

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2006  
MAN'S QUESTIONNAIRE

IDENTIFICATION																																
NAME AND CODE OF DISTRICT _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																															
NAME AND CODE OF VILLAGE/MUNICIPALITY _____																																
WARD NUMBER .....																																
CLUSTER NUMBER .....																																
HOUSEHOLD NUMBER .....																																
CITY/TOWN/RURAL (CITY=1, TOWN=2, RURAL=3) .....																																
NAME AND LINE NUMBER OF MAN _____																																
NAME OF HOUSEHOLD HEAD _____																																
INTERVIEWER VISITS																																
	1	2	3	FINAL VISIT																												
DATE	_____	_____	_____	DAY _____																												
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____																												
RESULT*	_____	_____	_____	YEAR 2 0 6																												
NEXT VISIT: DATE	_____	_____		INT. NUMBER _____																												
TIME	_____	_____		RESULT _____																												
				TOTAL NUMBER OF VISITS _____																												
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td>1 COMPLETED</td> <td>4 REFUSED</td> <td></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED		2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	3 POSTPONED	6 INCAPACITATED	(SPECIFY)																			
1 COMPLETED	4 REFUSED																															
2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____																														
3 POSTPONED	6 INCAPACITATED	(SPECIFY)																														
LANGUAGE OF QUESTIONNAIRE	ENGLISH _____			5																												
LANGUAGE OF INTERVIEW	_____																															
NATIVE LANGUAGE OF RESPONDENT	_____																															
TRANSLATOR USED (YES=1; NO=2)	.....																															
LANGUAGE CODES: NEPALI=1; BHOJPURI=2; MAITHILI=3; THARU=4; OTHER=5																																
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY																												
NAME _____	NAME _____		_____	_____																												
DATE _____	DATE _____		_____	_____																												

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 POPULATION. We are conducting a national survey to ask men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 30 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>
--

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	Have you travelled away from your home community at any time in the last 12 months?	YES ..... 1 NO ..... 2	→ 107
105	How many months in total have you been away in the last 12 months? IF LESS THAN 1 MONTH RECORD '00'.	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
106	Where have you travelled in the last 12 months? PROBE: Anywhere else?  RECORD ALL PLACES MENTIONED.	NEPAL ..... A INDIA _____ B (SPECIFY CITY/STATE) OTHER _____ X (SPECIFY COUNTRY)	
107	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	
108	How old were you at your last birthday?  COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
109	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112
110	What is the highest grade you completed?	GRADE ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 110:  GRADE 5 OR LOWER <input type="checkbox"/> GRADE 6 OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
114	CHECK 112:  CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?	HINDU ..... 1 BUDDHIST ..... 2 MUSLIM ..... 3 KIRAT ..... 4 CHRISTIAN ..... 5 OTHER ..... 6 (SPECIFY)	
119	What is your caste/ethnicity?  WRITE CASTE/ETHNICITY ON LINE PROVIDED. LEAVE BOX BLANK. CODE WILL BE FILLED BY FIELD EDITOR.	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> _____ (CASTE/ETHNICITY)	

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	<input type="checkbox"/> → 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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	<input type="checkbox"/> → 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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but 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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
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"/> →		<input type="checkbox"/> → 212 <input type="checkbox"/> → 301								
210	Did all of the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 212								
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212A	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> →		<input type="checkbox"/> → 301								
213	How many years old is your (youngest) child?	AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
214	CHECK 213: (YOUNGEST) CHILD IS AGE 0-3 YEARS <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> →		<input type="checkbox"/> → 301								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD  _____ (NAME OF (YOUNGEST) CHILD)		
216	When (NAME)'s mother was pregnant with (NAME) did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3	→ 218
217	Were you ever present during any antenatal check-up?	PRESENT ..... 1 NOT PRESENT ..... 2	
217A	Were you ever told what to do if (NAME)'s mother had any pregnancy complication?	YES ..... 1 NO ..... 2	
217B	At any time during the pregnancy did any health provider or health worker speak to you about:  a. The importance of delivering the baby in a hospital or health facility?  b. The importance of proper nutrition for the mother during pregnancy?  c. Family planning or delaying your next child?	YES NO  DELIVERY ADVICE ..... 1 2  NUTRITION ADVICE ..... 1 2  FAMILY PLANNING ..... 1 2	
218	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY ..... 1 OTHER ..... 2	→ 219A
219	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH ..... 01 FACILITY CLOSED ..... 02 TOO FAR/NO TRANSPORTATION .. 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE ..... 04 NO FEMALE PROVIDER ..... 05 NOT THE FIRST CHILD ..... 06 SECURITY CONCERNS ..... 07 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY ..... 08 HE DID NOT THINK IT WAS NECESSARY ..... 09 FAMILY DID NOT THINK IT WAS NECESSARY ..... 10 OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
219A	What kind of preparation did you make beforehand for the delivery of (NAME)?  Anything else?  CIRCLE ALL MENTIONED	SAVED MONEY ..... A ARRANGED FOR TRANSPORT ..... B FOUND BLOOD DONOR ..... C CONTACTED HLTH WORKER TO HELP WITH DELIVERY ..... D BOUGHT SAFE DELIVERY KIT..... E  OTHER _____ X (SPECIFY) NO PREPARATION ..... Y	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL ..... 1 ABOUT THE SAME ..... 2 LESS THAN USUAL ..... 3 NOTHING TO DRINK ..... 4 DON'T KNOW ..... 8	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy</p> <p>Which ways or methods have you heard about?          FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:          Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</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 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 their upper 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>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>
09	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES ..... 1          NO ..... 2 ↘</p>	<p>YES ..... 1          NO ..... 2</p>
10	<p>EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.</p>	<p>YES ..... 1          NO ..... 2 ↘</p>	
11	<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 align="center">(SPECIFY)</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>NO ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
303	CHECK 302 (02) RESPONDENT IS STERILIZED  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 310																		
304	Now I would like to talk about when you were sterilized.  In what facility did the sterilization take place? 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 GOVT. HOSPITAL ..... 11 PHC CENTER ..... 12 MOBILE CLINIC ..... 13  OTHER PUBLIC _____ 16 (SPECIFY)  NON-GOVT (NGO) SECTOR FPAN ..... 21 MARIE STOPES ..... 22 ADRA ..... 23 NEPAL RED CROSS ..... 24 UMN ..... 25 OTHER NGO _____ 26 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC NURSING HOME ..... 31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY)  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98																			
305	In what month and year was the sterilization performed?	MONTH ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																			
306	How much did you pay in total for the sterilization, including any consultation you may have had?	COST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FREE ..... 9995 DON'T KNOW ..... 9998																			
307	Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																			
308	Do you regret that you had the operation?	YES ..... 1 NO ..... 2	→ 310																		
309	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD ..... 1 WIFE WANTS ANOTHER CHILD ..... 2 SIDE EFFECTS ..... 3 MARITAL STATUS HAS CHANGED . 4 OPERATION FAILED ..... 5 CHILD DIED ..... 7  OTHER _____ 6 (SPECIFY)																			
310	In the last few months have you heard or seen any message about family planning: a. On the radio? b. On the television? c. In a newspaper, magazine or brochure? d. On a poster or billboard? e. Street drama?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER/BILLBOARD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STREET DRAMAS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE	1	2	POSTER/BILLBOARD .....	1	2	STREET DRAMAS .....	1	2	
	YES	NO																			
RADIO .....	1	2																			
TELEVISION .....	1	2																			
NEWSPAPER OR MAGAZINE	1	2																			
POSTER/BILLBOARD .....	1	2																			
STREET DRAMAS .....	1	2																			
311	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES ..... 1 NO ..... 2																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 314
313	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
314	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	
315	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) Being sterilized for a man is the same as castration.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8 CASTRATION ..... 1 2 8	
316	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
317	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 401
318	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC ..... A PHC CENTER ..... B HEALTH POST ..... C SUB-HEALTH PO ..... D PHC OUTREACH ..... E MOBILE CLINIC ..... F FCHV ..... G OTHER PUBLIC ..... H (SPECIFY)  NON-GOVT. (NGO) SECTOR FPAN ..... I MARIE STOPES ..... J ADRA ..... K NEPAL RED CROSS ..... L UMN ..... M OTHER NGO. .... N (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC NURSING HOME ..... O PHARMACY ..... P  OTHER PRIVATE MEDICAL ..... Q (SPECIFY)  OTHER SOURCE SHOP ..... R FRIENDS/RELATIVES ..... S  OTHER ..... T (SPECIFY)  OTHER ..... X (SPECIFY)	
319	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2	



SECTION 4. MARRIAGE AND SEXUAL LIFE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	What is your current marital status?	CURRENTLY MARRIED ..... 1 MARRIED, GAUNA NOT PERFORMED ..... 2 WIDOWED ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 NEVER MARRIED ..... 6	→ 407 → 414
402	Do you currently have one wife or more than one wife?  IF ONLY ONE WIFE, RECORD '01'.  IF MORE THAN ONE, ASK:  How many wives do you currently have?	NUMBER OF WIVES ..... <input type="text"/> <input type="text"/>	
403	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE. IF A WIFE IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES. (IF RESPONDENT HAS MORE THAN FOUR WIVES, USE ADDITIONAL QUESTIONNAIRE(S).)</p> <p>CHECK 402:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONLY ONE WIFE <input type="checkbox"/></p> <p>↓</p> <p>Please tell me the name of your wife.</p> <p>WIFE NUMBER                  NAME</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE <input type="checkbox"/></p> <p>↓</p> <p>Please tell me the name of each of your wives, starting with the one you married with first.</p> <p>LINE NUMBER IN HOUSEHOLD SCHEDULE</p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> </div> </div>		
404	Are you living with your wife/wives now, or is she/are they staying elsewhere?	LIVING WITH WIFE/AT LEAST ONE WIFE ..... 1 NOT LIVING WITH WIFE/ANY WIVES ..... 2	→ 406
405	For how long have you not been living with your wife/any of your wives?  IF LESS THAN 1 YEAR, RECORD MONTHS; OTHERWISE RECORD COMPLETED YEARS.	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	CHECK 402: ONLY ONE WIFE <input type="checkbox"/> MORE THAN ONE WIFE <input type="checkbox"/> Have you ever been married to any woman other than your current wife?      Have you ever been married to any other woman in addition to those you have told me about?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 408
407	Have you been married once or more than once?	ONCE ..... 1 MORE THAN ONCE ..... 2	<input type="checkbox"/> → 409 <input type="checkbox"/> → 409A
408	CHECK 402 AND 406: 402=01 AND 406='2' <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 409A	
409 409A	In what month and year did you get married? Now I would like to ask about when you married your first wife. In what month and year was that?	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	→ 411
410	How old were you when you first got married?	AGE ..... <input type="text"/> <input type="text"/>	
411	CHECK 401: MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 414	
412	CHECK 402 AND 406 AND, IF 402 AND 406 NOT ASKED, CHECK 407: MARRIED ONLY ONCE (402=01 AND 406='2') OR (407='1') <input type="checkbox"/> MARRIED MORE THAN ONCE (402>01 OR 406='1') OR (407='2') <input type="checkbox"/> In what month and year did you start living with your wife?      Now I would like to ask about when you started living with your first wife. In what month and year was that?	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	→ 415
413	How old were you when you first started living with her?	AGE ..... <input type="text"/> <input type="text"/>	→ 415

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>Now I need to ask you some questions about sexual life in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.</p> <p>Have you ever had sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 416
415	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>(Now I need to ask you some questions about sexual life in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.)</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE ..... 95</p>	<p>→ 417</p> <p>→ 418</p> <p>→ 418</p>
416	<p>CHECK 401:</p> <p>NEVER MARRIED/GAUNA <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>NOT PERFORMED</p>		→ 501
417	<p>Do you intend to wait until you get married/after gauna to have sexual intercourse for the first time?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	→ 501
418	<p>The first time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
418A	<p>What was this person's relationship to you?</p> <p>IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.</p>	<p>WIFE ..... 01</p> <p>LIVE-IN PARTNER ..... 02</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 03</p> <p>RELATIVE ..... 04</p> <p>CASUAL ACQUAINTANCE ..... 05</p> <p>SEX WORKER ..... 06</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
419	<p>When was the last time you had sexual intercourse?</p> <p>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.</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/></p>	<p>→ 422</p> <p>→ 435</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
421	When was the last time you had sexual intercourse with this person?		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"/>	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"/>
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	Did you use a condom 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 this (second/third person's relationship to you?  IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.	WIFE ..... 01 (SKIP TO 428) ← LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 RELATIVE ..... 04 CASUAL ACQUAINTANCE . 05 PROSTITUTE ..... 06 OTHER ..... 96 (SPECIFY)	WIFE ..... 01 (SKIP TO 428) ← LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 RELATIVE ..... 04 CASUAL ACQUAINTANCE . 05 PROSTITUTE ..... 06 OTHER ..... 96 (SPECIFY)	WIFE ..... 01 (SKIP TO 429) ← LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 RELATIVE ..... 04 CASUAL ACQUAINTANCE . 05 PROSTITUTE ..... 06 OTHER ..... 96 (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"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <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 432) ←	YES ..... 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 432) ←	
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"/> <input type="text"/>  DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 432
431	CHECK 422 AND 424 (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 OR 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	→ 438A
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	
438A	Which condom brand do you use regularly?	DHAAL ..... 1 PANTHER ..... 2 NUMBER 1 ..... 3 JODI ..... 4 OTHER _____ (SPECIFY) 6	
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	
439A	How many of the condoms you got last time did you use?	NUMBER OF CONDOMS USED ... <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 method 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> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>PHC CENTER ..... 12</p> <p>HEALTH POST ..... 13</p> <p>SUB-HEALTH POST ..... 14</p> <p>PHC OUTREACH ..... 15</p> <p>MOBILE CLINIC ..... 17</p> <p>FCHV ..... 18</p> <p>CONDOM BOX ..... 19</p> <p>OTHER GOVT. _____ 16</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) SECTOR</p> <p>FPAN ..... 21</p> <p>MARIE STOPES ..... 22</p> <p>ADRA ..... 23</p> <p>NEPAL RED CROSS ..... 24</p> <p>UMN ..... 25</p> <p>OTHER NGO. _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC</p> <p>NURSING HOME ..... 31</p> <p>PHARMACY ..... 32</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 41</p> <p>FRIENDS/RELATIVES ..... 42</p> <p>OTHER _____ 46</p> <p>(SPECIFY)</p>	
442	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		→ 501
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>	→ 501
444	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you 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	<p>CHECK 401:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>GAUNA NOT PERFORMED <input type="checkbox"/></p>	<p>→ 506</p> <p>→ 504</p>					
502	<p>CHECK 302(02): EVER STERILIZED?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>	<p>→ 506</p>					
503	<p>CHECK 402:</p> <p>HAS ONE WIFE <input type="checkbox"/></p> <p>HAS MORE THAN ONE WIFE <input type="checkbox"/></p> <p>Is your wife currently pregnant?</p> <p>Are any of your wives currently pregnant?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>UNSURE/DON'T KNOW ..... 8</p>					
504	<p>CHECK 503:</p> <p>NO WIFE PREGNANT OR UNSURE <input type="checkbox"/></p> <p>QUESTION NOT ASKED</p> <p>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?</p> <p>WIFE(WIVES) PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child(ren) you and your (wife(wives) are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD ..... 1</p> <p>NO MORE/NONE ..... 2</p> <p>COUPLE INFECUND ..... 3</p> <p>WIFE (WIVES) STERILIZED ..... 4</p> <p>UNDECIDED/DON'T KNOW ..... 5</p>	<p>→ 506</p>				
505	<p>CHECK 503:</p> <p>NO WIFE PREGNANT OR UNSURE <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>WIFE(WIVES) PREGNANT <input type="checkbox"/></p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS ..... 1</p> <p>YEARS ..... 2</p> <table border="1" data-bbox="1230 1016 1325 1121"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>SOON/NOW ..... 993</p> <p>COUPLE INFECUND ..... 994</p> <p>AFTER GAUNA ..... 995</p> <p>OTHER ..... 996</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 998</p>					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	<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>
507	<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?	_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> _____ _____			
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 402:  ONE OR MORE WIVES <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), or you and your (wife/wives) jointly?	RESPONDENT ..... 1 WIFE(WIVES) ..... 2 RESPONDENT AND WIFE (WIVES) JOINTLY ..... 3 OTHER _____ 6 <div style="text-align: center;">SPECIFY</div>			

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>HUSB-AND</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>		HUSB-AND	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	
	HUSB-AND	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																													
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																			
	AGREE	DIS-AGREE	DK																														
CHILDBEARING WOMAN'S CONCERN	1	2	8																														
DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8																														
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							
	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																														
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>DON'T KNOW/DEPENDS</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW/DEPENDS	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8											
	YES	NO	DON'T KNOW/DEPENDS																														
a)	1	2	8																														
b)	1	2	8																														
c)	1	2	8																														
d)	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 AIDS?	YES ..... 1 NO ..... 2	→ 715
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has sexual intercourse with no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
703	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707	Can people get the AIDS virus by touching someone who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
709	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 711
710	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(S))	GOVT. SECTOR GOVERNMENT HOSPITAL ..... A VCT CENTER ..... B  OTHER GOVT. _____ C (SPECIFY)  NON-GOVT. SECTOR FPAN ..... D AMDA ..... E INF ..... F NEPAL RED CROSS ..... G  OTHER GOVT. _____ H (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... I  OTHER PRIVATE MEDICAL _____ J (SPECIFY)  OTHER _____ X (SPECIFY)	
711	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	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	
713	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	
714	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	
715	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	
716	CHECK 414 AND 415: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 724
717	CHECK 715: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 719
718	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	
719	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	
720	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
721	CHECK 718, 719, AND 720: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 724
722	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 724
723	Where did you go?  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(S))	GOVT. SECTOR GOVERNMENT HOSPITAL ..... A PRIMARY HEALTH CARE ..... B HEALTH POST ..... C SUB-HEALTH POST ..... D PHC OUTREACH ..... E FAMILY PLANNING CLINIC ... F MOBILE CLINIC ..... G FIELDWORKER ..... H  OTHER GOVT. _____ I (SPECIFY)  NON-GOVT. SECTOR FPAN ..... J AMDA ..... K INF ..... L NEPAL RED CROSS ..... M UMN ..... N OTHER NON-GOVT. _____ O (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... P OTHER PRIVATE MEDICAL _____ Q (SPECIFY) OTHER _____ X (SPECIFY)	
724	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?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
725	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
726	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 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 BITES ..... F THROUGH SPIT ..... G 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	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 807																														
806	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>																															
807	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 809																														
808	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C  OTHER ..... X (SPECIFY)																															
809	In the last few months have you heard or seen the following programs on the radio and/or television:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Jana Swastha Radio Karyakram?</td> <td>JANA SWASTHA ..... 1</td> <td>2</td> </tr> <tr> <td>Sewa Nai Dharma Ho?</td> <td>SEWA NAI DHARMA ... 1</td> <td>2</td> </tr> <tr> <td>Gyan Nai Shakti Ho?</td> <td>GYAN NAI SHAKTI ..... 1</td> <td>2</td> </tr> <tr> <td>Hamro Swastha Radio Karyakram?</td> <td>HAMRO SWASTHA ... 1</td> <td>2</td> </tr> <tr> <td>Jeevan Chakra?</td> <td>JEEVAN CHAKRA ..... 1</td> <td>2</td> </tr> <tr> <td>Teli-Swastha Karyakram?</td> <td>TELI-SWASTHA ..... 1</td> <td>2</td> </tr> <tr> <td>Ek Apaas Ka Kura?</td> <td>EK APAAS KA KURA ... 1</td> <td>2</td> </tr> <tr> <td>Sathi Sanga Manka Kura?</td> <td>SATHI SANGA MANKA . 1</td> <td>2</td> </tr> <tr> <td>Desh Pardesh?</td> <td>DESH PARDESH ..... 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Jana Swastha Radio Karyakram?	JANA SWASTHA ..... 1	2	Sewa Nai Dharma Ho?	SEWA NAI DHARMA ... 1	2	Gyan Nai Shakti Ho?	GYAN NAI SHAKTI ..... 1	2	Hamro Swastha Radio Karyakram?	HAMRO SWASTHA ... 1	2	Jeevan Chakra?	JEEVAN CHAKRA ..... 1	2	Teli-Swastha Karyakram?	TELI-SWASTHA ..... 1	2	Ek Apaas Ka Kura?	EK APAAS KA KURA ... 1	2	Sathi Sanga Manka Kura?	SATHI SANGA MANKA . 1	2	Desh Pardesh?	DESH PARDESH ..... 1	2	
	YES	NO																															
Jana Swastha Radio Karyakram?	JANA SWASTHA ..... 1	2																															
Sewa Nai Dharma Ho?	SEWA NAI DHARMA ... 1	2																															
Gyan Nai Shakti Ho?	GYAN NAI SHAKTI ..... 1	2																															
Hamro Swastha Radio Karyakram?	HAMRO SWASTHA ... 1	2																															
Jeevan Chakra?	JEEVAN CHAKRA ..... 1	2																															
Teli-Swastha Karyakram?	TELI-SWASTHA ..... 1	2																															
Ek Apaas Ka Kura?	EK APAAS KA KURA ... 1	2																															
Sathi Sanga Manka Kura?	SATHI SANGA MANKA . 1	2																															
Desh Pardesh?	DESH PARDESH ..... 1	2																															
810	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:

---

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---

---

---

---

NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

---

---

---

---

---

---

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