

**MINISTRY OF HEALTH AND SOCIAL SERVICES  
2006 NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY  
MAN'S QUESTIONNAIRE - ENGLISH**

IDENTIFICATION																								
NAME AND CODE OF REGION* _____	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <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>																							
NAME OF VILLAGE/TOWN/CITY _____																								
DHS CLUSTER NUMBER .....																								
URBAN/RURAL (URBAN = 1, RURAL = 2) LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)																								
HOUSEHOLD NUMBER .....																								
NAME AND LINE NUMBER OF MAN _____																								
INTERVIEWER VISITS																								
	1	2	3	FINAL VISIT																				
DATE	_____	_____	_____	DAY MONTH YEAR <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">2</td><td style="width:20px; height:20px; text-align:center;">0</td><td style="width:20px; height:20px; text-align:center;">0</td></tr></table>	2	0	0																	
2	0	0																						
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>																				
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NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td></tr></table>																				
TIME	_____	_____																						
**RESULT CODES: 1 COMPLETED                      4 REFUSED                                      7 OTHER _____ (SPECIFY) 2 NOT AT HOME                      5 PARTLY COMPLETED 3 POSTPONED                      6 INCAPACITATED																								
LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">3</td></tr></table> RESPONDENT'S LANGUAGE: _____ <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td></tr></table>					3																			
3																								
LANGUAGE OF INTERVIEW*** <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td></tr></table> TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td></tr></table>																								
LANGUAGE*** CODES: 1 AFRIKAANS                      3 ENGLISH                      5 RUKWANGALI                      7 OSHIWAMBO 2 DAMARA/NAMA                      4 OTJIHERERO                      6 SILOZI                      8 OTHER																								
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																					
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\*REGION CODES: CAPRIVI = 01; ERONGO = 02; HARDAP = 03; KARAS = 04; KHOMAS = 05; KUNENE = 06; CHANGWENA = 07; KAVANGO = 08; OMAHEKE = 09; OMUSATI = 10; OSHANA = 11; OSHIKOTO = 12; OTJOZONDJUPA = 13

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____ and I am working with the Ministry of Health and Social Services. We are conducting a national survey that asks women and men 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 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>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.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	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	↳ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS ..... <input type="text"/> <input type="text"/> NONE ..... 00	↳ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	
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, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
110	What is the highest (grade/form/year) you completed at that level?	GRADE ..... <input type="text"/> <input type="text"/>	



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
214	How many years old is your (youngest) child?	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> →		→ 301



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 ever used (METHOD)?	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2</p>	
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2</p>	
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES ..... 1 NO ..... 2</p>	
05	<p>INJECTABLES Women can have an injection by a health their upper provider that stops them from becoming pregnant for one or more months.</p>	<p>YES ..... 1 NO ..... 2</p>	
06	<p>IMPLANTS Women can have several small rods placed in arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES ..... 1 NO ..... 2</p>	
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>	
9	<p>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.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
10	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
11	<p>EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.</p>	<p>YES ..... 1 NO ..... 2</p>	
12	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES ..... 1</p> <p>_____</p> <p>(SPECIFY)</p> <p>_____</p> <p>(SPECIFY)</p> <p>NO ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
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?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE .....	1	2	
	YES	NO													
RADIO .....	1	2													
TELEVISION .....	1	2													
NEWSPAPER OR MAGAZINE .....	1	2													
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> </table>	YES .....	1	NO .....	2									
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?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8	→ 307						
YES .....	1														
NO .....	2														
DON'T KNOW .....	8														
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>JUST BEFORE HER PERIOD BEGINS .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>DURING HER PERIOD .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED .....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS .....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td style="text-align: right;">6</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">8</td> </tr> </table>	JUST BEFORE HER PERIOD BEGINS .....	1	DURING HER PERIOD .....	2	RIGHT AFTER HER PERIOD HAS ENDED .....	3	HALFWAY BETWEEN TWO PERIODS .....	4	OTHER _____ (SPECIFY)	6	DON'T KNOW .....	8	
JUST BEFORE HER PERIOD BEGINS .....	1														
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RIGHT AFTER HER PERIOD HAS ENDED .....	3														
HALFWAY BETWEEN TWO PERIODS .....	4														
OTHER _____ (SPECIFY)	6														
DON'T KNOW .....	8														
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DEPENDS .....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">8</td> </tr> </table>	YES .....	1	NO .....	2	DEPENDS .....	3	DON'T KNOW .....	8					
YES .....	1														
NO .....	2														
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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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DIS-</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">AGREE</td> <td style="text-align: center;">AGREE DK</td> </tr> <tr> <td>CONTRACEPTION WOMAN'S BUSINESS .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2 8</td> </tr> <tr> <td>WOMAN MAY BECOME PROMISCUOUS ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2 8</td> </tr> </table>		DIS-			AGREE	AGREE DK	CONTRACEPTION WOMAN'S BUSINESS .	1	2 8	WOMAN MAY BECOME PROMISCUOUS ...	1	2 8	
	DIS-														
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309	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 313												
310	Do you know of a place where a person can get condoms?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> </table>	YES .....	1	NO .....	2	→ 313								
YES .....	1														
NO .....	2														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH 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(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER/CLINIC .. B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>PHC CLINIC (MOBILE) ..... D</p> <p>COMM. HEALTH WORKER ..... E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>OTHER PRIVATE MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... K</p> <p>CHURCH ..... L</p> <p>FRIENDS/RELATIVES ..... M</p> <p>TRAD. BIRTH ATTENDANT ..... N</p> <p>TRAD. HEALER ..... O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
312	If you wanted to, could you yourself get a condom?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
313	<p>CHECK 301 (08) KNOWS FEMALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → 401</p>		
314	Do you know of a place where a person can get female condoms?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 401
315	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH 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(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER/CLINIC .. B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>PHC CLINIC (MOBILE) ..... D</p> <p>COMM. HEALTH WORKER ..... E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>OTHER PRIVATE MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... K</p> <p>CHURCH ..... L</p> <p>FRIENDS/RELATIVES ..... M</p> <p>TRAD. BIRTH ATTENDANT ..... N</p> <p>TRAD. HEALER ..... O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
316	If you wanted to, could you yourself get a female condom?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

**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 WITH CERTIFICATE ..... 1 YES, MARRIED BY CUSTOM ..... 2 YES, LIVING WITH A WOMAN ..... 3 NO, NOT IN UNION ..... 4	→ 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	→ 413																				
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 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	→ 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> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <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> </td> <td style="width: 50%; vertical-align: top;"> <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> </td> </tr> </table>	<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="0" style="width: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;">408 How old was (NAME) on her last birthday?</td> </tr> <tr> <td style="text-align: center;">NAME</td> <td style="text-align: center;">LINE NUMBER</td> <td style="text-align: center;">AGE</td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>			408 How old was (NAME) on her last birthday?	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"/>	
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ONE WIFE/ PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/>																						
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 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	→ 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"/> <input type="text"/> 15-24 ↓      AGE <input type="text"/> <input type="text"/> 25-49		→ 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"/> <input type="text"/> 15-24 ↓      AGE <input type="text"/> <input type="text"/> 25-49		→ 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 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>	DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>
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 '02'. IF NO, CIRCLE '03'.	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 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>
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 ... <input type="text"/>  DONT 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 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"/> NO CONDOM USED/NOT ASKED <input type="checkbox"/>		→ 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 _____ (SPECIFY) <input type="text"/> <input type="text"/> 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 _____ (SPECIFY) <input type="text"/> <input type="text"/> 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>From where did you obtain 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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER/CLINIC ..... 12</p> <p>PHC CLINIC (MOBILE) ..... 13</p> <p>COMM. HEALTH WORKER .....</p> <p>OTHER PUBLIC ..... 14</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>OTHER PRIVATE ..... 24</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>TRAD. BIRTH ATTENDANT ..... 34</p> <p>TRAD. HEALER ..... 35</p> <p>OTHER ..... 36</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 ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>FEMALE CONDOM ..... F</p> <p>DIAPHRAGM ..... G</p> <p>FOAM/JELLY ..... H</p> <p>RHYTHM METHOD ..... I</p> <p>WITHDRAWAL ..... J</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)/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="checkbox"/> <input type="checkbox"/> _____ _____	
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	
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 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 large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit 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?</p>	<table border="1"> <thead> <tr> <th></th> <th>HUS- BAND</th> <th>WIFE</th> <th>BOTH EQUALLY</th> <th>DON'T KNOW/ DEPENDS</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>		HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	a)	1	2	3	8	b)	1	2	3	8	c)	1	2	3	8	d)	1	2	3	8	e)	1	2	3	8	
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c)	1	2	3	8																													
d)	1	2	3	8																													
e)	1	2	3	8																													
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>	<table border="1"> <thead> <tr> <th></th> <th>AGREE</th> <th>DIS- AGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CHILDBEARING WOMAN'S CONCERN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DOCTOR/NURSE'S ASSISTANCE CRUCIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DIS- AGREE	DK	CHILDBEARING WOMAN'S CONCERN	1	2	8	DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8																			
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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>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT . . . . .	1	2	8	NEGL. CHILDREN . . .	1	2	8	ARGUES . . . . .	1	2	8	REFUSES SEX . . . . .	1	2	8	BURNS FOOD . . . . .	1	2	8							
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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) Go ahead and have sex with another woman?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/ DE- PENDS</th> </tr> </thead> <tbody> <tr> <td>a) ANGRY . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) REFUSE MONEY . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) USE FORCE . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HAVE SEX WITH ANOTHER WOMAN</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK/ DE- PENDS	a) ANGRY . . . . .	1	2	8	b) REFUSE MONEY . . .	1	2	8	c) USE FORCE . . . . .	1	2	8	d) HAVE SEX WITH ANOTHER WOMAN	1	2	8											
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d) HAVE SEX WITH ANOTHER WOMAN	1	2	8																														

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 HIV/AIDS?	YES ..... 1 NO ..... 2	→ 733																
702	Can people reduce their chances of getting the HIV/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 HIV/AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
704	Can people reduce their chance of getting the HIV/AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
705	Can people get the HIV/AIDS virus by sharing food with a person who has HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
706	Can people reduce their chance of getting the HIV/AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
707	Can people get the HIV/AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
708	Is it possible for a healthy-looking person to have the HIV/AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
709	Can the virus that causes HIV/AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>DURING DELIVERY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">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																
710	CHECK 709: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 712																
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the HIV/AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
712	Have you heard about special antiretroviral drugs (ARV) that people infected with the HIV/AIDS virus can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
712A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
713	I don't want to know the results, but have you ever been tested to see if you have the HIV/AIDS virus?	YES ..... 1 NO ..... 2	→ 718																
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3																	
715	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
717	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER/CLINIC ..... 12 STAND-ALONE VCT CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 PHC CLINIC (MOBILE) ..... 15 COMM. HEALTH WORKER ..... 16 OTHER PUBLIC ..... 17 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ..... 22 PHARMACY ..... 23 OTHER PRIVATE MEDICAL ..... 26 (SPECIFY)  OTHER ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY)	→ 720
718	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 720
719	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER/CLINIC ..... B STAND-ALONE VCT CENTER ..... C FAMILY PLANNING CLINIC ..... D PHC CLINIC (MOBILE) ..... E COMM. HEALTH WORKER ..... F OTHER PUBLIC ..... G (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H STAND-ALONE VCT CENTER ..... I PHARMACY ..... J OTHER PRIVATE MEDICAL ..... L (SPECIFY)  OTHER ..... X (SPECIFY)  ..... Z (SPECIFY)	
720	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	
721	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722	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	
723	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	
724	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 8	→ 729
725	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
726	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
727	CHECK 724, 725, AND 726: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 729
728	Do you personally know someone who has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
729	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
730	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
731	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
732	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
732A	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention through abstinence?	YES ..... 1 NO ..... 2	→ 732C
732B	Where did you see or hear the message about abstinence? PROBE: Any where else? RECORD ALL MENTIONED.	RADIO ..... A TELEVISION ..... B NEWSPAPER ..... C COMMUNITY MEETINGS ..... D POSTER / BILLBOARDS ..... E MOBILE CAMPAIGNS ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
732C	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention by being faithful to one partner?	YES ..... 1 NO ..... 2	→ 732E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
732D	Where did you see or hear the message about being faithful to one partner?  PROBE: Any where else?  RECORD ALL MENTIONED.	RADIO ..... A TELEVISION ..... B NEWSPAPER ..... C COMMUNITY MEETINGS ..... D POSTER / BILLBOARDS ..... E MOBILE CAMPAIGNS ..... F OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
732E	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention by using the condoms?	YES ..... 1 NO ..... 2	→ 732G
732F	Where did you see or hear the message about using condoms?  PROBE: Any where else?  RECORD ALL MENTIONED.	RADIO ..... A TELEVISION ..... B NEWSPAPER ..... C COMMUNITY MEETINGS ..... D POSTER / BILLBOARDS ..... E MOBILE CAMPAIGNS ..... F OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
732G	In the past six months were you visited by a community health worker who talked to you about HIV/AIDS prevention by abstinence?	YES ..... 1 NO ..... 2	
732H	In the past six months were you visited by a community health worker who talked to you about HIV/AIDS prevention by being faithful to one partner?	YES ..... 1 NO ..... 2	
732I	In the past six months were you visited by a community health worker who talked to you about using condoms to prevent HIV/AIDS?	YES ..... 1 NO ..... 2	
732J	In the past six months, have you ever seen or heard the following radio or television programs?  On television: Cool Ryder? Boxing mosquitoes? Eros and Tohanatos? Love and cry?  On the radio: Brother Sholo and Mosquito bites?  No means no and //uuce regrets?	YES NO  COOL RYDER ..... 1 2 BOXING MOSQUITOES ... 1 2 EROS AND TOHANATOS 1 2 LOVE AND CRY ..... 1 2  BROTHER SHOLO AND MOSQUITO BITES ..... 1 2 NO MEANS NO AND //UUCE REGRETS ..... 1 2	
732K	Have you ever seen or heard the following materials on HIV/AIDS:  OYO magazine? Sense posters? Smile posters? A leaflet on "Twelve steps to living positively with HIV"? A leaflet on "Not everyone is having sex"?  A leaflet on "Kauna's birthday wish"?  Billboards on "Hope and healing for the hurting"?	YES NO  OYO MAGAZINE ..... 1 2 SENSE POSTERS ..... 1 2 SMILE POSTERS ..... 1 2 12 STEPS ..... 1 2 NOT EVERYONE IS HAVING SEX ..... 1 2 KAUNA'S BIRTHDAY WISH ..... 1 2 HOPE AND HEALING FOR THE HURTING ..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	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	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 737
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 742

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
741	<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 CENTER/CLINIC . . B</p> <p>STAND-ALONE VCT CENTER ..... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>PHC CLINIC (MOBILE) ..... E</p> <p>COMM. HEALTH WORKER ..... F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H</p> <p>STAND-ALONE VCT CENTER ..... I</p> <p>PHARMACY ..... J</p> <p>OTHER PRIVATE MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
742	<p>Husband and wives do not always agree in everything.</p> <p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
743	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
744	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
745	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
746	<p>Do you believe that young men should wait until they are married to have sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
747	<p>Do you think that most young men you know wait until they are married to have sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
748	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
749	Do you think that most men you know who are not married and are having sex have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
750	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
751	Do you think that most married men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
752	Do you believe that young women should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
753	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
754	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
755	Do you think that most women you know who are not married and are having sex have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
756	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
757	Do you think that most married women you know have sex only with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

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 BITE! ..... 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	Have you ever heard of an illness called malaria?	YES ..... 1 NO ..... 2	→ 813
805A	What are the signs of malaria?  PROBE: Any other causes?  RECORD ALL MENTIONED.	HEADACHE ..... A CHILLS ..... B HIGH TEMPERATURE ..... C BODY PAIN ..... D LOSS OF ENERGY ..... E OTHER _____ X SPECIFY DON'T KNOW ..... Z	
806	What causes malaria?  PROBE: Any other causes?  RECORD ALL MENTIONED.	MOSQUITO BITES ..... A RAIN ..... B UNHYGIENIC ENVIRONMENT ..... C SLEEPING WITH SOMEONE WITH MALARIA ..... D OTHER _____ X SPECIFY DON'T KNOW ..... Z	→ 813
807	What would you do if you suspected that you have malaria?	NOTHING ..... 1 GO TO A HEALTH FACILITY/ HEALTH PERSONNEL ..... 2 GO TO A TRADITIONAL HEALER ... 3 OTHER _____ 6 SPECIFY DON'T KNOW ..... 8	→ 813
808	What do you do to prevent getting malaria?  Anything else?  RECORD ALL MENTIONED.	HAVE THE HOUSE SPRAYED ..... A USE REPELLENTS ..... B USE MOSQUITO NETS ..... C USE MOSQUITO COILS ..... D BURN LEAVES ..... E OTHER _____ X SPECIFY DON'T KNOW ..... Z	
813	Now I would like to talk about male circumcision. Some men are circumcised. Are you circumcised?	YES ..... 1 NO ..... 2	→ 820

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	At what age were you circumcised?	BELOW AGE 13 (INFANT/CHILD) . . . 1 13-19 YEARS OLD . . . . . 2 20 OR MORE YEARS . . . . . 3	→ 820
815	Who performed the circumcision?	TRADITIONAL HEALER . . . . . 1 HEALTH PROFESSIONAL . . . . . 2 DON'T KNOW . . . . . 8	
816	What do you think of male circumcision?	RECOMMENDED BY TRADITION/ RELIGION . . . . . 1 GOOD FOR HEALTH/HYGIENE . . . . . 2 INCREASE SEXUAL SATISFACTION . . . . . 3 EASIER TO PUT ON CONDO . . . . . 4  OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8	
820	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . <input type="text"/> <input type="text"/>  NONE . . . . . 00	→ 824
821	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . <input type="text"/> <input type="text"/>  NONE . . . . . 00	→ 824
822	The last time you had an injection given to you by a health worker, where did you go to get the injection?  PROBE TO IDENTIFY THE 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)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER/CLINIC . . 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 DENTAL CLINIC/OFFICE . . . . . 22 PHARMACY . . . . . 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER . . . . . 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME . . . . . 31 OTHER _____ 96 (SPECIFY)	
823	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8	
824	Do you currently smoke any type of tobacco?	YES, CIGARETTES . . . . . 1 YES, PIPE . . . . . 2 YES, CHEWING TOBACCO . . . . . 3 YES, SNUFF . . . . . 4 NO . . . . . 5	→ 826

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
825	In the last 24 hours, how many cigarettes, including rolled cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
826	Have you ever drunk an alcohol-containing beverage?	YES ..... 1 NO ..... 2	→ 830
827	In the last month, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/> NONE/NEVER ..... 95	
828	Have you ever gotten drunk from drinking an alcohol-containing beverage?	YES ..... 1 NO ..... 2	→ 830
829	In the last month, how many times did you get drunk?	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/> NONE/NEVER ..... 95	
830	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 832
831	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)	
832	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17	OTHER <input type="checkbox"/>	→ 836
833	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
834	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES ..... 1 NO ..... 2	→ 836
835	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
836	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: \_\_\_\_\_