

















SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. (START OF INTERVIEW)	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 large town, medium town, small town, or in the village?	LARGE TOWN 1 MEDIUM TOWN 2 SMALL TOWN 3 VILLAGE 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS  ALWAYS 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in a large town, medium town, small town, or in the village?	LARGE TOWN 1 MEDIUM TOWN 2 SMALL TOWN 3 VILLAGE 4	
105	In what month and year were you born?	MONTH  DON'T KNOW MONTH 98 YEAR  DON'T KNOW YEAR 98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS 	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 OTHERS 4 SPECIFY	
109	What is the highest (grade/form/year) you completed at that level?	GRADE (YEAR) 	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→ 113
112	Do you usually read a newspaper or magazine at least once a week?	YES 1 NO 2	
113	Do you usually listen to radio every day?	YES 1 NO 2	
114	Do you usually watch television at least once a week?	YES 1 NO 2	
115	Are you currently working?	YES 1 NO 2	→ 117
116	Have you done any work in the last 12 months?	YES 1 NO 2	→ 124

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	What is your occupation, that is, what kind of work do you mainly do?	<div style="text-align: right;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div> <hr style="border-top: 1px dotted black;"/> <hr style="border-top: 1px dotted black;"/>	
118	CHECK 117: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="text-align: center;"> WORK IN AGRICULTURE <input type="checkbox"/> </div> <div style="text-align: center;"> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> </div> </div>	<div style="text-align: right;"> <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/> </div>	→ 120
119	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
120	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	
121	Do you usually work at this job 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	→ 123
122	During the last 12 months, how many months did you work at this job?	NUMBER OF MONTHS <div style="float: right; text-align: right;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div>	
123	How much do you earn for this work? PROBE: Is this by the hour, by the day, by the week, by the month or by the year?	PER HOUR 1 <div style="float: right; text-align: right;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div> PER DAY 2 <div style="float: right; text-align: right;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div> PER WEEK 3 <div style="float: right; text-align: right;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div> PER MONTH 4 <div style="float: right; text-align: right;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div> PER YEAR 5 <div style="float: right; text-align: right;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div> OTHER _____ 99996 (SPECIFY)	
124	What is your religion?	CATHOLIC 1 PROTESTANT 2 OTHER CHRISTIAN 3 ISLAM 4 TRADITIONALIST 5 OTHER _____ 6 (SPECIFY)	
125	What is your ethnic group?	<div style="text-align: right;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div> <hr style="border-top: 1px dotted black;"/>	

SECTION 2. REPRODUCTION


















NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2	→206
202	Do you have any sons or daughters 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  DAUGHTERS AT HOME 	
204	Do you have any sons or daughters 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  DAUGHTERS ELSEWHERE 	
206	Have you ever given birth to a boy or girl 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	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD  GIRLS DEAD 	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL 	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: HAS HAD CHILDREN <input type="checkbox"/> HAS NEVER HAD CHILDREN <input type="checkbox"/> _____		→301
210A	In what month and year was your last child born?	MONTH  YEAR 	
210B	CHECK 201A, LAST CHILD: BORN SINCE JANUARY 1996 <input type="checkbox"/> BEFORE JANUARY 1996 <input type="checkbox"/> _____		→301
211	When you were expecting your last born child, did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning that is the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.</p>			
301	Which ways or methods have you heard about?	302 Have you ever heard of (METHOD)?	303 Have you ever used (METHOD)?
		SPONTANEOUS YES	PROBED YES NO
01	PILL Women can take a pill every day.	1	2 3
			YES 1 NO, DOES NOT KNOW 2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2 3
			YES 1 NO, DOES NOT KNOW 2
03	INJECTABLES Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2 3
			YES 1 NO, DOES NOT KNOW 2
04	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2 3
			YES 1 NO, DOES NOT KNOW 2
05	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2 3
			YES 1 NO, DOES NOT KNOW 2
06	CONDOM Men can put a rubber sheath on their penis for sexual intercourse.	1	2 3
			YES 1 NO 2
07	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2 3
			Have you ever had a partner who had operation to avoid having any more children? YES 1 NO 2
08	MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2 3
			Have you ever had a partner who had an operation to avoid having children? YES 1 NO 2
09	RHYTHM, PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2 3
			YES 1 NO, DOES NOT KNOW 2
10	WITHDRAWAL Men can be careful and pull out before climax.	1	2 3
			YES 1 NO 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3
		(SPECIFY)	YES 1 NO 2
		(SPECIFY)	YES 1 NO 2
304	<p>CHECK 303:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input checked="" type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 307</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you or any of your wives/partners ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→309
306	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
307	Are you or your wife (wives)/partner (s) doing something or using a method to delay or avoid a pregnancy?	YES 1 NO 2	→309
308	Which method are you using?	PILL 01 IUD 02 INJECTABLES 03 IMPLANTS 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM/FEMIDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER _____ 96 SPECIFY	→401
309	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED 11 FERTILITY-RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 WIFE MENOPAUSAL/HYSTERECTOMY . 23 WIFE SUBFECUND/ INFECUND . 24 POSTPARTUM/BREAST FEEDING 25 WANTS (MORE) CHILDREN 26 WIFE PREGNANT 27 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS 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 UP TO THE WOMAN TO USE 61 OTHER _____ 96 SPECIFY DOES NOT KNOW 98	

SECTION 4: MARRIAGE

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	→ 402A → 404
402	How many wife/wives do you have?	NO. OF WIVES 	
402A	How many women are you living with as if you are married?	NO. OF WOMEN 	
403	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE/WIVES. IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00'. THE NUMBER OF BOXES FILLED MUST EQUAL THE NUMBER OF WIVES	       	} → 407
404	Do you currently have a regular sexual partner, an occasional sexual partner, multiple sexual partners, or no sexual partner at all?	REGULAR SEXUAL PARTNER 1 OCCASIONAL SEXUAL PARTNER 2 NO SEXUAL PARTNER 3 MULTIPLE SEXUAL PARTNERS 4	
405	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 407 → 410
406	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
407	Have you been married or lived with a woman only once, or more than one?	ONCE 1 MORE THAN ONCE 2	
408	CHECK 407: MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> In what month and year did you start living with your wife/woman? MARRIED/LIVED WITH WOMAN MORE THAN ONCE <input type="checkbox"/> Now we will talk about your first wife/woman you lived with. In what month and year did you start living with her?	MONTH  DOES NOT KNOW MONTH 98 YEAR  → 410 DOES NOT KNOW YEAR 98	
409	How old were you when you started living with her?	AGE 	
410	Now I need to ask you some questions about sexual activities in order to gain a better understanding of some family planning issues When was the last time you had sexual intercourse (if ever)?	NEVER 000 → 509 DAYS AGO 1  WEEKS AGO 2  MONTHS AGO 3  YEARS AGO 4  BEFORE LAST BIRTH 996	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	<p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>The last time you had sex, was a condom used?</p> <p>Some men use a condom, which means that they put a rubber sheath on their penis for sexual intercourse. The last time you had sex, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
412	<p>Do you know of a place where you can get condom?</p>	<p>YES 1</p> <p>NO 2</p>	→ 414
413	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY/PMS 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>COMMUNITY HEALTH WORKER 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</p> <p>NGO 34</p> <p>OTHER 36</p> <p>(SPECIFY)</p>	
414	<p>CHECK 401:</p> <p>CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/></p> <p>NO, NOT IN UNION <input type="checkbox"/></p> <p>In the last 12 months, how many different persons have you had sex with other than your (wife/wives/women you are living with)</p> <p>In the last 12 months, how many different persons have you had sex with?</p>	<p>NUMBER <input type="checkbox"/></p>	
415	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE <input type="checkbox"/></p> <p>FIRST TIME WHEN MARRIED 96</p>	

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
501	CHECK 401: NOT IN UNION <input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>		→ 503		
502	CHECK 404 REGULAR SEXUAL PARTNER <input type="checkbox"/> OCCASIONAL SEXUAL PARTNER <input type="checkbox"/> MULTIPLE SEXUAL PARTNERS <input type="checkbox"/> NO, SEXUAL PARTNER <input type="checkbox"/>		→ 505A		
503	Is your wife (or one of your wives)/partner pregnant now?	YES 1 NO 2 UNSURE 8	→ 505A		
504	When she became pregmat, did you want her to become pregnant then, did you want her to wait until later, or did you not want this pregnancy at all?	THEN 1 LATER 2 NOT AT ALL 3	→ 505B		
505	<table border="0" style="width:100%"> <tr> <td style="width:50%"> A) WIFE/PARTNER NOT PREGNANT OR UNSURE OR NO WIFE/PARTNER <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? </td> <td style="width:50%"> (B) WIFE/PARTNER PREGNANT <input type="checkbox"/> 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? </td> </tr> </table>	A) WIFE/PARTNER NOT PREGNANT OR UNSURE OR NO WIFE/PARTNER <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?	(B) WIFE/PARTNER PREGNANT <input type="checkbox"/> 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 SAYS WIFE CAN'T GET PREGNANT 3 SAYS HE CAN'T HAVE ONE ANY MORE 4 UNDECIDED/DON'T KNOW 8	→ 507
A) WIFE/PARTNER NOT PREGNANT OR UNSURE OR NO WIFE/PARTNER <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?	(B) WIFE/PARTNER PREGNANT <input type="checkbox"/> 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?				
506	CHECK503: WIFE/PARTNER NOT PREGNANT OR UNSURE NO WIFE/PARTNER <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 child your wife/partner is expecting, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="checkbox"/> YEARS 2 <input type="checkbox"/> SOON/NOW 993 SAYS WIFE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DOES NOT KNOW 998			
507	CHECK 308: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 512		
508	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 NO 2 DOES NOT KNOW 8	→ 510		
509	Do you think you will use a method at any time in the future	YES 1 NO 2 DOES NOT KNOW 3	→ 511		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
514	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 NO OPINION 3																																	
515	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table border="0"> <tr> <td></td> <td>ACCEPT- ABLE</td> <td>NOT ACCEPT- ABLE</td> <td>DOES NOT KNOW</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DOES NOT KNOW	RADIO	1	2	8	TELEVISION	1	2	8																					
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DOES NOT KNOW																																
RADIO	1	2	8																																
TELEVISION	1	2	8																																
516	In the last few months, have you heard about family planning: On the radio? On the television? In a newspaper? From a poster? From leaflets or brochures? From Town Crier? Any Other _____ (SPECIFY)	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>RADIO</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>TOWN CRIER</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td>X</td> </tr> </table>			YES	NO	RADIO		1	2	TELEVISION		1	2	NEWSPAPER OR MAGAZINE		1	2	POSTER		1	2	LEAFLETS OR BROCHURES		1	2	TOWN CRIER		1	2	OTHER			X	
		YES	NO																																
RADIO		1	2																																
TELEVISION		1	2																																
NEWSPAPER OR MAGAZINE		1	2																																
POSTER		1	2																																
LEAFLETS OR BROCHURES		1	2																																
TOWN CRIER		1	2																																
OTHER			X																																
517	In the last few months, have you heard about any message on Radio/TV on condom use?	YES 1 NO 2																																	
517B	If Yes, (Specify) _____																																		
518	In the last few months, have you discussed the practice of family planning with your spouse/partner, friends, neighbors, or relatives?	YES 1 NO 2	→ 520																																
519	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F MOTHER-IN-LAW G FRIENDS/NEIGHBORS H SON I OTHER _____ X (SPECIFY)																																	
520	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> _____		→ 601																																
521	Spouses/partners do not always agree on everything. Now I want to ask you about your wife's/the woman you live with's views on family planning. Do you think that your wife/the woman you live with approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DOES NOT KNOW 8																																	
522	How often have you talked to your wife/the woman you live with about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3																																	
523	Do you think your wife/the woman you live with wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DOES NOT KNOW 8																																	
524	Who decides on the number of children you want to have?	HUSBAND ONLY 1 WIFE ONLY 2 HUSBAND/WIFE 3 MOTHER-IN-LAW 4 FATHER-IN-LAW 5 OTHER _____ 6 (SPECIFY)																																	

SECTION 6: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	Have you heard about diseases that can be transmitted through sexual intercourse?	YES 1 NO 2	→601F
601B	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS A GONORRHEA B AIDS C GENITAL WARTS/CONDYLOMATA ... D OTHER W (SPECIFY) OTHER X (SPECIFY) DOES NOT KNOW Z	
601C	CHECK 410 AND 410F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→601F
601D	During the last twelve months, did you have any of these diseases?	YES 1 NO 2 DOES NOT KNOW 8	→601F
601E	Which of the diseases did you have? RECORD ALL RESPONSES	SYPHILIS A GONORRHEA B AIDS C GENITAL WARTS/CONDYLOMATA ... D OTHER W (SPECIFY) OTHER X (SPECIFY) DOES NOT KNOW Z	
601F	During the last 12 months, did you have a discharge from your penis?	YES 1 NO 2 DOES NOT KNOW 8	
601G	During the last 12 months, did you have a sore or ulcer on your penis?	YES 1 NO 2 DOES NOT KNOW 8	
601H	CHECK 601E, 601F AND 601G: HAD ONE OR MORE DISEASES <input type="checkbox"/> NONE OF THE DISEASES <input type="checkbox"/>		→601N
601 I	The last time you had (DISEASE FROM 601E/DISCHARGE/SORE) did you seek advice or treatment?	YES 1 NO 2	→601JA




NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601J	<p>Where did you seek advice or treatment?</p> <p>Any other place or person?</p> <p>RECORD ALL MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>HEALTH CENTRE B</p> <p>FP CLINIC C</p> <p>MOBILE CLINIC D</p> <p>DISPENSARY E</p> <p>OTHER PUBLIC SECTOR F</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PHARMACY/P.M.S H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>OTHER MED. PRIVATE SECTOR K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>SHOP L</p> <p>RELATIVES/FRIEND M</p> <p>TRADITIONAL HEALER N</p> <p>NGO P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW Z</p>	
601JA	<p>CHECK 410 AND 410F:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→601N
601K	<p>When you had (DISEASES FROM 601E/DISCHARGE/SORE) did you inform your partner(s)?</p>	<p>YES 1</p> <p>NO 2</p>	
601L	<p>When you had (DISEASES FROM 601E/DISCHARGE/SORE) did you do something not to infect your partner(s)?</p>	<p>YES 1</p> <p>NO 2</p> <p>PARTNER ALREADY INFECTED 3</p>	→601N
601M	<p>What did you do?</p> <p>RECORD ALL MENTIONED</p>	<p>NO SEXUAL INTERCOURSE A</p> <p>USED CONDOMS B</p> <p>TOOK MEDICINES C</p> <p>REFER PARTNER TO HEALTH WORKER D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
601N	<p>CHECK 601B:</p> <p>DID NOT MENTION 'AIDS' <input type="checkbox"/></p> <p>MENTIONED 'AIDS' <input type="checkbox"/></p>		→602
601P	<p>Have you ever heard of a disease called AIDS?</p>	<p>YES 1</p> <p>NO 2</p>	→611C
602	<p>From which sources of information have you learned most about AIDS?</p> <p>Any other sources?</p> <p>RECORD ALL MENTIONED</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPERS/MAGAZINES C</p> <p>PAMPHLETS/POSTERS D</p> <p>HEALTH WORKERS E</p> <p>MOSQUES/CHURCHES F</p> <p>SCHOOLS/TEACHERS G</p> <p>COMMUNITY MEETINGS H</p> <p>FRIENDS/RELATIVES I</p> <p>WORK PLACE J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	


























NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
602B	How can a person get AIDS? Any other ways? Record ALL MENTIONED	SEXUAL INTERCOURSE A SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS B SEX WITH PROSTITUTES C NOT USE CONDOM D HOMOSEXUAL CONTACT E BLOOD TRANSFUSION F INJECTIONS G KISSING H MOSQUITO BITES I SCARIFICATION/CIRCUMCISION J OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW Z	
603	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DOES NOT KNOW 3	607
604	What can a person do? Any other ways? RECORD ALL MENTIONED.	SAFE SEX A ABSTAIN FROM SEX B USE CONDOMS C HAVE ONLY ONE SEX PARTNER D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F ENSURE SAFE BLOOD TRANSFUSION G ENSURE INJECTIONS WITH INFECTED NEEDLES H ENSURE CIRCUMCISION WITH CLEAN BLADES/KNIVES I AVOID KISSING J AVOID MOSQUITO BITES K SEEK PROTECTION FROM TRADITIONAL HEALER L OTHER _____ M (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
605	CHECK 604: MENTIONED "SAFE SEX" <input type="checkbox"/> DID NOT MENTION "SAFE SEX" <input type="checkbox"/>		607
606	What does "safe sex" mean to you? RECORD ALL MENTIONED	ABSTAIN FROM SEX B USE CONDOMS C AVOID MULTIPLE SEX PARTNER D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F OTHER _____ X (SPECIFY) DOES NOT KNOW Z	
607	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DOES NOT KNOW 8	
608	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER 1 SOMETIMES 2 ALMOST ALWAYS 3 DOES NOT KNOW 8	
608A	Can AIDS be cured?	YES 1 NO 2 DOES NOT KNOW 8	
608B	Can AIDS be transmitted from mother to child?	YES 1 NO 2 DOES NOT KNOW 8	


























NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
608C	Do you personally know someone who has AIDS or has died of AIDS?	YES 1 NO 2 DOES NOT KNOW 8	
608D	What can an infected mother do to avoid transmitting AIDS to her unborn child?	TAKE MEDICATION LIKE AZT 1 SHOULD NOT BREAST-FEED 2 DOES NOT KNOW 8	
609	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	→609C →611A
609B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED	ABSTAIN FROM SEX B USE CONDOMS C HAVE ONLY ONE SEX PARTNER D LIMITED NUMBER OF SEX PARTNERS E AVOID SEX WITH PROSTITUTES F SPOUSE HAS NO OTHER PARTNER G NO HOMOSEXUAL CONTACT H ENSURE SAFE BLOOD TRANSFUSION I ENSURE INJECTION WITH STERILIZED NEEDLES J OTHER _____ X (SPECIFY)	→611A
609C	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED	DO NOT USE CONDOMS C MORE THAN ONE SEX PARTNER D SEX WITH PROSTITUTES E SPOUSE HAS OTHER PARTNER(S) F HOMOSEXUAL CONTACT G HAD BLOOD TRANSFUSION H HAD INJECTIONS I OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)	
611A	Since you heard of AIDS, have you changed your behaviour to prevent getting AIDS? IF YES, what did you do? Anything else? RECORD ALL MENTIONED	DIDN'T START SEX A STOPPED ALL SEX B STARTED USING CONDOMS C RESTRICTED SEX TO ONE PARTNER D REDUCED NUMBER OF PARTNERS E AVOID SEX WITH PROSTITUTES F ASK SPOUSE TO BE FAITHFUL G NO MORE HOMOSEXUAL CONTACTS H ENSURE INJECTIONS WITH STERILIZED NEEDLE J OTHER _____ X (SPECIFY) OTHER _____ X (SPECIFY) NO BEHAVIOUR CHANGE Y	→611C
611B	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behaviour? IF YES, In what way? RECORD ALL MENTIONED	DIDN'T START SEX A STOPPED ALL SEX B STARTED USING CONDOMS C RESTRICTED SEX TO ONE PARTNER D REDUCED NUMBER OF PARTNERS E AVOID SEX WITH PROSTITUTES F NO MORE HOMOSEXUAL CONTACTS G ASK SPOUSE TO BE FAITHFUL H OTHER _____ X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOUR Y DOES NOT KNOW Z	




























NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611C	Some people use a condom for sexual intercourse to avoid getting AIDS or other sexually transmitted infection. Have you ever heard of this?	YES 1 NO 2	→611F
611D	CHECK 401 AND 401F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→701
611E	We may already have talked about this. Have you ever used a condom for sex to avoid getting or transmitting disease, such as AIDS?	YES 1 NO 2	
611G	Have you given or received money, gifts or favors in return for sex at any time in the last 12 months?	YES 1 NO 2	
611H	If yes, was a condom used?	YES 1 NO 2	

SECTION 7: MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER </p>	
702	<p>CHECK 901:</p> <p>TWO OR MORE BIRTHS <input type="checkbox"/></p> <p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>	<p>..... </p>	716
703	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS </p>	

704 What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)
705 Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
706 Is (NAME) still alive?	YES 1 NO 2 GO TO 708←..... DK 8 GO TO [2]←.....	YES 1 NO 2 GO TO 708←..... DK 8 GO TO [3]←.....	YES 1 NO 2 GO TO 708←..... DK 8 GO TO [4]←.....	YES 1 NO 2 GO TO 708←..... DK 8 GO TO [5]←.....	YES 1 NO 2 GO TO 708←..... DK 8 GO TO [6]←.....
707 How old is (NAME)	 GO TO [2]	 GO TO [3]	 GO TO [4]	 GO TO [5]	 GO TO [6]
708 In what year did (NAME) die?	19  GO TO 710←..... DK 98	19  GO TO 710←..... DK 98	19  GO TO 710←..... DK 98	19  GO TO 710←..... DK 98	19  GO TO 710←..... DK 98
709 How many years ago did (NAME) die					
710 How old was (NAME) when he/she died?	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [2]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [3]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [4]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [5]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [6]
711 Was (NAME) pregnant when she died?	YES 1 GO TO 714←..... NO 2	YES 1 GO TO 714←..... NO 2	YES 1 GO TO 714←..... NO 2	YES 1 GO TO 714←..... NO 2	YES 1 GO TO 714←..... NO 2
712 Did (NAME) die during childbirth?	YES 1 GO TO 715←..... NO 2	YES 1 GO TO 715←..... NO 2	YES 1 GO TO 715←..... NO 2	YES 1 GO TO 715←..... NO 2	YES 1 GO TO 715←..... NO 2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 715←.....	YES 1 NO 2 GO TO 715←.....	YES 1 NO 2 GO TO 715←.....	YES 1 NO 2 GO TO 715←.....	YES 1 NO 2 GO TO 715←.....
714 Was her death due to complications of pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
715 How many children did (NAME) give birth to during her lifetime?	 GO TO [2]	 GO TO [3]	 GO TO [4]	 GO TO [5]	 GO TO [6]
IF NO MORE BROTHERS OR SISTERS, GO TO 716					

	(6)	(7)	(8)	(9)	(10)
704 What was the name given to your oldest (next oldest) brother or sister?	.....	.....	.....	.....	.....
705 Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
706 Is (NAME) still alive?	YES 1 NO 2 GO TO 708<..... DK 8 GO TO [7]<.....	YES 1 NO 2 GO TO 708<..... DK 8 GO TO [8]<.....	YES 1 NO 2 GO TO 708<..... DK 8 GO TO [9]<.....	YES 1 NO 2 GO TO 708<..... DK 8 GO TO [10]<.....	YES 1 NO 2 GO TO 708<..... DK 8 GO TO [11]<.....
707 How old is (NAME)	 GO TO [7]	 GO TO [8]	 GO TO [9]	 GO TO [10]	 GO TO [11]
708 In what year did (NAME) die?	19  GO TO 710<..... DK 98	19  GO TO 710<..... DK 98	19  GO TO 710<..... DK 98	19  GO TO 710<..... DK 98	19  GO TO 710<..... DK 98
709 How many years ago did (NAME) die					
710 How old was (NAME) when he/she died?	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [7]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [8]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [9]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [10]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [11]
711 Was (NAME) pregnant when she died?	YES 1 GO TO 714<..... NO 2	YES 1 GO TO 714<..... NO 2	YES 1 GO TO 714<..... NO 2	YES 1 GO TO 714<..... NO 2	YES 1 GO TO 714<..... NO 2
712 Did (NAME) die during childbirth?	YES 1 GO TO 715<..... NO 2	YES 1 GO TO 715<..... NO 2	YES 1 GO TO 715<..... NO 2	YES 1 GO TO 715<..... NO 2	YES 1 GO TO 715<..... NO 2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 715<.....	YES 1 NO 2 GO TO 715<.....	YES 1 NO 2 GO TO 715<.....	YES 1 NO 2 GO TO 715<.....	YES 1 NO 2 GO TO 715<.....
714 Was her death due to complications of pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
715 How many children did (NAME) give birth to during her lifetime?	 GO TO [7]	 GO TO [8]	 GO TO [9]	 GO TO [10]	 GO TO [11]
IF NO MORE BROTHERS OR SISTERS, GO TO 716					

	(11)	(12)	(13)	(14)	(15)
704 What was the name given to your oldest (next oldest) brother or sister?	.....	.....	.....	.....	.....
705 Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
706 Is (NAME) still alive?	YES 1 NO 2 GO TO 708←	YES 1 NO 2 GO TO 708←	YES 1 NO 2 GO TO 708←	YES 1 NO 2 GO TO 708←	YES 1 NO 2 GO TO 708←
	DK 8 GO TO [12]←	DK 8 GO TO [13]←	DK 8 GO TO [14]←	DK 8 GO TO [15]←	DK 8
707 How old is (NAME)	 GO TO [12]	 GO TO [13]	 GO TO [14]	 GO TO [15]	
708 In what year did (NAME) die?	19  GO TO 710← DK 98	19  GO TO 710← DK 98	19  GO TO 710← DK 98	19  GO TO 710← DK 98	19  GO TO 710← DK 98
709 How many years ago did (NAME) die					
710 How old was (NAME) when he/she died?	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [12]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [13]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [14]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [15]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [716]
711 Was (NAME) pregnant when she died?	YES 1 GO TO 714← NO 2	YES 1 GO TO 714← NO 2	YES 1 GO TO 714← NO 2	YES 1 GO TO 714← NO 2	YES 1 GO TO 714← NO 2
712 Did (NAME) die during childbirth?	YES 1 GO TO 715← NO 2	YES 1 GO TO 715← NO 2	YES 1 GO TO 715← NO 2	YES 1 GO TO 715← NO 2	YES 1 GO TO 715← NO 2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 715←	YES 1 NO 2 GO TO 715←	YES 1 NO 2 GO TO 715←	YES 1 NO 2 GO TO 715←	YES 1 NO 2 GO TO 715←
714 Was her death due to complications of pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
715 How many children did (NAME) give birth to during her lifetime?	 GO TO [12]	 GO TO [13]	 GO TO [14]	 GO TO [15]	
716 RECORD THE TIME (END OF INTERVIEW)				HOUR	
				MINUTES	

INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments
about Respondent:

Comments on
Specific Questions:

Any other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____

Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____

Date: _____