

2011 BANGLADESH DEMOGRAPHIC AND HEALTH SURVEYS  
MAN'S QUESTIONNAIRE

NIPORT, MOHFW, and  
Mitra and Associates

IDENTIFICATION													
CLUSTER NUMBER .....	<table border="1" style="margin: auto;"> <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>												
HOUSEHOLD NUMBER .....													
NAME OF THE HOUSEHOLD HEAD _____													
NAME AND LINE NUMBER OF MAN _____													
INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY _____									
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____									
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> </table>	2	0	1	1					
2	0	1	1										
NEXT VISIT: DATE	_____	_____		INT. NUMBER <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><td style="width: 20px; height: 20px;"></td></tr> </table>									
TIME	_____	_____		RESULT _____									
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>									
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">1 COMPLETED</td> <td style="width: 50%;">4 REFUSED</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> </tr> <tr> <td colspan="2" style="text-align: right;">7 OTHER _____ (SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED	2 NOT AT HOME	5 PARTLY COMPLETED	3 POSTPONED	6 INCAPACITATED	7 OTHER _____ (SPECIFY)		
1 COMPLETED	4 REFUSED												
2 NOT AT HOME	5 PARTLY COMPLETED												
3 POSTPONED	6 INCAPACITATED												
7 OTHER _____ (SPECIFY)													
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR									
NAME _____		NAME _____		NAME _____									
DATE _____		DATE _____		DATE _____									

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____. I am working with NIPORT, the Ministry of Health and Family Welfare and Mitra Associates, a private research company in Dhaka. We are conducting a survey about health all over Bangladesh. 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.</p> <p>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.</p> <p>Do you have any questions? May I begin the interview now?</p> <p>SIGNATURE OF INTERVIEWER: _____ DATE: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ..... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p>	
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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"/>	
103A	Are you now married, separated, deserted, widowed, divorced or have you never been married?	CURRENTLY MARRIED ..... 1 SEPARATED ..... 2 DESERTED ..... 3 DIVORCED ..... 4 WIDOWED ..... 5 NEVER MARRIED ..... 6	→ END
104	Have you ever attended school/madrasha?	YES ..... 1 NO ..... 2	→ 108
104A	What type of school have you last attended?	SCHOOL ..... 1 MADRASHA ..... 2	
105	What is the highest level of school you attended: primary, secondary, or college and higher?	PRIMARY ..... 1 SECONDARY ..... 2 COLLEGE AND HIGHER ..... 3	
106	What is the highest class you completed at that level?	CLASS ..... <input type="text"/> <input type="text"/>	

107	CHECK 105:  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>PRIMARY <input type="checkbox"/></span> <span>SECONDARY OR HIGHER <input type="checkbox"/></span> </div> <p style="text-align: right;">→ 110</p>
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? <div style="float: right; text-align: right;"> 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 </div>
109	CHECK 108:  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></span> <span>CODE '1' OR '5' CIRCLED <input type="checkbox"/></span> </div> <p style="text-align: right;">→ 111</p>
110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?  <div style="float: right; text-align: right;"> AT LEAST ONCE A WEEK ..... 1  LESS THAN ONCE A WEEK ..... 2  NOT AT ALL ..... 3 </div>
111	Do you listen to the radio, at least once a week, less than once a week or not at all?  <div style="float: right; text-align: right;"> AT LEAST ONCE A WEEK ..... 1  LESS THAN ONCE A WEEK ..... 2  NOT AT ALL ..... 3 </div>
112	Do you watch television, at least once a week, less than once a week or not at all?  <div style="float: right; text-align: right;"> AT LEAST ONCE A WEEK ..... 1  LESS THAN ONCE A WEEK ..... 2  NOT AT ALL ..... 3 </div>
113	What is your religion?  <div style="float: right; text-align: right;"> ISLAM ..... 1  HINDUISM ..... 2  BUDDHISM ..... 3  CHRISTIANITY ..... 4  OTHER ..... 6  (SPECIFY) </div>
114	Are you currently working?  <div style="float: right; text-align: right;"> YES ..... 1  NO ..... 2 </div> <p style="text-align: right;">→ 119</p>
115	What is your occupation, that is, what kind of work do you mainly do?  <div style="float: right; text-align: right;"> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> </div>
116	Do you usually work throughout the year, or do you work seasonally, or only once in a while?  <div style="float: right; text-align: right;"> THROUGHOUT THE YEAR ..... 1  SEASONALLY/PART OF THE YEAR . 2  ONCE IN A WHILE ..... 3 </div> <p style="text-align: right;">→ 118</p>
117	During the last 12 months, how many months did you work?  <div style="float: right; text-align: right;"> NUMBER OF MONTHS ..... <input style="width: 40px; height: 20px;" type="text"/> </div>
118	Do you think that your earning is sufficient, moderately sufficient, or not sufficient to provide for your family's basic needs?  <div style="float: right; text-align: right;"> SUFFICIENT ..... 1  MODERATELY SUFFICIENT ..... 2  NOT SUFFICIENT ..... 3 </div> <p style="text-align: right;">→ 201</p>
119	Have you done any work in the last 12 months?  <div style="float: right; text-align: right;"> YES ..... 1  NO ..... 2 </div> <p style="text-align: right;">→ 201</p>
120	What have you been doing over the last 12 months?  <div style="float: right; text-align: right;"> GOING TO SCHOOL ..... 1  LOOKING FOR WORK ..... 2  INACTIVE ..... 3  COULD NOT WORK/HANDICAPPED 4  OTHER ..... 6  (SPECIFY) </div>

SECTION 2. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	CHECK 103A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED (SEPARATED/DESERTED/DIVORCED/WIDOWED) <input type="checkbox"/>		→ 207
202	Is your wife staying with you now or is she staying elsewhere?	STAYING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	
203	Do you currently have one wife or more than one wife?	ONE WIFE ..... 1 MORE THAN ONE WIFE ..... 2	→ 205
204	Altogether, how many wives do you have?	TOTAL NUMBER OF WIVES ..... <input type="text"/>	
205	CHECK 203:  ONE WIFE <input type="checkbox"/> Please tell me the name of your wife.  RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.  IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.  206 ASK 206 FOR EACH PERSON.	MORE THAN ONE WIFE <input type="checkbox"/> Please tell me the name of each of your current wives .  NAME                      LINE NUMBER                      AGE _____ _____ _____ _____	206 How old was (NAME) on her last birthday?  <input type="text"/>
206A	CHECK 203:  ONE WIFE <input type="checkbox"/> MORE THAN ONE WIFE <input type="checkbox"/>		→ 208A
207	Have you been married only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 208A
208	In what month and year did you start living with your wife?	MONTH ..... <input type="text"/> DON'T KNOW MONTH ..... 98	
208A	Now I would like to ask about your first wife. In what month and year did you start living with her?	YEAR ..... <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 210
209	How old were you when you started living with her?	AGE ..... <input type="text"/>	
210	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
211	Now I would like to ask you 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"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE ..... 95	

**SECTION 3. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 203: ONE OR MORE WIVES <input type="checkbox"/>	QUESTION NOT ASKED <input type="checkbox"/>	→ 307
302	(Is your wife /Are any of your wives) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
303	CHECK 302: NO WIFE PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE(WIVES) PREGNANT <input type="checkbox"/>  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?  Now I have some questions about the future. After the child(ren) you and your (wife/wives) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 COUPLE INFECUND ..... 3 WIFE (WIVES) STERILIZED ..... 4 RESPONDENT STERILIZED ..... 5 UNDECIDED/DON'T KNOW ..... 8	→ 307
304	CHECK 205: ONE WIFE <input type="checkbox"/>	MORE THAN ONE WIFE <input type="checkbox"/>	→ 306
305	CHECK 303: 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 YEARS ..... 2  SOON/NOW ..... 993 COUPLE INFECUND ..... 994  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 307
306	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 YEARS ..... 2  SOON/NOW ..... 993 HE/ALL HIS WIVES ARE INFECUND ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	
307	Do you have any living children?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	<p>CHECK 307:</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>→ 310</p> <p>→ 310</p>
309	<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 the sex not matter?</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>	
310	<p>In the last month have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen shows about family planning on the television?</p> <p>Read about family planning in a newspaper or magazine?</p> <p>Read about family planning in a poster, billboard or leaflet?</p> <p>Heard about family planning from a community event?</p>	<p>YES NO</p> <p>RADIO ..... 1 2</p> <p>TELEVISION ..... 1 2</p> <p>NEWSPAPER OR MAGAZINE . 1 2</p> <p>POSTER/BILLBOARD ..... 1 2</p> <p>COMMUNITY EVENT ..... 1 2</p>	
311	<p>In the last month have you heard about family planning from any community health workers?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 313</p>
312	<p>Were these government or non-government worker?</p>	<p>GOVERNMENT ..... A</p> <p>NON-GOVERNMENT ..... B</p> <p>DON'T KNOW ..... C</p>	
313	<p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p>	<p>DIS- AGREE DK</p> <p>CONTRACEPTION</p> <p>WOMAN'S BUSINESS . 1 2 8</p> <p>WOMAN MAY BECOME</p> <p>PROMISCUOUS ... 1 2 8</p>	

SECTION 5. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
502	Do you think that women need to have a medical checkup when they are pregnant even if they are not sick?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 504
503	At what month of pregnancy do you think that women need to have their first checkup?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
504	During their pregnancy, do you think that women need to eat more, the same, or less than they did before their pregnancy?	MORE ..... 1 SAME ..... 2 LESS ..... 3 DON'T KNOW ..... 8	
505	CHECK 307: HAS LIVING CHILDREN <input type="checkbox"/> DOES NOT HAVE LIVING CHILDREN <input type="checkbox"/>		→ 601
506	How many years old is your youngest child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
507	CHECK 506: YOUNGEST CHILD IS 0-3 YEARS OLD <input type="checkbox"/> YOUNGEST CHILD 4 YEARS OR OLDER <input type="checkbox"/>		→ 601
508	What is the name of your youngest child? WRITE NAME OF YOUNGEST CHILD  _____ (NAME OF YOUNGEST CHILD)		
509	Did your wife go to a health facility for antenatal care when she was pregnant with (NAME OF YOUNGEST CHILD)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 511
510	Did any medical persons such as a doctor, nurse, FWV or others visit your wife when she was pregnant with (NAME)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 512

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511	Were you present during any of the antenatal care visits?	YES ..... 1 NO ..... 2	
512	At any time during this pregnancy, did any medical persons such as a doctor, nurse, FWV or others talk to you about this particular pregnancy?	YES ..... 1 NO ..... 2	
513	At any time during this pregnancy, did you ever talk with your wife about what the medical persons such as a doctor, nurse FWV or others told her about her own health or that of the baby's health?	YES ..... 1 NO ..... 2	
514	Where did your wife give birth to (NAME)?	HOME OWN HOME ..... 11  PUBLIC SECTOR HOSP./MEDICAL COLLEGE ..... 21 SPE. MED. COLLEGE ..... 22 (SPECIFY) DISTRICT HOSPITAL ..... 23 MCWC ..... 24 UPAZILLA HEALTH COMPLEX ..... 25 H & FAMILY WELFARE CENTRE ..... 26  NGO SECTOR NGO STATIC CLINIC ..... 31 OTHER ..... 36 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ..... 41 PVT. MED. COLLEGE HOSPITAL ..... 42 (SPECIFY) OTHER ..... 96 (SPECIFY)	
515	Were you present at the birth of (NAME) in (NAME OF PLACE IN 514)?	YES ..... 1 NO ..... 2	
516	In the first two months after (NAME) was born, did your wife visit a health facility to have her own health or the baby's health checked?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 518
517	In the first two months after (NAME) was born, did a medical person such as a doctor, nurse, FWV or others make a visit to check on your wife's or baby's health?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 519
518	Were you present during any of the visits?	YES ..... 1 NO ..... 2	
519	Did (NAME OF THE YOUNGEST CHILD) ever receive any vaccinations to prevent him/her from getting diseases?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 601
520	Did you take (NAME) to be vaccinated at any time?	YES ..... 1 NO ..... 2	



SECTION 6. HIV/AIDS AND STI

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 613
602	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
603	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
604	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606B	Can people get the AIDS virus by using unsterilized needle or syringe?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606C	Can people get the AIDS virus through unsafe blood transfusions?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
608	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
613	CHECK 601:  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	
613A	Have you heard about:  a) Syphilis?  b) Gonorrhea?	YES NO SYPHILIS 1 2 GONORRHEA 1 2	
614	CHECK 211: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 622
615	CHECK 613/613A: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 617
616	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	
617	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
618	Sometimes men experience a sore or ulcer on or 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	



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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

