





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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?	TRADITIONAL ..... 1 CHRISTIAN ..... 2 MUSLIM ..... 3 NONE ..... 4  OTHER _____ 6 (SPECIFY)	
120	Have you ever drank an alcohol-containing beverage?	YES ..... 1 NO ..... 2	→123
121	In the last 30 days, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/> NONE/NEVER ..... 97	→123
122	In the last 30 days, on how many occasions did you get "drunk"?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> NONE/NEVER ..... 97	
123	In the last 3 months, have you had any kind of injection?	YES ..... 1 NO ..... 2	→126
124	In the last 3 months, how many times did you have an injection?	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> EVERY DAY ..... 98	
124A	What was the injection for? RECORD ALL RESPONSES.	MEDICAL TREATMENT ..... A OTHER ..... B	
125	The last time you had an injection, who was the person who gave you the injection?	HEALTH PROFESSIONAL ..... 1 PHARMACIST ..... 2 TRADITIONAL HEALER ..... 3 FRIEND/RELATIVE ..... 4 SELF ..... 5 OTHER ..... 6 ----- (SPECIFY)	
126	Are you currently working?	YES ..... 1 NO ..... 2	→201
127	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES ..... 1 NO ..... 2	→206								
202	Do you have any sons or daughters 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 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 had a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES ..... 1 NO ..... 2	→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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ children during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
305	Have you or any of your partners ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→334						
307	What have you used or done? CORRECT 303 AND 304 (AND 301 IF NECESSARY).								
313	Are you or any of your partners currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→334						
314	Which method are you using?  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTIONS ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACT. AMEN. METHOD ..... K PERIODIC ABSTINENCE ..... L WITHDRAWAL ..... M  OTHER _____ X (SPECIFY)	→334						
318	Where did the sterilization take place?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT/RURAL HOSPITAL ... 13  OTHER PUBLIC _____ 16 (SPECIFY)  MISSION FACILITY ..... 21  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PRIVATE DOCTOR ..... 32 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98							
318A	Before the sterilization operation, were (you/your wife/your partner) told that you would not be able to have any (more) children?	YES ..... 1 NO ..... 2							
321	In what month and year was the sterilization performed?	MONTH ..... <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> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			1	9			
1	9								
334	In the last 12 months, were you visited by a CBD who talked to you about family planning?	YES ..... 1 NO ..... 2							
335	In the last 12 months, have you attended a health facility for care for yourself (or your children)?	YES ..... 1 NO ..... 2	→401						
336	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO ..... 2							

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman ?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	→403 →405
402	How many wives do you have?	NUMBER OF WIVES ..... <input type="text"/> <input type="text"/>	
403	How many (other) women are you living with as if you were married? RECORD '00' IF THE RESPONSE IS "NONE"	NUMBER OF ..... <input type="text"/> <input type="text"/> LIVE-IN PARTNERS	
404	WRITE THE NAMES AND LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE OR WIVES. IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00' IN THE LINE NUMBER BOX. THE NUMBER OF BOXES FILLED MUST BE EQUAL TO THE NUMBER OF WIVES.  IF THE SUM OF 402 AND 403 IS '01' Please tell me the name of your wife/partner  1 _____  IF THE SUM OF 402 AND 403 IS '02' OR MORE Please tell me the names of all your wives and live-in partners  1 _____ 2 _____ 3 _____ 4 _____	LINE NUMBER  ..... <input type="text"/> <input type="text"/>  ..... <input type="text"/> <input type="text"/> ..... <input type="text"/> <input type="text"/> ..... <input type="text"/> <input type="text"/> ..... <input type="text"/> <input type="text"/>	→408
405	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER ..... 1 OCCASIONAL SEXUAL PARTNER ..... 2 NO SEXUAL PARTNER ..... 3	
406	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	→408 →411
407	What is your marital status now: are you widowed, divorced or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	
408	Have you been married or lived with a woman only once, or more than once?	ONCE ..... 1 MORE THAN ONCE ..... 2	
409	CHECK 408:  MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ In what month and year did you start living with your wife/partner?  MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ Now we will talk about your first wife/partner. In what month and year did you start living with her?	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	→411
410	How old were you when you started living with her?	AGE ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER ..... 00 AGE ..... <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED ..... 96	→437
412	When was the last time you had sexual intercourse?	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"/> DO NOT REMEMBER ..... 998	→434
413	The last time you had sexual intercourse, did you use a condom?	YES ..... 1 NO ..... 2	→417
414	What was the main reason you used a condom on that occasion?	OWN CONCERN TO PREVENT STD/HIV ..... 1 OWN CONCERN TO PREVENT A PREGNANCY ..... 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 3 DID NOT TRUST PARTNER/FEELS SHE HAS OTHER PARTNERS ..... 4 PARTNER INSISTED ..... 5 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	
417	What is your relationship to the woman with whom you last had sex?  IF "BOYFRIEND OR FIANCE", ASK "the last time you had sex with this partner, were you living with her?"  IF "YES", RECORD '1' IF "NO", RECORD '2'	SPOUSE/COHABITING PARTNER .... 1 BOYFRIEND/FIANCE ..... 2 FRIEND/ACQUAINTANCE ..... 3 RELATIVE ..... 4 CUSTOMER (FOR SEX) ..... 5 OTHER _____ 8 (SPECIFY)	→419
418	How long have you had a sexual relationship with the woman you last had sex with?	DAYS ..... 1 <input type="text"/> <input type="text"/> WEEKS ..... 2 <input type="text"/> <input type="text"/> MONTHS ..... 3 <input type="text"/> <input type="text"/> YEARS ..... 4 <input type="text"/> <input type="text"/>	
419	Have you had sex with anyone else in the last 12 months?	YES ..... 1 NO ..... 2	→434
420	The last time you had sexual intercourse with another woman, did you use a condom?	YES ..... 1 NO ..... 2	→424



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
431	What is your relationship to this woman?  IF "BOYFRIEND OR FIANCE", ASK "the last time you had sex with this partner, were you living with her?"  IF "YES", RECORD '1' IF "NO" RECORD '2'	SPOUSE/COHABITING PARTNER . . . . 1 BOYFRIEND/FIANCE . . . . . 2 FRIEND/ACQUAINTANCE . . . . . 3 RELATIVE . . . . . 4 CUSTOMER (FOR SEX) . . . . . 5 OTHER _____ 8 (SPECIFY)	→433
432	How long have you maintained a sexual relationship with this woman?	DAYS . . . . . 1 <input type="text"/> <input type="text"/> WEEKS . . . . . 2 <input type="text"/> <input type="text"/> MONTHS . . . . . 3 <input type="text"/> <input type="text"/> YEARS . . . . . 4 <input type="text"/> <input type="text"/> DOES NOT REMEMBER . . . . . 998	
433	Altogether, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS . . . <input type="text"/> <input type="text"/>	
434	Have you ever paid for sex?	YES . . . . . 1 NO . . . . . 2	→437
435	How long ago was the last time you paid for sex?	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"/> DOES NOT REMEMBER . . . . . 998	
436	The last time that you paid for sex, did you use a condom?	YES . . . . . 1 NO . . . . . 2	
437	Do you know of a place where one can get condoms?	YES . . . . . 1 NO . . . . . 2	→440

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
438	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSP./CLINIC ..... 11</p> <p>RURAL/MUNICIPAL CLINIC ..... 12</p> <p>RURAL HEALTH CENTRE ..... 13</p> <p>ZNFPC FIXED CLINIC ..... 14</p> <p>ZNFPC MOBILE CLINIC ..... 15</p> <p>MOH MOBILE CLINIC ..... 16</p> <p>ZNFPC CBD ..... 17</p> <p>MOH CBD ..... 18</p> <p>OTHER PUBLIC _____ 19</p> <p>(SPECIFY)</p> <p>MISSION FACILITY ..... 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>CBD ..... 34</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 41</p> <p>CHURCH ..... 42</p> <p>FRIENDS/RELATIVES ..... 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
439	<p>If you wanted to, could you yourself easily get a condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	
440	<p>Do you know of a place where one can get female condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→501
441	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSP./CLINIC ..... 11</p> <p>RURAL/MUNICIPAL CLINIC ..... 12</p> <p>RURAL HEALTH CENTRE ..... 13</p> <p>ZNFPC FIXED CLINIC ..... 14</p> <p>ZNFPC MOBILE CLINIC ..... 15</p> <p>MOH MOBILE CLINIC ..... 16</p> <p>ZNFPC CBD ..... 17</p> <p>MOH CBD ..... 18</p> <p>OTHER PUBLIC _____ 19</p> <p>(SPECIFY)</p> <p>MISSION FACILITY ..... 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>CBD ..... 34</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 41</p> <p>CHURCH ..... 42</p> <p>FRIENDS/RELATIVES ..... 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
442	<p>If you wanted to, could you yourself easily get a female condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	

**SECTION 5. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY NOT IN UNION <input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>		→503A
502	CHECK 405: NOT IN UNION BUT HAS A REGULAR SEXUAL PARTNER <input type="checkbox"/>	HAS ONLY AN OCCASIONAL SEXUAL PARTNER OR NO SEXUAL PARTNER <input type="checkbox"/>	→505A
503	CHECK 401 and 405: <b>A</b> HAS A WIFE OR LIVING WITH WOMAN <input type="checkbox"/> Is your wife / the woman you are living with currently pregnant? Are any of your wives/ any of the women you are living with currently pregnant? <b>B</b> HAS A REGULAR SEXUAL PARTNER <input type="checkbox"/> Is your regular partner currently pregnant? Is one of your regular partners currently pregnant?	YES ..... 1 NO ..... 2 DO NOT KNOW/UNSURE ..... 8	}→505A
504	When she became pregnant, did you want her to become pregnant <u>then</u> , did you want her to have a child but <u>wanted to wait</u> or did you <u>not want</u> her to have a child <u>at all</u> ?	THEN ..... 1 WANTED TO WAIT ..... 2 NOT AT ALL. .... 3	}→505B
505	CHECK 503: <b>A</b> WIFE/PARTNER NOT PREGNANT OR UNSURE, OR HAS NO WIFE/PARTNER <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? <b>B</b> WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child your wife/partner is 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 SAYS WIFE CAN'T GET PREGNANT ..... 3 SAYS HE CAN'T HAVE ANY MORE ..... 4 UNDECIDED/DON'T KNOW .... 8	}→505B
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR UNSURE, OR HAS NO WIFE/PARTNER <input type="checkbox"/> How long would you like to wait to have a child? How long would you like to wait to have another child? WIFE/PARTNER PREGNANT <input type="checkbox"/> After the child your wife/partner is expecting, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <input type="checkbox"/> <input type="checkbox"/> YEARS ..... 2 <input type="checkbox"/> <input type="checkbox"/> SOON/NOW ..... 993 SAYS WIFE CAN'T GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995 OTHER _____ 996 (SPECIFY) DON'T KNOW ..... 998	
507	CHECK 314: USING A METHOD NOT ASKED <input type="checkbox"/> NOT USING CURRENTLY <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→512
508	Do you think you will use a method to avoid pregnancies within the next 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→510



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	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	
??	In the last few months have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES ..... 1 NO ..... 2	→520
ERR	With whom?  Anyone else?  RECORD ALL MENTIONED.	WIFE/PARTNER ..... A MOTHER ..... B FATHER ..... C SISTER(S) ..... D BROTHER(S) ..... E DAUGHTER ..... F SON ..... G MOTHER/FATHER-IN-LAW ..... H FRIENDS/NEIGHBOURS ..... I  OTHER _____ X (SPECIFY)	
ERR	CHECK 401:  CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→601
ERR	Husbands and wives do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning.  Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES ..... 1 DISAPPROVES ..... 2 DON'T KNOW ..... 8	
ERR	How often have you talked to your wife/partner about family planning in the past year?	NEVER ..... 1 ONCE OR TWICE ..... 2 MORE OFTEN ..... 3	
ERR	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	
524	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:  She is tired or not in the mood? ..... She has recently given birth? ..... She knows he has sex with women other than his wife (wives)? ..... She knows he has the AIDS virus? .....	YES NO DK TIRED/MOOD ..... 1 2 8 RECENT BIRTH ..... 1 2 8 OTHER WOMEN .... 1 2 8 HAS THE AIDS VIRUS. 1 2 8	

SECTION 6: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→616
602	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	□→610
603	What can a person do?  Anything else?  RECORD ALL MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER .. C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVEN. .... H AVOID BLOOD TRANSFUSIONS .... I AVOID INJECTIONS ..... J AVOID KISSING ..... K AVOID MOSQUITO BITES ..... L SEEK PROTECTION FROM TRADITIONAL HEALER ..... M AVOID SHARING RAZOR BLADES .. N  OTHER_____W (SPECIFY)  OTHER_____X (SPECIFY) DON'T KNOW ..... Z	
604	CHECK 603:  NEITHER CODE 'C' NOR CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'C' AND/OR CODE 'D' CIRCLED <input type="checkbox"/>	→607
605	In your view, is a person's chance of getting AIDS influenced by the number of partners he or she has?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	□→607
606	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS ..... 1 LESSER CHANCE OF AIDS ..... 2	
607	CHECK 603:  DID NOT MENTION USE OF A CONDOM DURING SEX (CODE 'B' NOT CIRCLED) <input type="checkbox"/> ↓	MENTIONED USE OF A CONDOM DURING SEX (CODE 'B' CIRCLED) <input type="checkbox"/>	→610
608	In your view, is a person's chance of getting AIDS affected by using a condom every time he or she has sexual intercourse?	YES ..... 1 NO ..... 2 UNSURE/DON'T KNOW ..... 8	□→610
609	If a person uses a condom every time he or she is engaged in sexual intercourse, does this person have a greater or a lesser chance of getting the AIDS virus than someone who doesn't use a condom?	GREATER CHANCE OF AIDS ..... 1 LESSER CHANCE OF AIDS ..... 2	
610	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
611	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES ..... 1 NO ..... 2	x

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Can the virus that causes AIDS be transmitted from a mother to a child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> →613
612A	When can the virus that causes AIDS be transmitted from a mother to a child?  Any other times? RECORD ALL RESPONSES	DURING PREGNANCY ..... A AT DELIVERY ..... B DURING BREASTFEEDING ..... C OTHER TIMES ..... D DON'T KNOW ..... Z	
613	CHECK 401:  CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/>	NOT CURRENTLY MARRIED/ NOT LIVING WITH A WOMAN <input type="checkbox"/>	<input type="checkbox"/> →614A
614	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/the woman you are living with)?	YES ..... 1 NO ..... 2	
614A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed:  on the radio? on the TV? In newspapers?	ACCEPTABLE      UNACCEPTABLE  RADIO..... 1                      2 TV..... 1                              2 NEWSPAPER. 1                      2	
615A	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE ..... 1 AVAILABLE TO COMMUNITY ..... 2 DK/NOT SURE ..... 8	
615B	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
615C	Should persons with the AIDS virus who work with other persons such as in a shop, office, or farm be allowed to continue their work or not?	CAN CONTINUE WORK ..... 1 SHOULD NOT CONTINUE WORK ..... 2 DK/NOT SURE/DEPENDS ..... 8	
615D	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
615E	Have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	<input type="checkbox"/> →615HX
615F	Would you want to be tested for the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 3	
615G	Do you know a place where you could go to get an AIDS test?	YES ..... 1 NO ..... 2	<input type="checkbox"/> →616

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615H	Where can you go for the test?	PUBLIC SECTOR CENTRAL HOSPITAL ..... A PROVINCIAL HOSPITAL ..... B DISTRICT HOSPITAL ..... C RURAL HEALTH CENTRE ..... D RURAL/MUNICIPAL CLINIC ..... E  OTHER PUBLIC _____ G (SPECIFY)  MISSION FACILITY ..... H  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... I PRIVATE DOCTOR ..... J OTHER PRIVATE MEDICAL _____ K (SPECIFY)  TRADITIONAL HEALER ..... L  OTHER _____ X (SPECIFY)	
615HX	Where did you go for the test?		
	Any other places?		
	RECORD ALL MENTIONED.		
616	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	→630
617	In a man, what signs and symptoms would lead you to think that he has such an infection?  Any others?  RECORD ALL MENTIONED.	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/DRIPPING ... B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H BLOOD IN URINE ..... I LOSS OF WEIGHT ..... J IMPOTENCE/STERILITY ..... K NO SIGNS/SYMPTOMS ..... L  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
618	In a woman, what signs and symptoms would lead you to think that she has such an infection?  Any others?  RECORD ALL MENTIONED.	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/DRIPPING ... B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H BLOOD IN URINE ..... I LOSS OF WEIGHT ..... J INFERTILITY/STERILITY ..... K NO SIGN/SYMPTOMS ..... L  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
619	CHECK 411:  HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→630

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
620	Now, I would like to ask some questions about your health in the last 12 months.  During the last 12 months, have you had a sexually-transmitted infection?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
620A	Sometimes men experience a discharge from their penis.  During the last 12 months, have you had a discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
620B	Sometimes men experience 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					
622	CHECK 620/620A/620B:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HAD STI</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>DID NOT HAVE STI</p> <input type="checkbox"/> </div> </div>		→630				
625	The last time you had (INFECTION FROM 620/620A/620B), did you seek advice or treatment?	YES ..... 1 NO ..... 2	→627				
626	Where did you seek advice or treatment?  Any other places?  RECORD ALL RESPONSES.	PUBLIC SECTOR CENTRAL HOSPITAL ..... A PROVINCIAL HOSPITAL ..... B DISTRICT HOSPITAL ..... C RURAL HEALTH CENTRE ..... D RURAL/MUNICIPAL CLINIC ..... E VILLAGE COMMUNITY WORKER ... F  OTHER PUBLIC _____ G (SPECIFY)  MISSION FACILITY ..... H  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... I PHARMACY ..... J PRIVATE DOCTOR ..... K VILLAGE COMMUNITY WORKER ... L OTHER PRIVATE MEDICAL _____ M (SPECIFY)  OTHER SOURCE SHOP ..... N RELATIVE/FRIENDS ..... O TRADITIONAL HEALER ..... P  OTHER _____ X (SPECIFY)					
627	When you had (INFECTION FROM 620/620A/620B), did you inform the persons with whom you have been having sex?	YES ..... 1 NO ..... 2 SOME/ NOT ALL ..... 3					
628	When you had (INFECTION FROM 620/620A/620B) did you do something to avoid infecting your sexual partner(s)?	YES ..... 1 NO ..... 2 PARTNER ALREADY INFECTED ... 3	→630				
629	What did you do?  Anything else?  RECORD ALL RESPONSES	STOPPED SEXUAL INTERCOURSE . A USED CONDOMS ..... B TOOK MEDICINES ..... C  OTHER _____ X (SPECIFY)					
630	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS  
ABOUT RESPONDENT:

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COMMENTS ON  
SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_