

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with Ministry of Health/CSO. We are conducting a national survey to ask men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The interview usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p>	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 104
103	Just before you moved here, did you live in Lusaka, another city, in a town, or in a village?	LUSAKA 1 OTHER CITY 2 TOWN 3 VILLAGE 4	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	<input type="checkbox"/> → 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 OTHER 6 (SPECIFY)	
119	What tribe do you belong to?	_____ <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 212 → 301								
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	→ 212								
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212A	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> →		→ 301								
213	How many years old is your (youngest) child?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	CHECK 213: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-3 OTHER <input type="checkbox"/>		→ 301
215	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
216	When (NAME)'s mother was pregnant with (NAME) did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 218
217	Were you ever present during any antenatal check-up?	PRESENT 1 NOT PRESENT 2	
218	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 DON'T KNOW 8 OTHER 6	→ 220
219	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH 01 FACILITY CLOSED 02 TOO FAR/NO TRANSPORTATION 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 HE DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK IT WAS NECESSARY 09 SHORT LABOUR 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	302 Have you ever used (METHOD)?	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>	
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2 ↘</p>	
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 NO 2 ↘</p>	
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2 ↘</p>	
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2 ↘</p>	
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>	
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
10	<p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p>	<p>YES 1 NO 2 ↘</p>	
13	<p>STANDARD DAYS METHOD (CYCLE BEADS) A woman's monthly cycle is monitored using beads to check for the fertile window, which is several days before ovulation and a few hours after.</p>	<p>YES 1 NO 2 ↘</p>	
14	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p>_____ (SPECIFY) _____ (SPECIFY)</p>	<p>YES 1 NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2	
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DON'T KNOW 8	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8	
309	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> → 313
310	Do you know of a place where a person can get condoms?	YES 1 NO 2	<input type="checkbox"/> → 313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/SURGER E</p> <p>MISSION HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>COMMUNITY BASED AGENT I</p> <p>OTHER PRIVATE MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>FRIENDS/RELATIVES L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
312	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p>	
313	<p>CHECK 301 (08) KNOWS FEMALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 401
314	Do you know of a place where a person can get female condoms?	<p>YES 1</p> <p>NO 2</p>	→ 401
315	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/SURGER E</p> <p>MISSION HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>COMMUNITY BASED AGENT I</p> <p>OTHER PRIVATE MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>FRIENDS/RELATIVES L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
316	If you wanted to, could you yourself get a female condom?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																																						
422	When was the last time you had sexual intercourse with this person?		DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																			DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																				
423	The last time you had sexual intercourse with this (second/third) person, was a condom used?	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←																																																						
424	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																																																						
425	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	WIFE 1 (SKIP TO 427) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER 5 OTHER 6 (SPECIFY)	WIFE 1 (SKIP TO 427) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER 5 OTHER 6 (SPECIFY)	WIFE 1 (SKIP TO 427) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER 5 OTHER 6 (SPECIFY)																																																						
426	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																			DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																			DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																		
427	The last time you had sexual intercourse with this (second/third) person did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 429) ←	YES 1 NO 2 (SKIP TO 429) ←	YES 1 NO 2 (SKIP TO 430) ←																																																						
428	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4																																																						
429	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 430A) ←	YES 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 430A) ←																																																							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
430A	CHECK 425 (ALL COLUMNS): AT LEAST ONE PARTNER IS A SEX WORKER <input type="checkbox"/>	NO PARTNERS ARE SEX WORKERS <input type="checkbox"/>	→ 432
431	CHECK 425 AND 423 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY SEX WORKER <input type="checkbox"/>	→ 434 → 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DK 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
436	CHECK 423, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/>	NO CONDOM USED OR Q423 NOT ASKED <input type="checkbox"/>	→ 441
437	You told me that a condom was used the last time you had sex. What brand name of the condoms did you use? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	MAXIMUM CLASSIC 01 MAXIMUM SCENTED 02 ROUGH RIDER 03 DUREX 04 CARE FEMALE CONDOM 05 FEMIDOM 06 REALITY 07 PUBLIC SECTOR: UNBRANDED (WHITE COLOUR FOIL) 08 OTHER SPECIFY 96 (SPECIFY) DON'T KNOW 98	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
440	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>FIELDWORKER 14</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>COMMUNITY FIELDWORKER ... 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
441	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 501</p>
442	<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>→ 501</p>
443	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>PILL B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>FEMALE CONDOM F</p> <p>DIAPHRAGM G</p> <p>FOAM/JELLY H</p> <p>NATURAL FAMILY PLANNING I</p> <p>WITHDRAWAL J</p> <p>CYCLE BEADS K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE WIFE/ PARTNER <input type="checkbox"/> ↓ MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> ↓ NO ANSWER <input type="checkbox"/> →	→ 506	
502	CHECK 305: MAN NOT STERILIZED <input type="checkbox"/> ↓ MAN STERILIZED <input type="checkbox"/> →	→ 506	
503	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR UNSURE <input type="checkbox"/> ↓ WIFE(WIVES)/ PARTNER(S) PREGNANT <input type="checkbox"/> ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child(ren) you and your (wife (wives)/partner(s)) expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE INFECUND 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 506
505	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
506	CHECK 208: HAS LIVING CHILDREN <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 601 → 601
507	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	

SECTION 6. 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	→ 603
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> _____ _____	
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> ↓ DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
610	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> ↓ QUESTION NOT ASKED <input type="checkbox"/>		→ 613
611	CHECK 609: CODE 1 OR 2 CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/>		→ 613
612	Who decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES) PARTNER(S) JOINTLY 3 OTHER 6 (SPECIFY) _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
613	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit the wife's family or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have?</p>	<table border="1"> <thead> <tr> <th></th> <th>HUSB-AND</th> <th>WIFE</th> <th>BOTH EQUALLY</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>		HUSB-AND	WIFE	BOTH EQUALLY	DON'T KNOW	a)	1	2	3	8	b)	1	2	3	8	c)	1	2	3	8	d)	1	2	3	8	e)	1	2	3	8	
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d)	1	2	3	8																													
e)	1	2	3	8																													
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.</p>	<table border="1"> <thead> <tr> <th></th> <th>DIS-AGREE</th> <th>AGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CHILDBEARING WOMAN'S CONCERN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DOCTOR/NURSE'S ASSISTANCE CRUCIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		DIS-AGREE	AGREE	DK	CHILDBEARING WOMAN'S CONCERN	1	2	8	DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8																			
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615	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8							
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BURNS FOOD	1	2	8																														
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go ahead and have sex with another woman?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8											
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SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 733																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
708A	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 OTHER 6 DON'T KNOW 8																	
709	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
710	CHECK 709: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 712																
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
712	Have you heard about special antiretroviral drugs (USE LOCAL NAME) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8																	
712A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
713	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 718																
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
715	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
716	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 10</p> <p>GOVT. HEALTH CENTER 11</p> <p>STAND-ALONE VCT CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>FIELDWORKER 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 20</p> <p>STAND-ALONE VCT CENTER 21</p> <p>PHARMACY 22</p> <p>MOBILE CLINIC 23</p> <p>FIELDWORKER 24</p> <p>OTHER PRIVATE</p> <p>MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 720</p>
718	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 720</p>
719	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>STAND-ALONE VCT CENTER I</p> <p>PHARMACY J</p> <p>MOBILE CLINIC K</p> <p>FIELDWORKER L</p> <p>OTHER PRIVATE</p> <p>MEDICAL M</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
720	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
721	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
722	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
723	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2 DK ANYONE WITH AIDS 8	→ 729
725	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
726	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
727	CHECK 724, 725, AND 726: AT LEAST ONE 'YES' <input type="checkbox"/> → OTHER <input type="checkbox"/> ↓		→ 729
728	Do you personally know someone who has or is suspected to have the AIDS virus?	YES 1 NO 2	
729	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW 8	
730	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW 8	
731	Should children age 12-14 be taught about using a condom to avoid getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
732	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
732A	Some individuals would choose not to go for HIV testing. Why in your opinion is this so? (CIRCLE ALL THAT ARE MENTIONED) (MORE THAN ONE ANSWER IS POSSIBLE)	FEEL THEY ARE NOT AT RISK A FEAR OF RESULTS B FEAR OF STIGMA/DISCRIMINATION C DON'T KNOW WHERE TO GO D OTHER _____ X (SPECIFY)	
733	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> →		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> →		→ 737
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 742
741	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) _____ (NAME OF PLACE(S)) _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B STAND-ALONE VCT CENTER ... C FAMILY PLANNING CLINIC D MOBILE CLINIC E FIELDWORKER F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR H STAND-ALONE VCT CENTER ... I PHARMACY J MOBILE CLINIC K FIELDWORKER L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP N OTHER _____ X (SPECIFY)	
742	Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	
743	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	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
746	Do you believe that young men should wait until they are married to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
747	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
748	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
749	Do you think that most men you know who are not married and are having sex have sex with only one partner?	YES 1 NO 2 DON'T KNOW 8	
750	Do you believe that married men should only have sex with their wives?	YES 1 NO 2 DON'T KNOW 8	
751	Do you think that most married men you know have sex only with their wives?	YES 1 NO 2 DON'T KNOW 8	
752	Do you believe that young women should wait until they are married to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
753	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
754	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DON'T KNOW 8	
755	Do you think that most women you know who are not married and are having sex have sex with only one partner?	YES 1 NO 2 DON'T KNOW 8	
756	Do you believe that married women should only have sex with their husbands?	YES 1 NO 2 DON'T KNOW 8	
757	Do you think that most married women you know have sex only with their husbands?	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. Are you circumcised?	YES 1 NO 2	→ 804
802	At what age were you circumcised?	AGE CIRCUMCISED <input type="text"/> CIRCUMCISED AS AN INFANT 95 DONT KNOW 98	
802A	Why wre you circumcised?	TRADITIONAL CUSTOM A TREATMENT FOR DISEASE B HYGIENE C PREVENTION FROM A DISEASE D INCREASE SEXUAL PLEASURE E OTHER X SPECIFY/SPECIFY	
803	Who performed your circumcision?	HEALTH PROFESSIONAL DOCTOR 11 TRAINED NURSE/MIDWIFE 12 OTHER HEALTH 16 PROFESSIONAL (SPECIFY) TRADITIONAL TRADITIONAL CIRCUMCISOR 21 OTHER TRADITIONAL 26 (SPECIFY)	
804	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> NONE 00	→ 808
805	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> NONE 00	→ 808
806	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 20 MISSION HOSPITAL/CLINIC 21 DENTAL CLINIC/OFFICE 22 PHARMACY 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER 24 OTHER PRIVATE 26 (SPECIFY) OTHER PLACE AT HOME 31 OTHER 96 (SPECIFY)	
807	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DONT KNOW 8	
808	Do you currently smoke cigarettes?	YES 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
810	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 812

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)	
812	Do you drink alcohol?	YES 1 NO 2	→ 814
813	In the past one week, on how many days did you drink beer?	NUMBER OF DAYS <input type="text"/>	
814	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 819
815	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DONT KNOW Z	
816	Can tuberculosis be cured?	YES 1 NO 2 DONT KNOW 8	
817	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DONT KNOW 8	
818	Would you care for someone with TB?	YES 1 NO 2	
819	Are you covered by any health insurance/scheme?	YES 1 NO 2	→ 821
820	What type of health insurance/scheme? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D LOW-PREPAYMENT SCHEME E HIGH-COST PREPAYMENT SCHEME . F OTHER _____ X (SPECIFY)	
821	CHECK 213: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 OTHER <input type="checkbox"/>		→ 823
822	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8	
823	Besides your own child/children, are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 901
824	Have you made arrangements for someone to care for this child/these children in the event that you fall sick or are unable to care for him/her/them?	YES 1 NO 2 UNSURE 8	

SECTION 9. MATERNAL AND ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
902	<p>CHECK 901:</p> <p>TWO OR MORE BIRTHS <input type="checkbox"/></p> <p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>							914
903	<p>How many of these births did your mother have before you were born?</p>	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
904	<p>What was the name given to your oldest (next oldest) brother or sister?</p>	(1)	(2)	(3)	(4)	(5)	(6)	
905	<p>Is (NAME) male or female?</p>	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
906	<p>Is (NAME) still alive?</p>	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (2)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (3)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (4)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (5)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (6)) ←	YES ... 1 NO ... 2 (GO TO 908) ← DK ... 8 (GO TO (7)) ←	
907	<p>How old is (NAME)?</p>	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
908	<p>How many years ago did (NAME) die?</p>	<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"/>	
909	<p>How old was (NAME) when he/she died?</p>	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
910	<p>Was (NAME) pregnant when she died?</p>	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 913) ← NO ... 2 DK ... 8	
911	<p>Did (NAME) die during childbirth?</p>	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	YES ... 1 (GO TO 913) ← NO ... 2	
912	<p>Did (NAME) die within two months after the end of a pregnancy or childbirth?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
913	<p>Was (NAME)'S death due to an accident or violence?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
IF NO MORE BROTHERS OR SISTERS, GO TO 914.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
904	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (8))	YES ... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (9))	YES ... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (10))	YES ... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (11))	YES ... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (12))	YES ... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (13))
907	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
908	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
909	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
910	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2
911	Did (NAME) die during childbirth?	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2	YES ... 1 (GO TO 913) NO ... 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
913	Was (NAME)'S death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 914.							
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>							
914	RECORD THE TIME.	HOURS					<input type="text"/>
		MINUTES					<input type="text"/>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____