



SECTION 1. RESPONDENT'S BACKGROUND

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the Kenya National Bureau of Statistics. We are conducting a national survey that asks women about various health issues. We would very much appreciate your participation in this survey.

This information will help the government to plan health services. The survey usually takes between 30 to 60 minutes to complete. Whatever information you provide will be kept confidential and will not be shown to anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. 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 ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
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 Nairobi, Mombasa, in another city or town, or in the countryside?	NAIROBI/ MOMBASA/KISUMU ..... 1 OTHER CITY/TOWN ..... 2 COUNTRY SIDE ..... 3 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 ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 106
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/TOWN ..... 2 COUNTRY SIDE ..... 3 OUTSIDE KENYA ..... 4	
106	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112
109	What is the highest level of school you attended: primary, vocational, secondary, or higher?	PRIMARY ..... 1 POST-PRIMARY/VOCATIONAL ..... 2 SECONDARY/'A' LEVEL ..... 3 COLLEGE (MIDDLE LEVEL) ..... 4 UNIVERSITY ..... 5	
110	What is the highest (standard/form/year) you completed at that level? IF NONE, WRITE '00'.	STANDARD/FORM/YEAR ... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY, <input type="checkbox"/> POST-PRIMARY/VOCATIONAL, ↓ SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence. SHOW SENTENCES BELOW 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	
113	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	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	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	
116	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	
117	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	
118	What is your religion?	ROMAN CATHOLIC ..... 1 PROTESTANT/OTHER CHRISTIAN ... 2 MUSLIM ..... 3 NO RELIGION ..... 4 OTHER ..... 6 (SPECIFY)	
119	What is your ethnic group/tribe?	EMBU ..... 01 KALENJIN ..... 02 KAMBA ..... 03 KIKUYU ..... 04 KISII ..... 05 LUHYA ..... 06 LUO ..... 07 MASAI ..... 08 MERU ..... 09 MIJIKENDA/SWAHILI ..... 10 SOMALI ..... 11 TAITA/TAVETA ..... 12 OTHER ..... 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME ..... <input type="text"/> <input type="text"/> DAUGHTERS AT HOME ..... <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE ..... <input type="text"/> <input type="text"/>	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD ..... <input type="text"/> <input type="text"/> GIRLS DEAD ..... <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 212 → 301
210	Did all of the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> →		→ 301

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	How old is your (youngest) child?	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-3 YEARS OTHER <input type="checkbox"/>		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD  _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT ..... 1 NOT PRESENT ..... 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY ..... 1 OTHER ..... 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH ..... 01 FACILITY CLOSED ..... 02 TOO FAR/NO TRANSPORTATION ... 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE ..... 04 NO FEMALE PROVIDER ..... 05 NOT THE FIRST CHILD ..... 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY ..... 07 HE DID NOT THINK IT WAS NECESSARY ..... 08 FAMILY DID NOT THINK IT WAS NECESSARY ..... 09 OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL ..... 1 ABOUT THE SAME ..... 2 LESS THAN USUAL ..... 3 NOTHING TO DRINK ..... 4 DON'T KNOW ..... 8	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</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 RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>		302 Have you or partner ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had a partner who had 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 avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘	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 ↘	YES ..... 1 NO ..... 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 ↘	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 ↘	YES ..... 1 NO ..... 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	Have you ever used a condom? YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
10	RHYTHM METHOD 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 ↘	Have you and your partner ever used rhythm method? YES ..... 1 NO ..... 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 ↘	Have you ever used the withdrawal method? YES ..... 1 NO ..... 2
12	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1 ↘  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302A	CHECK 302: AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>		→ 303
302B	Are you currently doing something or using any method with any partner to delay or avoid a pregnancy?	YES ..... 1 NO ..... 2	→ 303
302C	Which method are you using? CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H LACTATIONAL AMENORRHOEA M. . . I RHYTHM METHOD ..... L WITHDRAWAL ..... M  OTHER _____ X (SPECIFY)	→ 302E → 302E → 302E → 302E
302D	Does your wife/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
302E	Would you say that using contraception is mainly your decision, mainly your wife's/partner's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY WIFE/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER _____ 6 (SPECIFY)	
303	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE 1 2	
304	In the last few months, have you talked about family planning with a health worker or health professional?	YES ..... 1 NO ..... 2	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS .. 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN 2 PERIODS ... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	
308	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.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8	

309	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 401	
310	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 401
311	Where is that? Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL ..... B GOVT. HEALTH CENTER ..... C GOVERNMENT DISPENSARY ..... D  OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC ..... F FHOK/FPAK HEALTH CENTER/ CLINIC ..... G PRIVATE HOSPITAL/CLINIC ..... H PHARMACY/CHEMIST ..... I NURSING/MATERNITY HOME ..... J  OTHER PRIV. MEDICAL _____ K (SPECIFY) OTHER SOURCE MOBILE CLINIC ..... L COMMUNITY-BASED DISTRIBUTOR SHOP ..... N FRIEND/RELATIVE ..... P  OTHER _____ X (SPECIFY)	
312	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2	



SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	<input type="checkbox"/> → 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2																
405	Do you have more than one wife or woman you live with as if married?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 407															
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<p>408 How old was (NAME) on her last birthday?</p>
NAME	LINE NUMBER	AGE																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		<input type="checkbox"/> → 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	<input type="checkbox"/> → 411A															
411	In what month and year did you start living with your (wife/partner)?	MONTH ..... <input type="text"/>																
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> DON'T KNOW YEAR ..... 9998	<input type="checkbox"/> → 413															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	How old were you when you first started living with her?	AGE ..... <input type="text"/> <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE .....00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER .....95	→ 417  → 417
415	CHECK 107: AGE <input type="text"/> 15-24 ↓      AGE <input type="text"/> 25-54		→ 501
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	→ 501
417	CHECK 107: AGE <input type="text"/> 15-24 ↓      AGE <input type="text"/> 25-54		→ 419
418	The <u>first</u> time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ... 8	
419	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																										
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 422																																													
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 <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></table> 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> 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>															DAYS . 1 <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></table> 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> 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>																												
422	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 424) ←	YES ..... 1 NO ..... 2 (SKIP TO 424) ←	YES ..... 1 NO ..... 2 (SKIP TO 424) ←																																										
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																																										
424	What was your relationship to this (second/third) person with whom you had sexual intercourse?  IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE ..... 1 (SKIP TO 426) ← LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER _____ 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 426) ← LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER _____ 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 426) ← LIVE-IN PARTNER .... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER _____ 6 (SPECIFY)																																										
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <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></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>															DAYS . 1 <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></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>															DAYS . 1 <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></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>														
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 428) ←	YES ..... 1 NO ..... 2 (SKIP TO 428) ←	YES ..... 1 NO ..... 2 (SKIP TO 429) ←																																										
427	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4																																										
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 430) ←	YES ..... 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 430) ←																																											
429	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  DON'T KNOW ... 98																																										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 432
431	CHECK 424 AND 422 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 434 → 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a (male/female) condom used?	YES ..... 1 NO ..... 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES ..... 1 NO ..... 2 DK ..... 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 442 → 442
437	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1 ↓ BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY) DOES NOT HAVE/NOT SEEN ..... 2	→ 439
438	Do you know the brand name of the condom used at that time? RECORD NAME OF BRAND.	BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW ..... 98	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
440	The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 995 DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	<p>Where did you get the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>GOVERNMENT DISPENSARY ... 13</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>FAITH-BASED, CHURCH, MISSION</p> <p>HOSPITAL / CLINIC ..... 21</p> <p>FHOK/FPAK HEALTH CENTER/</p> <p>CLINIC ..... 22</p> <p>PRIVATE HOSPITAL/CLINIC ..... 23</p> <p>PHARMACY/CHEMIST ..... 24</p> <p>NURSING/MATERNITY HOME ..... 25</p> <p>OTHER PRIV. MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>MOBILE CLINIC ..... 31</p> <p>COMMUNITY-BASED DISTRIBUTOR 41</p> <p>SHOP ..... 51</p> <p>FRIEND/RELATIVE ..... 61</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
442	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 501</p>
443	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 501</p>
444	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION ..... A</p> <p>PILL ..... C</p> <p>IUD ..... D</p> <p>INJECTABLES ..... E</p> <p>IMPLANTS ..... F</p> <p>CONDOM ..... G</p> <p>FEMALE CONDOM ..... H</p> <p>LACTATION AMENORRHEA METHOD I</p> <p>RHYTHM METHOD ..... L</p> <p>WITHDRAWAL ..... M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/>	QUESTION NOT ASKED <input type="checkbox"/>	→ 508
502	CHECK 302: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 508
503	(Is your wife (partner) or Are any of your wives (partners)) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE(WIVES)/PARTNER(S) PREGNANT <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 COUPLE INFECUND ..... 3 WIFE (WIVES)/PARTNER(S) STERILIZED ..... 4 UNDECIDED/DON'T KNOW ..... 8	→ 508
505	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE/PARTNER PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/>  SOON/NOW ..... 993 COUPLE INFECUND ..... 994  OTHER _____ 996 (SPECIFY) DON'T KNOW ..... 998	→ 508
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/>  SOON/NOW ..... 993  HE/ALL HIS WIVES/PARTNERS ARE INFECUND ..... 994  OTHER _____ 996 (SPECIFY) DON'T KNOW ..... 998	

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

**SECTION 6. EMPLOYMENT AND GENDER ROLES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES ..... 1 NO ..... 2	→ 604
603	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> _____ <input type="text"/> _____ <input type="text"/>	
605	CHECK 604:  WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 607
606	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 OTHER _____ 6 (SPECIFY)	→ 607
606A	Think back over the past year. Were there any times when your household did not have enough food to eat? How often did it happen that people went hungry because there was not enough food?	NEVER / SELDOM/ ONLY A FEW TIMES 1 OFTEN ..... 2 ALWAYS / EVERY DAY ..... 3	
606B	Do you believe there is sufficient land here for your children to stay and live?	YES ..... 1 NO ..... 2	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE ..... 3	
609	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	
610	CHECK 407:  ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> QUESTION NOT ASKED <input type="checkbox"/>		→ 613
611	CHECK 609:  CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 613
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT ..... 1 WIFE(WIVES)/PARTNER(S) ..... 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY ..... 3 OTHER _____ 6 SPECIFY	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
613	<p>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:</p> <p>a) making major household purchases?</p> <p>b) making purchases for daily household needs?</p> <p>c) deciding about visits to the wife's family or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have and when?</p>	<p>HUS- BAND</p>	<p>WIFE</p>	<p>BOTH EQUALLY</p>	<p>DON'T KNOW/ DEPENDS</p>	
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.</p>	<p>DIS- AGREE AGREE DK</p> <p>CHILDBEARING WOMAN'S CONCERN 1 2 8</p> <p>DOCTOR/NURSE'S ASSISTANCE CRUCIAL 1 2 8</p>				
615	<p>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:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<p>YES NO DK</p> <p>GOES OUT ..... 1 2 8</p> <p>NEGL. CHILDREN ... 1 2 8</p> <p>ARGUES ..... 1 2 8</p> <p>REFUSES SEX ..... 1 2 8</p> <p>BURNS FOOD ..... 1 2 8</p>				
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Have sex with another woman?</p>	<p>DON'T KNOW/ DEPENDS</p> <p>YES NO</p> <p>a) 1 2 8</p> <p>b) 1 2 8</p> <p>c) 1 2 8</p> <p>d) 1 2 8</p>				

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 717																
702	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
703	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
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 chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
708A	Is there anything else a person can do to avoid getting AIDS or the virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 709 → 709																
708B	What can a person do?  Anything else?  CIRCLE ALL MENTIONED	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... C LIMIT NUMBER OF SEX PARTNER ... 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  OTHERS (SPECIFY) _____ W OTHERS (SPECIFY) _____ X 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 her baby:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG. ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG. ....	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	CHECK 711: AT LEAST ONE 'YES' <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 713
712A	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
713	CHECK 401: YES, CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A WOMAN <input type="checkbox"/>		→ 714A
714	Have you ever talked with (your wife/the woman you are with) about ways to prevent getting the virus that causes AIDS?	YES ..... 1 NO ..... 2	
714A	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
715	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
716	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
716A	In your opinion, if a female teacher has the AIDS virus, but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
716B	Should children age 12-14 years be taught about using condoms to avoid getting 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?	NO RISK AT ALL ..... 1 SMALL ..... 2 MODERATE ..... 3 GREAT ..... 4 HAS AIDS ..... 5	→ 716B3 → 716B4
716B2	Why do you think that you have (no risk/small chance) of getting AIDS? Any reasons?  CIRCLE ALL MENTIONED	IS NOT HAVING SEX ..... A USES CONDOM ..... B HAS ONLY ONE PARTNER ..... C LIMITS THE NUMBER OF PARTNERS .. D PATNER HAS NO OTHER PATNERS .. E OTHERS ..... X (SPECIFY)	→ 716B4
716B3	Why do you think that you have (moderate/great) chance of getting AIDS? Any reasons?  CIRCLE ALL MENTIONED	DOES NOT USE CONDOM ..... A HAS MORE THAN ONE SEX PARTNER B PARTNER HAS OTHER PARTNERS ... C HOMOSEXUAL CONTACTS ..... D HAD BLOOD TRANSFUSION/INJECTION E OTHERS ..... 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	→ 716D
716C1	When was the last time you were ever 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 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	
716C4	Where was the test done?  IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE SOURCE AND CIRCLE THE APPROPRIATE CODE.  NAME OF PLACE _____  IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE "21".	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTRE/CLINIC ... 12 GOVERNMENT DISPENSARY ..... 13  OTHER PUBLIC _____ 16 (SPECIFY)  PRIVATE MEDICAL SECTOR MISSIONARY/CHURCH HOSP./CLINIC 21 FPAK HEALTH CENTRE/CLINIC ... 22 PRIVATE HOSPITAL/CLINIC ..... 23 VCT CENTRE ..... 24 NURSING/MATERNITY HOMES ... 25 BLOOD TRANSFUSION SERVICES 26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY)  OTHER _____ 96 (SPECIFY)	→ 717
716D	Would you want to be tested for the AIDS virus?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8	
716E	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 717
716F	Where is that? Any other place?  IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  NAME OF PLACE _____  IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE "E".	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTRE/CLINIC ... B GOVERNMENT DISPENSARY ..... C  OTHER PUBLIC _____ D (SPECIFY)  PRIVATE MEDICAL SECTOR MISSIONARY/CHURCH HOSP./CLINIC E FPAK HEALTH CENTRE/CLINIC ... F PRIVATE HOSPITAL/CLINIC ..... G VCT CENTRE ..... H NURSING/MATERNITY HOMES ... I BLOOD TRANSFUSION SERVICES J OTHER PRIVATE MEDICAL _____ K (SPECIFY)  OTHER _____ X (SPECIFY)	
717	CHECK 701:  HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	→ 719A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED</p>	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/DRIPPINC..... B FOUL SMELL/DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMATION 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 OTHERS ..... W (SPECIFY) _____ OTHERS ..... X (SPECIFY) _____ NO SYMPTOMS ..... Y DOES NOT KNOW ..... Z	
719	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED</p>	ABDOMINAL PAIN ..... A GENITAL DISCHARGE ..... B FOUL SMELL/DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMATION 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 HARD TO GET PREGNANT ..... L OTHERS ..... W (SPECIFY) _____ OTHERS ..... X (SPECIFY) _____ NO SYMPTOMS ..... Y DOES NOT KNOW ..... Z	
719A	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		801
719A1	CHECK 717: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		719C
719B	Now I would like to ask you some questions about your health in the last twelve months. During the last twelve months have you had a sexually transmitted disease?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
719C	Sometimes men experience an abnormal discharge from their penis. During the last twelve months, have you had an abnormal discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
719D	Sometimes men have a sore or ulcer on or near their penis. During the last twelve months have you had a sore or ulcer on or near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
719E	CHECK 719B, 719C AND 719D HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		801
719F	Last time you had (PROBLEM(S) FROM 719B/719C/719D), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	719H

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719G	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTRE/CLINIC ... B</p> <p>GOVERNMENT DISPENSARY ..... C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>MISSIONARY/CHURCH HOSP./CLINIC</p> <p>FPAK HEALTH CENTRE/CLINIC ... F</p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>VCT CENTRE ..... H</p> <p>NURSING/MATERNITY HOMES ... I</p> <p>BLOOD TRANSFUSION SERVICES J</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRADITIONAL HEALER ..... L</p> <p>SHOP/PHARMACY ..... M</p> <p>FRIENDS OR RELATIVES ..... N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
719H	<p>When you had (PROBLEM(S) FROM 719B/719C/719D), did you inform the person(s) with whom you were having sex?</p>	<p>YES, INFORMED ALL PARTNERS ... 1</p> <p>NO, INFORMED NONE ..... 2</p> <p>INFORMED SOME NOT ALL ..... 3</p> <p>DID NOT HAVE A PARTNER ..... 4</p>	<p>→ 801</p>
719I	<p>When you had (PROBLEM(S) FROM 719B/719C/719D), did you do anything to avoid infecting your sexual partners(s)</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DID NOT HAVE A PARTNER ..... 3</p>	<p>→ 801</p> <p>→ 801</p>
719J	<p>What did you do to avoid infecting your partner(s) ? Did you:</p> <p>Use medicine?</p> <p>Stop having sex?</p> <p>Use a condom when having sex?</p>	<p>YES NO</p> <p>USE MEDICINE ..... 1 2</p> <p>STOP SEX ..... 1 2</p> <p>USE CONDOM ..... 1 2</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 805
802	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
803	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
805	Some men are circumcised. Are you circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
810	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 812
811	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
812	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 814
813	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C  OTHER _____ X (SPECIFY)	
814	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 820
815	What type of health insurance?  RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B SOCIAL SECURITY ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D OTHER _____ X (SPECIFY)	
820	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 SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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