

GHANA DEMOGRAPHIC AND HEALTH SURVEYS  
MAN'S QUESTIONNAIRE

July 15, 2003

GHANA STATISTICAL SERVICE

IDENTIFICATION																												
LOCALITY NAME _____	<table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																											
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HOUSEHOLD NUMBER .....																												
REGION .....																												
DISTRICT .....																												
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CITY/LARGE TOWN/SMALL TOWN/VILLAGE ..... (CITY=1, LARGE TOWN=2, SMALL TOWN=3, VILLAGE=4)																												
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DATE	_____	_____		DAY MONTH YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>0</td><td>3</td></tr></table> NAME RESULT	2	0	0	3																				
2	0	0	3																									
INTERVIEWER'S NAME	_____	_____																										
RESULT*	_____	_____																										
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<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td>1 COMPLETED</td> <td>4 REFUSED</td> <td>7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</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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NATIVE LANGUAGE OF RESPONDENT*** _____				<table border="1" style="width: 30px; height: 20px;"><tr><td> </td></tr></table>																								
WAS A TRANSLATOR USED? (YES=1, NO=2).....				<table border="1" style="width: 30px; height: 20px;"><tr><td> </td></tr></table>																								
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DATE _____	DATE _____																											

**SECTION 1. RESPONDENT'S BACKGROUND**

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the Ghana Statistical Service. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you some questions about yourself and your family. This information will help the government to plan health services. The survey usually takes between 15 and 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?  
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..... MINUTES .....	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the village	CITY.....1 TOWN.....2 VILLAGE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... ALWAYS.....95 VISITOR.....96	↳105
104	Just before you moved here, did you live in a city, in a town, or in the village?	CITY.....1 TOWN.....2 VILLAGE.....3	
105	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY ... NONE .....00	→107
106	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES.....1 NO .....2	
107	In what month and year were you born?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....9998	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
109	Have you ever attended school?	YES.....1 NO .....2	→113
110	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	PRIMARY .....1 MIDDLE/JSS .....2 SECONDARY/SSS.....3 HIGHER.....4	
111	What is the highest grade you completed at that level?	GRADE.....	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	CHECK 110: PRIMARY OR MIDDLE/JSS <input type="checkbox"/> SECONDARY/SSS OR HIGHER <input type="checkbox"/>		→116
113	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	
114	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES.....1 NO.....2	
115	CHECK 113: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' AND '5' CIRCLED <input type="checkbox"/>		→117
116	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
117	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
118	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
119	Are you currently working?	YES.....1 NO.....2	→122
120	Have you done any work in the last 12 months?	YES.....1 NO.....2	→122
121	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING .....1 LOOKING FOR WORK.....2 INACTIVE .....3 COULD NOT WORK/HANDICAPPED .....4 OTHER.....6 (SPECIFY)	→129
122	What is your occupation, that is, what kind of work do you mainly do?	<input type="checkbox"/> <input type="checkbox"/>  _____ _____	
123	CHECK 122: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→125
124	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND .....1 FAMILY LAND .....2 RENTED LAND .....3 SOMEONE ELSE'S LAND .....4	
125	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... <input type="checkbox"/> <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	Are you paid or do you earn 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	↳129
127	Who mainly decides how the money you earn will be used?	RESPONDENT..... 1 WIFE/PARTNER..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY..... 3 SOMEONE ELSE..... 4 RESPONDENT AND SOMEONE ELSE JOINTLY..... 5	
128	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE..... 1 LESS THAN HALF..... 2 ABOUT HALF..... 3 MORE THAN HALF..... 4 ALL..... 5 NONE, INCOME IS ALL SAVED..... 6	
129	What is your religion?	CATHOLIC.....01 ANGLICAN.....02 METHODIST.....03 PRESBYTERIAN.....04 OTHER CHRISTIAN.....05 MOSLEM.....06 TRADITIONAL/SPIRITUALIST.....07 NO RELIGION.....08 OTHER _____ 96 (SPECIFY)	
130	To which ethnic group do you belong?	AKAN.....01 GA/DANGME.....02 EWE.....03 GUAN.....04 MOLE-DAGBANI.....05 GRUSSI.....06 GRUMA.....07 HAUSA.....08 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION AND PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES..... 1 NO..... 2 DON'T KNOW..... 8	☐ →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, WRITE '00'.	SONS AT HOME..... ☐☐ DAUGHTERS AT HOME..... ☐☐	
204	Do you have any sons or daughters 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, WRITE '00'.	SONS ELSEWHERE..... ☐☐ DAUGHTERS ELSEWHERE... ☐☐	
206	Have you ever fathered a boy or girl 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	☐ →208
207	How many boys have died? And how many girls have died? IF NONE, WRITE '00'.	BOYS DEAD..... ☐☐ GIRLS DEAD..... ☐☐	
208	(In addition to the children that you have just told me about), do you have any other sons or daughters who are biologically your children but who are not legally yours or do not have your name?  Did you have any children who died who were biologically your children but who were not legally yours or did not have your name?  IF YES, CORRECT 201-207.	YES..... 1 NO..... 2	
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, WRITE '00'.	TOTAL..... ☐☐	
210	CHECK 209:  HAS HAD ONLY ONE CHILD ☐  HAS HAD MORE THAN ONE CHILD ☐  HAS NOT HAD ANY CHILDREN ☐		→213     →301
211	Do the children that you have fathered all have the same biological mother?	YES..... 1 NO..... 2	→213
212	In all how many women have you fathered children with?	NUMBER OF WOMEN..... ☐☐	
213	How old were you when your (first) child was born?	AGE IN YEARS..... ☐☐	

SECTION 3. CONTRACEPTION

<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>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>			
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO ..... 2 ↘	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO ..... 2 ↘	Have you ever had an operation to avoid having any more children? YES..... 1 NO ..... 2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES.....1 NO ..... 2 ↘	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO ..... 2 ↘	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO ..... 2 ↘	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO ..... 2 ↘	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO ..... 2 ↘	YES..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO ..... 2 ↘	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before sexual intercourse.	YES.....1 NO ..... 2 ↘	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES.....1 NO ..... 2 ↘	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO ..... 2 ↘	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO ..... 2 ↘	YES..... 1 NO ..... 2 DON'T KNOW ..... 8
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO ..... 2 ↘	YES..... 1 NO ..... 2
14	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO ..... 2 ↘	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2 ↘	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
303	Now I would like to ask you about when a woman is most likely to get pregnant. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES.....1 NO .....2 DON'T KNOW.....8	↳305																
304	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS ....1 DURING HER PERIOD .....2 RIGHT AFTER HER PERIOD HAS ENDED.....3 HALF WAY BETWEEN TWO PERIODS ...4 OTHER .....6 (SPECIFY) DON'T KNOW.....8																	
305	Do you think that a woman who is breastfeeding her baby can get pregnant?	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8																	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to get sterilized.	<table border="1"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	
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b)	1	2	8																
c)	1	2	8																
307	CHECK 301(02) AND 302(02): KNOWLEDGE AND USE OF MALE STERILISATION  HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/> OTHER <input type="checkbox"/>		→401																
308	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WOULD CONSIDER ..... 1 WOULD NOT CONSIDER ..... 2 UNSURE/DEPENDS ..... 3 WIFE ALREADY STERILIZED ..... 4	→401 ↳401																
309	Why would you never consider getting sterilized?  PROBE: Any other reasons?  RECORD ALL REASONS MENTIONED.	AGAINST RELIGION .....A BAD FOR MAN'S HEALTH .....B OPERATION NOT SAFE .....C LESS INTRUSIVE WAYS AVAILABLE .....D MAY WANT MORE CHILDREN/MAY WANT TO REPLACE CHILD WHO DIED .....E MAY REMARRY SOME DAY .....F LOSS OF WAGES .....G LOSS OF SEXUAL FUNCTION .....H LOSS OF MANLINESS .....I OTHER .....X (SPECIFY)																	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED..... 1 YES, LIVING WITH A WOMAN..... 2 NO, NOT IN UNION ..... 3	→404 →406																																
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES..... <input type="text"/> <input type="text"/>																																	
403	Are there any other women with whom you live as if married?	YES ..... 1 NO ..... 2	→405																																
404	Are you living with one (other) woman or more than one (other) woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if you were married?	NUMBER OF LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/>																																	
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?	REGULAR PARTNER(S) ONLY ..... 1 OCCASIONAL PARTNER(S) ONLY ..... 2 REGULAR AND OCCASIONAL PARTNERS ..... 3 NO OTHER PARTNER ..... 4	→409																																
406	Do you currently have regular, occasional, or no sexual partners?	REGULAR PARTNER(S) ONLY ..... 1 OCCASIONAL PARTNER(S) ONLY ..... 2 REGULAR AND OCCASIONAL PARTNERS ..... 3 NO SEXUAL PARTNER..... 4																																	
407	Have you ever been married or lived with a woman?	YES, USED TO BE MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 YES, BOTH ..... 3 NO ..... 4	→411 →416																																
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED..... 3	→411																																
409	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, ENTER '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. (IF RESPONDENT HAS MORE THAN SEVEN WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).)</p> <p>CHECK 402 AND 404</p> <p>SUM OF 402 AND 404 = 01 <input type="text"/></p> <p>SUM OF 402 AND 404 &gt; 01 <input type="text"/></p> <p>Please tell me the name of your wife/partner.</p> <p>Please tell me the name of each wife/partner that you live with as if married, starting with the one you lived with first.</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER IN HHD. QUEST</th> <th>WIFE</th> <th>PARTNER</th> </tr> </thead> <tbody> <tr> <td>1 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td>2 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td>3 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td>4 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td>5 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td>6 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td>7 _____</td> <td><input type="text"/> <input type="text"/></td> <td>1</td> <td>2</td> </tr> </tbody> </table>			NAME	LINE NUMBER IN HHD. QUEST	WIFE	PARTNER	1 _____	<input type="text"/> <input type="text"/>	1	2	2 _____	<input type="text"/> <input type="text"/>	1	2	3 _____	<input type="text"/> <input type="text"/>	1	2	4 _____	<input type="text"/> <input type="text"/>	1	2	5 _____	<input type="text"/> <input type="text"/>	1	2	6 _____	<input type="text"/> <input type="text"/>	1	2	7 _____	<input type="text"/> <input type="text"/>	1	2
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	CHECK 409: ONLY ONE WIFE/ PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		→412
411	Have you been married or lived with a woman only once, or more than once?	ONCE ..... 1 MORE THAN ONCE ..... 2	→414 →413
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	YES ..... 1 NO ..... 2	→414
413	In total, how many women have you been married to or lived with as if married in your whole life?	NUMBER OF WOMEN..... <input type="text"/>	
414	CHECK 409 AND 411: ONLY ONE WIFE/ PARTNER <input type="checkbox"/> AND 411=ONCE OTHER <input type="checkbox"/> In what month and year did you start living with your wife/partner?      Now we will talk about your first wife/partner. In what month and year did you start living with her?	MONTH ..... <input type="text"/> DOES NOT KNOW MONTH ..... 98 YEAR..... <input type="text"/> DOES NOT KNOW YEAR..... 9998	→416
415	How old were you when you started living with her?	AGE ..... <input type="text"/>	
416	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER ..... 00 AGE IN YEARS ..... <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95	→448
416A	CHECK 108: 15-24 YEARS OLD <input type="checkbox"/> 25-59 YEARS OLD <input type="checkbox"/>		→417
416B	The first time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	
417	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> YEARS AGO ..... 4 <input type="text"/>	→445
417A	The last time you had sexual intercourse, had you or your partner been drinking alcohol? IF YES: Who was drinking?	RESPONDENT ONLY ..... 1 PARTNER ONLY ..... 2 RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4	
418	The last time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→420



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
424	<p>What is your relationship to the person with whom you last had sex?</p> <p>IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex?</p> <p>IF YES, RECORD '01'. IF NO, RECORD '02'.</p>	<p>WIFE/LIVE-IN PARTNER..... 01</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE ..... 02</p> <p>OTHER FRIEND ..... 03</p> <p>CASUAL ACQUAINTANCE ..... 04</p> <p>RELATIVE ..... 05</p> <p>PROSTITUTE..... 06</p> <p>OTHER _____ 96 (SPECIFY)</p>	→426
425	<p>For how long have you had a sexual relationship with this person?</p> <p>. IF ONLY HAD SEX WITH THIS PERSON ONCE, WRITE '01' DAYS</p>	<p>DAYS .....1</p> <p>WEEKS .....2</p> <p>MONTHS.....3</p> <p>YEARS .....4</p>	
426	<p>Have you had sex with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→445
427	<p>The last time you had sexual intercourse with another person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→429
428	<p>What is the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV ..... 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY ..... 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..... 04</p> <p>PARTNER REQUESTED/INSISTED ..... 05</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	→433
429	<p>CHECK 302(02):</p> <p>RESPONDENT NOT STERILIZED <input type="checkbox"/></p> <p>RESPONDENT STERILIZED <input type="checkbox"/></p>		→433
430	<p>The last time you had sexual intercourse with this person, did you or that person do something or use any method to avoid a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>UNSURE/DON'T KNOW ..... 8</p>	→432 →433
431	<p>What method was used?</p> <p>IF MORE THAN ONE METHOD USED, CIRCLE THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>MALE CONDOM ..... 07</p> <p>FEMALE CONDOM..... 08</p> <p>DIAPHRAGM..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ..... 11</p> <p>PERIODIC ABSTINENCE ..... 12</p> <p>WITHDRAWAL..... 13</p> <p>OTHER METHOD ..... 96</p>	→433

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
432	What is the main reason a method was not used?	CASUAL PARTNER, DOESN'T CARE .. 11 CONTRACEPTION IS WOMEN'S BUSINESS ..... 12 WOMAN IS MENOPAUSAL/ HAD HYSTERECTOMY ..... 23 COUPLE INFERTILE/SUB-FERTILE .... 24 WOMAN WAS PREGNANT ..... 25 WOMAN WAS AMENORRHEIC ..... 26 WOMAN WAS BREASTFEEDING..... 27 WANTED (MORE) CHILDREN ..... 28  RESPONDENT OPPOSED..... 31 WOMAN OPPOSED ..... 32 OTHERS OPPOSED..... 33 RELIGIOUS PROHIBITION..... 34  KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  HEALTH CONCERNS..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ..... 53 COST TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES..... 56  OTHER _____ 96 (SPECIFY) DOES NOT KNOW ..... 98									
433	What is your relationship to this other person?  IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex?  IF YES, RECORD '01'. IF NO, RECORD '02'.	WIFE/LIVE-IN PARTNER..... 01 WOMAN IS GIRLFRIEND/FIANCÉE ..... 02 OTHER FRIEND ..... 03 CASUAL ACQUAINTANCE ..... 04 RELATIVE ..... 05 PROSTITUTE..... 06  OTHER _____ 96 (SPECIFY)	→435								
434	For how long have you had a sexual relationship with this person?  IF ONLY HAD SEX WITH THIS PERSON ONCE, WRITE '01' DAYS.	DAYS .....1 <table border="1" data-bbox="1209 1102 1307 1281"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS .....2 MONTHS.....3 YEARS .....4									
435	Other than these two people, have you had sex with any other person in the last 12 months?	YES ..... 1 NO ..... 2	→445								
436	The last time you had sexual intercourse with this third person, was a condom used?	YES ..... 1 NO ..... 2	→438								
437	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV ..... 01 RESPONDENT WANTED TO PREVENT PREGNANCY..... 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..... 04 PARTNER REQUESTED/INSISTED ..... 05  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	}→442								
438	CHECK 302(02):  RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>	→442									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
439	The last time you had sexual intercourse with this third person, did you or that person do something or use any method to avoid a pregnancy?	YES ..... 1 NO ..... 2 UNSURE/DON'T KNOW ..... 8	→441 →442								
440	What method was used?  IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION ..... 01 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 MALE CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 PERIODIC ABSTINENCE ..... 12 WITHDRAWAL ..... 13 OTHER METHOD ..... 96	→442								
441	What is the main reason a method was not used?	CASUAL PARTNER, DOESN'T CARE .. 11 CONTRACEPTION IS WOMEN'S BUSINESS ..... 12 WOMAN IS MENOPAUSAL/ HAD HYSTERECTOMY ..... 23 COUPLE INFERTILE/SUB-FERTILE .... 24 WOMAN WAS PREGNANT ..... 25 WOMAN WAS AMENORRHEIC ..... 26 WOMAN WAS BREASTFEEDING ..... 27 WANTED (MORE) CHILDREN ..... 28  RESPONDENT OPPOSED ..... 31 WOMAN OPPOSED ..... 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34  KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ..... 53 COST TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56 OTHER ..... 96 (SPECIFY) DOES NOT KNOW ..... 98									
442	What is your relationship to this person?  IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex?  IF YES, RECORD '01'. IF NO, RECORD '02'.	WIFE/LIVE-IN PARTNER ..... 01 WOMAN IS GIRLFRIEND/FIANCÉE ..... 02 OTHER FRIEND ..... 03 CASUAL ACQUAINTANCE ..... 04 RELATIVE ..... 05 PROSTITUTE ..... 06 OTHER ..... 96 (SPECIFY)	→444								
443	For how long have you had a sexual relationship with this person?  IF ONLY HAD SEX WITH THIS PERSON ONCE, WRITE '01' DAYS.	DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
444	In total, with how many different people have you had sex in the last 12 months?	NUMBER OF PARTNERS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
445	Have you ever paid for sex?	YES ..... 1 NO ..... 2	→448								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
446	How long ago was the last time you paid for sex?	DAYS AGO ..... 1 <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></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> WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4									
447	The last time that you paid for sex, was a condom used?	YES ..... 1 NO ..... 2									
448	Do you know of a place where a person can get male condoms?	YES ..... 1 NO ..... 2	→450A								
449	Where is that?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)  Any other place?  RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C MOBILE CLINIC ..... D FIELDWORKER ..... E  OTHER PUBLIC _____ F (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... G PRIVATE DOCTOR ..... H PHARMACY/CHEMIST/ DRUG STORE ..... I MOBILE CLINIC ..... J FIELDWORKER ..... K FP/PPAG CLINIC ..... L MATERNITY HOME ..... M OTHER PRIVATE MEDICAL _____ N (SPECIFY)  OTHER SOURCE SHOP ..... O CHURCH ..... P FRIENDS/RELATIVES ..... Q  OTHER _____ X (SPECIFY)									
450	If you wanted to, could you yourself get a male condom?	YES ..... 1 NO ..... 2 DOES NOT KNOW/UNSURE ..... 8									
450A	Do you know of a place where a person can get female condoms?	YES ..... 1 NO ..... 2	→451								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
450B	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC.....A</p> <p>GOVT. HEALTH CENTER.....B</p> <p>FAMILY PLANNING CLINIC.....C</p> <p>MOBILE CLINIC.....D</p> <p>FIELDWORKER.....E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....G</p> <p>PRIVATE DOCTOR.....H</p> <p>PHARMACY/CHEMIST/ DRUG STORE.....I</p> <p>MOBILE CLINIC.....J</p> <p>FIELDWORKER.....K</p> <p>FP/PPAG CLINIC.....L</p> <p>MATERNITY HOME.....M</p> <p>OTHER PRIVATE MEDICAL _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....O</p> <p>CHURCH.....P</p> <p>FRIENDS/RELATIVES.....Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
450C	If you wanted to, could you yourself get a female condom?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW/UNSURE.....8</p>	
451	<p>CHECK 302(07), 416B(1), 418(1), 427(1), 436(1), AND 447(1): EVER USED A CONDOM?</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> HAS USED CONDOM</p> <p>NO 'YES' <input type="checkbox"/> NEVER USED CONDOM</p>		→460
452	How old were you when you used a condom for the first time?	<p>AGE AT FIRST USE..... <input type="text"/> <input type="text"/></p> <p>DOES NOT REMEMBER.....98</p>	
453	<p>Why did you use a condom that first time?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>WANTED TO PREVENT STD/HIV.....A</p> <p>WANTED TO PREVENT PREGNANCY...B</p> <p>WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY.....C</p> <p>DID NOT TRUST PARTNER/THOUGHT PARTNER HAD OTHER PARTNERS D</p> <p>PARTNER REQUESTED/INSISTED.....E</p> <p>DON'T KNOW.....Z</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
454	<p>Have you ever experienced any problems with using condoms?</p> <p>IF YES: What problems have you experienced?</p> <p>PROBE: Any other problems?</p> <p>CIRCLE ALL PROBLEMS MENTIONED.</p>	<p>TOO EXPENSIVE.....A</p> <p>EMBARRASSING TO BUY/OBTAIN.....B</p> <p>DIFFICULT TO DISPOSE OF.....C</p> <p>DIFFICULT TO PUT ON/TAKE OFF.....D</p> <p>SPOILS THE MOOD.....E</p> <p>DIMINISHES PLEASURE.....F</p> <p>WIFE PARTNER OBJECTS/DOES NOT LIKE.....G</p> <p>WIFE/PARTNER GOT PREGNANT.....H</p> <p>INCONVENIENT TO USE/MESSY.....I</p> <p>CONDOM BROKE.....J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO PROBLEM.....Y</p>	



SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> NOT MARRIED <input type="checkbox"/>		→505
502	Is your wife/partner currently pregnant? IF MORE THAN ONE WIFE/PARTNER, ASK: Are any of your wives/partners currently pregnant?	YES ..... 1 NO ..... 2 NOT SURE ..... 3	
503	CHECK 502: WIFE NOT PREG-NANT OR UNSURE <input type="checkbox"/> WIFE 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 you 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 WIFE CANNOT GET PREGNANT ..... 3 UNDECIDED/DON'T KNOW ..... 8	→505
504	CHECK 502: WIFE NOT PREG-NANT OR UNSURE <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 WIFE CANNOT GET PREGNANT ..... 994 AFTER MARRIAGE..... 995 OTHER ..... 996 (SPECIFY) DOES NOT KNOW ..... 998	
505	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00 NUMBER ..... <input type="text"/> <input type="text"/> OTHER ..... 96 (SPECIFY)	→507  →507
506	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?	BOYS GIRLS EITHER NUMBER .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER ..... 96 (SPECIFY)	
507	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE ..... 1 DISAPPROVE ..... 2 DON'T KNOW/UNSURE ..... 8	
508	In the last few months have you heard or seen messages about family planning: On the radio? On the television? In a newspaper or magazine? In a poster? In leaflets or brochures? From a health worker? At a community or social club meeting?	YES NO RADIO ..... 1 2 TELEVISION..... 1 2 NEWSPAPER OR MAGAZINE..... 1 2 POSTER..... 1 2 LEAFLETS OR BROCHURES ..... 1 2 HEALTH WORKER ..... 1 2 MEETING ..... 1 2	
509	Have you heard the following messages about family planning: Life Choices: It's your life. It's your choice? Make the choice that is best for you? Contraceptives are safe and effective? Obra ni wora bo?	YES NO LIFE CHOICES: ITS YOUR LIFE ITS YOUR CHOICE ..... 1 2 MAKE THE CHOICE THAT IS BEST FOR YOU..... 1 2 CONTRACEPTIVES ARE SAFE AND EFFECTIVE ..... 1 2 OBRA NI WORA BO..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES..... 1 NO ..... 2	→512
511	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE(VES)/PARTNER ..... A MOTHER ..... B FATHER ..... C SISTER(S) ..... D BROTHER(S) ..... E DAUGHTER(S) ..... F SON(S) ..... G FATHER(S)-IN-LAW ..... H FRIENDS/NEIGHBOURS ..... I  OTHER _____ X (SPECIFY)	
512	In the last few months, have you discussed family planning with a health worker or health professional?	YES..... 1 NO ..... 2	

SECTION 6. HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to ask you some questions about health. When a child has diarrhea, should he or she be given less to drink than usual, about the same amount, or more to drink than usual?	LESS..... 1 ABOUT THE SAME ..... 2 MORE ..... 3 DOES NOT KNOW ..... 8	
602	Have you ever heard of a special product called ORS for the treatment of diarrhea?	YES..... 1 NO ..... 2	
603	Now please tell me about yourself. Do you smoke cigarettes or use tobacco?  IF YES: What type of tobacco do you smoke?  CIRCLE ALL TYPES MENTIONED.	YES, CIGARETTES.....A YES, PIPE .....B YES, OTHER TOBACCO ..... C NO ..... Y	
604	CHECK 603:  CODE 'A' CIRCLED <input type="checkbox"/>	CODE 'A' NOT CIRCLED <input type="checkbox"/>	→701
605	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	

SECTION 7. AIDS AND OTHER SEXUALLY-TRANSMITTED DISEASES

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	→724
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	
703	Can a person get the AIDS virus from mosquito bites?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	
704	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	
706	Can people reduce their chances of getting the AIDS virus by not having sex at all?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	
706A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	
707	Is there anything (else) a person can do to avoid getting AIDS or the virus that causes AIDS?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	↓709
708	What can a person do?  Anything else?  RECORD ALL MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... 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 BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES ..... K AVOID KISSING ..... L AVOID MOSQUITO BITES..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ..... N  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES..... 1 NO ..... 2 DON'T KNOW..... 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES..... 1 NO ..... 2	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES..... 1 NO ..... 2 DON'TKNOW..... 8	↓713
712	Can the virus that causes AIDS be transmitted from a mother to a child:  During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY..... 1 2 8 DURING DELIVERY..... 1 2 8 BY BREASTFEEDING..... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712A	Are there any special drugs that a pregnant woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES .....1 NO .....2 DON'T KNOW .....8	
713	CHECK 401:  YES, CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>		→715
714	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/woman you are living with)? IF MORE THAN ONE WIFE/PARTNER, ASK ABOUT ANY OF HIS WIVES/PARTNERS.	YES..... 1 NO ..... 2	
715	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	ACCEPT- NOT ABLE- ACCEPT- ABLE ON THE RADIO .....1 2 ON THE TV .....1 2 IN NEWSPAPERS .....1 2	
715A	Have you heard or seen any messages about HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
715B	Have you heard or seen the slogan "Reach Out, Show Compassion?"	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
715C	Have you heard or seen the slogan "Stop AIDS, Love Life?"	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
715D	CHECK 715B: YES, CIRCLED FOR AND 715C EITHER OR BOTH <input type="checkbox"/> NO, DON'T KNOW CIRCLED <input type="checkbox"/>		→715F
715E	Did you hear or see this slogan: On the TV? In a music video? On the radio? In a newspaper or magazine? In a poster? On a car sticker? In leaflets or brochures? On a tee-shirt or a cap? From a mobile 'ISD' van? During a community event? At a road show?	YES NO TV ..... 1 2 MUSIC VIDEO ..... 1 2 RADIO ..... 1 2 NEWSPAPER/MAGAZINE ..... 1 2 POSTER ..... 1 2 CAR STICKER ..... 1 2 LEAFLETS/BROCHURES ..... 1 2 T-SHIRT/CAP ..... 1 2 ISD VAN ..... 1 2 COMMUNITY EVENT ..... 1 2 ROAD SHOW ..... 1 2	
715F	Have you seen a television show called "Things we do for love" that features the characters Pusher, B.B. and Marcia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
715G	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
716	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, KEEP IT SECRET ..... 1 NO ..... 2 DK/UNSURE ..... 8	
717	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
718	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	CAN CONTINUE ..... 1 SHOULD NOT CONTINUE ..... 2 DK/NOT SURE/DEPENDS ..... 8	
719	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	I don't want to know the results, but have you ever been tested for the AIDS virus?	YES ..... 1 NO ..... 2	→721
720A	When was the last time you were tested?	LESS THAN 12 MONTHS ..... 1 12-23 MONTHS ..... 2 2 YEARS OR MORE ..... 3	
720B	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3	
720C	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	☐ ↳723A
721	Would you want to be tested for the AIDS virus?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8	
722	Do you know a place where you could go to get an AIDS test?	YES ..... 1 NO ..... 2	→724
723	Where can you go for the test?	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ..... 11 GOVT. HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 13 MOBILE CLINIC ..... 14 FIELDWORKER ..... 15 OTHER PUBLIC ..... 16 (SPECIFY)	
723A	Where did you go for the test?  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 21 PRIVATE DOCTOR ..... 22 PHARMACY/CHEMIST/ DRUG STORE ..... 23 MOBILE CLINIC ..... 24 FIELDWORKER ..... 25 FP/PPAG CLINIC ..... 26 MATERNITY HOME ..... 27 OTHER PRIVATE MEDICAL ..... 28 (SPECIFY)  OTHER SOURCE SHOP ..... 31 CHURCH ..... 32 FRIEND/RELATIVE ..... 33  OTHER ..... 96 (SPECIFY)	
724	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	→727
725	If a man has a sexually transmitted disease, what symptoms might he have?  Any others?  CIRCLE ALL MENTIONED.	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/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 GENITAL ITCHING ..... I BLOOD IN URINE ..... J LOSS OF WEIGHT ..... K IMPOTENCE/NO ERECTION ..... L  OTHER ..... W (SPECIFY)  OTHER ..... X (SPECIFY) NO SYMPTOMS ..... Y DON'T KNOW ..... Z	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
736	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	YES USE MEDICINE ..... 1 STOP SEX ..... 1 USE CONDOM ..... 1	NO 2 2 2	
737	In many communities, boys are also circumcised. In your community, is male circumcision practiced?	YES ..... 1 NO ..... 2		
738	Are you circumcised?	YES ..... 1 NO ..... 2		

SECTION 8. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
801	Who in your family usually has the final say on the following decisions:  Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6  <table border="0"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table>	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
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802	Sometimes a husband is annoyed or angered by things that his wife does. 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"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <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> </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							
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BURNS FOOD .....	1	2	8																														
803	When a wife knows her husband has a sexually transmitted disease, is she justified in asking her husband to use a condom?	YES .....																															
804	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:  She knows her husband has a sexually transmitted disease? She knows her husband has sex with women other than his wives? She has recently given birth? She is tired or not in the mood?	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>HAS STD .....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>OTHER WOMEN .....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>RECENT BIRTH .....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>TIRED/MOOD .....</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	HAS STD .....	1	2	8	OTHER WOMEN .....	1	2	8	RECENT BIRTH .....	1	2	8	TIRED/MOOD .....	1	2	8											
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TIRED/MOOD .....	1	2	8																														
805	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to:  Get angry and reprimand her? Refuse to give her money or other means of financial support? Use force and have sex with her even if she does not want to? Go and have sex with another woman	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>REPRIMAND .....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>REFUSE MONEY .....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>USE FORCE .....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>SEX WITH ANOTHER .....</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	REPRIMAND .....	1	2	8	REFUSE MONEY .....	1	2	8	USE FORCE .....	1	2	8	SEX WITH ANOTHER .....	1	2	8											
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806	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/>  MINUTES ..... <input type="text"/> <input type="text"/>																															

**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 THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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