



2012 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY MARRIED MAN'S QUESTIONNAIRE

Confidential

I. IDENTIFICATION	CODE																																																																		
1. PROVINCE _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																		
2. REGENCY/MUNICIPALITY *) _____																																																																			
3. SUB-DISTRICT _____																																																																			
4. VILLAGE _____																																																																			
5. URBAN/RURAL **) URBAN -1 RURAL -2																																																																			
6. CENSUS BLOCK NUMBER _____																																																																			
7. 2012 IDHS SAMPLE CODE 																																																																			
8. HOUSEHOLD NUMBER 																																																																			
9. NAME OF HOUSEHOLD HEAD _____																																																																			
10. NAME OF RESPONDENT _____																																																																			
11. RESPONDENT'S LINE NUMBER 																																																																			

II. INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE OF INTERVIEW	_____	_____	_____	DATE MONTH YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td>2</td></tr></table>	2	0	1	2
2	0	1	2					
INTERVIEWER'S NAME	_____	_____	_____	INTERVIEWER				
RESULT ***)	_____	_____	_____	RESULT				
NEXT VISIT DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>				
TIME	_____	_____	_____					

***) RESULT CODES

- | | | |
|--------------------------------|--------------------|---------------|
| 1 COMPLETED | 4 REFUSED | 7 OTHER _____ |
| 2 HOUSEHOLD MEMBER NOT AT HOME | 5 PARTLY COMPLETED | (SPECIFY) |
| 3 POSTPONED | 6 INCAPACITATED | |

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYED BY				
NAME	_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>		_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>		_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>		_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
DATE	_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>		_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>		_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>		_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	

*) Cross out category not used
**) Circle selected category

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is and I am working with BPS Statistics Indonesia. We are conducting a survey about the health of women, men and children all over Indonesia. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). The information we collect will help the government to plan health services. The survey usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME	HOUR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
102	In what month and year were you born?	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. IF LESS THEN 15 OR OLDER THAN 54 END INTERVIEW. CORRECT 12IDHS-HH BLOCK III COLUMN (7).	AGE IN COMPLETED YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
103A	Are you now unmarried, married, living together, divorced, separated or widowed ?	NEVER MARRIED 1 MARRIED 2 LIVING TOGETHER 3 DIVORCED 4 SEPARATED 5 WIDOWED 6	
103B	CHECK 103 AND 103A: AGE 15-54 <input style="width: 20px; height: 20px;" type="checkbox"/> OTHER <input style="width: 20px; height: 20px;" type="checkbox"/> AND MARRIED/ LIVING TOGETHER ↓	→ END	
104	Have you ever attended school?	YES 1 NO 2	→ 108

SECTION 2. REPRODUCTION HISTORY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	I would like to ask about all the births you have had during your life. Do you have biological children?	YES 1 NO 2	→ 206
202	Do you have any biological sons or daughters who are living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DAUGHTERS AT HOME <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
204	Do you have any biological sons or daughters who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DAUGHTERS ELSEWHERE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
206	Do you have any biological son or daughter who was born alive but later died? If "NO" PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> GIRLS DEAD <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
208A	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ child born alive, Is that correct? YES <input style="width: 20px; height: 20px;" type="checkbox"/> NO <input style="width: 20px; height: 20px;" type="checkbox"/> →	PROBE AND CORRECT 201-208 AS NECESSARY.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>	→ 212 → 301	
210	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE CHILD LIVES WITH FATHER <input type="checkbox"/> NO CHILD LIVES WITH FATHER <input type="checkbox"/>	→ 301	
214	How old is your (youngest) child?	AGE IN YEARS <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> AGE MORE THAN 2 YEARS <input type="checkbox"/>	→ 301	
216	What is the name of your (youngest) child? _____ (NAME OF (YOUNGEST) CHILD)		
216A	What is the name of the mother of your (youngest) child? _____ (NAME OF MOTHER FROM (YOUNGEST) CHILD)		
217	When mother (MOTHER'S NAME) was pregnant with (YOUNGEST CHILD'S NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (YOUNGEST CHILD'S NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. KNOWLEDGE AND PRACTICE OF FAMILY PLANNING

301	Now I would like to talk about family planning. The various ways or methods that a couple can use to delay, avoid a pregnancy. Have you ever heard of (METHOD)?		
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES	1
		NO	2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES	1
		NO	2
03	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES	1
		NO	2
04	INJECTABLES 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 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 Women can take a pill every day to avoid becoming pregnant.	YES	1
		NO	2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES	1
		NO	2
08	DIAPHRAGM Women can place a contraceptive tissue or a thin flexible disk in their vagina before intercourse.	YES	1
		NO	2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES	1
		NO	2
10	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES	1
		NO	2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES	1
		NO	2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES	1
		NO	2
13	OTHERS Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES	1

		(SPECIFY)	

		(SPECIFY)	
		NO	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301A	Are you currently using any method of family planning?	YES 1 NO 2	→ 301C
301B	Which method are you using?	MALE STERILIZATION 1 CONDOM 2 PERIODIC ABSTINENCE 3 WITHDRAWAL 4 OTHER 6 (SPECIFY)	
301C	Is your wife/partner currently using any method of family planning?	YES 1 NO 2 DONT KNOW 8	→ 302
301D	Which method is your wife/partner using? Any other method? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	FEMALE STERILISATION A IUD B INJECTABLES C IMPLANT D PILL E INTRAVAG/DIAPHRAGM F LAM G PERIODIC ABSTINENCE H WITHDRAWAL I OTHER X (SPECIFY)	
302	In the last six months have you: - Heard about family planning on the radio? - Seen anything about family planning on the television? - Read about family planning in a newspaper or magazine? - Read about family planning in a poster? - Read about family planning in a pamphlet?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER 1 2 PAMPHLET 1 2	
303	In the last six months, have you discussed family planning with your friend, neighbour or family ?	YES 1 NO 2	→ 304
303A	With whom? Anyone else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	WIFE A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G FATHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER X (SPECIFY)	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES 1 NO 2 DONT KNOW 8	→ 306

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DONT KNOW 8																					
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. A. Contraception is women's business and a man should not have to worry about it. B. Women who are sterilized may become promiscuous. C. Being sterilized for a man is equivalent to being castrated. D. A woman is the one who gets pregnant, so she should be the one to get sterilized.	<table border="0"> <tr> <td></td> <td style="text-align: center;">AGREE</td> <td style="text-align: center;">DIS- AGREE</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>CONTRACEPTION WOMEN BUSINESS ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>STERILIZED WOMEN ARE PROMISCUOUS ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>MALE STERILIZATION IS CASTRATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>WOMAN SHOULD BE THE ONE STERILIZED ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>		AGREE	DIS- AGREE	DK	CONTRACEPTION WOMEN BUSINESS ..	1	2	3	STERILIZED WOMEN ARE PROMISCUOUS ..	1	2	3	MALE STERILIZATION IS CASTRATION	1	2	3	WOMAN SHOULD BE THE ONE STERILIZED ..	1	2	3	
	AGREE	DIS- AGREE	DK																				
CONTRACEPTION WOMEN BUSINESS ..	1	2	3																				
STERILIZED WOMEN ARE PROMISCUOUS ..	1	2	3																				
MALE STERILIZATION IS CASTRATION	1	2	3																				
WOMAN SHOULD BE THE ONE STERILIZED ..	1	2	3																				
307	CHEK 301B : USE CONTRACEPTION CODE '2' DID NOT CIRCLED <input type="checkbox"/>	CODE '2' CIRCLED <input type="checkbox"/>	→ 310A																				
308	Do you know of a place where you can get condoms?	YES 1 NO 2	→ 310A																				
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE WRITE THE NAME OF THE PLACE. _____ NAME OF PLACE(S))	PUBLIC SECTOR HOSPITAL A HEALTH CENTER..... B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E VILLAGE HEALTH POST F DELIVERY POST G HEALTH POST H FP POST I OTHER _____ J (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL K MATERNITY HOSPITAL L MATERNITY HOME M CLINIC N GENERAL PRACTICIONER O OBSTETRICIAN P MIDWIFE Q NURSE..... R VILLAGE MIDWIFE S PHARMACY/DRUG STORE T OTHER _____ U (SPECIFY) OTHER FRIENDS/RELATIVES V SHOP W OTHER _____ X (SPECIFY)																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	If you wanted to, could you yourself get a condom?	YES 1 NO 2	
310A	CHECK 301(07), 301A AND 301B HAS HEARD OF <input type="checkbox"/> HAS HEARD OF <input type="checkbox"/> CONDOMS AND CONDOMS BUT IS USING IS NOT USING NEVER HEARD <input type="checkbox"/> CONDOMS		310F 310G
310B	Have you ever experienced any problems with using condoms? IF YES: What problems did you experience? PROBE: Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	TOO EXPENSIVE A EMBARRASSING TO BUY/OBTAIN ... B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF ... D SPOILS THE MOOD E DIMINISHES PLEASURE F WIFE OBJECTS TO/DOES NOT LIKE .. G WIFE GOT PREGNANT H INCONVENIENT TO USE/MESSY I CONDOM BROKE J OTHER X _____ (SPECIFY) NO PROBLEM Y	
310C	How much do you usually pay for a packet of condoms?	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DONT KNOW 99998	310F
310D	How many condoms are in each packet?	TOTAL <input type="text"/>	
310E	Do you think that at this price condoms are inexpensive, just affordable, or too expensive?	INEXPENSIVE 1 JUST AFFORDABLE 2 TOO EXPENSIVE 3	
310F	I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each. - Condoms diminish sexual pleasure. - A condom is very inconvenient to use. - A condom can be reused. - A condom protects against disease. - A woman has no right to tell a man to use a condom.	DIS- AGREE AGREE DK SEXUAL PLEASURE .. 1 2 3 INCONVENIENT 1 2 3 CAN BE REUSED 1 2 3 PROTECT AGAINST DISEASE 1 2 3 WOMAN'S RIGHT 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310G	CHECK 301(02), 301A AND 301B HAS HEARD OF MALE STERILIZATION BUT NOT STERILIZED <input type="checkbox"/> ↓	RESPONDENT IS STERILIZED <input type="checkbox"/> → 310J HAS NOT HEARD OF MALE STERILIZATION <input type="checkbox"/> → 404	
310H	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WIFE ALREADY STERILIZED 1 WOULD CONSIDER 2 WOULD NOT CONSIDER 3 UNSURE/DEPENDS 4	<input type="checkbox"/> → 310J
310I	Why would you never consider getting sterilized? PROBE: Any other reasons? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	AGAINST RELIGION A BAD FOR MAN'S HEALTH B OPERATION NOT SAFE C LESS INTRUSIVE WAYS AVAILABLE D MAY WANT MORE CHILDREN/ MAY WANT TO REPLACE CHILD WHO DIED E MAY REMARRY SOME DAY F COSTS G LOSS OF SEXUAL FUNCTION H WIFE DOESN'T AGREE I OTHER _____ X (SPECIFY)	
310J	In your opinion what are some of the advantages of male sterilization? PROBE: Any other advantages? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUT MAN IN CONTROL A EFFECTIVE METHOD B OPERATION IS SAFE C SAFER THAN FEMALE STERILIZATION D OPERATION INEXPENSIVE E LESS EXPENSIVE THAN FEMALE STERILIZATION F OPERATION IS SIMPLE G GIVE MAN FREEDOM H OTHER _____ X	

SECTION 4. MARRIAGE AND ATTITUDE TOWARDS WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
405	Do you have other wives or do you live with other women as if married?	YES 1 NO 2	→ 407
406	How many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>	
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<p>408 How old was (NAME) on her last birthday?</p> <p>NAME LINE NUMBER 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>	
408	ASK 408 FOR EACH PERSON.		
409	CHECK 407:		
	ONE WIFE/ PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/>	→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A
411	In what month and year did you start living with your (wife/partner)?	MONTH <input type="text"/>	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	DON'T KNOW MONTH 98 <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/>	
		DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	<p>CHECK FOR THE PRESENCE OF OTHERS.</p> <p>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
414	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95</p>	→ 502
430	<p>In the last 12 months, did you pay anyone in exchange for having sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p>	→ 432
431	<p>Have you ever paid anyone in exchange for having sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p>	→ 502
432	<p>The last time you paid someone in exchange for having sexual intercourse, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	→ 502
433	<p>Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 502
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CLINIC 12</p> <p>CENTER 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>VILLAGE HEALTH POST 16</p> <p>DELIVERY POST 17</p> <p>HEALTH POST 18</p> <p>FP POST 19</p> <p>OTHER _____ 20</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 31</p> <p>MATERNITY HOSPITAL 32</p> <p>MATERNITY HOME 33</p> <p>CLINIC 34</p> <p>GENERAL PRACTICIONER 35</p> <p>OBSTETRICIAN 36</p> <p>MIDWIFE 37</p> <p>NURSE 38</p> <p>VILLAGE MIDWIFE 39</p> <p>PHARMACY/DRUG STORE 40</p> <p>OTHER _____ 41</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>FRIENDS/RELATIVES 51</p> <p>SHOP 52</p> <p>OTHER _____ 56</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODE	SKIP
502	CHECK 301B: CODE '1' NOT CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		509
502A	COPY THE NAME OF RESPONDENT'S WIFE FROM 407. IF MORE THAN 2 WIVES, USE EXTRA QUESTIONNAIRE.	FIRST WIFE _____ LINE NUMBER <input type="text"/> <input type="text"/>	SECOND WIFE _____ LINE NUMBER <input type="text"/> <input type="text"/>
503	Is (NAME) pregnant now?	YES 1 NO 2 (SKIP TO 505) ← DK/UNSURE 8	YES 1 NO 2 (SKIP TO 505) ← DK/UNSURE 8
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER ... 1 TO 505A ← NO MORE ... 2 UNDECIDED/DON'T ... 8 (SKIP TO 509) ←	HAVE ANOTHER ... 1 TO 505A ← NO MORE ... 2 UNDECIDED/DON'T ... 8 (SKIP TO 509) ←
505	Now I have some questions about the future. Would you like to have (a/another) child?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE ... 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW ... 8 (SKIP TO 509) ←	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE ... 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW ... 8 (SKIP TO 509) ←
505A	Do you think (NAME) wants the same number of children that you want to have with her, or does she want more of fewer than you want?	SAME NUMBER ... 1 MORE CHILDREN ... 2 FEWER CHILDREN ... 3 DON'T KNOW ... 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8
505B	How often do you talk to (NAME) about family planning in the past year?	NEVER 1 ONCE OR TWICE ... 2 OFTEN 3	NEVER 1 ONCE OR TWICE ... 2 OFTEN 3
505C	Do you think that (NAME) approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVE 1 DISAPPROVES ... 2 DON'T KNOW 8	APPROVE 1 DISAPPROVES 2 DON'T KNOW 8
505D		GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 507	GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 507.

NO.	QUESTIONS AND FILTERS	CODE	SKIP
507	<p>CHECK 503:</p> <p>WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/></p> <p>WIFE/PARTNER PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>COUPLE INFECUND 994</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>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 children would that be?</p> <p>If you could choose exactly the number of children to have in your whole life. How many children would that be?</p> <p>PROBE FOR NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>TOTAL <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>Amount of such, how many of these children would you like to be boys, and how many would you like to be girls and for how many would the sex not matter?</p> <p>"ANY" IS THE DESIRED NUMBER OF CHILDREN WITHOUT A SPECIFIC GENDER PREFERENCE</p>	<p>BOY GIRL EITHER</p> <p>TOTAL <input type="text"/></p> <p>OTHER _____ 999996 (SPECIFY)</p>	
510A	<p>CHECK 301A:</p> <p>CODE '2' CIRCLED <input type="checkbox"/></p> <p>CODE '1' CIRCLED <input type="checkbox"/></p>		<p>→ 601</p>
510B	<p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 510D</p>
510C	<p>Which contraceptive method would you prefer to use?</p>	<p>MALE STERILIZATION 1</p> <p>CONDOM 2</p> <p>PERIODIC ABSTINENCE 3</p> <p>WITHDRAWAL 4</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>UNSURE 8</p>	<p>→ 601</p>

NO.	QUESTIONS AND FILTERS	CODE	SKIP
510D	What is the main reason that you think you will not use a method at any time in the future?	<p>FERTILITY-RELATED REASON</p> <p>NOT HAVING SEX 11</p> <p>MENOPAUSE/HISTERECTOMY ... 12</p> <p>SUBFECUND/INFECUND 13</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 14</p> <p>FATALISTIC 15</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 21</p> <p>HUSBAND OPPOSED 22</p> <p>OTHER OPPOSED 23</p> <p>RELIGIOUS PROHIBITION 24</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODS 31</p> <p>KNOWS NO SOURCE 32</p> <p>METHOD RELATED REASON</p> <p>HEALTH CONCERNS 41</p> <p>FEAR OF SIDE EFFECTS 42</p> <p>TOO FAR 43</p> <p>COST TOO MUCH 44</p> <p>INCONVENIENT TO USE 45</p> <p>GAIN/LOSS WEIGHT 46</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODE	SKIP
601	Have you done any work in the last seven days at least one hour continuous?	YES 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 610
604	What is your occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. _____ <input type="checkbox"/> <input type="checkbox"/> _____ (FILLED BY BPS)	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
604A	Are you a family worker, laborer/employee or tried to/have a business?	FAMILY WORKER ... 1 LABORER/EMPLOYEE 2 TRIED TO/HAVE A BUSINESS 3	
605	Are you work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
608	CHECK 606: CODE '1' OR '2' <input type="checkbox"/> CIRCLED ↓ CODE '3' OR '4' <input type="checkbox"/> CIRCLED		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 OTHER _____ 6 SPECIFY	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODE	SKIP
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 SPECIFY	
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: - If she goes out without telling him? - If she neglects the children? - If she argues with him? - If she refuses to have sex with him? - If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	
614A	Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy might be in danger? Any other ? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINT G BREATHLESSNESS H TIREDNESS I OTHER X DON'T KNOW Z	
614AA	CHECK 215: HAVE YOUNGEST CHILD AGED 0-2 YEARS OLD HAVE YOUNGEST CHILD AGED 0-2 YEARS OLD <input type="checkbox"/> DID NOT HAVE YOUNGEST CHILD AGED 0-2 YEARS OLD <input type="checkbox"/> → 701		
614B	At any time while (NAME OF THE YOUNGEST CHILD'S MOTHER/FROM 216A) was pregnant with (NAME OF YOUNGEST CHILD/FROM 216), did you yourself talk to a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES 1 NO 2 → 614E	
614C	Did the health provider talk to you about: - What food (NAME OF THE YOUNGEST CHILD'S MOTHER/ FROM 216A) should eat during pregnancy? - How much rest she should have during pregnancy? - The types of health problems for which she should get immediate medical attention?	YES NO DON'T RECALL FOOD 1 2 3 REST 1 2 3 PROBLEMS 1 2 3	

NO.	QUESTIONS AND FILTERS	CODE	SKIP																								
614D	During (NAME OF THE YOUNGEST CHILD'S MOTHER/FROM 216) pregnancy, did you discuss with anyone about: <ul style="list-style-type: none"> - Where (NAME OF CHILD'S MOTHER) plan to deliver? - Transportation to the place of delivery? - Who is going to assist the delivery? - Payment for delivery? - Identifying a possible blood donor? 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>PLACE TO DELIVER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRANSPORTATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DELIVERY ASSISTANT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PAYMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD DONOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	PLACE TO DELIVER	1	2	TRANSPORTATION	1	2	DELIVERY ASSISTANT	1	2	PAYMENT	1	2	BLOOD DONOR	1	2							
	YES	NO																									
PLACE TO DELIVER	1	2																									
TRANSPORTATION	1	2																									
DELIVERY ASSISTANT	1	2																									
PAYMENT	1	2																									
BLOOD DONOR	1	2																									
614E	Has (NAME OF THE YOUNGEST CHILD/FROM 216) received (NAME OF VACCINE): <ul style="list-style-type: none"> - BCG? - Polio? - DPT? - Measles? - Hepatitis? 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>POLIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DPT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>MEASLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>HEPATITIS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	BCG	1	2	8	POLIO	1	2	8	DPT	1	2	8	MEASLES	1	2	8	HEPATITIS	1	2	8	
	YES	NO	DON'T KNOW																								
BCG	1	2	8																								
POLIO	1	2	8																								
DPT	1	2	8																								
MEASLES	1	2	8																								
HEPATITIS	1	2	8																								
614F	CHECK 614E <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '1' <input type="checkbox"/> DID NOT CIRCLED ↓ </div> <div style="text-align: center;"> ANY CODE '1' <input type="checkbox"/> CIRCLED → </div> </div>		→ 614H																								
614G	What is the main reason why (NAME OF THE YOUNGEST CHILD/FROM 216) has not received any of these vaccinations?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>TOO EXPENSIVE</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DOES NOT KNOW WHERE TO GET THEM</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NOT AVAILABLE</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NOT IMPORTANT/NOT NEEDED ...</td> <td style="text-align: center;">4</td> </tr> <tr> <td>NOT GOOD FOR CHILD'S HEALTH ...</td> <td style="text-align: center;">5</td> </tr> <tr> <td>CHILD IS TOO YOUNG</td> <td style="text-align: center;">6</td> </tr> <tr> <td>TOO FAR/NO TRANSPORT</td> <td style="text-align: center;">7</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW ANY VACCINE</td> <td style="text-align: center;">97</td> </tr> <tr> <td>DON'T KNOW WHY</td> <td style="text-align: center;">98</td> </tr> </tbody> </table>	TOO EXPENSIVE	1	DOES NOT KNOW WHERE TO GET THEM	2	NOT AVAILABLE	3	NOT IMPORTANT/NOT NEEDED ...	4	NOT GOOD FOR CHILD'S HEALTH ...	5	CHILD IS TOO YOUNG	6	TOO FAR/NO TRANSPORT	7	OTHER _____	96	(SPECIFY)		DON'T KNOW ANY VACCINE	97	DON'T KNOW WHY	98			
TOO EXPENSIVE	1																										
DOES NOT KNOW WHERE TO GET THEM	2																										
NOT AVAILABLE	3																										
NOT IMPORTANT/NOT NEEDED ...	4																										
NOT GOOD FOR CHILD'S HEALTH ...	5																										
CHILD IS TOO YOUNG	6																										
TOO FAR/NO TRANSPORT	7																										
OTHER _____	96																										
(SPECIFY)																											
DON'T KNOW ANY VACCINE	97																										
DON'T KNOW WHY	98																										
614H	In your household who usually decides what to do if the (NAME OF THE YOUNGEST CHILD/FROM 216) is ill? Anybody else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>RESPONDENT</td> <td style="text-align: center;">A</td> </tr> <tr> <td>CHILD'S MOTHER</td> <td style="text-align: center;">B</td> </tr> <tr> <td>CHILD'S STEP MOTHER</td> <td style="text-align: center;">C</td> </tr> <tr> <td>FEMALE RELATIVE</td> <td style="text-align: center;">D</td> </tr> <tr> <td>MALE RELATIVE</td> <td style="text-align: center;">E</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td>CHILD HAS NEVER BEEN ILL</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>	RESPONDENT	A	CHILD'S MOTHER	B	CHILD'S STEP MOTHER	C	FEMALE RELATIVE	D	MALE RELATIVE	E	OTHER _____	X	(SPECIFY)		CHILD HAS NEVER BEEN ILL	Y									
RESPONDENT	A																										
CHILD'S MOTHER	B																										
CHILD'S STEP MOTHER	C																										
FEMALE RELATIVE	D																										
MALE RELATIVE	E																										
OTHER _____	X																										
(SPECIFY)																											
CHILD HAS NEVER BEEN ILL	Y																										
614I	Please tell me if you would be angry with (NAME OF THE YOUNGEST CHILD'S MOTHER/FROM 216A) if she ever done the following: <ul style="list-style-type: none"> - She took (NAME OF THE YOUNGEST CHILD/FROM 216) to be vaccinated without your permission? - Without asking you, she took (NAME OF THE YOUNGEST CHILD/FROM 216) to a doctor or health worker because she thought the child was ill? 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>VACCINATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	VACCINATION	1	2	8	DOCTOR	1	2	8													
	YES	NO	DON'T KNOW																								
VACCINATION	1	2	8																								
DOCTOR	1	2	8																								

SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODE	SKIP
701	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 723
701A	From which sources of information have you learned about HIV/AIDS? Any other sources? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVE I WORK PLACE J INTERNET K OTHER _____ X (SPECIFY)	
702	Can people reduce their chance of getting the HIV/AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
703	Can people get the HIV/AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the HIV/AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
706	Can people get the HIV/AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
706A	Can people get the AIDS virus by sharing unsterilized needle or syringe?	YES 1 NO 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the HIV/AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
708	Can the virus that causes AIDS be transmitted from a mother to a child: - During pregnancy? - During delivery? - By breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY ... 1 2 8 BY BREASTFEEDING .. 1 2 8	
708A	How identify someone who was infected HIV/AIDS? Any thing else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	BY RECOGNISING PHISICALLY A BY RECOGNISING BEHAVIOUR B BY BLOOD TEST/VCT (VOLUNTARY COUNSELING TEST) C OTHER _____ X (SPECIFY) DON'T KNOW Z	
708B	Do you know about HIV/AIDS test voluntarily preceding also known as VCT, wich stands for Voluntary Counseling and Testing?	YES 1 NO 2	→ 717A

NO.	QUESTIONS AND FILTERS	CODE	SKIP
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 717A
717	Where is that? Any other place? IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C STAND-ALONE VCT CENTER D OTHER _____ E (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL F HEALTH CENTER G STAND-ALONE VCT CENTER H PRIVATE DOCTOR I MIDWIFE/NURSE J OTHER _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
717A	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife?	YES 1 NO 2	
718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
719	If a member of your family got infected with the virus that causes HIV/AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
721	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	YES 1 NO 2 DON'T KNOW/TUNSURE DEPENDS 8	
723	CHECK 701: EVER HEARD <input type="checkbox"/> ABOUT AIDS ↓ Besides AIDS, have you ever heard about other infection that can be transmitted by sexual intercourse? NEVER HEARD <input type="checkbox"/> ABOUT AIDS ↓ Have you ever heard about infection that can be transmitted by sexual intercourse?	YES 1 NO 2	→ 724
723A	What infection have you heard about? Any other? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA ... C CHANROID D CLAMYDIA E CANDIDA F GENITAL HERPES G OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODE	SKIP
723B	<p>From which sources of information have you learned about sexually transmitted infection (STIs)?</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>POSTER D</p> <p>HEALTH PROFESSIONAL E</p> <p>RELIGIOUS INSTITUTION F</p> <p>SCHOOL/TEACHER G</p> <p>COMMUNITY MEETING H</p> <p>FRIENDS/RELATIVE I</p> <p>WORK PLACE J</p> <p>INTERNET K</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	
723C	<p>If a <u>man</u> has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>KEMERAHAN / RADANG PADA SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ W</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO SYMPTOM Y</p> <p>DON'T KNOW Z</p>	
723D	<p>If a <u>woman</u> has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO SYMPTOM Y</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP																				
724	CHECK 414: CODE '00' <input type="checkbox"/> NOT CIRCLED CODE '00' <input type="checkbox"/> CIRCLED	<input type="checkbox"/> → 733	733																				
725	CHECK 723: CODE '1' <input type="checkbox"/> CIRCLED CODE '2' <input type="checkbox"/> CIRCLED	<input type="checkbox"/> → 728	728																				
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8																					
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8																					
729	CHECK 726 AND 728: ANY CODE '1' <input type="checkbox"/> CIRCLED CODE '1' <input type="checkbox"/> DID NOT CIRCLED	<input type="checkbox"/> → 733	733																				
730	The last time you had (PROBLEM FROM 726/728), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 733																				
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	SELF CURED A HEALTH CENTER B HOSPITAL/CLINIC C PRIVATE DOCTOR D MIDWIFE E PHARMACY/DRUG STORE F TRADITIONAL PRACTITIONER G FRIEND/RELATIVE H OTHER _____ X (SPECIFY)																					
733	Husbands and wives do not always agree on things. According to you, whether a wife's is right to refuse having sex with husband/patner if : - She knew that her husband was exposed to sexually transmitted infections? - She knew that her husband having sex with another? - She just had a baby/menstruating? - She is tired or do not want to do?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>EXPOSED TO SEXUALLY TRANSMITTED INFECTIONS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER WOMEN</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> </tr> <tr> <td>CHILDBIRTH/MENSTRUATING</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> </tr> <tr> <td>TIRED/NOT WANT TO DO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> </tr> </table>		YES	NO	DK	EXPOSED TO SEXUALLY TRANSMITTED INFECTIONS	1	2	3	OTHER WOMEN	1	2	3	CHILDBIRTH/MENSTRUATING	1	2	3	TIRED/NOT WANT TO DO	1	2	3	
	YES	NO	DK																				
EXPOSED TO SEXUALLY TRANSMITTED INFECTIONS	1	2	3																				
OTHER WOMEN	1	2	3																				
CHILDBIRTH/MENSTRUATING	1	2	3																				
TIRED/NOT WANT TO DO	1	2	3																				

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE 00</p>	→ 808
806	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE 00</p>	→ 808
807	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
808	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 810
809	<p>In the last 24 hours, how many cigarettes did you smoke?</p> <p>IF NOT SMOKED, RECORD "00"</p>	<p>NUMBER OF CIGARETTES <input type="text" value=""/><input type="text" value=""/></p>	
810	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES 1</p> <p>NO 2</p>	→ 812
811	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>CIRCLE ALL MENTIONED</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
812	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	→ 814
813	<p>What type of health insurance?</p> <p>DO NOT READ OUT RESPONSES. AND CIRCLE ALL MENTIONED</p>	<p>HEALTH DONATION A</p> <p>JPK PNS/VETERAN/ PENSIUN (ASKES) B</p> <p>JPK JAMSOSTEK C</p> <p>HEALTH CARD/JPK GAKIN/POOR CARD/ JAMKESMAS CARD D</p> <p>PRIVATE HEALTH INSURANCE E</p> <p>BENEFOLENT FUND/SUBT BY CORPORATE F</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
814	<p>RECORD THE TIME.</p>	<p>HOUR <input type="text" value=""/><input type="text" value=""/></p> <p>MINUTES <input type="text" value=""/><input type="text" value=""/></p>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____