

2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY MEN'S QUESTIONNAIRE

IDENTIFICATION																																									
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																																								
NAME OF HOUSEHOLD HEAD _____																																									
DHS CLUSTER NUMBER																																									
PSU CODE																																									
HOUSEHOLD NUMBER																																									
REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4)																																									
URBAN/RURAL (URBAN=1, RURAL=2)																																									
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE																																									
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																																									
NAME AND LINE NUMBER OF MAN _____																																									

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 0 6									
INTERVIEWER'S NAME	_____	_____	_____	INT. No: _____									
RESULT*	_____	_____	_____	RESULT _____									
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input style="width: 20px;" type="text"/>									
TIME	_____	_____											
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td>1 COMPLETED</td> <td>4 REFUSED</td> <td>7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____	2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)	3 POSTPONED	6 INCAPACITATED	
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2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)											
3 POSTPONED	6 INCAPACITATED												
LANGUAGE OF QUESTIONNAIRE: <input style="width: 20px; text-align: center;" type="text" value="2"/>	RESPONDENT'S LANGUAGE: _____ <input style="width: 20px;" type="text"/>												
LANGUAGE OF INTERVIEW: <input style="width: 20px;" type="text"/>	TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <input style="width: 20px;" type="text"/>												
LANGUAGE: 1 SISWATI 2 ENGLISH 3 OTHER													
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY									
NAME _____	NAME _____		_____	_____									
DATE _____ <input style="width: 20px;" type="text"/>	DATE _____ <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>									

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions related to health. 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.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	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 1 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?	LOWER PRIMARY 1 HIGHER PRIMARY 2 SECONDARY 3 HIGH SCHOOL 4 TERTIARY 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
111	CHECK 109: ANY PRIMARY CODE '1' OR '2' <input type="checkbox"/> CIRCLED ↓ SECONDARY OR HIGHER CODE '3' OR '4' CIRCLED <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 other part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion? _____ NAME OF CHURCH	TRADITIONAL 01 CHARISMATIC 02 PROTESTANT 03 ROMAN CATHOLIC 04 PENTECOSTAL 05 ZIONIST 06 APOSTOLIC SECT 07 ISLAM 08 NONE 09 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters 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"/>		<input type="checkbox"/> → 212 <input type="checkbox"/> → 213
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	I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them. a) Childbearing is a woman's concern and there is no need for the father to get involved. b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.	DIS- AGREE AGREE DK CHILDBEARING WOMAN'S CONCERN 1 2 8 DOCTOR/NURSE'S ASSISTANCE CRUCIAL 1 2 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>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>	
09	<p>DIAPHRAGM Women can put a thin flexible disk in their vagina before intercourse.</p>	<p>YES 1 NO 2 ↘</p>	
10	<p>JELLY/FOAM Women can put a suppository jelly or cream in their vagina before intercourse.</p>	<p>YES 1 NO 2 ↘</p>	
11	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Up to six months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.</p>	<p>YES 1 NO 2 ↘</p>	
12	<p>RHYTHM/BILLING/MUCUS 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>
13	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
14	<p>EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.</p>	<p>YES 1 NO 2 ↘</p>	
15	<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	CHECK 302 (02): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MAN NOT STERILIZED <input type="checkbox"/> </div> <div style="text-align: center;"> MAN STERILIZED <input type="checkbox"/> </div> </div>		→ 305A												
304	Are you currently doing something or using any method with any partner to delay or avoid a pregnancy?	YES 1 NO 2	→ 306												
305	Which methods are you or your partner using to delay or avoid a pregnancy? Any other method (with any partner)? CIRCLE ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)													
305A	CIRCLE 'B' FOR MALE STERILIZATION.														
306	In the last six months have you heard/seen about family planning : On the radio? On the television? In a newspaper or magazine?	<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> </tbody> </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													
307	In the last six months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2													
308	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	└→ 310												
309	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 PERIODS 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													
310	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8													
311	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;"> <thead> <tr> <th></th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DIS- AGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>CONTRACEPTION WOMAN'S BUSINESS ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WOMAN MAY BECOME PROMISCUOUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		AGREE	DIS- AGREE	DK	CONTRACEPTION WOMAN'S BUSINESS ..	1	2	8	WOMAN MAY BECOME PROMISCUOUS	1	2	8	
	AGREE	DIS- AGREE	DK												
CONTRACEPTION WOMAN'S BUSINESS ..	1	2	8												
WOMAN MAY BECOME PROMISCUOUS	1	2	8												

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	<input type="checkbox"/> → 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have more than one wife or do you have more than one woman with whom you are living as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 407															
406	In total, how many wives do you have or other partners do you live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98																
407	<p>CHECK 405</p> <p>ONE WIFE/PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>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> <p>RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE WIFE (WIVES) AND LIVE-IN PARTNER(S).</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p>408 How old was (NAME) on her last birthday?</p>
NAME	LINE NUMBER	AGE																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/PARTNER <input type="checkbox"/></p>		<input type="checkbox"/> → 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	<input type="checkbox"/> → 411A															
411	In what month and year did you start living with your wife (partner)?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98																
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?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	<input type="checkbox"/> → 413															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	How old were you when you first started living with her?	AGE <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 416 → 416
415	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	→ 445
416	CHECK 107: AGE <input type="checkbox"/> 15-24 AGE <input type="checkbox"/> 25-49		→ 421
417	The <u>first</u> time you had sexual intercourse, was a male/female condom used?	YES, MALE CONDOM 1 YES, FEMALE CONDOM 2 NO 3	→ 418
417A	What was the main reason you did not use a condom the first time you had sexual intercourse?	NOT AVAILABLE 1 NOT NECESSARY 2 NOT THOUGHT OF 3 PARTNER REFUSED 4 REDUCES PLEASURE 5 OTHER 6 (SPECIFY)	
418	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> DON'T KNOW 98	→ 421
419	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER 8	→ 421
420	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER 2 OLDER, UNSURE HOW MUCH 3	
421	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.		
421A	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 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
422	When was the last time you had sexual intercourse with this person?		DAYS .. 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS .. 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
423	The last time you had sexual intercourse with this (second/third) person, was a male condom or a female condom used?	YES, MALE CONDOM 1 (SKIP TO 424) ← YES, FEMALE CONDOM 2 NO 3	YES, MALE CONDOM 1 (SKIP TO 424) ← YES, FEMALE CONDOM 2 NO 3	YES, MALE CONDOM 1 (SKIP TO 424) ← YES, FEMALE CONDOM 2 NO 3
423A	What was the main reason you did not use a condom the last time you sexual intercourse?	NOT AVAILABLE 1 NOT NECESSARY ... 2 NOT THOUGHT OF ... 3 PARTNER REFUSED . 4 REDUCES PLEASURE . 5 OTHER _____ 6 (SPECIFY) _____ 425 ←	NOT AVAILABLE 1 NOT NECESSARY ... 2 NOT THOUGHT OF ... 3 PARTNER REFUSED . 4 REDUCES PLEASURE . 5 OTHER _____ 6 (SPECIFY) _____ 425 ←	NOT AVAILABLE 1 NOT NECESSARY ... 2 NOT THOUGHT OF ... 3 PARTNER REFUSED . 4 REDUCES PLEASURE . 5 OTHER _____ 6 (SPECIFY) _____ 425 ←
424	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
425	What was your relationship to this person with whom you had sexual intercourse? IF PARTNER Were you living together as if married? IF YES, CIRCLE '2' IF NO, CIRCLE '3'	WIFE 1 (SKIP TO 431) ← LIVE-IN PARTNER ... 2 PARTNER NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 COMMERCIAL SEX WORKER ... 5 OTHER _____ 6 (SPECIFY) _____	WIFE 1 (SKIP TO 431) ← LIVE-IN PARTNER ... 2 PARTNER NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 COMMERCIAL SEX WORKER ... 5 OTHER _____ 6 (SPECIFY) _____	WIFE 1 (SKIP TO 431) ← LIVE-IN PARTNER ... 2 PARTNER NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 COMMERCIAL SEX WORKER ... 5 OTHER _____ 6 (SPECIFY) _____
426	For how long (have you had/did you have) a sexual relationship with this 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"/>
427	CHECK 107:	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> (SKIP TO 431) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> (SKIP TO 431) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> (SKIP TO 431) ←
428	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98
429	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 431) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 431) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 431) ←
430	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
431	The last time you had sexual intercourse with this person, did you or this person drink alcohol or use any other intoxicating substance?	<p style="text-align: center;">YES NO</p> ALCOHOL . . . 1 2 OTHER 1 2 (SKIP TO 433) ←	<p style="text-align: center;">YES NO</p> ALCOHOL . . . 1 2 OTHER 1 2 (SKIP TO 433) ←	<p style="text-align: center;">YES NO</p> ALCOHOL . . . 1 2 OTHER 1 2 (SKIP TO 433) ←
431A	CHECK 431:	<p>ANY ALL <input type="checkbox"/></p> YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 433) ←	<p>ANY ALL <input type="checkbox"/></p> YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 433) ←	<p>ANY ALL <input type="checkbox"/></p> YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 434) ←
432	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
433	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 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 434) ←	YES 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 434) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
435	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
437	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED <input type="checkbox"/> PRIVACY NOT POSSIBLE <input type="checkbox"/></p> <p>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.</p>		→445
440	<p>CHECK 423, MOST RECENT PARTNER (FIRST COLUMN):</p> <p>CONDOM USED <input type="checkbox"/> NO CONDOM USE <input type="checkbox"/></p>		→445
441	<p>You told me that you used a condom the last time you had sex. Do you have the package of condoms you used that time?</p> <p>IF YES: May I see it?</p> <p>RECORD NAME OF BRAND IF PACKAGE SEEN.</p>	<p>PACKAGE SEEN 1</p> <p>BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/></p> <p>DOES NOT HAVE/NOT SEEN 2</p>	→ 443
442	<p>Do you know the brand name of the condom you used that time?</p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	→ 443
442A	<p>What is the main reason you chose this brand?</p>	<p>EFFECTIVENESS 1</p> <p>AVAILABILITY 2</p> <p>FREE 3</p> <p>OTHER _____ (SPECIFY) 6</p>	
443	<p>How many condoms did you get the last time?</p>	<p>NUMBER OF CONDOMS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
444	<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>WRITE THE NAME OF PLACE</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>PHU/CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>RHM/CBD 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>CBD 25</p> <p>OTHER PRIVATE _____ 26</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL 31</p> <p>CLINIC 32</p> <p>OTHER</p> <p>MISSION _____ 36</p> <p>(SPECIFY)</p> <p>NGO</p> <p>FLAS 41</p> <p>OTHER NGO _____ 46</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIENDS/RELATIVES 53</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 448</p>
444A	<p>How do you usually dispose the used condoms?</p>	<p>PIT LATRINE 1</p> <p>FLUSH IN TOILET 2</p> <p>BURY 3</p> <p>BURNT 4</p> <p>THROWN AWAY 5</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	
445	<p>CHECK 301(7), KNOWS MALE CONDOM</p> <p>HAS HEARD OF MALE CONDOM <input type="checkbox"/></p> <p>HAS NEVER HEARD OF MALE CONDOM <input type="checkbox"/></p>		<p>→ 501</p>
445A	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 447A</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
446	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</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>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>PHU/CLINIC C</p> <p>MOBILE CLINIC D</p> <p>RHM/CBD E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>CBD K</p> <p>OTHER PRIVATE _____ L</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL M</p> <p>CLINIC N</p> <p>OTHER</p> <p>MISSION _____ O</p> <p>(SPECIFY)</p> <p>NGO</p> <p>FLAS P</p> <p>OTHER NGO _____ Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>CHURCH S</p> <p>FRIENDS/RELATIVES T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	If you wanted to, could you yourself get a condom?	YES 1 NO 2	
447A	CHECK 301(8), KNOW FEMALE CONDOM HAS HEARD OF FEMALE CONDOM <input type="checkbox"/> HAS NEVER HEARD OF FEMALE CONDOM <input type="checkbox"/>		→501
448	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→501
449	Where is that? Any other place? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B PHU/CLINIC C MOBILE CLINIC D RHM/CBD E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J CBD K OTHER PRIVATE _____ L (SPECIFY) MISSION HOSPITAL M CLINIC N OTHER MISSION _____ O (SPECIFY) NGO FLAS P OTHER NGO _____ Q (SPECIFY) OTHER SOURCE SHOP R CHURCH S FRIENDS/RELATIVES T OTHER _____ X (SPECIFY)	
450	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE WIFE/ PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> NO ANSWER <input type="checkbox"/>	_____ →	506
502	CHECK 305: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>	_____ →	506
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 UNSURE <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)) is/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 MAN INFECUND 3 WIFE (WIVES)/PARTNER(S) INFECUND/STERILIZED 4 UNDECIDED/DON'T KNOW 5	} → 506
505	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 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	
506	CHECK 208 HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN NEVER HAD CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→ 601 → 601
507	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	

SECTION 6. MAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently working?	YES 1 NO 2	→ 604
601A	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	→ 603B
603A	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	→ 604
603B	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 RETIRED 3 UNABLE TO WORK, ILL/ HANDICAPPED 4 HOUSEWORK/CHILDCA 5 OTHER 6 (SPECIFY) _____	→ 610
604	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
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 401: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 613
611	CHECK 609: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
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/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5																													
612A	On average, how much of your household's expenditures do your earnings pay for: almost none less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HIS INCOME IS ALL SAVED 6																													
613	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>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p> <p>If she has sex with other men?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARGUES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>REFUSES SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BURNS FOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SEX WITH OTHER MEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">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	SEX WITH OTHER MEN	1	2	8	
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SECTION 7. HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS

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	→ 735
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has 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 chances 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 abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
707A	Can people get the the AIDS virus from having anal sex?	YES 1 NO 2 DON'T KNOW 8	
707B	Can people get the AIDS virus from oral sex?	YES 1 NO 2 DON'T KNOW 8	
707C	Can people get the AIDS virus from open wounds or sores of an infected person?	YES 1 NO 2 DON'T KNOW 8	
708	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	↳ 710
709	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS ... G AVOID SEX WITH PERSONS WHO INJECT DRUGS H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES ... K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL HEALER N AVOID SHARING UTENSILS O AVOID SHARING TOILETS P AVOID DRINKING SAME CUP Q AVOID SHARING CIGARETTES R OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
711	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
712	CHECK 711: AT LEAST <input type="checkbox"/> ONE 'YES' ↓ OTHER <input type="checkbox"/> → 714		
713	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
714	Have you heard about special antiretroviral drugs (ARV) that people infected with the AIDS virus can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8	
714A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY		
715	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 720
716	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	
717	The last time you had the test, did you yourself ask for the test or were you advised to take the test, or was it required?	ASKED FOR THE TEST 1 ADVICED 2 REQUIRED 3	
718	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
718A	How long did it take to get the results?	SAME DAY 1 WITHIN ONE WEEK 2 WITHIN ONE MONTH 3 MORE THAN A MONTH 4	
719	Where did you go to take the test? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 PHU/CLINIC 13 MOBILE CLINIC 14 RHM/CBD 15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER 22 MOBILE CLINIC 24 OTHER PRIVATE 26 _____ (SPECIFY) MISSION HOSPITAL 31 CLINIC 32 OTHER MISSION 36 _____ (SPECIFY) NGO FLAS 41 TASC 42 OTHER NGO 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 722
720	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 722

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
721	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER..... C</p> <p>MOBILE CLINIC D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR F</p> <p>STAND-ALONE VCT CENTER..... G</p> <p>MOBILE CLINIC..... H</p> <p>OTHER PRIVATE I</p> <p>_____</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL J</p> <p>CLINIC K</p> <p>OTHER _____ L</p> <p>(SPECIFY)</p> <p>NGO</p> <p>FLAS M</p> <p>TASC N</p> <p>OTHER NGO _____ O</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>_____ X</p> <p>(SPECIFY)</p>	
722	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
723	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
724	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
725	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?	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
726	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	<p>YES 1</p> <p>NO 2</p> <p>DK ANYONE WITH AIDS 8</p>	→ 731
727	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 is suspected to have the AIDS virus or has the AIDS virus?	<p>YES 1</p> <p>NO 2</p>	
728	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	<p>YES 1</p> <p>NO 2</p>	
729	<p>CHECK 726, 727, AND 728:</p> <p>OTHER <input type="checkbox"/></p>	<p>AT LEAST ONE "YES"</p> <p><input type="checkbox"/></p>	→ 731
730	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	<p>YES 1</p> <p>NO 2</p>	
731	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/NO OPINION 8</p>	
732	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/NO OPINION 8</p>	
733	Should children age 12-14 be taught about using a condom to avoid AIDS?	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
734	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
735	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
736	CHECK 421A: HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/> → 744		
737	CHECK 735: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/> → 739		
738	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	
739	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	
740	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	
741	CHECK 738, 739, AND 740: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 744		
742	The last time you had (PROBLEM FROM 738/739/740), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 743
742A	What is the main reason for not seeking advice or treatment?	NOT NECESSARY 1 EXPENSIVE 2 RELIGIOUS PROHIBITION 3 OTHER _____ 6 (SPECIFY)	→ 743A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
743	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>PHU/CLINIC C</p> <p>MOBILE CLINIC D</p> <p>RHM/CBD 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>PVT DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>CBD K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL M</p> <p>CLINIC N</p> <p>OTHER</p> <p>MISSION _____ O</p> <p>SPECIFY</p> <p>NGO</p> <p>FLAS P</p> <p>OTHER NGO Q</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>CHURCH S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>													
743A	<p>When you had (PROBLEM FROM 738/739/740), did you inform the person with whom you were having sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>SOME/NOT ALL 3</p> <p>DID NOT HAVE PARTNER 4</p>	→ 744												
743B	<p>When you had (PROBLEM FROM 738/739/740), did you do something to avoid infecting your sexual partner(s)?</p>	<p>YES 1</p> <p>NO 2</p> <p>PARTNER ALREADY INFECTED ... 3</p>	→ 744												
743C	<p>What did you do to avoid infecting your partner(s)?</p> <p>Did you</p> <p>Use medicine?</p> <p>Stop having sex?</p> <p>Use a condom when having sex?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>USE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STOP SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2	
	YES	NO													
USE MEDICINE	1	2													
STOP SEX	1	2													
USE CONDOM	1	2													
744	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
745	<p>When a wife knows her husband has a disease that can be transmitted through sexual contact, 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>													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
746	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	
747	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	
748	Do you believe that young men should wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
749	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
750	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	
751	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	
752	Do you believe that married men should only have sex with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
753	Do you think that most married men you know have sex only with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
754	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	
755	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	
756	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	
757	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	
758	Do you believe that married women should only have sex with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
759	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 AND WELFARE ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES 1 NO 2	→ 805
802	At what age were you circumcised?	BELOW AGE 13 (INFANT/CHILD) . 1 13-19 YEARS OLD 2 20 OR MORE YEARS 3	→ 808
803	Who performed the circumcision?	TRADITIONAL PRACTITIONER 1 HEALTH PROFESSIONAL 2 DON'T KNOW 8	
804	What is the main reason you were circumcised?	TRADITION/RELIGION 1 HEALTH/HYGIENE 2 SEXUAL SATISFACTION 3 EASE OF PUTTING ON CONDOM . 4 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 808
805	Would you want to get circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 807 → 808
806	What is the main reason you would want to get circumcised?	TRADITION/RELIGION 1 HEALTH/HYGIENE 2 SEXUAL SATISFACTION 3 EASE OF PUTTING ON CONDOM . 4 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 808
807	What is the main reason you would not want to get circumcised?	TRADITION/RELIGION 01 HEALTH/HYGIENE 02 SEXUAL SATISFACTION 03 DIFFERENT 04 COST 05 PAIN 06 OTHER 96 (SPECIFY) DON'T KNOW 98	
808	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	→ 812
809	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	→ 812

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE</p> <p>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 12</p> <p>PHU/CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 21</p> <p>DENTAL CLINIC/OFFICE 22</p> <p>OFFICE OR HOME OF NURSE/</p> <p>HEALTH WORKER 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PRIVATE _____ 26</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL 31</p> <p>CLINIC 32</p> <p>OTHER MISSION _____ 36</p> <p>(SPECIFY)</p> <p>NGO 41</p> <p>OTHER PLACE</p> <p>AT HOME 51</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
811	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
812	Do you currently smoke cigarettes?	<p>YES 1</p> <p>NO 2</p>	→ 814
813	In the last 24 hours, how many cigarettes did you smoke?	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
814	Do you currently smoke or use any other type of tobacco?	<p>YES 1</p> <p>NO 2</p>	→ 816
815	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
816	Have you ever heard of an illness called tuberculosis or TB?	<p>YES 1</p> <p>NO 2</p>	→ 820
817	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN</p> <p>COUGHING OR SNEEZING A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON</p> <p>WITH TB C</p> <p>THROUGH FOOD D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
818	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8									
819	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									
820	Are you covered by any medical aid?	YES 1 NO 2	→ 822								
821	What type of medical aid? RECORD ALL MENTIONED.	EMPLOYER A SELF B EMPLOYER AND SELF C OTHER _____ X (SPECIFY)									
822	Are you the primary care giver for any children?	YES 1 NO 2	→ 826								
823	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 826								
824	Now I would like to ask you about the child(ren) who (is/are) under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these (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									
825	Are you comfortable talking to the children in your care about sex and HIV/AIDS?	YES 1 NO 2 CHILDREN NOT OLD ENOUGH 3 DK/UNSURE/DEPENDS 4									
826	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

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: _____

**2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY
QUESTIONNAIRE FOR PERSONS AGE 12-14**

YQE 6 JULY 2006 SP

IDENTIFICATION																																																			
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																		
NAME OF HOUSEHOLD HEAD _____																																																			
DHS CLUSTER NUMBER																																																			
PSU CODE																																																			
HOUSEHOLD NUMBER																																																			
REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4)																																																			
URBAN/RURAL (URBAN=1, RURAL=2)																																																			
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																																																			
NAME AND LINE NUMBER OF RESPONDENT _____																																																			
RESPONDENT'S GENDER (GIRL = 1, BOY = 2)																																																			

INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> INT NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									2	0	0	6				
2	0	0	6																	
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RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
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TIME	_____	_____																		
*RESULT CODES: 1 COMPLETED 4 PARENT REFUSED 7 INCAPACITATED 2 NOT AT HOME 5 RESPONDENT REFUSED 8 OTHER _____ 3 POSTPONED 6 PARTLY COMPLETED (SPECIFY)																				
LANGUAGE OF QUESTIONNAIRE:	2	RESPONDENT'S LANGUAGE: _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																		
LANGUAGE OF INTERVIEW:		TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																		
LANGUAGE:	1 SISWATI 2 ENGLISH 3 OTHER																			
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR																
NAME _____		NAME _____																		
DATE _____		DATE _____																		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

A. INFORMED CONSENT FROM PARENT/GUARDIAN/OTHER ADULT

RECORD LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE OF PARENT/
GUARDIAN/OTHER ADULT FROM WHOM CONSENT IS REQUESTED.

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about health of the Swazi population.

As part of the survey, I would like to ask (NAME) some questions that will help the government plan health programs for youth.

The survey usually takes between 10 and 15 minutes to complete. Whatever information (NAME) will provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to allow (NAME) to take part. However, we hope that you allow him (her) to participate in this survey since his (her) answers are important.

At this time, do you want to ask me anything about the survey?

Do I have your consent to talk to (NAME) now?

Signature of interviewer: _____ Date: _____

PARENT/GUARDIAN/OTHER ADULT AGREES TO ALLOW YOUTH TO BE INTERVIEWED 1 ↓ PARENT/GUARDIAN/OTHER ADULT DOES NOT AGREE TO ALLOW YOUTH TO BE INTERVIEWED 2 → END

B. INFORMED CONSENT FROM YOUTH

AFTER OBTAINING CONSENT FROM THE PARENT, GUARDIAN OR OTHER RESPONSIBLE ADULT, ASK THE YOUTH FOR HIS/HER CONSENT.

Hello. My name is _____. We are doing a study about health in Swaziland.

We are talking with many youths like you. We would very much like to have you be part of this study.

I would like to ask you some questions that will help the government plan health programs for youth.

The questions will take about 10 and 15 minutes of your time. I will not tell or show your answers to anyone, not even your pare

You do not have to be in this study. You can choose not to answer some or all of the questions.

We hope that you will say yes and be in this study because your answers are important.

Do you want to ask me anything about the survey? Do you want to be in the study?

Signature of interviewer: _____ Date: _____

YOUTH AGREES TO INTERVIEW 1 ↓ YOUTH DOES NOT AGREE TO INTERVIEW 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104	CHECK 103: 12-14 YEARS <input type="checkbox"/> 15+ YEARS <input type="checkbox"/> LESS THAN 12 YEARS <input type="checkbox"/> COMPLETE ELIGIBLE WOMEN'S OR MEN'S QUESTIONNAIRE	→ END	
105	Are you currently attending school?	YES 1 NO 2	→ 107
106	Have you ever attended school?	YES 1 NO 2	→ 110
107	What is the highest level of school you attended?	LOWER PRIMARY 1 HIGHER PRIMARY 2 SECONDARY 3 HIGH SCHOOL 4	
108	What is the highest (grade/standard/form) you completed at that level?	GRADE/STANDARD/FORM ... <input type="text"/>	
109	CHECK 107: ANY PRIMARY CODE '1' OR '2' CIRCLED <input type="checkbox"/> SECONDARY OR HIGHER CODE '3' OR '4' OR 5 CIRCLED <input type="checkbox"/>	→ 115	
110	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	
111	Have you ever been in a program to learn how to read and write? Do not include what you were taught in school.	YES 1 NO 2	
112	CHECK 110: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 114	
113	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	
114	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	
115	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	
116	What is your religion? _____ NAME OF CHURCH	TRADITIONAL 01 CHARISMATIC 02 PROTESTANT 03 ROMAN CATHOLIC 04 PENTECOSTAL 05 ZIONIST 06 APOSTOLIC SECT 07 ISLAM 08 NONE 09 OTHER 96 (SPECIFY)	

SECTION 2. CARE AND PROTECTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
201	<p>Now I am going to ask you some questions about who looks after you when you are at home. Can you tell me the names of all of the persons who look after you when you are at home?</p> <p>RECORD THE NAMES OF THE PERSONS IN 202. CHECK THE HOUSEHOLD SCHEDULE AND RECORD THE LINE NUMBER OF EACH CARETAKER WHO IS LISTED IN THE THE HOUSEHOLD SCHEDULE. IF THE CARETAKER IS NOT INCLUDED IN THE HOUSEHOLD SCHEDULE, RECORD '00'. USE ANOTHER QUESTIONNAIRE IF MORE THAN THREE CARETAKERS ARE MENTIONED.</p>			
202	CHECK COLUMNS 1 AND 2 IN THE HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
203	CHECK 202	CODE <input type="checkbox"/> OTHER <input type="checkbox"/> '00' (SKIP TO 205)	CODE <input type="checkbox"/> OTHER <input type="checkbox"/> '00' (SKIP TO 205)	CODE <input type="checkbox"/> OTHER <input type="checkbox"/> '00' (SKIP TO 205)
204	How old is (NAME OF CARETAKER)?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98
205	What is (NAME'S) relationship to you?	BIOLOGICAL MOTHER... 01 STEPMOTHER 02 BIOLOGICAL FATHER .. 03 STEPFATHER 04 GRANDMOTHER 05 GRANDFATHER 06 FEMALE SIBLING 07 MALE SIBLING 08 AUNT 09 UNCLE 10 OTHER FEMALE RELATIVE 11 OTHER MALE RELATIVE 12 FATHER'S GIRLFRIEND... 13 MOTHER'S BOYFRIEND. 14 FEMALE NANNY/HIRED CAREGIVER 15 MALE NANNY/HIRED CAREGIVER 16 FEMALE FRIEND/NEIGHBOUR ACQUAINTANCE 17 MALE FRIEND/NEIGHBOUR ACQUAINTANCE 18 OTHER _____ 96 (SPECIFY)	BIOLOGICAL MOTHER... 01 STEPMOTHER 02 BIOLOGICAL FATHER .. 03 STEPFATHER 04 GRANDMOTHER 05 GRANDFATHER 06 FEMALE SIBLING 07 MALE SIBLING 08 AUNT 09 UNCLE 10 OTHER FEMALE RELATIVE 11 OTHER MALE RELATIVE 12 FATHER'S GIRLFRIEND... 13 MOTHER'S BOYFRIEND. 14 FEMALE NANNY/HIRED CAREGIVER 15 MALE NANNY/HIRED CAREGIVER 16 FEMALE FRIEND/NEIGHBOUR ACQUAINTANCE 17 MALE FRIEND/NEIGHBOUR ACQUAINTANCE 18 OTHER _____ 96 (SPECIFY)	BIOLOGICAL MOTHER... 01 STEPMOTHER 02 BIOLOGICAL FATHER .. 03 STEPFATHER 04 GRANDMOTHER 05 GRANDFATHER 06 FEMALE SIBLING 07 MALE SIBLING 08 AUNT 09 UNCLE 10 OTHER FEMALE RELATIVE 11 OTHER MALE RELATIVE 12 FATHER'S GIRLFRIEND... 13 MOTHER'S BOYFRIEND. 14 FEMALE NANNY/HIRED CAREGIVER 15 MALE NANNY/HIRED CAREGIVER 16 FEMALE FRIEND/NEIGHBOUR ACQUAINTANCE 17 MALE FRIEND/NEIGHBOUR ACQUAINTANCE 18 OTHER _____ 96 (SPECIFY)
206	<p>Now I am going to ask some questions about the times you were at home over the past seven days.</p> <p>CHECK 202:</p> <p>ONLY ONE CAREGIVER MENTIONED <input type="checkbox"/> Was there any time during the week when you were at home and (NAME) was not there?</p> <p>MORE THAN ONE CAREGIVER MENTIONED <input type="checkbox"/> Was there any time when during the week when you were at home and none of the persons who usually look after you were there?</p>	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 209	
207	Was another adult always present in the home when your caregiver(s) was (were) away?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 209 <input type="checkbox"/> → 209	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
208	On how many days during the past seven days were you at home at least part of the day without adult supervision? IF EVERYDAY, RECORD '7'	DAYS <input type="checkbox"/> DON'T KNOW 98																
209	In the past week have you been: Sent out of the home yard on an errand alone? Playing/visiting a friend out of the home yard without adult supervision?	YES NO SENT ON ERRAND ALONE 1 2 PLAYING/VISITING WITHOUT ADULT SUPERVISION 1 2																
210	When you go out, are you required to tell your caregiver where you are going always, most of the time, only sometimes, or hardly ever?	ALWAYS 1 MOST OF THE TIME 2 ONLY SOMETIMES 3 HARDLY EVER 4																
211	Do you share the room where you sleep?	YES 1 NO 2	→ 215															
212	Who shares the room where you usually sleep? IF ALL HOUSEHOLD MEMBERS SLEEP IN THE SAME ROOM CIRCLE 995. OTHERWISE RECORD THE NAME OF ALL THE INDIVIDUALS SHARING THE ROOM.	<table border="0"> <tr> <td></td> <td style="text-align: center;">NAME</td> <td style="text-align: center;">LINE NUMBER</td> </tr> <tr> <td>1 _____</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>2 _____</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>3 _____</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td colspan="2">ALL HOUSEHOLD MEMBERS . . .</td> <td>995</td> </tr> </table>		NAME	LINE NUMBER	1 _____		<input type="checkbox"/> <input type="checkbox"/>	2 _____		<input type="checkbox"/> <input type="checkbox"/>	3 _____		<input type="checkbox"/> <input type="checkbox"/>	ALL HOUSEHOLD MEMBERS . . .		995	
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ALL HOUSEHOLD MEMBERS . . .		995																
213	Do you share the bed (mat) where you sleep with any of these persons?	YES 1 NO 2	→ 215															
214	Who usually shares the bed (mat) with you? IF ALL PERSONS SHARING THE ROOM SLEEP IN THE SAME BED (MAT) AS THE RESPONDENT, CIRCLE 998. OTHERWISE RECORD THE NAME OF ALL THE INDIVIDUALS WHO USUALLY SHARING THE BED (MAT).	<table border="0"> <tr> <td></td> <td style="text-align: center;">NAME</td> <td style="text-align: center;">LINE NUMBER</td> </tr> <tr> <td>1 _____</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>2 _____</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>3 _____</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td colspan="2">ALL PERSONS SHARING ROOM USE THE SAME BED (MAT)</td> <td>998</td> </tr> </table>		NAME	LINE NUMBER	1 _____		<input type="checkbox"/> <input type="checkbox"/>	2 _____		<input type="checkbox"/> <input type="checkbox"/>	3 _____		<input type="checkbox"/> <input type="checkbox"/>	ALL PERSONS SHARING ROOM USE THE SAME BED (MAT)		998	
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3 _____		<input type="checkbox"/> <input type="checkbox"/>																
ALL PERSONS SHARING ROOM USE THE SAME BED (MAT)		998																
215	CHECK 105: CURRENTLY ATTENDING SCHOOL <input type="checkbox"/> NOT ATTENDING SCHOOL <input type="checkbox"/>		→ 301															
216	Does your caregiver or another adult accompany you from home to school each day?	YES, CAREGIVER 1 YES, OTHER ADULT 2 NO 3																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
217	Does your caregiver or another adult accompany you from school to home each day?	YES, CAREGIVER 1 YES, OTHER ADULT 2 NO 3																
218	Do you walk to school or do you use transport to get there?	WALKS TO SCHOOL 1 PRIVATE TRANSPORT 2 PUBLIC TRANSPORT 3 OTHER _____ 6 (SPECIFY)																
219	At your school is there: A teacher or other adult always present in the classroom? A teacher or other adult always watching when children are coming to or leaving school? A teacher or other adult monitoring the toilets? A teacher or other adult checking that no unauthorized person enters the school?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ALWAYS IN CLASSROOM. . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WATCHING CHILDREN COMING/LEAVING . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MONITORING TOILETS . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHECKING FOR UNAUTHORIZED VISITORS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ALWAYS IN CLASSROOM. . .	1	2	WATCHING CHILDREN COMING/LEAVING . . .	1	2	MONITORING TOILETS . . .	1	2	CHECKING FOR UNAUTHORIZED VISITORS	1	2	
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SECTION 3. KNOWLEDGE AND ATTITUDES ABOUT SEX

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to talk about something else. Do you know what it means to have sex?	YES 1 NO 2	→ 304
302	Has your parent (caregiver) ever talked to you about sex?	YES 1 NO 2 DON'T KNOW 8	
303	Has your parent or caregiver ever talked to you about sexual abuse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
304	Have you ever attended a life skills course at school? anywhere else?	YES NO SCHOOL 1 2 ELSEWHERE 1 2 (SPECIFY)	
305	Do you agree or disagree with the following statements: It is acceptable for a boy to have many girlfriends It is acceptable for a girl to have many boyfriends	YES NO DK BOY MANY GIRLFRIENDS . 1 2 3 GIRL MANY BOYFRIENDS . 1 2 3	
306	CHECK 301: KNOWS <input type="checkbox"/> DOES NOT KNOW MEANING OF SEX <input type="checkbox"/> MEANING OF SEX		→ 308
307	Do you agree or disagree with the following statements: If a boy proposes love, a girl cannot refuse sex If a boy gives a girl presents, she cannot refuse sex Boys should decide when, where and how to have sex	YES NO DK WHEN BOY PROPOSES LOVE 1 2 3 WHEN BOY GIVES PRESENTS 1 2 3 BOY DECIDES ABOUT SEX . 1 2 3	
308	Are you circumcised?	YES 1 NO 2	→ 401
309	At what age?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

SECTION 4. KNOWLEDGE OF AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 404
401A	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	→ 403
402	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS ... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL HEALER N AVOID SHARING UTENSILS O AVOID SHARING TOILETS P AVOID DRINKING SAME CUP Q AVOID SHARING CIGARETTES ... R OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
403	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
404	Have you ever heard about MALE condoms?	YES 1 NO 2 DK/NOT SURE 8	
404A	Have you ever heard about FEMALE condoms?	YES 1 NO 2 DK/NOT SURE 8	
404B	CHECK 401: HAS HEARD OF AIDS <input type="checkbox"/> HAS NOT HEARD OF AIDS <input type="checkbox"/>		→ 420
404C	CHECK 404 AND 404A: AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 405A
405	Should children your age be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
405A	CHECK 301: KNOWS MEANING OF SEX <input type="checkbox"/> DOES NOT KNOW MEANING OF SEX <input type="checkbox"/>		→ 407

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	Should children your age be taught in school about waiting until they get married before having sex in order to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
407	Have you received HIV/AIDS information from: Television? Radio? Newspaper? Magazine? Leaflets? Posters? Billboards?	YES NO TELEVISION 1 2 RADIO 1 2 NEWSPAPER 1 2 MAGAZINE 1 2 LEAFLETS 1 2 POSTERS 1 2 BILLBOARDS 1 2	
408	Have you seen any of the following items in the last 12 months carrying HIV/AIDS information or messages: Stickers? Clothing such as a T-shirt or cap? Red ribbon badge? Sign on a bus or mini kombi? Painted wall mural? AIDS play?	YES NO STICKERS 1 2 CLOTHING 1 2 RED RIBBON BADGE 1 2 SIGN ON BUS OR KOMBI 1 2 PAINTED WALL MURAL 1 2 AIDS PLAY 1 2	
409	Have you received HIV/AIDS information from any of the following places in the last 12 months: At school? At a Youth Club? A community meeting? A religious meeting? Health facility? Doctor's office? Pharmacy or chemist? AIDS organization? Local shop or spaza shop?	YES NO SCHOOL 1 2 YOUTH CLUB 1 2 COMMUNITY MEETING 1 2 RELIGIOUS MEETING 1 2 HEALTH FACILITY 1 2 DOCTOR'S OFFICE 1 2 PHARMACY/CHEMIST 1 2 AIDS ORGANIZATION 1 2 SHOP/SPAZA 1 2	
410	Thinking of HIV/AIDS information that you have received in the last 12 months, do you think: there is too much focus on condoms? there is not enough information for your age group? some of the messages are offensive or upsetting? the messages are confusing?	YES NO DK TOO MUCH ON CONDOMS 1 2 3 NOT ENOUGH INFO 1 2 3 OFFENSIVE/UPSETTING 1 2 3 CONFUSING 1 2 3	
410A	CHECK 301: KNOWS MEANING OF SEX <input type="checkbox"/> DOES NOT KNOW MEANING OF SEX <input type="checkbox"/>		411
410B	Thinking of HIV/AIDS information that you have received in the last 12 months, do you think: there is too much focus on abstinence? there is too much focus on sex? they encourage young people to have sex? they teach young children that sex is okay as long as it is safe?	YES NO DK TOO MUCH ON ABSTINENCE 1 2 3 TOO MUCH ON SEX 1 2 3 ENCOURAGES SEX 1 2 3 CHILDREN LEARN SEX IS OK 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	Are you aware of the existence of any telephone or help line that gives HIV/AIDS information?	YES 1 NO 2	→ 413
412	Which ones do you know of? RECORD ALL MENTIONED.	AIDS HELPLINE A TASC B OTHER _____ X SPECIFY	
413	Has your parent/caregiver ever talked with you about HIV/AIDS?	YES 1 NO 2	
414	Do other kids you mix with talk about HIV/AIDS?	YES 1 NO 2	
415	Have you spoken to someone in the past month about HIV/AIDS?	YES 1 NO 2	→ 417
416	Who have you spoken with? RECORD ALL MENTIONED.	RELATIVE BROTHER/SISTER A PARENT B GRANDPARENT C OTHER RELATIVE D NONRELATIVE NONRELATIVE CAREGIVER E BOYFRIEND/GIRLFRIEND F FRIEND G TEACHER H DOCTOR/NURSE I COMMUNITY LEADER/ POLITICIAN J AIDS ORGANIZATION K PEER EDUCATOR L COMMUNITY HEALTH WORKER... M TBA N TRADITIONAL HEALEI O OTHER _____ X (SPECIFY)	
417	Who would you like to talk to about HIV/AIDS? RECORD ALL MENTIONED.	RELATIVE BROTHER/SISTER A PARENT B GRANDPARENT C OTHER RELATIVE D NONRELATIVE NONRELATIVE CAREGIVER E BOYFRIEND/GIRLFRIEND F FRIEND G TEACHER H DOCTOR/NURSE I COMMUNITY LEADER/ POLITICIAN J AIDS ORGANIZATION K PEER EDUCATOR L COMMUNITY HEALTH WORKER... M TBA N TRADITIONAL HEALEI O OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
418	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 420				
419	<p>Where is that?</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 B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>MOBILE CLINIC D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... F</p> <p>STAND-ALONE VCT CENTER . . . G</p> <p>MOBILE CLINIC H</p> <p>OTHER PRIVATE _____ I</p> <p>MEDICAL _____ I</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL J</p> <p>CLINIC K</p> <p>OTHER L</p> <p>_____ (SPECIFY)</p> <p>NGO</p> <p>FLAS M</p> <p>TASC N</p> <p>OTHER NGO O</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>					
420	RECORD THE TIME.	<p>HOUR <table border="1" data-bbox="1198 890 1281 926"><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" data-bbox="1198 932 1281 968"><tr><td></td><td></td></tr></table></p>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____