

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
 MAN'S QUESTIONNAIRE

IDENTIFICATION												
PLACE 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> <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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME AND LINE NUMBER OF MAN _____												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 60px; height: 20px; float: right;"> <tr><td>2</td><td>0</td><td>1</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0	1					
2	0	1										
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>								
*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: 40px; height: 20px;"> <tr><td>0</td><td>1</td></tr> </table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> HOME LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>					0	1						
0	1											
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 05 seSOTHO 09 tshiVENDA 02 AFRIKAANS 06 seTSWANA 10 xiTSONGA 03 isiXHOSA 07 sePEDI 11 isiNDEBELE 04 isiZULU 08 siSWATI 12 OTHER												
SUPERVISOR												
NAME _____		<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER										

100A	CHECK RESPONDENT'S AGE AND MARITAL STATUS IN HOUSEHOLD QUESTIONNAIRE.	
	AGE 15-17 <input type="checkbox"/> AGE 18 AND ABOVE <input type="checkbox"/> AND NEVER IN UNION OR AGE 15-17 AND EVER IN UNION	→ 100C

INTRODUCTION AND CONSENT (PARENT/GUARDIAN)

100B

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to talk to (NAME OF MINOR) about his health and well-being. The questions usually take about 30 to 40 minutes. All of the answers (NAME OF MINOR) gives will be confidential and will not be shared with anyone other than members of our survey team. (NAME OF MINOR) doesn't have to be in the survey, but we hope you will agree to allow (NAME OF MINOR) to answer the questions since (NAME OF MINOR)'s views are important.

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 with (NAME OF MINOR) now?

SIGNATURE OF INTERVIEWER _____ DATE _____

PARENT/GUARDIAN AGREES PARENT/GUARDIAN DOES NOT AGREE
 MINOR MAY BE INTERVIEWED .. 1 TO ALLOW MINOR TO BE INTERVIEWED .. 2 → END

INTRODUCTION AND CONSENT (RESPONDENT)

100C

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 40 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 this information sheet.

GIVE INFORMATION SHEET.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MINUTES <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" 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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> ALWAYS 95 VISITOR 96	→ 105
103	Just before you moved here, where did you live? PROBE: Is that a city, a town, a rural area, a farm, a tribal area, or an informal settlement?	CITY 1 TOWN 2 RURAL AREA 3 FARM 4 TRIBAL AREA 5 INFORMAL SETTLEMENT 6	
104	Before you moved here, which province did you live in?	WESTERN CAPE 01 EASTERN CAPE 02 NORTHERN CAPE 03 FREE STATE 04 KWAZULU-NATAL 05 NORTH WEST 06 GAUTENG 07 MPUMALANGA 08 LIMPOPO 09 SADC COUNTRY 16 OTHER COUNTRY 26	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	On what day, month, and year were you born?	DAY <input type="text"/> <input type="text"/> DON'T KNOW DAY 98 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. IF AGE 95 OR OLDER, RECORD 95.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106A	Which population group do you consider yourself: black, white, coloured, Indian or something else?	BLACK/AFRICAN 1 WHITE 2 COLOURED 3 INDIAN/ASIAN 4 OTHER _____ 6 (SPECIFY)	
107	Have you ever attended an educational institution?	YES 1 NO 2	→ 111
108	What is the highest level you attended: primary, secondary, or higher than secondary?	PRIMARY 1 SECONDARY 2 HIGHER THAN SECONDARY 3	
109	What is the highest grade or form you completed at that level?	PRIMARY SCHOOL LESS THAN 1 YEAR COMPLETED 00 GRADE 1/SUB A/CLASS 1 11 GRADE 2/SUB B/CLASS 2 12 GRADE 3/STANDARD 1/ AET 1 (KHA RI GUDE, SANLI) 13 GRADE 4/STANDARD 2 14 GRADE 5/STANDARD 3/AET 2 15 GRADE 6 /STANDARD 4 16 GRADE 7/STANDARD 5/AET 3 17 SECONDARY SCHOOL LESS THAN 1 YEAR COMPLETED 20 GRADE 8/STANDARD 6/FORM 1/NTC 1/ N1/NC (V) LEVEL 2 21 GRADE 9/STANDARD 7/FORM 2/AET 4/NTC 2/ N2/NC (V) LEVEL 3 22 GRADE 10/STANDARD 8/FORM 3/NTC 3/ N3/NC (V) LEVEL 4 23 GRADE 11/STANDARD 9/FORM 4 24 CERTIFICATE OR DIPLOMA WITH LESS THAN GRADE 12/STANDARD 10 COMPLETED .. 25 GRADE 12/STANDARD 10/FORM 5/MATRIC .. 26 N4/NTC4 27 N5/NTC5 28 N6/NTC6 29 HIGHER EDUCATION FURTHER STUDIES INCOMPLETE OR ONGOIN 30 CERTIFICATE OR DIPLOMA WITH GRADE 12/ STANDARD 10 COMPLETED 31 HIGHER DIPLOMA (TECHNIKON/ U. OF TECHNOLOGY) 32 POST HIGHER DIPLOMA (TECHNIKON/ U. TECHNOLOGY MASTERS, DOCTORAL) 33 BACHELORS DEGREE/BACHELORS DEGREE AND POST GRADUATE DIPLOMA 34 HONOURS DEGREE 35 HIGHER DEGREE (MASTERS, DOCTORATE .. 36	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/>	→ 113

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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' <input type="checkbox"/> ↓ CIRCLED	CODE '1' OR '5' <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 cell phone?	YES 1 NO 2	→ 118
117	Do you use your cell 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	→ 124
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	→ 124
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	
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	→ 126
125	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	
126	CHECK 106: AGE OF RESPONDENT AGE 15-59 <input type="checkbox"/> ↓	AGE 60 AND ABOVE <input type="checkbox"/> →	→ 401

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 MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS NOT HAD ANY CHILDREN <input type="checkbox"/>	HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 211 → 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	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD <input type="checkbox"/> ONLY ONE LIVING CHILD <input type="checkbox"/> a) How old is your youngest child? b) How old is your child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	CHECK 213: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> (YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/>	→ 220	→ 220
215	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD <input type="checkbox"/> ONLY ONE LIVING CHILD <input type="checkbox"/> a) What is the name of your youngest child? b) What is the name of your child?	_____ (NAME OF (YOUNGEST) CHILD)	
216	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 218
217	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
218	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
219	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?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	
220	CHECK 203: AT LEAST ONE CHILD LIVING WITH HIM <input type="checkbox"/> NO CHILDREN LIVING WITH HIM <input type="checkbox"/>	→ 301	→ 301
221	Do you have at least one child who is biologically yours and is less than age 18 who lives with you?	YES 1 NO 2	

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. Which ways or methods have you heard about? MARK ALL METHODS DECLARED BY THE RESPONDENT.</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>	
01	<p>Female Sterilisation/Tubal Ligation/Tubes Cut/Tubes Binded. PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
02	<p>Male Sterilisation/Vasectomy/Tubes Cut/Tubes Binded. 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 which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2</p>
04	<p>Injectables/Depo. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>
05	<p>Implants/Norplant/Jadelle. 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.</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>Male 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>Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES 1 NO 2</p>
10	<p>Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can 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>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y</p>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
302	In the last six 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) Heard about family planning from a community health worker?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) COMMUNITY HEALTH WORKER ..</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) COMMUNITY HEALTH WORKER ..	1	2	
	YES	NO																
a) RADIO	1	2																
b) TELEVISION	1	2																
c) NEWSPAPER OR MAGAZINE	1	2																
d) COMMUNITY HEALTH WORKER ..	1	2																
302A	CHECK Q18 IN HOUSEHOLD QUESTIONNAIRE: YES, CURRENTLY ATTENDING SCHOOL <input type="checkbox"/> NO, NOT CURRENTLY ATTENDING SCHOOL <input type="checkbox"/>	→ 303																
302	e) Heard about family planning at school?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>e) SCHOOL</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	e) SCHOOL	1	2										
	YES	NO																
e) SCHOOL	1	2																
303	In the last few months, have you discussed family planning with a health worker or health professional?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2												
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?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 306									
YES	1																	
NO	2																	
DON'T KNOW	8																	
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table border="0"> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td> <td align="right">1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td align="right">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td> <td align="right">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td> <td align="right">4</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	JUST BEFORE HER PERIOD BEGINS	1	DURING HER PERIOD	2	RIGHT AFTER HER PERIOD HAS ENDED	3	HALFWAY BETWEEN TWO PERIODS	4	OTHER _____	6	(SPECIFY)		DON'T KNOW	8		
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																	
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8										
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 border="0"> <tr> <td></td> <td align="right">AGREE</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>		AGREE	DIS-AGREE	DK	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8				
	AGREE	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 someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO 3	→ 401B
401A	Do you have a regular girlfriend/partner or fiancée?	YES 1 NO 2	→ 402
401B	Is this person a woman or a man?	WOMAN 1 MAN 2 INTERSEX OR TRANSGENDERED 3	
401C	CHECK 401: RESPONDENT'S CURRENT MARITAL STATUS 401 = 3 <input type="checkbox"/> 401 = 1 OR 2 <input type="checkbox"/>		→ 403A
402	Have you ever been married or lived together with a someone as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A PARTNER 2 NO 3	→ 403A
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
403A	CHECK 106: AGE OF RESPONDENT AGE 15-59 <input type="checkbox"/> AGE 60 AND ABOVE <input type="checkbox"/>		→ 601
403B	CHECK 401 AND 402: 401 = 1 OR 2 <input type="checkbox"/> 402 = 1 OR 2 <input type="checkbox"/> 401 = 3 AND 402 = 3 <input type="checkbox"/>		→ 410 → 413
404	Is your (spouse/partner) living with you now or is she/he staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
404A	CHECK 401B: SEX OF SPOUSE/PARTNER SPOUSE/PARTNER IS MALE <input type="checkbox"/> OR INTERSEX (401b = 2 OR 3) SPOUSE/PARTNER IS FEMALE (401b = 1) <input type="checkbox"/>		→ 405
404B	RECORD THE SPOUSE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	→ 410
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: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> a) Please tell me the name of (your wife/the woman you are living with as if married). b) Please tell me the name of each of your wives or each woman you are living with as if married. RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NUMBER _____ _____ _____	408 How old was (NAME) on her last birthday? AGE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
408	ASK 408 FOR EACH PERSON.		

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	CHECK 405: ONE WIFE/ PARTNER <input type="checkbox"/> (405 = 2) ↓	MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> (405 = 1)	→ 411b
410	Have you been married or lived with someone only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2	
411	CHECK 405 AND 410: 405 ≠ 1 <input type="checkbox"/> and 410 = 2 ↓ a) In what month and year did you start living with your (spouse/partner)? b) Now I would like to ask about your first (spouse/partner). In what month and year did you start living with your first (spouse/partner)?	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	→ 413
412	How old were you when you first started living together?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now 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?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 501
415	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 417 → 427

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/BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	SPOUSE 1 LIVE-IN PARTNER 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	SPOUSE 1 LIVE-IN PARTNER 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	SPOUSE 1 LIVE-IN PARTNER 2 GIRLFRIEND/BOYFRIEND 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
437	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	→ 439 → 440
438	The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 440
439	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 STERILISATION A MALE STERILISATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I RHYTHM METHOD J WITHDRAWAL K OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 501
440	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401, 401A AND 401B: CURRENTLY MARRIED OR <input type="checkbox"/> NOT IN UNION WITH A WOMAN <input type="checkbox"/> LIVING WITH A WOMAN OR HAS <input type="checkbox"/> REGULAR FEMALE PARTNER/GIRLFRIEND <input type="checkbox"/>	→ 514									
502	CHECK 439: MAN NOT <input type="checkbox"/> STERILISED <input type="checkbox"/>	MAN <input type="checkbox"/> STERILISED <input type="checkbox"/>	→ 514								
503	CHECK 407: ONE WIFE/ PARTNER <input type="checkbox"/>	MORE THAN <input type="checkbox"/> 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 _____ 996 (SPECIFY) DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED <input type="checkbox"/> 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? HAS NOT FATHERED <input type="checkbox"/> CHILDREN <input type="checkbox"/> 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 <input type="checkbox"/> CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED <input type="checkbox"/> CHILDREN <input type="checkbox"/> 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 _____ 996 (SPECIFY) 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" style="display: inline-table; vertical-align: middle; width: 40px; height: 20px;"><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; width: 40px; height: 20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 514			
512	CHECK 208: <table style="width: 100%; border: none;"><tr> <td style="width: 50%; border: none; vertical-align: top;">HAS 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?</td> <td style="width: 5%; border: none; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; border: none; vertical-align: top;">HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ 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"/> ↓ 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?	HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ 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"/> ↓ 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?	HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ 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 style="width: 100%; border: none;"><tr> <td style="width: 50%; border: none; vertical-align: top;">HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of another child?</td> <td style="width: 5%; border: none; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; border: none; vertical-align: top;">HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ 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"/> ↓ a) How long would you like to wait from now before the birth of another child?	HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ 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; width: 40px; height: 20px;"><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; width: 40px; height: 20px;"><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									
HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of another child?	HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) How long would you like to wait from now before the birth of a child?												
514	CHECK 203 AND 205: <table style="width: 100%; border: none;"><tr> <td style="width: 50%; border: none; vertical-align: top;">HAS 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?</td> <td style="width: 5%; border: none; text-align: center; vertical-align: middle;">.....</td> <td style="width: 45%; border: none; vertical-align: top;">NO LIVING CHILDREN <input type="checkbox"/> ↓ 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"/> ↓ 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?	NO LIVING CHILDREN <input type="checkbox"/> ↓ 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" style="display: inline-table; vertical-align: middle; width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table> OTHER _____ (SPECIFY) 96			→ 601 → 601						
HAS 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?	NO LIVING CHILDREN <input type="checkbox"/> ↓ 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?	BOYS GIRLS EITHER NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle; width: 120px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> OTHER _____ (SPECIFY) 96												

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	→ 604A
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ <div style="border: 1px dashed black; width: 100px; height: 20px; margin-left: auto;"></div>	
604A	CHECK 106: AGE OF RESPONDENT AGE 15-59 <input type="checkbox"/> AGE 60 AND ABOVE <input type="checkbox"/>		→ 901
604B	CHECK 601, 602, 603: ANY YES? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 607
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, 401A AND 401B: CURRENTLY MARRIED OR LIVING WITH A WOMAN OR HAS REGULAR FEMALE PARTNER/GIRLFRIEND <input type="checkbox"/> NOT IN UNION OR IN UNION, BUT NOT WITH A WOMAN <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	→ 618																								
613	Do you have a title deed or documents for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 618																								
614	Is your name on the title deed or documents?	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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) ARGUES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </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	
	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																								
619	CHECK 203 AND 221: ONE OR MORE CHILDREN LESS THAN AGE 18 LIVING WITH HIM <input type="checkbox"/>	NO CHILDREN OR NO CHILDREN LESS THAN AGE 18 <input type="checkbox"/> LIVING WITH HIM	→ 701																								
620	Now I would like to ask you questions about how you discipline or punish your (child/children). In the past 12 months, have you ever: a) Hit or slapped your (child/children) with your hand to punish or discipline the child? b) Hit or beat your (child/children) using a belt, spoon, stick, shoe or any other implement to punish or discipline the child?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) HIT WITH HAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) HIT WITH IMPLEMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) HIT WITH HAND	1	2	b) HIT WITH IMPLEMENT	1	2																
	YES	NO																									
a) HIT WITH HAND	1	2																									
b) HIT WITH IMPLEMENT	1	2																									

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																
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>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td>1</td> <td>2</td> <td>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: <div style="display: flex; justify-content: space-around; align-items: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ OTHER <input type="checkbox"/> → </div>		→ 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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> TWO OR MORE YEARS 95																	
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, RECORD 96 AND WRITE THE NAME OF THE PLACE.	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE 12</p> <p>MOBILE/TEMPORARY HCT SERVICES 13</p> <p>OTHER PUBLIC SECTOR _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>NEW START TESTING SITE 22</p> <p>CHEMIST/PHARMACY 23</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 31</p> <p>WORKPLACE 32</p> <p>CORRECTIONAL FACILITY 33</p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 718																

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B MOBILE/TEMPORARY HCT SERVICES C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E NEW START TESTING SITE F CHEMIST/PHARMACY G OTHER PRIVATE MEDICAL SECTOR _____ H (SPECIFY) OTHER _____ X (SPECIFY)	
718	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 727
719	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
727	CHECK 701: HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
728	CHECK 414: HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓ NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE →		→ 738
729	CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> →		→ 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 on or 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"/>	→ 738
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 738
735	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B MOBILE/TEMPORARY HCT SERVICES C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E NEW START TESTING SITE F CHEMIST/PHARMACY G OTHER PRIVATE MEDICAL SECTOR _____ H (SPECIFY) OTHER SOURCE SHOP I TRADITIONAL HERBALIST J TRADITIONAL HEALER K OTHER _____ X (SPECIFY)	
738	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	→ 901
739	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	
740	Who did the circumcision?	TRADITIONAL PRACTITIONER/FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL 2 OTHER 6 DON'T KNOW 8	

SECTION 9. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Would you say your health is poor, average, good, or excellent?	POOR 1 AVERAGE 2 GOOD 3 EXCELLENT 4	
902	Do you personally think you are underweight, normal weight, overweight, or obese?	UNDERWEIGHT 1 NORMAL WEIGHT 2 OVERWEIGHT 3 OBESE 4 DON'T KNOW 8	
903	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 906 → 905
904	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 907
905	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	→ 908
906	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. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Pipes full of tobacco? d) Cigars or cigarillos? e) Number of hookah, hubbly-bubbly or water pipe sessions? f) Any others? _____ (SPECIFY)	NUMBER DAILY a) MANUFACT. CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> d) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> e) WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 908
907	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. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Pipes full of tobacco? d) Cigars or cigarillos? e) Number of hookah, hubbly-bubbly or water pipe sessions? f) Any others? _____ (SPECIFY)	NUMBER WEEKLY a) MANUFACT. CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> d) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> e) WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 9. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
908	Do you currently use snuff, chewing tobacco, or other smokeless tobacco product every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 910 → 911
909	In the past, have you used snuff, chewing tobacco or other smokeless tobacco products every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 912
910	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. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? d) Any others? _____ (SPECIFY)	TIMES DAILY a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/> b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/> c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> d) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 912
911	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. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? d) Any others? _____ (SPECIFY)	TIMES WEEKLY a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/> b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/> c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> d) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	
912	Do you currently work in a job where other people smoke around you?	YES 1 NO 2 NOT CURRENTLY WORKING 3	
913	Have you ever worked in a job where you were regularly exposed to smoke, dust, fumes or strong smells?	YES 1 NO 2	→ 915
914	How many years did you work at a job where you were regularly exposed to smoke, dust, fumes or strong smells? IF LESS THAN 1 YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/>	
915	Do you currently use e-cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	
916	Have you ever consumed a drink that contains alcohol such as beer, wine, ciders, spirits, or sorghum beer? PROBE: Even one drink?	YES 1 NO 2	→ 1001

SECTION 9. TOBACCO AND ALCOHOL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	Was this within the last 12 months?	YES 1 NO 2	→ 1001
918	In the last 12 months, how frequently have you had at least one drink? PROBE: Five or more days a week, 1-4 days a week, 1-3 days a month, or less often than once a month?	5 OR MORE DAYS A WEEK 1 1-4 DAYS PER WEEK 2 1-3 DAYS A MONTH 3 LESS OFTEN THAN ONCE A MONTH 4	
919	During each of the last 7 days, how many standard drinks did you have? USE SHOWCARD. RECORD TOTAL NUMBER OF DRINKS CONSUMED EACH DAY STARTING WITH THE DAY BEFORE THE DAY OF THE INTERVIEW AND PROCEEDING BACKWARDS. IF NONE, RECORD '00'.	MONDAY <input type="text"/> <input type="text"/> TUESDAY <input type="text"/> <input type="text"/> WEDNESDAY <input type="text"/> <input type="text"/> THURSDAY <input type="text"/> <input type="text"/> FRIDAY <input type="text"/> <input type="text"/> SATURDAY <input type="text"/> <input type="text"/> SUNDAY <input type="text"/> <input type="text"/>	
919H	During the last 7 days, how many standard home-made beers or other homemade alcohol did you have? USE SHOWCARD.	NUMBER OF HOME-MADE BEERS ... <input type="text"/> <input type="text"/>	
919I	CHECK 918 AND 919: CODE 3 OR 4 RECORDED IN 918 AND CONSUMED 0-1 DRINKS IN THE LAST 7 DAYS IN 919? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 1001
920	Have you ever felt that you should cut down on your drinking?	YES 1 NO 2	
921	Have people annoyed you by criticizing your drinking?	YES 1 NO 2	
922	Have you ever felt bad or guilty about your drinking?	YES 1 NO 2	
923	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	YES 1 NO 2	
923A	CHECK 919: FIVE OR MORE DRINKS IN ONE DAY DURING LAST 7 DAYS? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 1001
924	In the past 30 days, have you consumed five or more standard drinks on at least one occasion?	YES 1 NO 2	

SECTION 10. FAT, SALT, SUGAR, FRUIT AND VEGETABLE CONSUMPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some questions about the foods that you eat. There are no right or wrong answers. USE SHOWCARD.		
1004	How often do you usually eat fried foods such as hot chips, fried fish, fried chicken, fried meat, vetkoek or doughnuts?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1005	How often do you eat fast-foods or take-away foods from places like Chicken Licken, KFC, Captain DoRego's, Steers, Nando's, McDonalds, pizza delivery, etc?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1006	How often do you eat chips such as a packet of crispy chips or similar salty snacks such as Doritos, cheese curls, salted nuts, salty biscuits, etc?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1007	How often do you eat processed meat such as polony, viennas, meat pies, or sausage rolls?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NEVER 4	
1008	Which of the following statements best describes your approach towards salt consumption: 1) I am not interested in lowering salt in my food. 2) I am interested in lowering salt in my food within the next six months. 3) I am interested in lowering salt in my food within the next month. 4) I have started lowering salt within the last six months. 5) I have already lowered my salt intake for longer than six months.	NO INTENTION TO LOWER SALT 1 INTERESTED WITHIN NEXT SIX MONTHS 2 INTERESTED WITHIN NEXT MONTH 3 STARTED IN LAST SIX MONTHS 4 ALREADY LOWERED LONGER THAN SIX MONTHS 5 DON'T KNOW 8	
1009	Yesterday, how many types of fruit did you eat? USE SHOWCARD. IF NONE, RECORD '00'.	TYPES OF FRUIT <input type="text"/> <input type="text"/>	
1010	Yesterday, how many types of vegetables, excluding potatoes, did you eat? USE SHOWCARD. IF NONE, RECORD '00'.	TYPES OF VEGETABLES <input type="text"/> <input type="text"/>	
1011	Yesterday, did you drink any sugar-sweetened drinks? Sugar-sweetened drinks include fizzy drinks like Coke or drinks like Squash where water is added, but not diet or unsweetened cold drinks.	YES 1 NO 2	→ 1012
1011A	How many and what size sugar-sweetened drinks did you drink? PROBE FOR BEVERAGE NUMBER AND SIZE.	200 ML GLASS A <input type="text"/> <input type="text"/> 330 ML CAN OR BOTTLE B <input type="text"/> <input type="text"/> 500 ML BOTTLE C <input type="text"/> <input type="text"/> 1 L BOTTLE D <input type="text"/> <input type="text"/> 2 L BOTTLE E <input type="text"/> <input type="text"/>	
1012	Yesterday, did you drink any fruit juice?	YES 1 NO 2	→ 1101
1012A	How many and what size fruit juices did you drink? PROBE FOR BEVERAGE NUMBER AND SIZE.	200 ML JUICE CARTON A <input type="text"/> <input type="text"/> 200 ML GLASS B <input type="text"/> <input type="text"/>	

SECTION 11. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1101	Are you covered by Medical Aid, Medical Benefit Scheme, Provident Scheme, or Hospital Plan that helps you pay for health care or drug services?	YES 1 NO 2																																					
1102	During the last month, have you received health, medical, or dental care without staying overnight?	YES 1 NO 2	→ 1104																																				
1103	Where have you received health, medical, or dental care? PROBE: Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/COMMUNITY HEALTH CENTRE B OTHER PUBLIC SECTOR _____ C (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR D CHEMIST/PHARMACY E DENTIST/ORAL HYGIENIST/ DENTAL THERAPIST F OTHER PRIVATE MEDICAL SECTOR _____ G (SPECIFY) OTHER SOURCE WORKPLACE HEALTH SERVICE H TRADITIONAL HEALER I TRADITIONAL HERBALIST J FAITH HEALER K OTHER _____ X (SPECIFY)																																					
1104	During the last month, have you had any visits by a home-based care giver or a community-based care giver?	YES 1 NO 2 DON'T KNOW 8																																					
1105	Has a doctor, nurse or other health worker ever told you that you have TB?	YES 1 NO 2 DON'T KNOW 8	→ 1108																																				
1106	When was the last time you were told you had TB?	IN THE LAST 12 MONTHS 1 MORE THAN 12 MONTHS AGO 2																																					
1107	Did you get medical treatment the last time you had TB?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8																																					
1108	Has a doctor, nurse or other health worker told you that you have or have had any of the following conditions: a) High blood pressure? b) Heart attack or angina/chest pains? c) Cancer? d) Stroke? e) High blood cholesterol or fats in the blood? f) Diabetes or blood sugar? g) Chronic bronchitis, emphysema, or COPD? h) Asthma?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) HIGH BLOOD PRESS.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) HEART ATTACK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) CANCER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) STROKE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) HIGH BLOOD CHOLEST</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) DIABETES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) CHRONIC BRONCHITIS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) ASTHMA</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) HIGH BLOOD PRESS.	1	2	8	b) HEART ATTACK	1	2	8	c) CANCER	1	2	8	d) STROKE	1	2	8	e) HIGH BLOOD CHOLEST	1	2	8	f) DIABETES	1	2	8	g) CHRONIC BRONCHITIS	1	2	8	h) ASTHMA	1	2	8	
	YES	NO	DK																																				
a) HIGH BLOOD PRESS.	1	2	8																																				
b) HEART ATTACK	1	2	8																																				
c) CANCER	1	2	8																																				
d) STROKE	1	2	8																																				
e) HIGH BLOOD CHOLEST	1	2	8																																				
f) DIABETES	1	2	8																																				
g) CHRONIC BRONCHITIS	1	2	8																																				
h) ASTHMA	1	2	8																																				
1109	CHECK 1108: ANY QUESTION a-h = YES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 1127																																				

SECTION 11. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1110	CHECK 1108a: RESPONDENT HAS HAD HIGH BLOOD PRESSURE.	1108a = YES <input type="checkbox"/> ↓ 1108a = NO OR DK <input type="checkbox"/>	→ 1112
1111	Did you receive medical treatment for high blood pressure at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1112	CHECK 1108b: RESPONDENT HAS HAD HEART ATTACK OR ANGINA.	1108b = YES <input type="checkbox"/> ↓ 1108b = NO OR DK <input type="checkbox"/>	→ 1114
1113	Did you receive medical treatment for the heart attack, angina/chest pains at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1114	CHECK 1108c: RESPONDENT HAS HAD CANCER.	1108c = YES <input type="checkbox"/> ↓ 1108c = NO OR DK <input type="checkbox"/>	→ 1116
1115	Did you receive medical treatment for the cancer at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1116	CHECK 1108d: RESPONDENT HAS HAD STROKE.	1108d = YES <input type="checkbox"/> ↓ 1108d = NO OR DK <input type="checkbox"/>	→ 1118
1117	Did you receive medical treatment for the stroke at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1118	CHECK 1108e: RESPONDENT HAS HAD HIGH BLOOD CHOLESTEROL.	1108e = YES <input type="checkbox"/> ↓ 1108e = NO OR DK <input type="checkbox"/>	→ 1120
1119	Did you receive medical treatment for high blood cholesterol or fats in the blood at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1120	CHECK 1108f: RESPONDENT HAS HAD DIABETES.	1108f = YES <input type="checkbox"/> ↓ 1108f = NO OR DK <input type="checkbox"/>	→ 1122
1121	Did you receive medical treatment for the diabetes or blood sugar at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1122	CHECK 1108g: RESPONDENT HAS HAD CHRONIC BRONCHITIS.	1108g = YES <input type="checkbox"/> ↓ 1108g = NO OR DK <input type="checkbox"/>	→ 1124
1123	Did you receive medical treatment for chronic bronchitis, emphysema, or COPD at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1124	CHECK 1108h: RESPONDENT HAS HAD ASTHMA.	1108h = YES <input type="checkbox"/> ↓ 1108h = NO OR DK <input type="checkbox"/>	→ 1127
1125	Did you receive medical treatment for asthma at the time of the diagnosis?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
1127	Compared with other people your age, do you feel you have less breath when exerting yourself? PROBE: By exercising or moving a lot?	YES 1 NO 2 DON'T KNOW 8	
1128	During the last 12 months, have you had wheezing when you breathe?	YES 1 NO 2 DON'T KNOW 8	→ 1131

SECTION 11. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
1129	Were you also short of breath when the wheezing noise was present?	YES 1 NO 2 DON'T KNOW 8			
1130	Have you had the wheezing when you did not have a cold?	YES 1 NO 2 DON'T KNOW 8			
1131	Have you woken up with a feeling of tightness in your chest at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8			
1132	Have you been woken by an attack of shortness of breath at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8			
1133	Have you been woken by an attack of coughing at any time in the last 12 months?	YES 1 NO 2 DON'T KNOW 8			
1134	Do you usually cough on most days?	YES 1 NO 2 DON'T KNOW 8	→ 1138		
1135	When you cough, do you usually bring up phlegm from your chest?	YES 1 NO 2 DON'T KNOW 8	→ 1138		
1136	Have you brought up phlegm every day for at least three months during the last year?	YES 1 NO 2 DON'T KNOW 8	→ 1138		
1137	For how many years have you brought up phlegm in this way? IF LESS THAN 1 YEAR, RECORD '00'.	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
1138	Are you currently troubled by pain or discomfort, either all the time or on and off?	YES 1 NO 2	→ 1141		
1139	Have you had this pain or discomfort for more than 3 months?	YES 1 NO 2	→ 1141		
1140	Where do you feel this pain or discomfort? RECORD ALL MENTIONED.	BACK PAIN A NECK OR SHOULDER PAIN B HEADACHE, FACIAL OR DENTAL PAIN C STOMACH ACHE OR ABDOMINAL PAIN D PAIN IN ARMS, HANDS, HIPS, LEGS OR FEET E CHEST PAIN F OTHER _____ X (SPECIFY)			
1141	In the last 12 months, did your teeth or your mouth cause you any pain or discomfort?	YES 1 NO 2	→ 1145		
1142	Did you get treatment the last time that you had the problem?	YES 1 NO 2	→ 1144		
1143	Who did you see for treatment? RECORD ALL MENTIONED.	PUBLIC SECTOR DENTIST/ORAL HYGIENIST/DENTAL THERAPIST A MEDICAL DOCTOR/NURSE B PRIVATE MEDICAL SECTOR DENTIST/ORAL HYGIENIST/DENTAL THERAPIST C MEDICAL DOCTOR/NURSE D OTHER SOURCE TRADITIONAL HEALER E OTHER X	→ 1145		

SECTION 11. HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1144	What was the main reason that you did not get treatment?	NO ORAL HEALTH SERVICE AVAILABLE 1 ORAL HEALTH SERVICES TOO FAR 2 ORAL HEALTH SERVICES TOO EXPENSIVE/ COULD NOT AFFORD 3 PROBLEM WENT AWAY 4 OTHER 6	
1145	Now I would like to ask you about any medication you take. Do you use any medicine daily or regularly that has been prescribed by a doctor or nurse?	YES 1 NO 2	→ 1150
1146	How many different prescribed medications do you use daily or regularly?	NUMBER OF MEDICINES <input type="text"/> <input type="text"/>	
1147	Who pays for most of these medications?	RESPONDENT 1 FAMILY/FRIEND 2 MEDICAL AID 3 EMPLOYER 4 PROVIDED BY PUBLIC CLINIC OR HOSPITAL .. 5 OTHER 6	→ 1150 → 1150
1148	In the last 12 months, have you ever been sent away from the clinic without a medication because they did not have stock?	YES 1 NO 2	→ 1150
1149	How many times has this happened to you in the last 12 months? PROBE FOR ESTIMATE OF NUMBER OF TIMES.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
1150	In the last 12 months, have you used any medications containing codeine to treat a medical condition? USE THE SHOWCARD.	YES 1 NO 2 DON'T KNOW 8	→ 1155
1152	In the last 12 months, have you used any of these medications for the experience or feeling it gave you rather than for their medicinal effect?	YES 1 NO 2	→ 1155
1153	In the last 12 months, which codeine-containing medications have you used for the experience or feeling rather than for their medical effect? RECORD ALL MENTIONED.	BRONCLEER/LENAZINE FORTE A ACTIFED DRY COUGH B BENYLIN SYRUP WITH CODEINE C LENADOL/ADCO-DOL PAIN TABLETS D NUROFEN PLUS E MYPRODOL F STILPANE G SYNDOL H OTHER _____ X (SPECIFY)	
1154	In the last 12 months, have you received treatment for your problems related to the use of codeine-containing medications for non-medical purposes?	YES 1 NO 2	
1155	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
