

2016 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
 MAN'S QUESTIONNAIRE

UGANDA DEMOGRAPHIC AND HEALTH SURVEY
 UGANDA BUREAU OF STATISTICS

IDENTIFICATION												
EA NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>								
NAME AND LINE NUMBER OF MAN _____												
CHECK HOUSEHOLD QUESTIONNAIRE SL13: MAN SELECTED FOR DV MODULE? (1=YES, 2=NO)				<input type="checkbox"/>								
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>								
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>								
TIME	_____	_____		RESULT* <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>								
TOTAL NUMBER OF VISITS <input type="checkbox"/>												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED												
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"><tr><td></td><td></td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"><tr><td></td><td></td></tr></table>			
0	1											
LANGUAGE OF QUESTIONNAIRE**	ENGLISH											
**LANGUAGE CODES: 01 ENGLISH 06 NGAKARIMOJONG 02 LUGANDA 07 RUNYANKOLE/RUKIGA 03 LUO 08 RUNYORO/RUTORO 04 LUGBARA 09 LUSOGA 05 ATESO 96 OTHER _____ (SPECIFY)												
SUPERVISOR		CAPI MANAGER										
NAME	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					NAME	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					
	NUMBER		NUMBER									

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Uganda Bureau of Statistics. We are conducting a survey about health and other topics all over Uganda. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <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 CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
104	Before you moved here, which district did you live in?	DISTRICT CODE <input type="text"/> <input type="text"/> <input type="text"/> OUTSIDE OF UGANDA 996	
105	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	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, "O" level, "A" level, tertiary or university?	PRIMARY 1 "O" LEVEL 2 "A" LEVEL 3 TERTIARY 4 UNIVERSITY 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest [CLASS/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[CLASS/YEAR] <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY OR "O" OR "A" LEVEL <input type="checkbox"/>	HIGHER <input type="checkbox"/>	→ 113
111	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 PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: 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 at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: 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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your religion?	NO RELIGION 10 ANGLICAN 11 CATHOLIC 12 MUSLIM 13 SEVENTH DAY ADVENTIST 14 ORTHODOX 15 PENTECOSTAL/BORN AGAIN/EVANGELICAL 16 BAHA'I 17 BAPTIST 18 JEWISH 19 PRESBYTERIAN 20 MAMMON 21 HINDU 22 BUDDHIST 23 JEHOVAH'S WITNESS 24 SALVATION ARMY 25 TRADITIONAL 26 OTHER _____ 96 (SPECIFY)	
123	What is your tribe?	TRIBE CODE <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 996 (SPECIFY)	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00 → 201	
125	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

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	→ 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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:	HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 211 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301									
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2									
211	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	CHECK 203 AND 205:	AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> → 301									

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	<p>CHECK 203 AND 205:</p> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>a) How old is your youngest child?</p> <p>b) How old is your child?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
214	<p>CHECK 213:</p> <p>(YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/></p> <p>(YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/></p>	<p>→ 301</p>	→ 301
215	<p>CHECK 203 AND 205:</p> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>a) What is the name of your youngest child?</p> <p>b) What is the name of your child?</p>	<p>_____</p> <p>(NAME OF (YOUNGEST) CHILD)</p>	
216	<p>When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 218
217	<p>Were you ever present during any of those antenatal check-ups?</p>	<p>PRESENT 1</p> <p>NOT PRESENT 2</p>	
218	<p>Was (NAME) born in a hospital or health facility?</p>	<p>HOSPITAL/HEALTH FACILITY 1</p> <p>OTHER 2</p>	
219	<p>When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?</p>	<p>MORE THAN USUAL 1</p> <p>ABOUT THE SAME 2</p> <p>LESS THAN USUAL 3</p> <p>NOTHING TO DRINK 4</p> <p>DON'T KNOW 8</p>	

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Standard Days Method/Moon Beads. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone?	<table style="width:100%; border:none;"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td></td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> <td></td> </tr> </table>		YES	NO		a) RADIO	1	2		b) TELEVISION	1	2		c) NEWSPAPER OR MAGAZINE	1	2		d) MOBILE PHONE	1	2		
	YES	NO																					
a) RADIO	1	2																					
b) TELEVISION	1	2																					
c) NEWSPAPER OR MAGAZINE	1	2																					
d) MOBILE PHONE	1	2																					
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES 1 NO 2																					
304	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 when she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306																				
305	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 ENDE 3 HALFWAY BETWEEN TWO PERIOD! 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																					
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8																					
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<table style="width:100%; border:none;"> <tr> <td></td> <td></td> <td align="right">DIS- AGREE</td> <td align="right">DK</td> </tr> <tr> <td>a) CONTRACEPTION WOMAN'S CONCERN</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) WOMEN MAY BECOME PROMISCUOUS</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>			DIS- AGREE	DK	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8									
		DIS- AGREE	DK																				
a) CONTRACEPTION WOMAN'S CONCERN	1	2	8																				
b) WOMEN 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	→ 404 → 402															
401A	What kind of marriage are you in?	CIVIL MARRIAGE A CUSTOMARY MARRIAGE B RELIGIOUS MARRIAGE C	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410															
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/>																
407	CHECK 405: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">NAME</th> <th style="width: 15%;">LINE NUMBER</th> <th style="width: 35%;">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</p> <p>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"/>																
408	ASK 408 FOR EACH PERSON.																	
409	CHECK 407: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>→ 411</p> </div> </div>																	
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2																

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	<p>CHECK 405 AND 410:</p> <p align="center"> <input type="checkbox"/> BOTH ARE CODE '2' ↓ </p> <p>a) In what month and year did you start living with your (wife/partner)?</p> <p align="center"> <input type="checkbox"/> OTHER ↓ </p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 413</p>
412	<p>How old were you when you first started living with her?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	
413	<p>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
414	<p>I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If 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. How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	<p>→ 501</p>
415	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	<p>→ 417</p> <p>→ 427</p>

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
416	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
417	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←
418	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
419	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)
420	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
421	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
422	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
423	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	
424	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 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 419 (ALL COLUMNS): AT LEAST ONE PARTNER IS A SEX WORKER <input type="checkbox"/>	NO PARTNERS ARE SEX WORKERS <input type="checkbox"/>	→ 427
426	CHECK 419 AND 417 (ALL COLUMNS): CONDOM USED WITH EVERY SEX WORKER <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 430 → 431
427	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 429
428	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 431
429	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 431
430	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	
431	In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	→ 433
432	Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	
433	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 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
434	CHECK 417: MOST RECENT PARTNER (FIRST COLUMN) CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 438 → 438
435	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 BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PROTECTOR 01 CONDOM O 02 ENGABU 03 TRUST 04 LIFE GUARD 05 GOVT BRAND 06 NO BRAND 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTEF 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER/VH 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY/DRUG SHOP 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>COMMUNITY HEALTH WORKER 25</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
437	<p>The last time you had sex did you or your partner use any method other than a condom to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 439</p> <p>→ 440</p>
438	<p>The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 440</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD/MOON BEADS J</p> <p>LACTATIONAL AMENORRHEA METHOE K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 501</p>
440	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	

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"/> → 514									
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/> → 514									
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> → 509									
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
510	Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514																				
511	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 <table border="1" data-bbox="1203 346 1323 441"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEARS 2 <table border="1" data-bbox="1203 451 1323 546"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> SOON/NOW 993 OTHER _____ 996 (SPECIFY) DON'T KNOW 998									→ 514												
512	CHECK 208: <table border="0" style="width:100%"> <tr> <td style="width:50%"> HAS FATHERED CHILDREN <input type="checkbox"/> </td> <td style="width:50%"> HAS NOT FATHERED CHILDREN <input type="checkbox"/> </td> </tr> <tr> <td> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? </td> <td> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children? </td> </tr> </table>	HAS FATHERED CHILDREN <input type="checkbox"/>	HAS NOT FATHERED CHILDREN <input type="checkbox"/>	a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?	b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 (WIFE/WIVES/PARTNER(S)) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514																
HAS FATHERED CHILDREN <input type="checkbox"/>	HAS NOT FATHERED CHILDREN <input type="checkbox"/>																						
a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?	b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?																						
513	CHECK 208: <table border="0" style="width:100%"> <tr> <td style="width:50%"> HAS FATHERED CHILDREN <input type="checkbox"/> </td> <td style="width:50%"> HAS NOT FATHERED CHILDREN <input type="checkbox"/> </td> </tr> <tr> <td> a) How long would you like to wait from now before the birth of another child? </td> <td> b) How long would you like to wait from now before the birth of a child? </td> </tr> </table>	HAS FATHERED CHILDREN <input type="checkbox"/>	HAS NOT FATHERED CHILDREN <input type="checkbox"/>	a) How long would you like to wait from now before the birth of another child?	b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" data-bbox="1203 926 1323 1020"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEARS 2 <table border="1" data-bbox="1203 1031 1323 1125"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998																	
HAS FATHERED CHILDREN <input type="checkbox"/>	HAS NOT FATHERED CHILDREN <input type="checkbox"/>																						
a) How long would you like to wait from now before the birth of another child?	b) How long would you like to wait from now before the birth of a child?																						
514	CHECK 203 AND 205: <table border="0" style="width:100%"> <tr> <td style="width:50%"> HAS LIVING CHILDREN <input type="checkbox"/> </td> <td style="width:50%"> NO LIVING CHILDREN <input type="checkbox"/> </td> </tr> <tr> <td> a) 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? </td> <td> b) If you could choose exactly the number of children to have in your whole life, how many would that be? </td> </tr> </table> PROBE FOR A NUMERIC RESPONSE.	HAS LIVING CHILDREN <input type="checkbox"/>	NO LIVING CHILDREN <input type="checkbox"/>	a) 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?	b) If you could choose exactly the number of children to have in your whole life, how many would that be?	NONE 00 NUMBER <table border="1" data-bbox="1203 1346 1323 1398"> <tr><td> </td><td> </td></tr> </table> OTHER _____ 96 (SPECIFY)			→ 601 → 601														
HAS LIVING CHILDREN <input type="checkbox"/>	NO LIVING CHILDREN <input type="checkbox"/>																						
a) 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?	b) If you could choose exactly the number of children to have in your whole life, how many would that be?																						
515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="width:100%"> <tr> <td></td> <td style="text-align:center">BOYS</td> <td style="text-align:center">GIRLS</td> <td style="text-align:center">EITHER</td> <td></td> </tr> <tr> <td>NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>OTHER _____</td> <td colspan="3"></td> <td>96</td> </tr> <tr> <td></td> <td colspan="3" style="text-align:center">(SPECIFY)</td> <td></td> </tr> </table>		BOYS	GIRLS	EITHER		NUMBER ..	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER _____				96		(SPECIFY)				
	BOYS	GIRLS	EITHER																				
NUMBER ..	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
OTHER _____				96																			
	(SPECIFY)																						

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	→ 607
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____	
605	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	
606	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	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
610	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/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 615																								
613	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615																								
614	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																									
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 618																								
616	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 618																								
617	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																									
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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e) BURNS FOOD	1	2	8																								

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 727																
702	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV 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 HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
708	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
709	CHECK 708: AT LEAST ONE 'YES' <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 711																
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE VCT SERVICES 14 COMMUNITY HEALTH WORKER/VH' 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 PHARMACY/DRUG SHOP 22 MOBILE VCT SERVICES 23 COMMUNITY HEALTH WORKER 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE HOME 31 WORKPLACE 32 CORRECTIONAL FACILITY 33 OTHER _____ 96 (SPECIFY)	→ 718
716	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 718
717	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B FAMILY PLANNING CLINIC C MOBILE VCT SERVICES D COMMUNITY HEALTH WORKER/VH' E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G PHARMACY/DRUG SHOP H MOBILE VCT SERVICES I COMMUNITY HEALTH WORKER J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
718	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 720
719	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
721	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
722	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
723	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8	
726	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS HE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8	
727	<p>CHECK 701:</p> <p>HEARD ABOUT <input type="checkbox"/> NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS HIV OR AIDS</p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1 NO 2</p>	
728	<p>CHECK 414:</p> <p>HAS HAD SEXUAL <input type="checkbox"/> NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE INTERCOURSE</p>		→ 736
729	<p>CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 731
730	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	
731	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	
732	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	CHECK 730, 731 AND 732: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	→ 736
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 736
735	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B FAMILY PLANNING CLINIC C MOBILE VCT SERVICES D COMMUNITY HEALTH WORKER/VH' E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G PHARMACY/DRUG SHOP H MOBILE VCT SERVICES I COMMUNITY HEALTH WORKER J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER SOURCE SHOP L OTHER _____ X (SPECIFY)	
736	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?	YES 1 NO 2 DON'T KNOW 8	
737	Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
803	Who did the circumcision?	RELIGIOUS PERSON/TRADITIONAL PRACTITIONER/FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL 2 OTHER 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/PROFESSIONAL/... 2 CIRCUMCISION DONE AT HOME 3 RITUAL SITE 4 OTHER HOME/PLACE 5 DON'T KNOW 8	
805	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 90 OR MORE, 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	→ 808
806	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 90 OR MORE, 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	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
808	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811 → 810
809	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 812
810	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 813

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	<p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe/Shisha sessions?</p> <p>g) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="center">NUMBER DAILY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p align="center">813</p>
812	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe/Shisha sessions?</p> <p>g) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="center">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
813	<p>Do you currently use smokeless tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p align="center">815</p> <p align="center">815A</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>e) Any others?</p> <p>_____ (SPECIFY)</p>	<p style="text-align: center;">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>→ 815A</p>
815	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>e) Any others?</p> <p>_____ (SPECIFY)</p>	<p style="text-align: center;">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
815A	<p>Do you know about health insurance for paying for your health care?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ DV00</p>
816	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 817A</p>
817	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→ DV00</p>
817A	<p>Would you consider joining a health insurance scheme to pay for your health care?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
DV00	CHECK COVER PAGE: MAN SELECTED FOR DV MODULE? MAN SELECTED FOR THIS SECTION <input type="checkbox"/>	MAN <input type="checkbox"/> → NOT SELECTED	818																												
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓	PRIVACY NOT POSSIBLE 2 →	818																												
DV01A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Uganda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. 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.																														
DV02	CHECK 401 AND 402: CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/>	FORMERLY MARRIED/LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH 'WIFE/PARTNER') <input type="checkbox"/>	NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> → DV16																												
DV03	First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) (wife/partner)? a) She (is/was) jealous or angry if you (talk/talked) to other women? b) She frequently (accuses/accused) you of being unfaithful? c) She (does/did) not permit you to meet your male friends? d) She (tries/tried) to limit your contact with your family? e) She (insists/insisted) on knowing where you (are/were) at all times?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>			YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ..	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8				
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DV04	Now I need to ask some more questions about your relationship with your (last) (wife/partner). A. Did your (last) (wife/partner) ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?	B. How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="1"> <thead> <tr> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES 1 →	1	2	3	NO 2 ↓				b) YES 1 →	1	2	3	NO 2 ↓				c) YES 1 →	1	2	3	NO 2 ↓			
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DOMESTIC VIOLENCE MODULE

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DV05	A. Did your (last) (wife/partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																																																																																																															
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DV06	CHECK DV05A (a-j): AT LEAST ONE <input type="checkbox"/> 'YES' ↓ NOT A SINGLE <input type="checkbox"/> 'YES' →		DV09																																																																																																																														
DV07	How long after you first (got married/started living together) with your (last) (wife/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95																																																																																																																															
DV08	Did the following ever happen as a result of what your (last) (wife/partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2			YES	1	NO	2			YES	1	NO	2																																																																																																															
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
DV09	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/partner) at times when she was not already beating or physically hurting you?	YES 1 NO 2	→ DV11																												
DV10	In the last 12 months, how often have you done this to your (last) (wife/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																													
DV11	Does (did) your (last) (wife/partner) drink alcohol?	YES 1 NO 2	→ DV13																												
DV12	How often does (did) she get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																													
DV13	Are (Were) you afraid of your (last) (wife/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																													
DV14	CHECK 409: MARRIED MORE <input type="checkbox"/> THAN ONCE ↓	MARRIED ONLY <input type="checkbox"/> ONCE	→ DV16																												
DV15	A. So far we have been talking about the behavior of your (current/last) (wife/partner). Now I want to ask you about the behavior of any previous (wife/partner). a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B. How long ago did this last happen? <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">EVER</th> <th style="text-align: center;">0 - 11 MONTHS AGO</th> <th style="text-align: center;">12+ MONTHS AGO</th> <th style="text-align: center;">DONT REMEMBER</th> </tr> </thead> <tbody> <tr> <td>YES 1</td> <td style="vertical-align: middle;">→ 1</td> <td style="vertical-align: middle;">2</td> <td style="vertical-align: middle;">3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td style="vertical-align: middle;">→ 1</td> <td style="vertical-align: middle;">2</td> <td style="vertical-align: middle;">3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DONT REMEMBER	YES 1	→ 1	2	3	NO 2				↓				YES 1	→ 1	2	3	NO 2				↓				
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↓																															
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DV16	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> ↓	NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ a) From the time you were 15 years old has anyone other than (your/any) (wife/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	→ DV22																												

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV17	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT GIRLFRIEND F FORMER GIRLFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK L POLICE/SOLDIER M OTHER _____ X (SPECIFY)	
DV18	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV22	CHECK 401 AND 402: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A WOMAN ↓ NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A WOMAN →		DV22B
DV22A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (wife/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	DV23 DV24A
DV22B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	DV26
DV23	Who was the person who was forcing you the very first time this happened?	CURRENT/FORMER GIRLFRIEND 01 MOTHER/STEP-MOTHER 02 SISTER/STEP-SISTER 03 OTHER RELATIVE 04 IN-LAW 05 OWN FRIEND/ACQUAINTANCE 06 FAMILY FRIEND 07 TEACHER 08 EMPLOYER/SOMEONE AT WORK 09 POLICE/SOLDIER 10 PRIEST/RELIGIOUS LEADER 11 STRANGER 12 OTHER _____ 96 (SPECIFY)	
DV23A	After being forced to have sexual intercourse or perform sexual acts, have you ever sought help from a doctor or medical personnel?	YES 1 NO 2	DV23G
DV23B	How long after you were forced to have sexual intercourse or perform sexual acts did you seek help?	WITHIN 3 DAYS 1 AFTER 3 DAYS OF MORE 2	
DV23C	Were you offered drugs to prevent you from getting HIV after you were forced to have sexual intercourse or perform sexual acts?	YES 1 NO 2	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																										
DV23D	Were you offered a test for HIV after you were forced to have sexual intercourse or perform sexual acts?	YES 1 NO 2																											
DV23G	After being forced to have sexual intercourse or perform sexual acts, have you ever sought: a) Psychological support? b) Legal support?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>PSYCHOLOGICAL</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>LEGAL</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	PSYCHOLOGICAL	1	2	LEGAL	1	2																		
	YES	NO																											
PSYCHOLOGICAL	1	2																											
LEGAL	1	2																											
DV24	CHECK 401 AND 402: <table border="0"> <tr> <td style="border-right: 1px dashed black; padding-right: 10px;"> EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ a) In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to? </td> <td style="padding-left: 10px;"> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to? </td> </tr> </table>	EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ a) In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to?	NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES 1 NO 2	→ DV25																								
EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ a) In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to?	NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?																												
DV24A	CHECK DV05A (h-j) and DV15A(b) <table border="0"> <tr> <td align="center"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </td> <td align="center"> NOT A SINGLE 'YES' <input type="checkbox"/> → </td> </tr> </table>		AT LEAST ONE 'YES' <input type="checkbox"/> ↓	NOT A SINGLE 'YES' <input type="checkbox"/> →	→ DV26																								
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DV25	CHECK 401 AND 402: <table border="0"> <tr> <td style="border-right: 1px dashed black; padding-right: 10px;"> EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) wife/partner? </td> <td style="padding-left: 10px;"> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? </td> </tr> </table>	EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) wife/partner?	NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98																									
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DV26	CHECK DV05A (a-j), DV15A (a,b), DV16, DV22A, AND DV22B: <table border="0"> <tr> <td align="center"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </td> <td align="center"> NOT A SINGLE 'YES' <input type="checkbox"/> → </td> </tr> </table>		AT LEAST ONE 'YES' <input type="checkbox"/> ↓	NOT A SINGLE 'YES' <input type="checkbox"/> →	→ DV30																								
AT LEAST ONE 'YES' <input type="checkbox"/> ↓	NOT A SINGLE 'YES' <input type="checkbox"/> →																												
DV27	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ DV29																										
DV28	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	<table border="0"> <tr><td>OWN FAMILY</td><td align="right">A</td></tr> <tr><td>WIFE'S/PARTNER'S FAMILY</td><td align="right">B</td></tr> <tr><td>CURRENT/FORMER WIFE/PARTNER</td><td align="right">C</td></tr> <tr><td>CURRENT/FORMER GIRLFRIEND</td><td align="right">D</td></tr> <tr><td>FRIEND</td><td align="right">E</td></tr> <tr><td>NEIGHBOR</td><td align="right">F</td></tr> <tr><td>RELIGIOUS LEADER</td><td align="right">G</td></tr> <tr><td>DOCTOR/MEDICAL PERSONNEL</td><td align="right">H</td></tr> <tr><td>POLICE</td><td align="right">I</td></tr> <tr><td>LAWYER</td><td align="right">J</td></tr> <tr><td>SOCIAL SERVICE ORGANIZATION ..</td><td align="right">K</td></tr> <tr><td>OTHER _____</td><td align="right">X</td></tr> <tr><td align="center" colspan="2">(SPECIFY)</td></tr> </table>	OWN FAMILY	A	WIFE'S/PARTNER'S FAMILY	B	CURRENT/FORMER WIFE/PARTNER	C	CURRENT/FORMER GIRLFRIEND	D	FRIEND	E	NEIGHBOR	F	RELIGIOUS LEADER	G	DOCTOR/MEDICAL PERSONNEL	H	POLICE	I	LAWYER	J	SOCIAL SERVICE ORGANIZATION ..	K	OTHER _____	X	(SPECIFY)		→ DV30
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OTHER _____	X																												
(SPECIFY)																													

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV29	Have you ever told any one about this?	YES 1 NO 2																	
DV30	As far as you know, did your father or any other husband or boyfriend your mother had ever hit or beat her?	YES 1 NO 2 DON'T KNOW 8																	
THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																			
DV31	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td>YES, ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <tr> <td>WIFE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALE ADULT ..</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	WIFE	1	2	3	OTHER FEMALE ADULT ..	1	2	3	MALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
WIFE	1	2	3																
OTHER FEMALE ADULT ..	1	2	3																
MALE ADULT	1	2	3																
DV32	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. <hr/> <hr/> <hr/>																		
818	RECORD THE TIME.	HOURS..... MINUTI.....	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
<input type="text"/>	<input type="text"/>																		
<input type="text"/>	<input type="text"/>																		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
