

**CENTRAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 2003
MAN'S QUESTIONNAIRE**

IDENTIFICATION				
PROVINCE* _____	<input type="checkbox"/>			
DISTRICT _____	<input type="checkbox"/> <input type="checkbox"/>			
LOCATION/TOWN _____				
SUBLOCATION/WARD _____				
NASSEP CLUSTER NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
KDHS CLUSTER NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
HOUSEHOLD NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
NAIROBI/MOMBASA/KISUMU=1; NAKURU/ELDORET/THIKA/NYERI=2; SMALL TOWN=3; RURAL=4	<input type="checkbox"/>			
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF MAN _____	<input type="checkbox"/> <input type="checkbox"/>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> INT.CODE RESULT
INTERVIEWER'S NAME	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RESULT**	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <input type="checkbox"/>
TIME	_____	_____		
** RESULT CODES:				
1 COMPLETED	4 REFUSED			
2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____		
3 POSTPONED	6 INCAPACITATED	(SPECIFY)		
LANGUAGE				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LANGUAGE OF INTERVIEW *** _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HOME LANGUAGE OF RESPONDENT*** _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
WAS A TRANSLATOR USED? (YES=1, NO=2).....				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
*** LANGUAGE CODES:				
01 EMBU	04 KIKUYU	07 LUO	10 MIJIKENDA	13 ENGLISH
02 KALENJIN	05 KISII	08 MASAI	11 SOMALI	14 OTHER _____
03 KAMBA	06 LUHYA	09 MERU	12 KISWAHILI	
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	
NAME _____ <input type="checkbox"/> <input type="checkbox"/>	NAME _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

*Province: NAIROBI=1; CENTRAL=2; COAST=3; EASTERN=4; NYANZA=5; R.VALLEY=6; WESTERN=7; NORTHEASTERN=8

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Central Bureau of Statistics. We are conducting a national survey about the health of men, women 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 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Do you have any questions about the survey? May I begin the interview now?

Signature of interviewer: _____

Date: _____

RESPONDENT AGREES TO BE INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 —END
3

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 countryside?	NAIROBI/MOMBASA/KISUMU.....1 OTHER CITY/TOWN2 COUNTRYSIDE3 OUTSIDE KENYA.....4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS95 VISITOR96	0105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	NAIROBI/MOMBASA/KISUMU.....1 OTHER CITY/TOWN2 COUNTRYSIDE3	
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 ... NONE00	0107
106	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES.....1 NO2	
107	In what month and year were you born?	MONTH..... YEAR..... DOES NOT KNOW MONTH.....98 DOES NOT KNOW YEAR9998	
108	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
109	Have you ever attended school?	YES.....1 NO2	0113
110	What is the highest level of school you attended: primary, vocational, secondary, or higher?	NURSERY/KINDERGARTEN.....0 PRIMARY1 POST-PRIMARY/VOCATIONAL2 SECONDARY/'A' LEVEL.....3 COLLEGE (MIDDLE LEVEL).....4 UNIVERSITY5	
111	What is the highest (standard/form/year) you completed at that level?	STANDARD/FORM/YEAR.....	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	CHECK 110: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> POST-PRIMARY <input type="checkbox"/> OR HIGHER <input type="checkbox"/> VOCATIONAL 3		—0116
113	Now I would like you to read this sentence to me. SHOW SENTENCES TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 CAN ONLY READ PART OF SENTENCE 2 CAN READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4	
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' <input type="checkbox"/> CODE '1' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED CIRCLED 3		—0117
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	—0122
120	Have you done any work in the last 12 months?	YES 1 NO 2	—0122
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)	—0129
122	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
123	CHECK 122: WORKS IN <input type="checkbox"/> DOES NOT WORK <input type="checkbox"/> AGRICULTURE IN AGRICULTURE 3		—0125
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="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND..... 2 IN KIND ONLY..... 3 NOT PAID..... 4	0129
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, HIS INCOME IS ALL SAVED..... 6	
129	What is your religion?	ROMAN CATHOLIC 1 PROTESTANT/OTHER CHRISTIAN..... 2 MUSLIM..... 3 NO RELIGION 4 OTHER _____ 6 (SPECIFY)	
130	What is your ethnic group/tribe?	EMBU01 KALENJIN02 KAMBA03 KIKUYU04 KISII05 LUHYA.....06 LUO07 MASAI08 MERU09 MIJIKENDA/SWAHILI.....10 SOMALI11 TAITA/TAVETA.....12 OTHER _____ 96 (SPECIFY)	

SENTENCES FOR LITERACY TEST (Q. 113)

ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

KISWAHILI

1. Mtoto anasoma kitabu.
2. Mvua ilichelewa mwaka huu.
3. Nilazima wazazi watunze watoto wao.
4. Ukilima ni kazi ngumu.

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	<input type="checkbox"/> C206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES..... 1 NO 2	<input type="checkbox"/> C204								
203	How many sons live with you? And how many daughters live with you? IF NONE, WRITE '00'.	SONS AT HOME <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></table> DAUGHTERS AT HOME <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></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES..... 1 NO 2	<input type="checkbox"/> C206								
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 <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></table> DAUGHTERS ELSEWHERE... <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></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES..... 1 NO 2 DON'T KNOW..... 8	<input type="checkbox"/> C208								
207	How many boys have died? And how many girls have died? IF NONE, WRITE '00'.	BOYS DEAD <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></table> GIRLS DEAD <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></table>									
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 <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></table>									
210	CHECK 209: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> 3 HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		<input type="checkbox"/> C213 <input type="checkbox"/> C301								
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	<input type="checkbox"/> C213								
212	In all how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
213	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

SECTION 3. CONTRACEPTION

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.

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.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	
01	FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES 1 NO 2 <input type="checkbox"/> 3		
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES 1 NO 2 <input type="checkbox"/> 3	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 <input type="checkbox"/> 3		
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 <input type="checkbox"/> 3		
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 <input type="checkbox"/> 3		
06	IMPLANTS, NORPLANT 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 <input type="checkbox"/> 3		
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2	
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 <input type="checkbox"/> 3		
09	RHYTHM OR NATURAL METHODS 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 <input type="checkbox"/> 3	YES 1 NO 2 DON'T KNOW 8	
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2	
11	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 <input type="checkbox"/> 3		
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 <input type="checkbox"/> 3		

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 get pregnant if she has sexual relations?	YES.....1 NO2 DOES NOT KNOW8	0305																
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 BEGINS1 DURING HER PERIOD2 JUST AFTER HER PERIOD ENDS.....3 HALF WAY BETWEEN 2 PERIODS4 OTHER6 (SPECIFY) DOES NOT KNOW8																	
305	Do you think that a woman who is breastfeeding her baby can get pregnant?	YES 1 NO 2 DEPENDS 3 DOES NOT 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 sterilised.	<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	
	AGREE	DISAGREE	DK																
a)	1	2	8																
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 STERILISATION BUT IS NOT STERILISED <input type="checkbox"/> 3 OTHER <input type="checkbox"/> _____		0401																
308	Once you have had all the children you want, would you yourself ever consider getting sterilised?	WOULD CONSIDER 1 WOULD NOT CONSIDER 2 UNSURE/DEPENDS 3 WIFE ALREADY STERILIZED 4	0401																
309	Why would you never consider getting sterilised? 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	—0404 —0406
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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
403	Are there any other women with whom you live as if married?	YES 1 NO 2	—0405
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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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	} —0409
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	—0416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	} —0411
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 FIVE WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S)).</p> <p>CHECK 402 AND 404</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>SUM OF 402 AND 404 = 01</p> <input style="width: 20px; height: 20px;" type="text"/> <p>3</p> </div> <div style="text-align: center;"> <p>SUM OF 402 AND 404 > 01</p> <input style="width: 20px; height: 20px;" type="text"/> <p>3</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Please tell me the name of your wife/partner.</p> <p>NAME</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> </div> <div style="width: 45%;"> <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> <p>LINE NUMBER IN HH. QUEST</p> <p>1 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>2 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>3 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>4 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>5 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> </div> </div>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	CHECK 409: ONLY ONE WIFE/ PARTNER <input type="checkbox"/> 3 MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		—0412
411	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	—0414 —0413
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	—0414
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 3 OTHER <input type="checkbox"/> 3 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	—0416
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 with a woman (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	—0448
416A	CHECK 108: 15-24 YEARS OLD <input type="checkbox"/> 3 25-54 YEARS OLD <input type="checkbox"/>		—0417
416B	The first time you had sexual intercourse, did you use a condom?	YES 1 NO 2	
417	When was the last time you had sexual intercourse with a woman? 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"/>	—0445
418	The last time you had sexual intercourse with a woman, did you use a condom?	YES 1 NO 2	—0420
419	What was the main reason you used a condom on that occasion?	WANTED TO PREVENT DISEASE 1 WANTED TO PREVENT PREGNANCY.. 2 WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/THOUGHT SHE HAD OTHER PARTNERS 4 PARTNER REQUESTED/INSISTED 5 OTHER 6 (SPECIFY)	—0424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
420	CHECK 302(02): RESPONDENT NOT STERILISED <input type="checkbox"/> 3 RESPONDENT STERILISED <input type="checkbox"/>		—0424								
421	The last time you had sexual intercourse with a woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	—0423 —0424								
422	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILISATION 01 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 RHYTHM, NATURAL METHOD 09 WITHDRAWAL 10 OTHER 96 (SPECIFY) DON'T KNOW 98	—0424								
423	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									
424	What is your relationship to the woman with whom you last had sex? 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 COMMERCIAL SEX WORKER 06 OTHER 96 (SPECIFY)	—0426								
425	For how long have you had (or did you have) a sexual relationship with this woman? IF ONLY HAD SEX WITH THIS WOMAN ONCE, WRITE '01' DAYS.	DAYS 1 <table border="1" data-bbox="1209 1667 1308 1703"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1209 1717 1308 1753"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1209 1768 1308 1803"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1209 1818 1308 1854"><tr><td></td><td></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
426	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	—0445
427	The last time you had sexual intercourse with another woman, did you use a condom?	YES 1 NO 2	—0429
428	What is the main reason you used a condom on that occasion?	WANTED TO PREVENT DISEASE 1 WANTED TO PREVENT PREGNANCY.. 2 WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/THOUGHT SHE HAD OTHER PARTNERS 4 PARTNER REQUESTED/INSISTED 5 OTHER _____ 6 (SPECIFY)	—0433
429	CHECK 302(02): RESPONDENT NOT STERILISED <input type="checkbox"/> 3 RESPONDENT STERILISED <input type="checkbox"/>		—0433
430	The last time you had sexual intercourse with this woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	—0432 —0433
431	What method was used? IF MORE THAN ONE METHOD USED, CIRCLE THE HIGHEST METHOD ON THE LIST.	FEMALE STERILISATION 01 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 RHYTHM, NATURAL METHOD 09 WITHDRAWAL 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	—0433
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
433	<p>What is your relationship to this other woman?</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>COMMERCIAL SEX WORKER 06</p> <p>OTHER _____ 96 (SPECIFY)</p>	—0435																
434	<p>For how long have you had (or did you have) a sexual relationship with this woman?</p> <p>IF ONLY HAD SEX WITH THIS WOMAN ONCE, WRITE '01' DAYS.</p>	<p>DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>																	
435	<p>Other than these two women, have you had sex with any other woman in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	—0445																
436	<p>The last time you had sexual intercourse with this third woman, did you use a condom?</p>	<p>YES 1</p> <p>NO 2</p>	—0438																
437	<p>What is the main reason you used a condom on that occasion?</p>	<p>WANTED TO PREVENT DISEASE 1</p> <p>WANTED TO PREVENT PREGNANCY.. 2</p> <p>WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3</p> <p>DID NOT TRUST PARTNER/THOUGHT SHE HAD OTHER PARTNERS 4</p> <p>PARTNER REQUESTED/INSISTED 5</p> <p>OTHER _____ 6 (SPECIFY)</p>	—0442																
438	<p>CHECK 302(02):</p> <p>RESPONDENT NOT STERILISED <input type="checkbox"/> 3</p> <p>RESPONDENT STERILISED <input type="checkbox"/></p>		—0442																
439	<p>The last time you had sexual intercourse with this third woman, did you or she 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>	—0441 —0442																
440	<p>What method was used?</p> <p>IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILISATION 01</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>FEMALE CONDOM 08</p> <p>RHYTHM, NATURAL METHOD 09</p> <p>WITHDRAWAL 10</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	—0442																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
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 woman? 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 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	—0444								
443	For how long have you had (or did you have) a sexual relationship with this woman? IF ONLY HAD SEX WITH THIS WOMAN ONCE, WRITE '01' DAYS.	DAYS 1 <table border="1" data-bbox="1209 1136 1308 1178"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1209 1188 1308 1230"><tr><td></td><td></td></tr></table> MONTHS..... 3 <table border="1" data-bbox="1209 1241 1308 1283"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1209 1293 1308 1335"><tr><td></td><td></td></tr></table>									
444	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS..... <table border="1" data-bbox="1209 1360 1308 1402"><tr><td></td><td></td></tr></table>									
445	Have you ever paid for sex?	YES 1 NO..... 2	—0448								
446	How long ago was the last time you paid for sex?	DAYS AGO 1 <table border="1" data-bbox="1209 1514 1308 1556"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1209 1566 1308 1608"><tr><td></td><td></td></tr></table> MONTHS AGO..... 3 <table border="1" data-bbox="1209 1619 1308 1661"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1209 1671 1308 1713"><tr><td></td><td></td></tr></table>									
447	The last time that you paid for sex, did you use a condom on that occasion?	YES 1 NO..... 2									
448	Do you know of a place where one can get condoms?	YES 1 NO..... 2	—0451								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
449	<p>What places do you know of where a person can get condoms?</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 MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT DISPENSARY C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>MISSION, CHURCH HOSP./CLINIC F</p> <p>FPAK HEALTH CENTRE/CLINIC G</p> <p>PRIVATE HOSPITAL OR CLINIC H</p> <p>PHARMACY/CHEMIST I</p> <p>NURSING/MATERNITY HOME K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>MOBILE CLINIC M</p> <p>COMMUNITY-BASED DISTRIBUTOR N</p> <p>SHOP/KIOSK O</p> <p>FRIENDS/RELATIVES Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
450	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DOES NOT KNOW/UNSURE 8</p>	
451	<p>CHECK 302(07), 416B, 418, 427, 436, AND 447: EVER USED A CONDOM?</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> HAS USED CONDOM ₃ NO 'YES' <input type="checkbox"/> NEVER USED CONDOMS _____</p>	<p>-0460</p>	
452	<p>How old were you when you used a condom for the first time?</p>	<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>TO AVOID PREGNANCY A</p> <p>TO AVOID GETTING AIDS/HIV B</p> <p>TO AVOID GETTING AN STD C</p> <p>TO AVOID INFECTING PARTNER D</p> <p>TO EXPERIMENT/TRY A CONDOM E</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>	
455	<p>What brand of condom do you usually use?</p> <p>ASK TO SEE CONDOM PACKET IF BRAND NOT KNOWN.</p>	<p>DUREX 1</p> <p>ROUGH RIDER 2</p> <p>SURE 3</p> <p>TRUST 4</p> <p>NO BRAND 5</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW BRAND 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
456	<p>Where do you usually get the condoms?</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>PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTREB GOVERNMENT DISPENSARYC OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR MISSION, CHURCH HOSP./CLINICF FPAK HEALTH CENTRE/CLINICG PRIVATE HOSPITAL OR CLINICH PHARMACY/CHEMISTI NURSING/MATERNITY HOMEK OTHER PRIVATE MEDICAL _____L (SPECIFY)</p> <p>MOBILE CLINICM COMMUNITY-BASED DISTRIBUTOR....N SHOP/KIOSKO FRIENDS/RELATIVESQ OFFICER OTHER _____ X (SPECIFY)</p>																													
457	<p>How much do you usually pay for a packet of condoms?</p>	<p>COST PER PACKET..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 995</p> <p>DOES NOT KNOW 998</p>	<p><input type="checkbox"/> 0460</p>																												
458	<p>How many condoms are in each packet?</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p>																													
459	<p>Do you think that at this price condoms are inexpensive, just affordable, or too expensive?</p>	<p>INEXPENSIVE 1 JUST AFFORDABLE 2 TOO EXPENSIVE 3</p>																													
460	<p>I will now read you some statements about condom use. Please tell me if you agree or disagree with each.</p> <p>a) Condoms diminish a man's sexual pleasure.</p> <p>b) It's okay to re-use a condom if you wash it.</p> <p>c) Condoms protect against disease.</p> <p>d) Buying condoms is embarrassing.</p> <p>e) A woman has no right to tell a man to use a condom.</p> <p>f) Condoms contain HIV.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>AGREE</u></th> <th><u>DISAGREE</u></th> <th><u>DK</u></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> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	f)	1	2	8	
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e)	1	2	8																												
f)	1	2	8																												
461	<p>In your opinion, is it acceptable or unacceptable for condoms to be advertised:</p> <p>on the radio?</p> <p>on the TV?</p> <p>in newspapers?</p>	<table border="1"> <thead> <tr> <th></th> <th><u>NOT ACCEP- TABLE</u></th> <th><u>ACCEP- TABLE</u></th> <th><u>DK/ UN- SURE</u></th> </tr> </thead> <tbody> <tr> <td>ON THE RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ON THE TV</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEWSPAPERS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		<u>NOT ACCEP- TABLE</u>	<u>ACCEP- TABLE</u>	<u>DK/ UN- SURE</u>	ON THE RADIO.....	1	2	8	ON THE TV	1	2	8	NEWSPAPERS	1	2	8													
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ON THE TV	1	2	8																												
NEWSPAPERS	1	2	8																												

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> ₃ NOT MARRIED <input type="checkbox"/>		—0505
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/ NOT SURE (CODE '2' OR '3') <input type="checkbox"/> ₃ YES, WIFE PREGNANT (CODE '1') <input type="checkbox"/> ₃ 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	—0505
504	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS..... 2 <input type="text"/> <input type="text"/> SOON/NOW 993 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"/> ₃ NO LIVING CHILDREN <input type="checkbox"/> ₃ 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)	—0507 —0507
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 about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION..... 1 2 NEWSPAPER OR MAGAZINE..... 1 2	
509	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 diarrhoea, 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 [LOCAL NAME FOR ORS] you can get for the treatment of diarrhoea?	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, PIPEB YES, OTHER TOBACCO C NOY	
604	CHECK 603: CODE 'A' <input type="checkbox"/> CIRCLED 3 CODE 'A' <input type="checkbox"/> NOT CIRCLED	_____	-0606
605	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
606	Have you ever drunk any kind of alcohol like beer, wine, whiskey, gin, vodka, etc.?	YES 1 NO 2	-0701
607	In the last month, on how many days did you drink any alcohol-containing beverage? IF EVERY DAY, RECORD '30'.	NUMBER OF DAYS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NONE95	

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	-0720
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	1 -0709
703	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 SEX PARTNERS..... D AVOID SEX WITH PROSTITUTES..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F AVOID SEX WITH HOMOSEXUALS..... G AVOID SEX WITH DRUG USERS..... H AVOID BLOOD TRANSFUSIONS..... I AVOID INJECTIONS..... J AVOID SHARING RAZORS/BLADES..... K AVOID KISSING..... L AVOID MOSQUITO BITES..... M SEEK PROTECTION FROM TRADITIONAL HEALER..... N OTHER..... W (SPECIFY) OTHER..... X (SPECIFY) DOES NOT KNOW..... Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	
705	Can a person get the AIDS virus from mosquito or other insect bites?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	
707	Can a person get the AIDS virus by sharing utensils with a person who has AIDS?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	
708	Can people reduce their chances of getting the AIDS virus by not having sex at all?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES, POSSIBLE..... 1 NO, NOT POSSIBLE..... 2 DOES NOT 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 DOES NOT KNOW..... 8	1 -0713
712	Can the virus that causes AIDS be transmitted from a mother to her 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	Can a mother who is infected with the AIDS virus reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	
713	CHECK 401: YES, CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> ₃ NO, NOT MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>		-0714A
714	Have you ever talked with (your wife/woman you are living with) about ways to prevent getting the virus that causes AIDS? IF MORE THAN ONE WIFE/PARTNER, ASK ABOUT ANY OF HIS WIVES/PARTNERS.	YES..... 1 NO..... 2	
714A	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES..... 1 NO..... 2 DOES NOT KNOW/UNSURE..... 8	
715	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 DOES NOT KNOW/UNSURE..... 8	
716	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	
716A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	CAN CONTINUE..... 1 SHOULD NOT CONTINUE..... 2 DON'T KNOW /UNSURE/DEPENDS..... 8	
716B	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES..... 1 NO..... 2 DK/NOT SURE/DEPENDS..... 8	
716B1	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL..... 1 MODERATE..... 2 GREAT..... 3 NO RISK AT ALL..... 4 HAS AIDS..... 5	0716B3 -0716B4
716B2	Why do you think that you have (no risk/a small chance) of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED.	IS NOT HAVING SEX..... A USES CONDOMS..... B HAS ONLY ONE PARTNER..... C LIMITS THE NUMBER OF PARTNERS... D PARTNER HAS NO OTHER PARTNERS. E OTHER _____ X (SPECIFY)	0716B4
716B3	Why do you think that you have a (moderate, great) chance of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED.	DOES NOT USE CONDOMS..... A HAS MORE THAN 1 SEX PARTNER..... B PARTNER HAS OTHER PARTNERS..... C HOMOSEXUAL CONTACTS..... D HAD BLOOD TRANSFUSION/INJECTIONE OTHER _____ X (SPECIFY)	
716B4	Have you ever heard of VCT?	YES..... 1 NO..... 2	
716C	I do not want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES..... 1 NO..... 2	-0716D
716C1	When was the last time you were tested?	LESS THAN 12 MONTHS AGO..... 1 12-23 MONTHS AGO..... 2 2 YEARS OR MORE AGO..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716C2	The last time you were tested, did you 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	
716C3	I do not want to know the results, but did you get the results of the test?	YES 1 NO 2	-0716FX -0716FX
716D	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
716E	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	-0717
716F	Where can you go for the test?	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTRE/CLINIC 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC _____ 16 (SPECIFY)	
716F X	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 MISSION/CHURCH HOSP. CLINIC ... 21 FPAK HEALTH CENTRE/CLINIC 22 PRIVATE HOSPITAL/CLINIC 23 VCT CENTRE 24 NURSING/MATERNITY HOME 26 BLOOD TRANSFUSION SERVICE 31 OTHER _____ 96 (SPECIFY)	
717	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	-0719A
718	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
720	Are you circumcised?	YES..... 1 NO..... 2	
721	In many communities, girls are also circumcised. In your community, is female circumcision practiced?	YES..... 1 NO..... 2	
722	CHECK 203 AND 205: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> 3 HAS NO LIVING DAUGHTER <input type="checkbox"/>		-0801
723	Has your eldest daughter been circumcised?	YES..... 1 NO..... 2 DOES NOT KNOW 8	-0801 -0801
724	Do you plan to have your eldest daughter circumcised?	YES..... 1 NO..... 2 DOES NOT KNOW 8	

SECTION 8. ATTITUDES TOWARDS WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
801	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUS- BAND	WIFE	BOTH EQUALLY	DK/ DEPENDS	
	a) making large household purchases?	a) 1	2	3	8	
	b) making small daily household purchases?	b) 1	2	3	8	
	c) deciding when to visit family, friends or relatives?	c) 1	2	3	8	
	d) deciding what to do with the money she earns for her work?	d) 1	2	3	8	
	e) deciding how many children to have and when to have them?	e) 1	2	3	8	
802	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...	<u>YES</u>	<u>NO</u>	<u>DK/ DEPENDS</u>		
	a) If she goes out without telling him?	a) 1	2	8		
	b) If she neglects the children?	b) 1	2	8		
	c) If she argues with him?	c) 1	2	8		
	d) If she refuses to have sex with him?	d) 1	2	8		
	e) If she burns the food?	e) 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..... 1 NO..... 2 DOES NOT KNOW 8				
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 if...	<u>YES</u>	<u>NO</u>	<u>DK/ DEPENDS</u>		
	a) She is tired and not in the mood?	a) 1	2	8		
	b) She has recently given birth?	b) 1	2	8		
	c) She knows her husband has sex with other women?	c) 1	2	8		
	d) She knows her husband has a sexually transmitted disease?	d) 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...	<u>YES</u>	<u>NO</u>	<u>DK/ DEPENDS</u>		
	a) Get angry and reprimand her?	a) 1	2	8		
	b) Refuse to give her money or other means of financial support?	b) 1	2	8		
	c) Use force and have sex with her even if she does not want to?	c) 1	2	8		
	d) Go and have sex with another woman	d) 1	2	8		
806	RECORD THE TIME.	HOUR..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>				
		MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>				

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 THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____