

DEMOGRAPHIC AND HEALTH SURVEYS  
MODEL MAN'S QUESTIONNAIRE

[NAME OF COUNTRY]  
[NAME OF ORGANIZATION]

| IDENTIFICATION (1)  |  |  |   |   |
|---|--|--|---|---|
| PLACE NAME _____  |  |  |   |   |
| NAME OF HOUSEHOLD HEAD _____  |  |  |   |   |
| CLUSTER NUMBER .....  | <input type="text"/>   | <input type="text"/>                                 | <input type="text"/>  | <input type="text"/>  |
| HOUSEHOLD NUMBER .....  | <input type="text"/>   | <input type="text"/>                                 | <input type="text"/>  | <input type="text"/>  |
| NAME AND LINE NUMBER OF MAN _____ <input type="text"/>  |  |  |   |   |
| INTERVIEWER VISITS  |  |  |   |   |
|   | 1  | 2  | 3   | FINAL VISIT   |
| DATE  | _____  | _____  | _____   | DAY <input type="text"/><br>MONTH <input type="text"/><br>YEAR <input type="text"/> |
| INTERVIEWER'S NAME  | _____  | _____  | _____   | INT. NO. <input type="text"/><br>RESULT* <input type="text"/>                       |
| NEXT VISIT: DATE  | _____  | _____  |   | TOTAL NUMBER OF VISITS <input type="text"/>   |
| TIME  | _____  | _____  |   |   |
| *RESULT CODES: 1 COMPLETED     4 REFUSED<br>2 NOT AT HOME     5 PARTLY COMPLETED     7 OTHER _____ SPECIFY<br>3 POSTPONED     6 INCAPACITATED |  |  |   |   |
| LANGUAGE OF QUESTIONNAIRE** <b>0 1</b>  | LANGUAGE OF INTERVIEW** <input type="text"/>   | NATIVE LANGUAGE OF RESPONDENT** <input type="text"/> |   | TRANSLATOR USED (YES = 1, NO = 2) <input type="text"/>                              |
| LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>  | **LANGUAGE CODES:<br>01 ENGLISH     03 LANGUAGE 3     05 LANGUAGE 5<br>02 LANGUAGE 2     04 LANGUAGE 4     06 LANGUAGE 6 |  |   |   |
| TEAM<br><input type="text"/><br>NUMBER  | TEAM SUPERVISOR<br>NAME <input type="text"/><br>NUMBER <input type="text"/>  |  | CAPI SUPERVISOR (2)<br>NAME <input type="text"/><br>NUMBER <input type="text"/> |   |

(1) This section should be adapted for country-specific survey design.  
(2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.  
Note: Questions with highlighting in the question number column may be deleted in some circumstances (see footnotes). Brackets [ ] indicate items that should be adapted on a country-specific basis.

INTRODUCTION AND CONSENT

(1)

Hello. My name is \_\_\_\_\_. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and other topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED . . . 1

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



SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 101 | RECORD THE TIME.   | HOURS ..... <input type="text"/> <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/>   |       |
| 102 | What [PROVINCE/REGION/STATE] were you born in?   | [PROVINCE/REGION/STATE] ..... 01<br>[PROVINCE/REGION/STATE] ..... 02<br>[PROVINCE/REGION/STATE] ..... 03<br>OUTSIDE OF [COUNTRY] ..... 96  | → 104 |
| 103 | What country were you born in?   | COUNTRY _____ <input type="text"/>   |       |
| 104 | How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?<br>IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS ..... <input type="text"/> <input type="text"/><br>ALWAYS ..... 95<br>VISITOR ..... 96   | → 110 |
| 105 | CHECK 104:<br>00 - 04 YEARS <input type="checkbox"/><br>05 YEARS OR MORE <input type="checkbox"/>  |  | → 107 |
| 106 | In what month and year did you move here?  | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 |       |
| 107 | Just before you moved here, which [PROVINCE/REGION/STATE] did you live in?   | [PROVINCE/REGION/STATE] ..... 01<br>[PROVINCE/REGION/STATE] ..... 02<br>[PROVINCE/REGION/STATE] ..... 03<br>OUTSIDE OF [COUNTRY] ..... 96  |       |
| 108 | Just before you moved here, did you live in a city, in a town, or in a rural area?   | CITY ..... 1<br>TOWN ..... 2<br>RURAL AREA ..... 3   |       |

SECTION 1. RESPONDENT'S BACKGROUND

| NO.        | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|------------|---|--|-------|
| 109<br>(2) | Why did you move to this place?   | EMPLOYMENT ..... 01<br>EDUCATION/TRAINING ..... 02<br>MARRIAGE FORMATION ..... 03<br>FAMILY REUNIFICATION/OTHER<br>FAMILY RELATED REASON ..... 04<br>FORCED DISPLACEMENT ..... 05<br>OTHER _____ 96<br>(SPECIFY)       |       |
| 110        | In what month and year were you born?   | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998     |       |
| 111        | How old were you at your last birthday?<br><br>COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.  | AGE IN COMPLETED YEAR: ..... <input type="text"/> <input type="text"/>   |       |
| 112        | In general, would you say your health is very good, good, moderate, bad, or very bad?   | VERY GOOD ..... 1<br>GOOD ..... 2<br>MODERATE ..... 3<br>BAD ..... 4<br>VERY BAD ..... 5   |       |
| 113        | Have you ever attended school?  | YES ..... 1<br>NO ..... 2  | → 117 |
| 114<br>(3) | What is the highest level of school you attended: primary, secondary, or higher?  | PRIMARY ..... 1<br>SECONDARY ..... 2<br>HIGHER ..... 3   |       |
| 115<br>(3) | What is the highest [GRADE/FORM/YEAR] you completed at that level?<br><br>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.   | [GRADE/FORM/YEAR] ..... <input type="text"/> <input type="text"/>  |       |
| 116        | CHECK 114:<br><br>PRIMARY OR <input type="checkbox"/><br>SECONDARY ↓<br><br>HIGHER <input type="checkbox"/> →   |  | → 119 |
| 117<br>(4) | Now I would like you to read this sentence to me.<br><br>SHOW CARD TO RESPONDENT.<br><br>IF RESPONDENT CANNOT READ WHOLE SENTENCE,<br>PROBE: Can you read any part of the sentence to me? | CANNOT READ AT ALL ..... 1<br>ABLE TO READ ONLY PART OF THE SENTENCE ..... 2<br>ABLE TO READ WHOLE SENTENCE ..... 3<br>NO CARD WITH REQUIRED LANGUAGE _____ 4<br>(SPECIFY LANGUAGE)<br>BLIND/VISUALLY IMPAIRED ..... 5 |       |
| 118        | CHECK 117:<br><br>CODE '2', '3' OR '4' CIRCLED ↓<br><br>CODE '1' OR '5' CIRCLED <input type="checkbox"/> →  |  | → 120 |
| 119        | 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<br>LESS THAN ONCE A WEEK ..... 2<br>NOT AT ALL ..... 3  |       |
| 120        | 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<br>LESS THAN ONCE A WEEK ..... 2<br>NOT AT ALL ..... 3  |       |

**SECTION 1. RESPONDENT'S BACKGROUND**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|-----|--|---|-------|
| 121 | Do you watch television at least once a week, less than once a week or not at all?   | AT LEAST ONCE A WEEK ..... 1<br>LESS THAN ONCE A WEEK ..... 2<br>NOT AT ALL ..... 3                             |       |
| 122 | Do you own a mobile phone?   | YES ..... 1<br>NO ..... 2   | → 127 |
| 123 | Is your mobile phone a smart phone?  | YES ..... 1<br>NO ..... 2   |       |
| 127 | Have you ever used the Internet from any location on any device?   | YES ..... 1<br>NO ..... 2   | → 130 |
| 128 | In the last 12 months, have you used the Internet?<br><br>IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.                    | YES ..... 1<br>NO ..... 2   | → 130 |
| 129 | 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<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4 |       |
| 130 | What is your religion?   | [RELIGION] ..... 01<br>[RELIGION] ..... 02<br>[RELIGION] ..... 03<br>OTHER _____ 96<br>(SPECIFY)                |       |
| 131 | What is your ethnic group?   | [ETHNIC GROUP] ..... 01<br>[ETHNIC GROUP] ..... 02<br>[ETHNIC GROUP] ..... 03<br>OTHER _____ 96<br>(SPECIFY)    |       |

- (1) Increase the time reported to the respondent if modules are added to the questionnaire.
- (2) Adapt the list of codes to include other common country-specific reasons for migration; e.g., repatriation, post-conflict return to prior place of residence, environmental crisis, natural disaster, or nomadic/pastoralist.
- (3) Revise according to the local education system.
- (4) Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children.", "Farming is hard work.", "The child is reading a book.", "Children work hard at school."). Cards should be prepared for every language in which respondents are likely to be literate.

**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<br>NO ..... 2<br>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<br>NO ..... 2   | → 204              |  |  |  |  |  |  |  |  |
| 203 | a) How many sons live with you?<br>b) And how many daughters live with you?<br>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><br>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<br>NO ..... 2   | → 206              |  |  |  |  |  |  |  |  |
| 205 | a) How many sons are alive but do not live with you?<br>b) And how many daughters are alive but do not live with you?<br>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><br>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?<br><br>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<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 208              |  |  |  |  |  |  |  |  |
| 207 | a) How many boys have died?<br>b) And how many girls have died?<br>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><br>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:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">                         HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;">                         HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">                         HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> </div> |   | → 211<br><br>→ 301 |  |  |  |  |  |  |  |  |
| 210 | Did all of the children you have fathered have the same biological mother?  | YES ..... 1<br>NO ..... 2   |                    |  |  |  |  |  |  |  |  |
| 211 | CHECK 208:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">                         HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;">                         HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div> a) How old were you when your first child was born?<br>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:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">                         AT LEAST ONE LIVING CHILD <input type="checkbox"/> </div> <div style="text-align: center;">                         NO LIVING CHILDREN <input type="checkbox"/> </div> </div>  |   | → 301              |  |  |  |  |  |  |  |  |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|-----|---|--|-------|
| 213 | CHECK 203 AND 205:<br>MORE THAN ONE LIVING CHILD <input type="checkbox"/> ONLY ONE LIVING CHILD <input type="checkbox"/><br>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:<br>(YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> (YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/>  | → 301  |       |
| 215 | CHECK 203 AND 205:<br>MORE THAN ONE LIVING CHILD <input type="checkbox"/> ONLY ONE LIVING CHILD <input type="checkbox"/><br>a) What is the name of your youngest child?    b) What is the name of your child? | _____<br>(NAME OF (YOUNGEST) CHILD)                          |       |
| 216 | When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8              | → 218 |
| 217 | Were you ever present during any of those antenatal check-ups?  | PRESENT ..... 1<br>NOT PRESENT ..... 2                       |       |
| 218 | Was (NAME) born in a hospital or health facility?   | HOSPITAL/HEALTH FACILITY ..... 1<br>OTHER ..... 2            | → 301 |
| 219 | Did you go with (NAME's) mother to the hospital or health facility where she gave birth to (NAME)?  | YES ..... 1<br>NO ..... 2                                    |       |

SECTION 3. CONTRACEPTION

|           |  |   |   |
|-----------|--|---|---|
| 301       | Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?                                     |   |   |
| 01        | Female Sterilization.<br>PROBE: Women can have an operation to avoid having any more children.   | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 02        | Male Sterilization.<br>PROBE: Men can have an operation to avoid having any more children.   | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 03        | IUD.<br>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   | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 04        | Injectables.<br>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.   | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 05        | Implants.<br>PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.  | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 06        | Pill.<br>PROBE: Women can take a pill every day to avoid becoming pregnant.  | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 07        | Condom.<br>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.  | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 08        | Female Condom.<br>PROBE: Women can place a sheath in their vagina before sexual intercourse.   | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 09<br>(1) | Emergency Contraception.<br>PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.                           | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 10<br>(2) | Standard Days Method.<br>PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse. | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 11<br>(3) | Lactational Amenorrhea Method (LAM).<br>PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.           | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 12        | Rhythm Method.<br>PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.   | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 13        | Withdrawal.<br>PROBE: Men can be careful and pull out before climax.   | YES .....   | 1 |
|           |  | NO .....  | 2 |
| 14        | Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  | YES, MODERN METHOD<br><br>_____ A<br>(SPECIFY)<br>YES, TRADITIONAL METHOD<br><br>_____ B<br>(SPECIFY)<br>NO ..... | Y |

**SECTION 3. CONTRACEPTION**

| NO.                                     | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP                                |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
|---|---|--|-------------------------------------|------|-------------------------|---|-------------------------------------|-------|-----------------------------------|----|-------------------------------------|---|------------------|---|------------------------------------|---|---|---|-----------------------|---|---|--|---|---|---|--|--------------------------------------|---|---|--|------------------------------|---|---|--|--|---|---|--|--|
| 302                                     | In the last 12 months have you:<br>a) Heard about family planning on the radio?<br>b) Seen anything about family planning on the television?<br>c) Read about family planning in a newspaper or magazine?<br>d) Received a voice or text message about family planning on a mobile phone?<br>e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?<br>f) Seen anything about family planning on a poster, leaflet or brochure?<br>g) Seen anything about family planning on an outdoor sign or billboard?<br>h) Heard anything about family planning at community meetings or events? | <table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td></td> </tr> <tr> <td>a) RADIO .....</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>b) TELEVISION .....</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE ..</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>d) MOBILE PHONE .....</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>e) FACEBOOK/TWITTER/<br/>INSTAGRAM .....</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>f) POSTER/LEAFLET/<br/>BROCHURE .....</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD ..</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>h) COMMUNITY MEETINGS/<br/>EVENTS .....</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> </table> |                                     | YES  | NO                      |   | a) RADIO .....                      | 1     | 2                                 |    | b) TELEVISION .....                 | 1 | 2                |   | c) NEWSPAPER OR MAGAZINE ..        | 1 | 2 |   | d) MOBILE PHONE ..... | 1 | 2 |  | e) FACEBOOK/TWITTER/<br>INSTAGRAM ..... | 1 | 2 |  | f) POSTER/LEAFLET/<br>BROCHURE ..... | 1 | 2 |  | g) OUTDOOR SIGN/BILLBOARD .. | 1 | 2 |  | h) COMMUNITY MEETINGS/<br>EVENTS ..... | 1 | 2 |  |  |
|   | YES   | NO   |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| a) RADIO .....                          | 1   | 2  |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| b) TELEVISION .....                     | 1   | 2  |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| c) NEWSPAPER OR MAGAZINE ..             | 1   | 2  |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| d) MOBILE PHONE .....                   | 1   | 2  |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| e) FACEBOOK/TWITTER/<br>INSTAGRAM ..... | 1   | 2  |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| f) POSTER/LEAFLET/<br>BROCHURE .....    | 1   | 2  |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| g) OUTDOOR SIGN/BILLBOARD ..            | 1   | 2  |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| h) COMMUNITY MEETINGS/<br>EVENTS .....  | 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="center">1</td> </tr> <tr> <td>NO .....</td> <td align="center">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="center">1</td> </tr> <tr> <td>NO .....</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="center">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="center">1</td> </tr> <tr> <td>DURING HER PERIOD .....</td> <td align="center">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED ..</td> <td align="center">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS .....</td> <td align="center">4</td> </tr> <tr> <td>OTHER _____<br/>(SPECIFY)</td> <td align="center">6</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="center">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 _____<br>(SPECIFY)            | 6 | 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 _____<br>(SPECIFY)                | 6   |  |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| 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="center">1</td> </tr> <tr> <td>NO .....</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="center">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.<br>a) Contraception is a woman's concern and a man should not have to worry about it.<br>b) Women who use contraception may become promiscuous.   | <table border="0"> <tr> <td></td> <td align="center">DIS-</td> <td></td> <td></td> </tr> <tr> <td></td> <td align="center">AGREE</td> <td align="center">AGREE</td> <td align="center">DK</td> </tr> <tr> <td>a) CONTRACEPTION<br/>WOMAN'S CONCERN</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) WOMEN MAY BECOME<br/>PROMISCUOUS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>   |                                     | DIS- |                         |   |                                     | AGREE | AGREE                             | DK | a) CONTRACEPTION<br>WOMAN'S CONCERN | 1 | 2                | 8 | b) WOMEN MAY BECOME<br>PROMISCUOUS | 1 | 2 | 8 |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
|   | DIS-  |  |                                     |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
|   | AGREE   | AGREE  | DK                                  |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| a) CONTRACEPTION<br>WOMAN'S CONCERN     | 1   | 2  | 8                                   |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |
| b) WOMEN MAY BECOME<br>PROMISCUOUS      | 1   | 2  | 8                                   |      |                         |   |                                     |       |                                   |    |                                     |   |                  |   |                                    |   |   |   |                       |   |   |  |   |   |   |  |                                      |   |   |  |                              |   |   |  |  |   |   |  |  |

(1) Studies have indicated emergency contraception can be effective up to 5 days. Verify country program recommendations and modify wording if appropriate.

(2) The Standard Days Method (SDM) should be deleted in countries that do not have an SDM program. In these countries, SDM should also be deleted as a coding category in Q. 418.

(3) The LAM method should be deleted in countries that do not have a LAM program. In these countries, LAM should also be deleted as a coding category in Q. 418.



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<br>YES, LIVING WITH A WOMAN ..... 2<br>NO, NOT IN UNION ..... 3  | → 404   |
| 402        | Have you ever been married or lived together with a woman as if married?   | YES, FORMERLY MARRIED ..... 1<br>YES, LIVED WITH A WOMAN ..... 2<br>NO ..... 3  | → 413   |
| 403        | What is your marital status now: are you widowed, divorced, or separated?  | WIDOWED ..... 1<br>DIVORCED ..... 2<br>SEPARATED ..... 3  | → 410   |
| 404        | Is your (wife/partner) living with you now or is she staying elsewhere?  | LIVING WITH HIM ..... 1<br>STAYING ELSEWHERE ..... 2  |   |
| 405<br>(1) | Do you have other wives or do you live with other women as if married?   | YES (MORE THAN ONE WIFE) ..... 1<br>NO (ONLY ONE WIFE) ..... 2  | → 407   |
| 406<br>(1) | 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<br>(1) | <p>CHECK 405:</p> <p>ONE WIFE/<br/>PARTNER <input type="checkbox"/></p> <p>MORE THAN<br/>ONE WIFE/<br/>PARTNER <input type="checkbox"/></p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>b) Please tell me the name of your (first/next) wife or woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE OR LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> | <p>NAME</p> <p>LINE NUMBER</p> <p>AGE</p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> | <p>408 (1)</p> <p>How old was (NAME/this wife or partner) on her last birthday?</p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> |
| 408<br>(1) | How old was (NAME/this wife or partner) on her last birthday?  |   |   |
| 409<br>(1) | <p>CHECK 407:</p> <p>ONE WIFE/<br/>PARTNER <input type="checkbox"/></p> <p>MORE THAN<br/>ONE WIFE/<br/>PARTNER <input type="checkbox"/></p>  |   | → 411   |
| 410        | Have you been married or lived with a woman only once or more than once?   | MORE THAN ONCE ..... 1<br>ONLY ONCE ..... 2   |   |

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

| NO.   | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP         |
|---|---|--|--------------|
| 411   | <p>CHECK 405 AND 410:</p> <p align="center"> <input type="checkbox"/> BOTH ARE CODE '2'<br/> <input type="checkbox"/> OTHER                 </p> <p>a) In what month and year did you start living with your (wife/partner)?</p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p>   | <p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>  | <p>→ 413</p> |
| 412   | <p>How old were you when you first started living with her?</p>   | <p>AGE ..... <input type="text"/> <input type="text"/></p>   |              |
| <b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE</b> |   |  |              |
| 414   | <p>I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?</p> | <p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>   | <p>→ 501</p> |
| 415   | <p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>  | <p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/></p>  | <p>→ 429</p> |
| 416   | <p>The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   | <p>→ 418</p> |
| 417   | <p>Do you know of a place where you can obtain a method of family planning?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p>   | <p>→ 419</p> |
| 418<br>(2)<br>(3)<br>(4)  | <p>What method did you or your partner use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.</p>  | <p>FEMALE STERILIZATION ..... A</p> <p>MALE STERILIZATION ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>PILL ..... F</p> <p>CONDOM ..... G</p> <p>FEMALE CONDOM ..... H</p> <p>EMERGENCY CONTRACEPTION ..... I</p> <p>STANDARD DAYS METHOD ..... J</p> <p>LACTATIONAL AMENORRHEA METHOD ..... K</p> <p>RHYTHM METHOD ..... L</p> <p>WITHDRAWAL ..... M</p> <p>OTHER MODERN METHOD ..... X</p> <p>OTHER TRADITIONAL METHOD ..... Y</p> | <p>→ 420</p> |
| 419<br>(5)  | <p>The last time you had sexual intercourse, was a condom used?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p>   | <p>→ 422</p> |

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO.               | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|-------------------|--|---|-------|
| 420<br>(5)        | What was the brand name of the condom used?<br><br>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.   | BRAND A ..... 01<br>BRAND B ..... 02<br>BRAND C ..... 03<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98  |       |
| 421<br>(5)<br>(6) | From where did you obtain the condom the last time?<br><br>PROBE TO IDENTIFY TYPE OF SOURCE.<br><br>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVERNMENT HEALTH CENTER ..... 12<br>FAMILY PLANNING CLINIC ..... 13<br>MOBILE CLINIC ..... 14<br>COMMUNITY HEALTH WORKER/<br>FIELD WORKER ..... 15<br>OTHER PUBLIC SECTOR<br>_____ 16<br>(SPECIFY)<br><br><b>PRIVATE MEDICAL SECTOR</b><br>PRIVATE HOSPITAL ..... 21<br>PRIVATE CLINIC ..... 22<br>PHARMACY ..... 23<br>PRIVATE DOCTOR ..... 24<br>MOBILE CLINIC ..... 25<br>COMMUNITY HEALTH WORKER/<br>FIELD WORKER ..... 26<br>OTHER PRIVATE MEDICAL SECTOR<br>_____ 27<br>(SPECIFY)<br><br><b>NGO MEDICAL SECTOR</b><br>NGO HOSPITAL ..... 31<br>NGO CLINIC ..... 32<br>OTHER NGO MEDICAL SECTOR<br>_____ 36<br>(SPECIFY)<br><br><b>OTHER SOURCE</b><br>SHOP ..... 41<br>CHURCH ..... 42<br>FRIEND/RELATIVE ..... 43<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98 |       |
| 422<br>(7)        | What was your relationship to this person with whom you had sexual intercourse?<br><br>IF GIRLFRIEND: Were you living together as if married?<br><br>IF YES, RECORD '2'.<br>IF NO, RECORD '3'.             | WIFE ..... 1<br>LIVE-IN PARTNER ..... 2<br>GIRLFRIEND NOT LIVING WITH<br>RESPONDENT ..... 3<br>CASUAL ACQUAINTANCE ..... 4<br>CLIENT/SEX WORKER ..... 5<br><br>OTHER _____ 6<br>(SPECIFY)   |       |
| 423               | Apart from this person, have you had sexual intercourse with any other person in the last 12 months?   | YES ..... 1<br>NO ..... 2   | → 429 |
| 424<br>(5)        | The last time you had sexual intercourse with this second person, was a condom used?   | YES ..... 1<br>NO ..... 2   |       |

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO.        | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|------------|---|--|-------|
| 425<br>(7) | <p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.<br/>IF NO, RECORD '3'.</p> | <p>WIFE ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>GIRLFRIEND NOT LIVING WITH<br/>RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER _____ 6<br/>(SPECIFY)</p> |       |
| 426        | <p>Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → 429 |
| 427<br>(5) | <p>The last time you had sexual intercourse with this third person, was a condom used?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p>   |       |
| 428<br>(7) | <p>What was your relationship to this third person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.<br/>IF NO, RECORD '3'.</p>  | <p>WIFE ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>GIRLFRIEND NOT LIVING WITH<br/>RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER _____ 6<br/>(SPECIFY)</p> |       |
| 429        | <p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.</p>   | <p>NUMBER OF PARTNERS<br/>IN LIFETIME ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>   |       |

- (1) Delete Qs. 405-409 in countries where polygyny is not practiced and replace with Q. 710 from the Woman's Questionnaire with the word 'HUSBAND'S' replaced with 'WIFE'S' and 'HE' replaced with 'SHE'.
- (2) The Standard Days Method (SDM) should be deleted in countries that do not have an SDM program.
- (3) The LAM method coding category should be deleted in countries that do not have a LAM program.
- (4) Other commonly used methods may be added to the list, such as contraceptive patch, contraceptive vaginal ring, or sponge.
- (5) In countries with an active female condom program, the wording of the question should be modified to include reference to both the male and female condom.
- (6) Coding categories to be developed locally; however, the broad categories must be maintained.
- (7) High polygyny, high HIV prevalence countries may want to add line number of wife from Q. 407 here in the response category.

SECTION 5. FERTILITY PREFERENCES

| NO.        | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |  |  |  |  |  |  |  |       |
|------------|--|--|-------|--|--|--|--|--|--|--|-------|
| 501        | CHECK 401:<br>CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>   |  | → 514 |  |  |  |  |  |  |  |       |
| 502        | CHECK 418:<br>MAN NOT STERILIZED OR QUESTION NOT ASKED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>  |  | → 514 |  |  |  |  |  |  |  |       |
| 503<br>(1) | CHECK 407:<br>ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>  |  | → 509 |  |  |  |  |  |  |  |       |
| 504        | Is your (wife/partner) currently pregnant?   | YES ..... 1<br>NO ..... 2<br>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<br>NO MORE ..... 2<br>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><br>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><br>SOON/NOW ..... .993<br>OTHER _____ 996<br>(SPECIFY)<br>DON'T KNOW ..... .998  |       |  |  |  |  |  |  |  | → 514 |
|            |  |  |       |  |  |  |  |  |  |  |       |
|            |  |  |       |  |  |  |  |  |  |  |       |
|            |  |  |       |  |  |  |  |  |  |  |       |
|            |  |  |       |  |  |  |  |  |  |  |       |
| 507        | CHECK 208:<br>HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/><br>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?<br>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<br>NO MORE/NONE ..... 2<br>SAYS COUPLE CAN'T GET PREGNANT ..... 3<br>WIFE/PARTNER STERILIZED ..... 4<br>RESPONDENT STERILIZED ..... 5<br>UNDECIDED/DON'T KNOW ..... 8   | → 514 |  |  |  |  |  |  |  |       |
| 508        | CHECK 208:<br>HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/><br>a) How long would you like to wait from now before the birth of another child?<br>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><br>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><br>SOON/NOW ..... .993<br>SAYS COUPLE CAN'T GET PREGNANT ..... .994<br>OTHER _____ 996<br>(SPECIFY)<br>DON'T KNOW ..... .998 |       |  |  |  |  |  |  |  | → 514 |
|            |  |  |       |  |  |  |  |  |  |  |       |
|            |  |  |       |  |  |  |  |  |  |  |       |
|            |  |  |       |  |  |  |  |  |  |  |       |
|            |  |  |       |  |  |  |  |  |  |  |       |
| 509<br>(1) | Are any of your (wives/partners) currently pregnant?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | → 512 |  |  |  |  |  |  |  |       |

SECTION 5. FERTILITY PREFERENCES

| NO.        | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |  |                    |  |  |  |  |  |       |
|------------|---|--|-------|--|--------------------|--|--|--|--|--|-------|
| 510<br>(1) | 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<br>NO MORE ..... 2<br>UNDECIDED/DON'T KNOW ..... 8  | → 514 |  |                    |  |  |  |  |  |       |
| 511<br>(1) | 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><br>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><br>SOON/NOW ..... .993<br>OTHER _____ 996<br>(SPECIFY)<br>DON'T KNOW ..... .998  |       |  |                    |  |  |  |  |  | → 514 |
|            |   |  |       |  |                    |  |  |  |  |  |       |
|            |   |  |       |  |                    |  |  |  |  |  |       |
|            |   |  |       |  |                    |  |  |  |  |  |       |
|            |   |  |       |  |                    |  |  |  |  |  |       |
| 512<br>(1) | CHECK 208:<br><br>HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/><br>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?<br>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<br>NO MORE/NONE ..... 2<br>SAYS COUPLE CAN'T GET PREGNANT ..... 3<br>(WIFE/WIVES/PARTNER(S)) STERILIZED ..... 4<br>RESPONDENT STERILIZED ..... 5<br>UNDECIDED/DON'T KNOW ..... 8  | → 514 |  |                    |  |  |  |  |  |       |
| 513<br>(1) | CHECK 208:<br><br>HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/><br>a) How long would you like to wait from now before the birth of another child?<br>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><br>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><br>SOON/NOW ..... .993<br>SAYS COUPLE CAN'T GET PREGNANT ..... .994<br>OTHER _____ 996<br>(SPECIFY)<br>DON'T KNOW ..... .998 |       |  |                    |  |  |  |  |  |       |
|            |   |  |       |  |                    |  |  |  |  |  |       |
|            |   |  |       |  |                    |  |  |  |  |  |       |
|            |   |  |       |  |                    |  |  |  |  |  |       |
|            |   |  |       |  |                    |  |  |  |  |  |       |
| 514        | CHECK 203 AND 205:<br><br>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/><br>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?<br>b) If you could choose exactly the number of children to have in your whole life, how many would that be?<br>PROBE FOR A NUMERIC RESPONSE. | NONE ..... 00<br><br>NUMBER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table><br>OTHER _____ 96<br>(SPECIFY)  |       |  | → 601<br><br>→ 601 |  |  |  |  |  |       |
|            |   |  |       |  |                    |  |  |  |  |  |       |
| 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<br>NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br>OTHER _____ 96<br>(SPECIFY)   |       |  |                    |  |  |  |  |  |       |
|            |   |  |       |  |                    |  |  |  |  |  |       |

(1) This question should be deleted in countries where polygyny is not practiced.

SECTION 6. EMPLOYMENT AND GENDER ROLES

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 601 | Have you done any work in the last 7 days?   | YES ..... 1<br>NO ..... 2  | → 604 |
| 602 | Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?   | YES ..... 1<br>NO ..... 2  | → 604 |
| 603 | Have you done any work in the last 12 months?  | YES ..... 1<br>NO ..... 2  | → 607 |
| 604 | What is your occupation? That is, what kind of work do you mainly do?  | _____<br>_____<br>_____ <span style="border: 1px dashed black; padding: 2px;">  </span>  |       |
| 605 | Do you usually work throughout the year, or do you work seasonally, or only once in a while?   | THROUGHOUT THE YEAR ..... 1<br>SEASONALLY/PART OF THE YEAR ..... 2<br>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<br>CASH AND KIND ..... 2<br>IN KIND ONLY ..... 3<br>NOT PAID ..... 4   |       |
| 607 | CHECK 401:<br><br>CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/> |  | → 612 |
| 608 | CHECK 606:<br><br>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<br>WIFE/PARTNER ..... 2<br>RESPONDENT AND WIFE/PARTNER JOINTLY ..... 3<br><br>OTHER _____ 6<br>(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<br>WIFE/PARTNER ..... 2<br>RESPONDENT AND WIFE/PARTNER JOINTLY ..... 3<br>SOMEONE ELSE ..... 4<br>OTHER ..... 6 |       |
| 611 | Who usually makes decisions about making major household purchases?  | RESPONDENT ..... 1<br>WIFE/PARTNER ..... 2<br>RESPONDENT AND WIFE/PARTNER JOINTLY ..... 3<br>SOMEONE ELSE ..... 4<br>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 ..... 01<br>JOINTLY WITH WIFE/PARTNER ONLY .... 02<br>JOINTLY WITH SOMEONE ELSE ONLY .... 03<br>JOINTLY WITH WIFE/PARTNER<br>AND SOMEONE ELSE ..... 04<br>BOTH ALONE AND JOINTLY ..... 05<br>DOES NOT OWN ..... 06  | → 615    |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |
| 613                  | Do you have a title deed or other government recognized document for any house you own?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | ] → 615  |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |
| 614                  | Is your name on this document?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |          |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |
| 615                  | Do you own any agricultural or non-agricultural land either alone or jointly with someone else?  | ALONE ONLY ..... 01<br>JOINTLY WITH WIFE/PARTNER ONLY .... 02<br>JOINTLY WITH SOMEONE ELSE ONLY .... 03<br>JOINTLY WITH WIFE/PARTNER<br>AND SOMEONE ELSE ..... 04<br>BOTH ALONE AND JOINTLY ..... 05<br>DOES NOT OWN ..... 06  | → 617A   |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |
| 616                  | Do you have a title deed or other government recognized document for any land you own?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | ] → 617A |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |
| 617                  | Is your name on this document?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |          |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |
| 617A                 | Do you have an account in a bank or other financial institution that you yourself use?   | YES ..... 1<br>NO ..... 2  | → 617C   |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |
| 617B                 | Did you yourself put money in or take money out of this account in the last 12 months?   | YES ..... 1<br>NO ..... 2  |          |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |
| 617C                 | In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?   | YES ..... 1<br>NO ..... 2  |          |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |
| 618                  | In your opinion, is a husband justified in hitting or beating his wife in the following situations:<br><br>a) If she goes out without telling him?<br>b) If she neglects the children?<br>c) If she argues with him?<br>d) If she refuses to have sex with him?<br>e) If she burns the food? | <table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table> |          | YES | NO | DK | a) GOES OUT ..... | 1 | 2 | 8 | b) NEGLECTS CHILDREN | 1 | 2 | 8 | c) ARGUES ..... | 1 | 2 | 8 | d) REFUSES SEX ..... | 1 | 2 | 8 | e) BURNS FOOD ..... | 1 | 2 | 8 |  |
|                      | 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                  | As far as you know did your father ever beat your mother?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |          |     |    |    |                   |   |   |   |                      |   |   |   |                 |   |   |   |                      |   |   |   |                     |   |   |   |  |



SECTION 7. HIV/AIDS

| NO.           | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|---------------|--|--|-------|
| 700           | Now I would like to talk about HIV and AIDS.   |  |       |
| 701<br>(1)    | Have you ever heard of HIV or AIDS?  | YES ..... 1<br>NO ..... 2  | → 729 |
| 702           | CHECK 111: AGE<br>15-24 YEARS <input type="checkbox"/><br>↓<br>25 YEARS OR OLDER <input type="checkbox"/>  |  | → 708 |
| 703           | HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 704           | Can people get HIV from mosquito bites?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 705           | Can people reduce their chance of getting HIV by using a condom every time they have sex?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 706           | Can people get HIV by sharing food with a person who has HIV?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 707           | Is it possible for a healthy-looking person to have HIV?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 708           | Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?  | YES ..... 1<br>NO ..... 2  |       |
| 709           | Are there any special medicines 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<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 710<br>(2)(3) | Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?   | YES ..... 1<br>NO ..... 2  | → 712 |
| 711<br>(3)    | Do you approve of people who take a pill every day to prevent getting HIV?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8   |       |
| 712           | <b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>   |  |       |
| 713           | Have you ever been tested for HIV?   | YES ..... 1<br>NO ..... 2  | → 721 |
| 714           | In what month and year was your most recent HIV test?  | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 |       |

SECTION 7. HIV/AIDS

| NO.        | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|------------|--|--|-------|
| 715<br>(4) | <p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> | <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVERNMENT HEALTH CENTER ..... 12</p> <p>STAND-ALONE HTC CENTER ..... 13</p> <p>FAMILY PLANNING CLINIC ..... 14</p> <p>MOBILE HTC SERVICES ..... 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>STAND-ALONE HTC CENTER ..... 24</p> <p>PHARMACY ..... 25</p> <p>MOBILE HTC SERVICES ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 31</p> <p>NGO CLINIC ..... 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... 41</p> <p>WORKPLACE ..... 42</p> <p>CORRECTIONAL FACILITY ..... 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> |       |
| 716        | Did you get the results of the test?   | YES ..... 1<br>NO ..... 2  | → 720 |
| 717        | What was the result of the test?   | POSITIVE ..... 1<br>NEGATIVE ..... 2<br>INDETERMINATE ..... 3<br>DECLINED TO ANSWER ..... 4  | → 720 |
| 718        | In what month and year did you receive your first HIV-positive test result?  | <p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p> <p>SAME DATE AS MOST RECENT HIV TEST . . . 95</p>  |       |
| 719        | Are you currently taking ARVs, that is antiretroviral medicines?<br>By currently, I mean that you may have missed some doses but you are still taking ARVs.                                | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |

SECTION 7. HIV/AIDS

| NO.                                   | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
|---------------------------------------|--|--|-------|-----|----|----------------------|---|---|---------------------|---|---|----------------------|---|---|------------------------------------|---|---|---------------------------------------|---|---|--|
| 720                                   | How many times have you been tested for HIV in your lifetime?<br><br>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.   | NUMBER OF HIV TESTS ..... <input type="text"/> <input type="text"/>  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 721                                   | Have you heard of test kits people can use to test themselves for HIV?   | YES ..... 1<br>NO ..... 2  | → 723 |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 722                                   | Have you ever tested yourself for HIV using a self-test kit?   | YES ..... 1<br>NO ..... 2  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 723                                   | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8   |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 724                                   | Do you think children living with HIV should be allowed to attend school with children who do not have HIV?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/DEPENDS ..... 8   |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 725<br>(5)                            | CHECK 717:<br><br>CODE '1' <input type="checkbox"/><br>CIRCLED ↓   | OTHER <input type="checkbox"/> →   | → 729 |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 726<br>(5)                            | Now I would like to ask you a few questions about your experiences living with HIV.<br><br>Have you disclosed your HIV status to anyone other than me?   | YES ..... 1<br>NO ..... 2  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 727<br>(5)                            | Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.   | AGREE ..... 1<br>DISAGREE ..... 2  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 728<br>(5)                            | Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:<br><br>a) People have talked badly about me because of my HIV status.<br>b) Someone else disclosed my HIV status without my permission.<br>c) I have been verbally insulted, harassed, or threatened because of my HIV status.<br>d) Healthcare workers talked badly about me because of my HIV status.<br>e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status. | <table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr> <td>a) PEOPLE TALK BADLY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) DISCLOSED STATUS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) VERBALLY INSULTED</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table> |       | YES | NO | a) PEOPLE TALK BADLY | 1 | 2 | b) DISCLOSED STATUS | 1 | 2 | c) VERBALLY INSULTED | 1 | 2 | d) HEALTHCARE WORKERS TALKED BADLY | 1 | 2 | e) HEALTHCARE WORKERS VERBALLY ABUSED | 1 | 2 |  |
|                                       | YES  | NO   |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| a) PEOPLE TALK BADLY                  | 1  | 2  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| b) DISCLOSED STATUS                   | 1  | 2  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| c) VERBALLY INSULTED                  | 1  | 2  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| d) HEALTHCARE WORKERS TALKED BADLY    | 1  | 2  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| e) HEALTHCARE WORKERS VERBALLY ABUSED | 1  | 2  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 729<br>(1)                            | CHECK 701:<br><br>HEARD ABOUT HIV OR AIDS <input type="checkbox"/><br>↓<br>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?<br><br>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/><br>↓<br>b) Have you heard about infections that can be transmitted through sexual contact?   | YES ..... 1<br>NO ..... 2  |       |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |
| 730                                   | CHECK 414:<br><br>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/><br>↓   | NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> →  | → 735 |     |    |                      |   |   |                     |   |   |                      |   |   |                                    |   |   |                                       |   |   |  |



**SECTION 8. OTHER HEALTH ISSUES**

| NO.        | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP           |
|------------|--|---|----------------|
| 801        | Some men are circumcised. Are you circumcised?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 806          |
| 802<br>(1) | Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 804          |
| 803<br>(1) | How old were you when you got traditionally circumcised?   | AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/><br>DURING CHILDHOOD (<5 YEARS) ..... 95<br>DON'T KNOW ..... 98   |                |
| 804<br>(1) | Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 806          |
| 805<br>(1) | How old were you when you got medically circumcised?   | AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/><br>DURING CHILDHOOD (<5 YEARS) ..... 95<br>DON'T KNOW ..... 98   |                |
| 806        | Do you currently smoke tobacco every day, some days, or not at all?  | EVERY DAY ..... 1<br>SOME DAYS ..... 2<br>NOT AT ALL ..... 3  | → 809<br>→ 808 |
| 807        | In the past, have you smoked tobacco every day?  | YES ..... 1<br>NO ..... 2   | → 810          |
| 808        | In the past, have you ever smoked tobacco every day, some days, or not at all?   | EVERY DAY ..... 1<br>SOME DAYS ..... 2<br>NOT AT ALL ..... 3  | → 811          |
| 809<br>(2) | 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.<br><br>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'.<br>IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.<br><br>a) Manufactured cigarettes?<br><br>b) Hand-rolled cigarettes?<br><br>c) Kreteks?<br><br>d) Pipes full of tobacco?<br><br>e) Cigars, cheroots, or cigarillos?<br><br>f) Number of water pipe sessions?<br><br>g) Any others?<br><br>_____ (SPECIFY) | NUMBER DAILY<br>a) MANUFACTURED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/><br>b) HAND-ROLLED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/><br>c) KRETEKS ..... <input type="text"/> <input type="text"/> <input type="text"/><br>d) PIPES FULL OF TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/><br>e) CIGARS, CHEROOTS, OR CIGARILLOS ..... <input type="text"/> <input type="text"/> <input type="text"/><br>f) NUMBER OF WATER PIPE SESSIONS ..... <input type="text"/> <input type="text"/> <input type="text"/><br>g) OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/> | → 811          |

SECTION 8. OTHER HEALTH ISSUES

| NO.        | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                      |
|------------|--|--|---------------------------|
| 810<br>(2) | <p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe sessions?</p> <p>g) Any others?<br/>_____</p> <p align="center">(SPECIFY)</p> | <p align="center">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> |                           |
| 811        | <p>Do you currently use smokeless tobacco every day, some days, or not at all?</p>   | <p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>  | <p>→ 813</p> <p>→ 814</p> |
| 812<br>(2) | <p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others?<br/>_____</p> <p align="center">(SPECIFY)</p>  | <p align="center">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>   | <p>→ 814</p>              |

SECTION 8. OTHER HEALTH ISSUES

| NO.        | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|------------|--|---|-------|
| 813<br>(2) | <p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others?</p> <p align="center">_____ (SPECIFY)</p> | <p align="center">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH . . . . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE . . . . . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO . . . . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO . . . . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS . . . . . <input type="text"/> <input type="text"/> <input type="text"/></p> |       |
| 814        | <p>Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or [ADD OTHER LOCAL EXAMPLES]?</p>  | <p>YES . . . . . 1</p> <p>NO . . . . . 2</p>  | → 817 |
| 815        | <p>During the last one month, on how many days did you have an alcoholic drink?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>  | <p>DID NOT DRINK ALCOHOL . . . . . 00</p> <p>NUMBER OF DAYS . . . . . <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY . . . . . 95</p>  | → 817 |
| 816        | <p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of [ADD OTHER LOCAL EXAMPLES]. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p> <p>SHOW PICTURES OF SIZES OF STANDARD DRINKS.</p>  | <p>LESS THAN ONE STANDARD DRINK . . . . . 00</p> <p>NUMBER OF DRINKS . . . . . <input type="text"/> <input type="text"/></p>  |       |
| 817<br>(3) | <p>Are you covered by any health insurance?</p>  | <p>YES . . . . . 1</p> <p>NO . . . . . 2</p>  | → 819 |
| 818<br>(3) | <p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>  | <p>MUTUAL HEALTH ORGANIZATION/<br/>COMMUNITY-BASED HEALTH<br/>INSURANCE . . . . . A</p> <p>HEALTH INSURANCE THROUGH<br/>EMPLOYER . . . . . B</p> <p>SOCIAL SECURITY . . . . . C</p> <p>OTHER PRIVATELY PURCHASED<br/>COMMERCIAL HEALTH INSURANCE . . . . D</p> <p>OTHER _____ X<br/>(SPECIFY)</p>   |       |
| 819        | <p>RECORD THE TIME.</p>  | <p>HOURS . . . . . <input type="text"/> <input type="text"/></p> <p>MINUTES . . . . . <input type="text"/> <input type="text"/></p>   |       |

(1) Question may be omitted depending on the practice of male circumcision in specific countries. Information on type of circumcision is most relevant for interpreting HIV prevalence estimates. Questions on type of circumcision must be retained in surveys that include HIV serology testing.

(2) Add local terms.

(3) All response categories are to be adapted to the country environment. If a health service prepayment plan or other types of plans are available in the country, add those types of plans to the question in Qs. 817 and 818 and to the response codes in Q. 818.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

---

---

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---

---

---