intercourse with someone, did you use condom?	YES..... 1 NO ..... 2	→ 521																		
520D	As long as you had the infection, did you use condom every time you had sexual intercourse or did you use condom occasionally?	AS LONG AS INFECTION ..... 1 OCCASIONALLY ..... 2																			
520E	The last time why did you use condom?	TO PREVENT STD ..... A TO PREVENT PREGNANCY ..... B OTHER ..... X (SPECIFY)	→ 601																		
521	If a woman's husband has a sexually transmitted disease? Would it be acceptable for her to ask him to use a condom?	YES..... 1 NO ..... 2 DOES NOT KNOW ..... 8																			
521A	If a woman's husband has a sexually transmitted disease? Would it be acceptable for her to refuse to have sex with him?	YES..... 1 NO ..... 2 DOES NOT KNOW ..... 8																			

**SECTION 6. ATTITUDES TOWARDS WOMEN AND DOMESTIC VIOLENCE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
	Now I would like to ask you a few questions regarding men and women in couples. People have many different opinions on this subject and we would like to know what it is that you think about it.																																									
601	If the husband is making enough money, do you believe that it is acceptable for married women to work outside the home to earn an income?	YES .....1 NO .....2 DK .....8																																								
602	If for some reason the husband cannot making enough money for the family, do you believe that it is acceptable for married women to work outside the home to earn an income?	YES .....1 NO .....2 DK .....8																																								
603	CHECK 301: YES CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		▶ 612																																							
606	Do you take your wife's opinion on:  a. Large household expenses, that require a lot of money? b. Minor daily household expenses? c. When you wish visit family, friends or relatives?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">NO OPINION</td> </tr> <tr> <td></td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td></td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td></td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	NO OPINION		1	2	8		1	2	8		1	2	8																								
	YES	NO	NO OPINION																																							
	1	2	8																																							
	1	2	8																																							
	1	2	8																																							
606A	Does your wife own cash in her work?	YES .....1 NO .....2	▶ 607																																							
606B	Who mainly decides how to spend the money that your own wife earn?	RESPONDENT .....1 WIFE .....2 HUSBAND AND WIFE TOGETHER .....3 SOMEONE ELSE .....4 RESPONDENT WITH SOMEONE ELSE ..5																																								
607	It is normal for couple to have quarrels and disagreements. During those quarrels some husbands occasionally severely reprimand or even beat their wives. In your opinion, do you think a man would be justified to beat his wife:  If she neglects the children? If she argues with her husband? If she fails to provide food on time If she visit family or friend without her husband's permission?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">NO OPINION</td> </tr> <tr> <td></td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td></td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td></td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td></td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	NO OPINION		1	2	8		1	2	8		1	2	8		1	2	8																				
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610		<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Anytime, were there any circumstances or family disagreement which caused you to do?</th> <th colspan="2">In the last 1 year, were there any circumstances or family disagreement which caused you to do any of the following?</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Pushing or shaking your wife, or throwing something at her?</td> <td align="center">1 →</td> <td align="center">2 ↘</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>B. Slapping her or twisting her arm?</td> <td align="center">1 →</td> <td align="center">2 ↘</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>C. Punching her with your fist or with something that could hurt her?</td> <td align="center">1 →</td> <td align="center">2 ↘</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>D. Kicking her or dragging her?</td> <td align="center">1 →</td> <td align="center">2 ↘</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>E. Trying to strangle her or kill her or by burning her?</td> <td align="center">1 →</td> <td align="center">2 ↘</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>H. Physically forcing her to have sexual intercourse with her even when she did not want to?</td> <td align="center">1 →</td> <td align="center">2 ↘</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		Anytime, were there any circumstances or family disagreement which caused you to do?		In the last 1 year, were there any circumstances or family disagreement which caused you to do any of the following?		YES	NO	YES	NO	A. Pushing or shaking your wife, or throwing something at her?	1 →	2 ↘	1	2	B. Slapping her or twisting her arm?	1 →	2 ↘	1	2	C. Punching her with your fist or with something that could hurt her?	1 →	2 ↘	1	2	D. Kicking her or dragging her?	1 →	2 ↘	1	2	E. Trying to strangle her or kill her or by burning her?	1 →	2 ↘	1	2	H. Physically forcing her to have sexual intercourse with her even when she did not want to?	1 →	2 ↘	1	2	
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H. Physically forcing her to have sexual intercourse with her even when she did not want to?	1 →	2 ↘	1	2																																						
612	Now I would now like to ask you a very personal question. Some people take such things as Ganja, Charas, Phensidle, Pethedine, Heroin, Morphine, etc. I would like to know if you have any such habits. The information you provide shall be kept confidential and be used only for research purposes like the other information.  In the last 3 months, have you taken .....?  (In addition to this/these), have you taken any injectable drug in the last three months?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>GANJA .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>CHARAS .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>PHENSIDLE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>PETHEDINE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>HEROIN .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>MORPHINE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>INJECTABLE DRUG.....</td> <td align="center">1</td> <td></td> </tr> <tr> <td>OTHER _____</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> <p align="center">(SPECIFY)</p>		YES	NO	GANJA .....	1	2	CHARAS .....	1	2	PHENSIDLE .....	1	2	PETHEDINE .....	1	2	HEROIN .....	1	2	MORPHINE .....	1	2	INJECTABLE DRUG.....	1		OTHER _____	1	2													
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**INTERVIEWER'S OBSERVATIONS**  
**(To be filled in after completing interview)**

Comments About Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments on Specific Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Comments: \_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR'S OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_