


UNITED REPUBLIC OF TANZANIA
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2009-10
NATIONAL BUREAU OF STATISTICS

MEN'S QUESTIONNAIRE

CONFIDENTIAL

IDENTIFICATION																		
REGION _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																	
DISTRICT _____																		
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(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																		
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<p>LARGE CITIES ARE : DAR ES SALAAM, MWANZA, MBEYA AND TANGA. SMALL CITIES ARE: MOROGORO, DODOMA, MOSHI, IRINGA, SHINYANGA, SINGIDA, SONGEA ,MTWARA, TABORA, MUSOMA, SUMBAWANGA, BUKOBA, KIGOMA NA MJINI MAGHARIBI . MIJI MINGINE NI MIJI MIDOGO</p>																		
INTERVIEWER VISITS																		
	1	2	3	FINAL VISIT														
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INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <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><td style="width: 20px; height: 20px;"></td></tr></table>														
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>														
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<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;">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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SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY														
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<p>INFORMED CONSENT</p> <p>Hello. My name is _____. I am working with the National Bureau of Statistics. We are conducting a survey about health all over Tanzania. The information we collect will help the government to plan health services.</p> <p>Your household was selected for the survey. The survey usually takes about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.</p> <p>Do you have any questions? 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>																		

SECTION 1. RESPONDENT'S BACKGROUND

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"/> MORNING 1 AFTERNOON 2 EVENING, NIGHT 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PREPRIMARY 0 PRIMARY 1 POST-PRIMARY TRAINING 2 SECONDARY 3 POST-SECONDARY TRAINING 4 UNIVERSITY 5	
110	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY 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	

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 at least once a week, less than once a week or not at all?	ALMOST EVERYDAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio at least once a week, less than once a week or not at all?	ALMOST EVERYDAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television at least once a week, less than once a week or not at all?	ALMOST EVERYDAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

PARENTS LOVE THEIR CHILDREN.
 FARMING IS HARD WORK.
 THE CHILD IS READING A BOOK.
 CHILDREN WORK HARD AT SCHOOL.

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 <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	<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 <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 212 → 301
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	<input type="checkbox"/> → 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> → NO LIVING CHILDREN <input type="checkbox"/> →		→ 301
214	How many years old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> → OTHER <input type="checkbox"/> →		→ 301

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 6 DON'T KNOW 8	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Have you ever heard of (METHOD)?</p> <p>PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD . CIRCLE CODE '1' IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.</p>	
01	<p>Female Sterilization PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
02	<p>Male Sterilization PROBE : Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
03	<p>IUD PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 NO 2</p>
04	<p>Injectables PROBE: Women can have an injection by a health provider that stopsthem from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>
05	<p>Implants PROBE: 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>
06	<p>PILL PROBE : Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>
07	<p>Condom PROBE: Men can put a rubber sheath on their penis before sexual Intercourse.</p>	<p>YES 1 NO 2</p>
08	<p>Female Condom PROBE: Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2</p>
09	<p>Lactational Amenorrhea Method (LAM)</p>	<p>YES 1 NO 2</p>
10	<p>Rhythm Method PROBE : 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>
11	<p>Withdrawal PROBE: Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2</p>
12	<p>Emergency Contraception PROBE : As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.</p>	<p>YES 1 NO 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1 _____ (SPECIFY) NO 2</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 308
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION IS WOMEN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8	
309	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 313
310	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 313
311	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE IF UNABLE TO DETERMINE IS PUBLIC OR PRIVATE MEDICAL SECTOR , WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVERNMENT/PARASTATAL REFERRAL/SPEC.HOSPITAL A REGIONAL HOSPITAL B DISTRICT HOSPITAL C HEALTH CENTRE D DISPENSARY E VILLAGE HEALTH POST F CBD WORKER G RELIGIOUS/VOLUNTARY REFERAL/SPEC.HOSPITAL H DISTRICT HOSPITAL I GOVT.HEALTH CENTRE J DISPENSARY K PRIVATE DISTRICT HOSPITAL L HEALTH CENTRE M DISPENSARY N OTHER PHARMACY O NGO P VCT CENTRE Q SHOP/KIOSK R BAR S GUEST HOUSE/HOTEL T FRIEND/RELATIVE/NEIGHBOUR... U OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	If you wanted to, could you yourself get a condom?	YES 1 NO 2	
313	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		401
314	Do you know of a place where a person can get female condoms?	YES 1 NO 2	401
315	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVERNMENT/PARASTATAL REFERRAL/SPEC.HOSPITAL A REGIONAL HOSPITAL B DISTRICT HOSPITAL C HEALTH CENTRE D DISPENSARY E VILLAGE HEALTH POST F CBD WORKER G RELIGIOUS/VOLUNTARY REFERRAL/SPEC.HOSPITAL H DISTRICT HOSPITAL I GOVT.HEALTH CENTRE J DISPENSARY K PRIVATE DISTRICT HOSPITAL L HEALTH CENTRE M DISPENSARY N OTHER PHARMACY O NGO P VCT CENTRE Q SHOP/KIOSK R BAR S GUEST HOUSE/HOTEL T FRIEND/RELATIVE/NEIGHBOUR... U OTHER _____ X (SPECIFY)	
316	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 501
417	CHECK 107: AGE <input type="checkbox"/> 15-24 AGE <input type="checkbox"/> 25-49		→ 419
418	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER . 8	
419	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 422			
421	When was the last time you had sexual intercourse with this person?		DAYS ... 1 <input type="text"/> <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"/>
422	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SKIP TO 425) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SKIP TO 425) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SKIP TO 425) ←
424A	CHECK 410:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 425) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 425) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 425) ←
424B	CHECK 414:	1st TIME WHEN STARTED LIVING WITH 1st WIFE <input type="text"/> OTHER <input type="text"/> (SKIP TO 425A) ↓	1st TIME WHEN STARTED LIVING WITH 1st WIFE <input type="text"/> OTHER <input type="text"/> (SKIP TO 425A) ↓	1st TIME WHEN STARTED LIVING WITH 1st WIFE <input type="text"/> OTHER <input type="text"/> (SKIP TO 425A) ↓
425	How long ago did you first have sexual intercourse 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"/>
425A	How many times during the last 12 months did you have sexual intercourse with this person: once, twice, or more?	ONCE 1 TWICE 2 MORE 3	ONCE 1 TWICE 2 MORE 3	ONCE 1 TWICE 2 MORE 3
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO 2 (SKIP TO 430) ←	YES 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO 2 (SKIP TO 430) ←	
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . <input type="text"/> <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 424 AND 422 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 435 → 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 433
432A	Have you ever paid 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 DON'T KNOW 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>		→ 440 → 440
437	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF YOU DON'T KNOW BRAND, ASK TO SEE THE PACKAGE.	NAME <input type="text"/> <input type="text"/> DON'T KNOW 98	
438	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	GOVERNMENT/PARASTATAL REFERRAL/SPEC.HOSPITAL 11 REGIONAL HOSPITAL 12 DISTRICT HOSPITAL 13 HEALTH CENTRE 14 DISPENSARY 15 VILLAGE HEALTH POST 16 CBD WORKER 17 RELIGIOUS/VOLUNTARY REFERAL/SPEC.HOSPITAL 21 DISTRICT HOSPITAL 22 GOVT.HEALTH CENTRE 23 DISPENSARY 24 PRIVATE DISTRICT HOSPITAL 31 HEALTH CENTRE 32 DISPENSARY 33 OTHER PHARMACY 41 NGO 42 VCT CENTRE 43 SHOP/KIOSK 44 BAR 45 GUEST HOUSE/HOTEL 46 FRIEND/RELATIVE/NEIGHBOUR ... 47 OTHER 96 (OTHER)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
440	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 501
441	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F FEMALE CONDOM G DIAPHRAGM H FOAM/JELLY I LAM J RHYTHM METHOD K WITHDRAWAL L OTHER _____ X (SPECIFY)	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	508
502	CHECK 441: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	508
503	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/> 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?	WIFE(WIVES)/PARTNER(S) PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE CANT GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8
505	CHECK 405: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child?	WIFE/PARTNER PREGNANT <input type="checkbox"/> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> SOON/NOW 993 COUPLE CANT GET PREGNANT ... 994 OTHER 996 DON'T KNOW 998
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS CANT GET PREGNANT 994 OTHER 996 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p>	<p>→ 509A</p> <p>→ 509A</p>
509	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96</p>	
509A	<p>If you wanted to get information on family planning, who would you like to talk to most:</p>	<p>CBD WORKER 01</p> <p>CLINIC STAFF 02</p> <p>TBA 03</p> <p>HUSBAND/PARTNER 04</p> <p>FRIEND 05</p> <p>RELATIVE 06</p> <p>RELIGIOUS LEADERS 07</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
509B	<p>Is it acceptable to you for information on family planning to be provided:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE ... 1 2</p>	
509C	<p>In the last six months have you heard about family planning:</p> <p>a) On the radio?</p> <p>b) On the television?</p> <p>c) In a newspaper or magazine?</p> <p>d) From a poster?</p> <p>e) From billboards?</p> <p>f) At community events?</p> <p>g) From live drama?</p> <p>h) From a doctor or nurse?</p> <p>i) From a community health worker?</p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE ... 1 2</p> <p>POSTER 1 2</p> <p>BILLBOARD 1 2</p> <p>COMMUNITY EVENT 1 2</p> <p>DRAMA 1 2</p> <p>DOCTOR/NURSE 1 2</p> <p>HEALTH WORKER 1 2</p>	
509D	<p>In the past six months, what drama series have you listened to on the radio?</p> <p>CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED, ASK:</p> <p>In the last 6 months, have you listened to:</p> <p>a) Zinduka?</p> <p>b) Twende na Wakati?</p> <p>c) Other?</p>	<p>YES</p> <p>SPO- YES</p> <p>NTA- PRO-</p> <p>NEOUS BED NO</p> <p>ZINDUKA 1 2 3</p> <p>TWENDE NA WAKATI 1 2 3</p> <p>OTHER 1 2 3</p>	
509E	<p>CHECK 509D:</p> <p>LISTENED TO ZINDUKA (CODE '1' OR '2' CIRCLED) <input type="checkbox"/></p> <p>HAS NOT LISTENED TO ZINDUKA (CODE '3' CIRCLED) <input type="checkbox"/></p>		<p>→ 509I</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509F	How often do you listen to Zinduka?	TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4 DON'T KNOW 8	
509G	As a result of listening to Zinduka, did you do anything or take any action related to family planning?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 509I
509H	What did you do as a result of listening to Zinduka? RECORD ALL MENTIONED.	TALKED TO PARTNER A TALKED TO A HEALTH WORKER ... B TALKED TO SOMEONE ELSE C VISITED A CLINIC FOR FAM. PLAN. . D BEGAN USING A MOD. METHOD ... E CONTINUED USING A MOD. METH. ... F OTHER _____ X (SPECIFY)	
509I	CHECK 509D: LISTENED TO TWENDA NA WAKATI (CODE '1' OR '2' CIRCLED) <input type="checkbox"/>	HAS NOT LISTENED TO TWENDA NA WAKATI (CODE '3' CIRCLED) <input type="checkbox"/>	<input type="checkbox"/> → 601
509J	How often do you listen to Twenda na Wakati?	TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4	

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	→ 613A
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
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: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 701
611	CHECK 609: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 613A
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 OTHER 6 (SPECIFY) _____	
613A	Who usually makes decisions about health care for yourself: you, your wife/partner, you and your wife/partner jointly, or someone else?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT & WIFE (WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY) _____	
613B	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT & WIFE (WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY) _____	
615	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	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	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 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	→ 733																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
709	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
710	CHECK 709: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	712A																
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
712A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
713	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 718																
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
715	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
716	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERRAL/SPEC.HOSPITAL 11</p> <p>REGIONAL HOSPITAL..... 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>VILLAGE HEALTH POST 16</p> <p>CBD WORKER 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC.HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT.HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>PHARMACY 41</p> <p>NGO 42</p> <p>VCT CENTRE 43</p> <p>OTHER 96</p>	<p>→720</p>
718	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 720</p>
719	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>GOV.PARASTATAL</p> <p>REFERRAL/SPEC. HOSPITAL A</p> <p>REGIONAL HOSP. B</p> <p>DISTRICT HOSP..... C</p> <p>HEALTH CENT. D</p> <p>DISPENSARY E</p> <p>VILLAGE HEALTH POST F</p> <p>CBD WORKER G</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERRAL/SPEC. HOSPITAL H</p> <p>DISTRICT HOSP..... I</p> <p>HEALTH CENT. J</p> <p>DISPENSARY K</p> <p>PRIVATE</p> <p>SPECIALISED</p> <p>HOSPITAL L</p> <p>HEALTH CENTRE M</p> <p>DISPENSARY N</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>CHURCH P</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
720	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
721	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
723	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
733	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 737
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 742

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
741	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERRAL/SPEC.HOSPITAL A</p> <p>REGIONAL HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>HEALTH CENTRE D</p> <p>DISPENSARY E</p> <p>VILLAGE HEALTH POST F</p> <p>CBD WORKER G</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERRAL/SPEC.HOSPITAL H</p> <p>DISTRICT HOSPITAL I</p> <p>GOVT.HEALTH CENTRE J</p> <p>DISPENSARY K</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL L</p> <p>HEALTH CENTRE M</p> <p>DISPENSARY N</p> <p>OTHER</p> <p>PHARMACY O</p> <p>NGO P</p> <p>VCT CENTRE Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
742	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
743	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 805
802	How old were you when circumcision occurred?	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) ... 96 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY /FRIENDS 1 HEALTH WORKER/PROFESSIONAL . 2 OTHER 3 DON'T KNOW 8	
804	Where did you go to be circumcised?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/ PROFESSIONAL 2 CIRCUMCISION DONE AT HOME ... 3 OTHER HOME/PLACE _____ 4 (SPECIFY) DON'T KNOW 8	
805	Are there any benefits to being circumcised?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 806
805A	What are the benefits? Any other?	CLEANLINESS A PROTECTION FROM DISEASE B PROTECTION FROM HIV/AIDS C PREVENT URINARY TRACT INFECTION D OTHER _____ X (SPECIFY)	
806	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	→ 810
807	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	→ 810

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
810	Do you currently smoke cigarettes?	YES 1 NO 2	→ 812				
811	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <table border="1" data-bbox="1241 237 1345 297" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
812	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 814				
813	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (OTHER)					
814	Are you covered by any health insurance?	YES 1 NO 2	→ 820				
815	What type of health insurance? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D OTHER _____ X (SPECIFY)					
820	RECORD THE TIME.	HOUR <table border="1" data-bbox="1241 983 1345 1043" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" data-bbox="1241 1055 1345 1115" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MORNING 1 AFTERNOON 2 EVENING, NIGHT 3					

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: _____