



## 2012 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY NEVER-MARRIED MEN'S QUESTIONNAIRE

Confidential

IDENTIFICATION	CODE																																																																		
1. PROVINCE _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></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>																																																																		
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10. NAME OF RESPONDENT _____																																																																			
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INTERVIEWER VISITS																
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DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10%; text-align: center;">2</td><td style="width: 10%; text-align: center;">0</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%; text-align: center;">2</td></tr></table>									2	0	1	2
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INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>												
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NEXT VISIT    DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>												
TIME	_____	_____														

\*\*\*) RESULT CODES

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

FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____	_____	_____								
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>		

\*) Cross out category not used

\*\*) Circle selected category

## PARENT/GUARDIAN CONSENT

(READ TO PARENTS OR GUARDIAN OF MEN AGE 15-17)

In this survey, we are interviewing never married men between the ages of 15 and 24 individually. We are interested in their knowledge, attitudes, and practice in reproductive health care. This information will be useful to the government in developing plans to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your permission to have your child(ren) to participate in this survey. The survey usually takes about 25 minutes to complete. Whatever information your children provide will be kept strictly confidential and will not be shown to other persons.

May we interview (NAME OF CHILDREN) in private? If you decide not to allow your child(ren) to be interviewed, we will respect your decision. What is your decision?

PARENT/GUARDIAN AGREES ..... 1

PARENT/GUARDIAN DOES NOT AGREE ..... 2 → END

↓  
SECTION 1

Signature of interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

## INFORMED CONSENT

Hello.

My name is..... I am working with Badan Pusat Statistik. We are conducting a national survey of unmarried men between age 15 and 24. We are interested in your knowledge of, attitudes toward and practice in health care.

This information will be used to help the government in developing plans to provide health services tailored specifically to address the needs of young people. We would very much appreciate your participation in this survey. The survey usually takes about 25 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? (GIVE CLEAR AND BRIEF RESPONSE)

During this interview, how should I address you?

\_\_\_\_\_

(SPECIFY)

May I interview (NAME) now?

RESPONDENT AGREES ..... 1



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

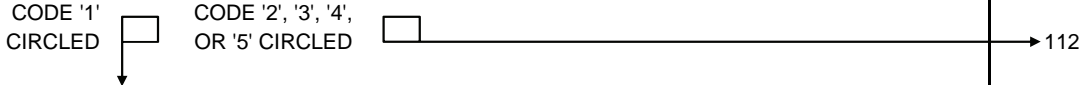
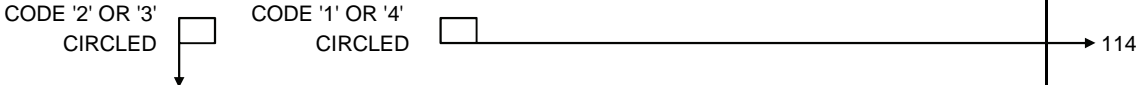
SECTION 1

Signature of interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
103	How old were you at your last birthday?  COMPARE AND CORRECT 103 AND 102 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 24, END INTERVIEW. CORRECT 12IDHS-HH SECTION III COL (7).	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 110
105	What is the highest level of school you attended: elementary, junior high school, senior high school, academy or university?	PRIMARY SCHOOL ..... 1 JUNIOR HIGH SCHOOL ..... 2 SENIOR HIGH SCHOOL ..... 3 ACADEMY ..... 4 UNIVERSITY ..... 5	
106	What is the highest (grade/year) you completed at that level?  IN FIRST YEAR = 0, COMPLETED = 7, DON'T KNOW = 8	GRADE ..... <input type="text"/>	
107	Are you currently attending school?	YES ..... 1 NO ..... 2	→ 109
108	What is the reason you are not currently attending school any more?          DO NOT READ OUT RESPONSES. CIRCLE THE MAIN ANSWER.	GRADUATED/HAD ENOUGH SCHOOLING ..... 01 TO CARE FOR ANOTHER FAMILY MEMBER ..... 02 FAMILY NEEDED HELP ON FARM OR BUSINESS ..... 03 COULD NOT PAY SCHOOL FEES ... 04 NEEDED TO EARN MONEY ..... 05 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE ... 06 DID NOT PASS EXAMS ..... 07 SCHOOL NOT ACCESSIBLE/ TOO FAR ..... 08 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
109	CHECK 105:  CODE '1' CIRCLED <input type="checkbox"/> CODE '2', '3', '4', OR '5' CIRCLED <input type="checkbox"/> 		→ 112																								
110	Now I would like you to read this sentence.  SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE.. 3 BLIND/VISUALLY IMPAIRED ..... 4																									
111	CHECK 110:  CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' OR '4' CIRCLED <input type="checkbox"/> 		→ 114																								
112	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	→ 114																								
113	In the last 6 months did you read an article in a newspaper or magazine:  - About postponement of age at marriage? - About HIV/AIDS? - About sexually transmitted infections (STI)? - About the condom/condom advertisement? - About drugs? - About alcoholic beverages? - About how to prevent pregnancy or family planning?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>POSTPONE MARRIAGE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STI .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOM .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRUGS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ALCOHOL .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY PLANNING .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	POSTPONE MARRIAGE .....	1	2	HIV/AIDS .....	1	2	STI .....	1	2	CONDOM .....	1	2	DRUGS .....	1	2	ALCOHOL .....	1	2	FAMILY PLANNING .....	1	2	
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FAMILY PLANNING .....	1	2																									
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	→ 116																								
115	In the last 6 months did you hear on the radio:  - About postponement of age of marriage? - About HIV/AIDS? - About sexually transmitted infections (STI)? - About the condom/condom advertisement? - About drugs? - About alcoholic beverages? - About how to prevent pregnancy or family planning?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>POSTPONE MARRIAGE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STI .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOM .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRUGS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ALCOHOL .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY PLANNING .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	POSTPONE MARRIAGE .....	1	2	HIV/AIDS .....	1	2	STI .....	1	2	CONDOM .....	1	2	DRUGS .....	1	2	ALCOHOL .....	1	2	FAMILY PLANNING .....	1	2	
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116	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	→ 118																								
117	In the last 6 months did you watch on television: - About postponement of age of marriage? - About HIV/AIDS? - About sexually transmitted infections (STI)? - About the condom/condom advertisement? - About drugs? - About alcoholic beverages? - About how to prevent pregnancy or family planning?	<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>POSTPONE MARRIAGE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STI .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOM .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRUGS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ALCOHOL .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY PLANNING .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	POSTPONE MARRIAGE .....	1	2	HIV/AIDS .....	1	2	STI .....	1	2	CONDOM .....	1	2	DRUGS .....	1	2	ALCOHOL .....	1	2	FAMILY PLANNING .....	1	2	
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FAMILY PLANNING .....	1	2																									
118	Have you done any work in the last seven days at least one hour continuous?	YES ..... 1 NO ..... 2	→ 121																								
119	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	→ 121																								
120	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 201																								
121	What is your occupation, that is, what kind of work do you mainly do?  DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES.  _____ _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> (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																									
121A	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE/GOVERNMENT ..... 2 SELF-EMPLOYED ..... 3																									
122	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3																									
123	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																									

## 2. KNOWLEDGE AND EXPERIENCE ABOUT HUMAN REPRODUCTION SYSTEM

Now I want to ask you about changes from childhood to adolescence, the reproductive system, and related issues.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	<p>When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	<p>DEVELOP MUSCLES ..... A                      CHANGE IN VOICE ..... B                      GROWTH OF FACIAL HAIR,                      PUBIC HAIR, UNDERARM HAIR,                      CHEST, LEGS AND ARMS ..... C                      INCREASE IN SEXUAL AROUSAL ... D                      WET DREAMS ..... E                      GROWTH OF ADAM'S APPLE ..... F                      HARDENING OF NIPPLES ..... G                      OTHER _____ X                      (SPECIFY)                      DON'T KNOW ..... Z</p>	
202	<p>When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	<p>GROWTH OF PUBIC AND                      UNDERARM HAIR ..... A                      GROWTH IN BREASTS ..... B                      GROWTH IN HIPS ..... C                      INCREASE IN SEXUAL AROUSAL ... D                      MENSTRUATION ..... E                      OTHER _____ X                      (SPECIFY)                      DON'T KNOW ..... Z</p>	
203	<p>CHECK 201 AND 202:</p> <p>NO CODE 'Z' CIRCLED                      OR CODE 'Z' CIRCLED                      IN ONE QUESTION ONLY <input type="checkbox"/></p> <p>CODE 'Z' CIRCLED                      IN BOTH 201 AND                      202 <input type="checkbox"/></p>		<p>→ 205</p>
204	<p>Where did you get the information about the physical changes from childhood to adolescence?</p> <p>Any other source?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	<p>FRIENDS ..... A                      MOTHER ..... B                      FATHER ..... C                      SIBLINGS ..... D                      RELATIVES ..... E                      TEACHER ..... F                      HEALTH SERVICE PROVIDER ..... G                      RELIGIOUS LEADER ..... H                      TELEVISION ..... I                      RADIO ..... J                      BOOK/MAGAZINE/NEWSPAPER ..... K                      INTERNET ..... L                      OTHER _____ X                      (SPECIFY)                      DON'T KNOW ..... Z</p>	
205	<p>How old were you when you had your first wet dream?</p>	<p>NEVER ..... 00                      AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>→ 208</p>

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
206	Before you had wet dreams, did anyone talk to you about wet dreams?	YES ..... 1 NO ..... 2	→ 208
207	Who talked to you about wet dreams?  Any one else?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	FRIENDS ..... A MOTHER ..... B FATHER ..... C SIBLINGS ..... D RELATIVES ..... E TEACHER ..... F HEALTH SERVICE PROVIDER ..... G RELIGIOUS LEADER ..... H OTHER ..... X (SPECIFY)	
208	Is there the fertile period for woman who have menstruated?  Fertile period is from one menstrual period to the next, there where certain days when woman is more likely to become pregnant if she has sexual relations.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 210
209	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 ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
210	Can a woman become pregnant by having one sexual intercourse ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
211	Do you know how to avoid pregnancy? If "YES": What is it?  Any other way?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	ABSTAIN FROM SEX ..... A USE CONTRACEPTION ..... B RHYTHM OR PERIODIC ABSTINENCE C WITHDRAWAL ..... D HERBS ..... E OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	



NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
<p>Now I would like to talk about family planning . The various ways or methods that a couple can use to delay or avoid a pregnancy. 212. Have you ever heard about (METHOD)?</p>			
<p>01. <b>Female sterilization.</b> Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>02. <b>Male sterilization.</b> Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>03. <b>IUD</b> Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>04. <b>Injectables</b> Women can have an injection by a health provider that stops them from becoming pregnant for one more months.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>05. <b>Implants</b> Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>06. <b>Pill</b> Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>07. <b>Condom</b> Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>08. <b>Intravag/Diaphragm</b> Women can place at thin flexible disk in their vagina before intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>09. <b>Lactational amenorrhea methode (LAM)</b> Women Breastfeed the baby with condition: the age of the baby less than 6 months, the baby just consume breast milk, and the mother haven't had menstruated yet.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>10. <b>Rhythm or periodic abstinence</b> Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>11. <b>Withdrawal.</b> Men can be careful and pull out before climax</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>12. <b>Emergency Contraception.</b> As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.</p>	<p>YES ..... 1 NO ..... 2</p>		
<p>13. <b>Other methods.</b> Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO ..... 2</p>		

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
213	CHECK 212: ANY CODE '1' <input type="checkbox"/> CIRCLED ↓	CODE '1' <input type="checkbox"/> DID NOT CIRCLED →	217
214	Now I want to talk about family planning use in the future. Do you think you will use a family planning method some time in the future?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	216
215	What service of family planning do you think should be made available to unmarried youth?  - Information about reproductive health and family planning methods? - Consultation about how to use family planning methods? - provision/family planning services	YES NO INFORMATION ..... 1 2 COUNSELLING ..... 1 2 SERVICES ..... 1 2	
216	I will now read you some statements about condom use. Please tell me if you agree or disagree with each.  - Condoms can be used to prevent pregnancy - A condom can protect against getting HIV/AIDS and other sexually transmitted diseases - A condom can be reused	DIS- DON'T AGREE AGREE KNOW PREVENT PREGNANCY . 1 2 8 PREVENT HIV/AIDS AND STI ..... 1 2 8 CAN BE REUSED 1 2 8	
217	Now I want to talk about a disease called anemia. Have you ever heard of anemia?	YES ..... 1 NO ..... 2	301
218	What is anemia?  Anything else?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	LOW HEMOGLOBIN (Hb) ..... A IRON DEFICIENCY ..... B DEFICIT IN RED BLOOD CELLS ..... C BLOOD DEFICIT ..... D VITAMIN DEFICIENCY ..... E LOW BLOOD PRESSURE ..... F OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
219	What do you think is the cause of anemia?  Anything else?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	LACK OF CONSUMPTION OF MEAT, FISH AND LIVER ..... A LACK OF CONSUMPTION OF VEGETABLES AND FRUITS ..... B BLEEDING ..... C MENSTRUATION ..... D MALNUTRITION ..... E INFECTIOUS DISEASE ..... F OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
220	Can anemia be treated?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	301
221	How is anemia treated?  Anything else?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	TAKE PILL TO INCREASE BLOOD .. A TAKE IRON TABLET ..... B INCREASE CONSUMPTION OF MEAT, FISH AND LIVER ..... C INCREASE CONSUMPTION OF IRON-RICH VEGETABLES ..... D OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	

### 3. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																
301	At what age would you like to be married?	AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NEVER ..... 95 DON'T KNOW ..... 98																	
302	In your opinion, what is the best age for a woman to get married?	AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW ..... 98																	
303	In your opinion, what is the best age for a man to get married?	AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW ..... 98																	
304	Do you think a couple who wants to get married needs to have a medical test?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input style="width: 10px; height: 10px;" type="checkbox"/> → 306																
305	What kind of test ?  Anything else?  DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL ..... A BLOOD ..... B URINE ..... C OTHER ..... X (SPECIFY) DON'T KNOW ..... Z																	
306	Who is going to choose the person you will marry : your parents, yourself, or together ?	SELF ..... 1 PARENT ..... 2 OTHER RELATIVES ..... 3 JOINTLY ..... 4																	
307	If you could choose exactly the number of children to have in your whole life, how many children would that be?	NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> OTHER ..... 96 (SPECIFY)	<input style="width: 10px; height: 10px;" type="checkbox"/> → 309																
308	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 was boy or girl?  "ANY" IS THE DESIRED NUMBER OF CHILDREN WITHOUT A SPECIFIC GENDER PREFERENCE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">BOYS</td> <td style="width: 33%; text-align: center;">GIRLS</td> <td style="width: 33%; text-align: center;">EITHER</td> </tr> <tr> <td style="border: none;">NUMBER</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">LAINNYA</td> <td colspan="2" style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: right;">999996</td> </tr> <tr> <td style="border: none;"></td> <td colspan="3" style="border: none; text-align: center;">(TULISKAN)</td> </tr> </table>		BOYS	GIRLS	EITHER	NUMBER				LAINNYA	_____		999996		(TULISKAN)			
	BOYS	GIRLS	EITHER																
NUMBER																			
LAINNYA	_____		999996																
	(TULISKAN)																		
309	Who do you think should decide on how many children a couple should have : the wife, the husband, or both?	WIFE ..... 1 HUSBAND ..... 2 BOTH ..... 3 DON'TKNOW ..... 8																	
310	In your opinion, what is the best age for a woman to have the first baby?	AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW ..... 98																	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																
311	In your opinion, what is the best age for a man to have the first baby?	AGE IN YEARS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98																																	
312	How long do you think a woman should wait after one birth before she has another birth?	MONTH ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998																																	
313	If a woman has an unwanted pregnancy, what do you think she should do, have the baby and keep it, have the baby and give it away, have an abortion, or up to her?	HAVE THE BABY AND KEEP IT ..... 1 HAVE THE BABY AND GIVE IT AWAY. 2 HAVE AN ABORTION ..... 3 UP TO HER ..... 4 DON'T KNOW ..... 8																																	
314	I'm going to read some statements about times when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion if: <ul style="list-style-type: none"> <li>- Her health is endangered by the pregnancy?</li> <li>- Her life is endangered by the pregnancy?</li> <li>- The fetus has physical deformity?</li> <li>- The pregnancy has resulted from rape?</li> <li>- She is unmarried?</li> <li>- The couple can not afford to have a child?</li> <li>- She is attending school?</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">DIS- AGREE</th> <th style="width: 10%; text-align: center;">AGREE</th> <th style="width: 10%; text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>ENDANGER HER HEALTH .....</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>ENDANGER LIFE ...</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>FETUS DEFORMED</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>RAPED .....</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>UNMARRIED .....</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>CAN NOT AFFORD</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>ATTENDING SCHOOL</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>		DIS- AGREE	AGREE	DON'T KNOW	ENDANGER HER HEALTH .....	1	2	8	ENDANGER LIFE ...	1	2	8	FETUS DEFORMED	1	2	8	RAPED .....	1	2	8	UNMARRIED .....	1	2	8	CAN NOT AFFORD	1	2	8	ATTENDING SCHOOL	1	2	8	
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## 4. ROLE OF FAMILY, SCHOOL, COMMUNITY, AND MASS MEDIA

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health, which includes issues related to sexuality and sexually transmitted infections, such as HIV/AIDS; and use of illegal drugs and NAPZA (narcotics, alcohol, psychotropic drugs, and other addictive substances).

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																											
401	We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with: - Friend? - Mother? - Father? - Siblings? - Family? - Teacher? - Health service provider? - Religious leader?	<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>FRIENDS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTHER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FATHER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SIBLINGS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RELATIVES .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TEACHER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH SERVICE PROVIDER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RELIGIOUS LEADER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	FRIENDS .....	1	2	MOTHER .....	1	2	FATHER .....	1	2	SIBLINGS .....	1	2	RELATIVES .....	1	2	TEACHER .....	1	2	HEALTH SERVICE PROVIDER .....	1	2	RELIGIOUS LEADER .....	1	2	
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402	If you want to know more about reproductive health, who would you like to ask?  Any one else?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>FRIENDS .....</td><td style="text-align: center;">A</td></tr> <tr><td>MOTHER .....</td><td style="text-align: center;">B</td></tr> <tr><td>FATHER .....</td><td style="text-align: center;">C</td></tr> <tr><td>SIBLINGS .....</td><td style="text-align: center;">D</td></tr> <tr><td>RELATIVES .....</td><td style="text-align: center;">E</td></tr> <tr><td>TEACHER .....</td><td style="text-align: center;">F</td></tr> <tr><td>HEALTH SERVICE PROVIDER .....</td><td style="text-align: center;">G</td></tr> <tr><td>RELIGIOUS LEADER .....</td><td style="text-align: center;">H</td></tr> <tr><td>OTHER .....</td><td style="text-align: center;">X</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: center;">Z</td></tr> </tbody> </table>	FRIENDS .....	A	MOTHER .....	B	FATHER .....	C	SIBLINGS .....	D	RELATIVES .....	E	TEACHER .....	F	HEALTH SERVICE PROVIDER .....	G	RELIGIOUS LEADER .....	H	OTHER .....	X	(SPECIFY)		DON'T KNOW .....	Z						
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TOPIC	404. Have you ever been taught at school about (TOPIC)?	405. In what level of schooling were you when you first were taught at school about (TOPIC)?																		
A. How the human reproductive system works.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES .....</td><td style="text-align: center;">1 →</td></tr> <tr><td>NO .....</td><td style="text-align: center;">2 →</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: center;">8 →</td></tr> </table>	YES .....	1 →	NO .....	2 →	DON'T KNOW .....	8 →	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIMARY .....</td><td style="text-align: center;">1</td></tr> <tr><td>JUNIOR HIGH SCHOOL .....</td><td style="text-align: center;">2</td></tr> <tr><td>SENIOR HIGH SCHOOL .....</td><td style="text-align: center;">3</td></tr> <tr><td>ACADEMY .....</td><td style="text-align: center;">4</td></tr> <tr><td>UNIVERSITY .....</td><td style="text-align: center;">5</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: center;">8</td></tr> </table>	PRIMARY .....	1	JUNIOR HIGH SCHOOL .....	2	SENIOR HIGH SCHOOL .....	3	ACADEMY .....	4	UNIVERSITY .....	5	DON'T KNOW .....	8
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B. Methods of birth control.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES .....</td><td style="text-align: center;">1 →</td></tr> <tr><td>NO .....</td><td style="text-align: center;">2 →</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: center;">8 →</td></tr> </table>	YES .....	1 →	NO .....	2 →	DON'T KNOW .....	8 →	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIMARY .....</td><td style="text-align: center;">1</td></tr> <tr><td>JUNIOR HIGH SCHOOL .....</td><td style="text-align: center;">2</td></tr> <tr><td>SENIOR HIGH SCHOOL .....</td><td style="text-align: center;">3</td></tr> <tr><td>ACADEMY .....</td><td style="text-align: center;">4</td></tr> <tr><td>UNIVERSITY .....</td><td style="text-align: center;">5</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: center;">8</td></tr> </table>	PRIMARY .....	1	JUNIOR HIGH SCHOOL .....	2	SENIOR HIGH SCHOOL .....	3	ACADEMY .....	4	UNIVERSITY .....	5	DON'T KNOW .....	8
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C. HIV/AIDS.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES .....</td><td style="text-align: center;">1 →</td></tr> <tr><td>NO .....</td><td style="text-align: center;">2 →</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: center;">8 →</td></tr> </table>	YES .....	1 →	NO .....	2 →	DON'T KNOW .....	8 →	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIMARY .....</td><td style="text-align: center;">1</td></tr> <tr><td>JUNIOR HIGH SCHOOL .....</td><td style="text-align: center;">2</td></tr> <tr><td>SENIOR HIGH SCHOOL .....</td><td style="text-align: center;">3</td></tr> <tr><td>ACADEMY .....</td><td style="text-align: center;">4</td></tr> <tr><td>UNIVERSITY .....</td><td style="text-align: center;">5</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: center;">8</td></tr> </table>	PRIMARY .....	1	JUNIOR HIGH SCHOOL .....	2	SENIOR HIGH SCHOOL .....	3	ACADEMY .....	4	UNIVERSITY .....	5	DON'T KNOW .....	8
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D. Other sexually transmitted infections.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES .....</td><td style="text-align: center;">1 →</td></tr> <tr><td>NO .....</td><td style="text-align: center;">2 →</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: center;">8 →</td></tr> </table>	YES .....	1 →	NO .....	2 →	DON'T KNOW .....	8 →	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIMARY .....</td><td style="text-align: center;">1</td></tr> <tr><td>JUNIOR HIGH SCHOOL .....</td><td style="text-align: center;">2</td></tr> <tr><td>SENIOR HIGH SCHOOL .....</td><td style="text-align: center;">3</td></tr> <tr><td>ACADEMY .....</td><td style="text-align: center;">4</td></tr> <tr><td>UNIVERSITY .....</td><td style="text-align: center;">5</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: center;">8</td></tr> </table>	PRIMARY .....	1	JUNIOR HIGH SCHOOL .....	2	SENIOR HIGH SCHOOL .....	3	ACADEMY .....	4	UNIVERSITY .....	5	DON'T KNOW .....	8
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NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
406	Have you ever attended a community-sponsored meeting about reproductive health?	YES ..... 1 NO ..... 2	→ 408
407	What kind of meeting did you attend?  Any other?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	YOUTH GROUP ..... A RELIOUS GATHERING ..... B YOUTH FAMILY GUIDANCE/BKR ... C NGO ..... D GOVT. EXTENSION SERVICE ..... E OTHER _____ X (SPECIFY)	
408	Have you heard of a place for young adults to obtain information and counselling about young adult reproductive health?	YES ..... 1 NO ..... 2	→ 501
409	What places have you heard about?  _____ (TULISKAN)  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	PIK-KRR ..... A PKRR/PIKER ..... B YOUTH CENTER ..... C OTHER ..... X DON'T REMEMBER/DON'T KNOW ... Z	
410	Do you know where this place is (any of these places are)?	YES ..... 1 NO ..... 2	→ 501
411	Have you ever visited this place (any of these places)?	YES ..... 1 NO ..... 2	→ 501
412	What services did you find there?  Anything else?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH ..... A COUNSELLING ..... B MEDICAL CHECK UP ..... C STI TREATMENT ..... D CONTRACEPTIVE METHODS ..... E OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
413	Apart from services you mentioned before, what other services do you want to be available in that place (those places)?  Anything else?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH ..... A COUNSELLING ..... B MEDICAL CHECK UP ..... C STI TREATMENT ..... D CONTRACEPTIVE METHODS ..... E OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	

## 5. SMOKING, DRINKING AND DRUGS

Now I'd like to ask you some question about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
501	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 506
502	How old were when you smoked a cigarette for the first time?	AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW ..... 98	
503	How old were you when you started smoking fairly regularly?	AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> JUST TRIED ..... 94 NEVER SMOKED REGULARLY ... 95 DON'T KNOW ..... 98	
504	Do you currently smoke or use any (other) type of tobacco?	YES ..... 1 NO ..... 2	→ 506
505	In the last 24 hours, how many cigarettes did you smoke? IF NOT SMOKING, FILL WITH "00"	NUMBER OF CIGARETTES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
506	Do you currently use tobacco with another way?	YES ..... 1 NO ..... 2	→ 508
507	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C OTHER _____ X (SPECIFY)	
508	Have you ever asked/influenced a friend/someone to smoke?	YES ..... 1 NO ..... 2	
509	Have you ever asked/influenced a friend/someone not to smoke?	YES ..... 1 NO ..... 2	
510	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES ..... 1 NO ..... 2	→ 514
511	How old were you when you had your first drink of alcohol?	AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW ..... 98	
512	In the last three months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DID NOT DRINK ..... 95	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
513	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES ..... 1 NO ..... 2	
514	Have you ever asked/influenced a friend/someone to drink an alcohol-containing beverage?	YES ..... 1 NO ..... 2	
515	Have you ever asked/influenced a friend/someone not to drink an alcohol-containing beverage?	YES ..... 1 NO ..... 2	
516	There are drugs such as ganja, putau, shabu-shabu, and others drugs which can be used for fun or get high (LOCAL TERMS: fly, boat, fantasize, etc). Do you know someone who takes drugs?	YES ..... 1 NO ..... 2	
517	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES ..... 1 NO ..... 2	→ 525
518	How did you use the drug?  Any other way?  DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	SMOKED ..... A INHALED ..... B INJECTED ..... C DRUNK/SWALLOWED ..... D OTHER _____ X (SPECIFY)	
519	CHECK 518:  CODE 'A', 'B', OR 'D' <input type="checkbox"/> CIRCLED	CODE 'C' <input type="checkbox"/> _____	→ 521
520	Have you ever injected drugs which can make you LOCAL TERMS: fly, high, intoxicated, etc. ?	YES ..... 1 NO ..... 2	→ 525
521	How old were you when you first injected drugs?	AGE IN YEARS ..... <input type="text"/> <input type="text"/> DON'T REMEMBER ..... 98	
522	Did you inject drugs in the last 12 months?	YES ..... 1 NO ..... 2	→ 524
523	How often did you inject the drugs?	EVERYDAY ..... 01 A FEW TIMES A WEEK ..... 02 EVERY WEEK ..... 03 LESS THAN ONCE PER WEEK ..... 04 ONCE A MONTH ..... 05 LESS THAN ONCE A MONTH ..... 06 OTHER _____ 96 (SPECIFY)	
524	Have you ever shared needles?	YES ..... 1 NO ..... 2	
525	Have you ever asked/influenced a friend/someone to use drugs?	YES ..... 1 NO ..... 2	
526	Have you ever asked/influenced a friend/someone not to use drugs?	YES ..... 1 NO ..... 2	



## 6. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→616
601A	From which sources of information have you learned about HIV/ AIDS?  Any thing else?  CIRCLE 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/RELATIVES ..... I WORK PLACE ..... J INTERNET ..... K OTHER _____ X (SPECIFY)	
602	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
603	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
604	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606A	Can people get the AIDS virus by sharing unsterilized needle or syringe?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
607	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
608	Can the virus that causes AIDS be transmitted from a mother to her baby:  - During pregnancy? - During delivery? - By breastfeeding?	YES    NO    DK DURING PREG. .... 1    2    8 DURING DELIVERY ... 1    2    8 BREASTFEEDING ... 1    2    8	
609	How do you know if someone who was infected HIV/AIDS?  Any thing else?  RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PHYSICAL CHANGES ..... A BEHAVIOUR CHANGES ..... B BLOOD TEST/VCT ..... C (VOLUNTARY COUNSELING TEST) OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	Do you know about HIV/AIDS test voluntarily preceding also known as VCT, wich stands for Voluntary Counseling and Testing?	YES ..... 1 NO ..... 2	→ 612
610A	Do you know a place to get VCT service?	YES ..... 1 NO ..... 2	→ 612
611	Where is it?  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)	
612	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	
613	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
614	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	
615	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?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
616	CHECK 601:  HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1  NO ..... 2	→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
617	<p>What other infections have you heard about?</p> <p>Any other?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>SYPHILIS . . . . . A</p> <p>GONORRHEA . . . . . B</p> <p>GENITAL WARTS/CONDYLOMATA . . . . . C</p> <p>CHANROID . . . . . D</p> <p>CLAMYDIA . . . . . E</p> <p>CANDIDA . . . . . F</p> <p>GENITAL HERPES . . . . . G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
618	<p>From which sources of information have you learned about sexually transmitted diseases (STDs)?</p> <p>Anywhere else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</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/RELATIVES . . . . . I</p> <p>WORK PLACE . . . . . J</p> <p>INTERNET . . . . . K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
619	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any thing else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</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>IMPOTENCE . . . . . L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO SYMPTOMS . . . . . Y</p> <p>DON'T KNOW . . . . . Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any thing else?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</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>IMPOTENCE . . . . . L</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS . . . . . Y</p> <p>DON'T KNOW . . . . . Z</p>	



NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																
709	<p>What is your relationship to the person you had sex with the first time?</p> <p>DO NOT READ OUT RESPONSES.</p>	FRIEND ..... 01 BOY/GIRLFRIEND ..... 02 SIBLING ..... 03 RELATIVE ..... 04 FATHER ..... 05 MOTHER ..... 06 PROSTITUTE ..... 07 OTHER _____ 96 (SPECIFY)																																	
710	<p>The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?</p>	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER .... 8	→ 715																																
711	<p>What did you or your partner use?</p> <p>Any other method?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	CONDOM ..... A PILL ..... B DIAPHRAGM/INTRAVAG ..... C WITHDRAWAL ..... D OTHER _____ X (SPECIFY)																																	
712	<p>When was the <u>last</u> time you had sexual intercourse?</p>	DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																	
713	<p>The last time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?</p>	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER .... 8	→ 715																																
714	<p>What did you or your partner use?</p> <p>Any other method?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES</p>	CONDOM ..... A PILL ..... B DIAPHRAGM/INTRAVAG ..... C WITHDRAWAL ..... D PERIODIC ABSTINENCE ..... E OTHER _____ X (SPECIFY)																																	
715	<p>Do you have any friends who have had sex before marriage?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 717																																
716	<p>Because your friends have had sex, are you motivated to have sexual intercourse?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																	
717	<p>Do you approve if:</p> <p>- If a man has many partners/girlfriends at the same time?</p> <p>- If a woman has many partners/boyfriends at the same time?</p>	<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;">DE- PENDS</th> </tr> </thead> <tbody> <tr> <td>A BOY HAS MANY GIRLFRIENDS ..</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>A GIRL HAS MANY BOYFRIENDS .....</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	DE- PENDS	A BOY HAS MANY GIRLFRIENDS ..	1	2	8	A GIRL HAS MANY BOYFRIENDS .....	1	2	8																					
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NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
718	Do you approve if a woman has sexual intercourse before marriage?	APPROVE ..... 1 DISAPPROVE ..... 2 DEPENDS ..... 8	
719	Do you approve if a man has sexual intercourse before marriage?	APPROVE ..... 1 DISAPPROVE ..... 2 DEPENDS ..... 8	
720	Do you approve if someone has sexual intercourse before marriage if: - They both like to have sex. - They love each other. - They plan to get married  - The woman is an adult and knows the consequences - They want to show their love	DIS- APPROVE APPROVE LIKE SEX ..... 1 2 LOVE EACH OTHER ... 1 2 PLAN TO MARRY ..... 1 2 WOMEN KNOW CONSEQUENCES ... 1 2 SHOW LOVE ..... 1 2	
721	Do you strongly agree, agree or disagree of the opinion that women should maintain virginity before marriage?	STRONGLY AGREE ..... 1 AGREE ..... 2 DISAGREE ..... 8	
722	Do you think men in general still value their partner's virginity?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
723	CHECK 705: NO/ <input type="checkbox"/> DON'T KNOW ↓	YES <input type="checkbox"/> → 725	
724	If you have never had sexual intercourse, do you intend to have sexual intercourse soon?	YES ..... 1 NO ..... 2 DEPENDS ..... 8	
725	Have you ever advised/influenced a friend/someone to have sexual intercourse?	YES ..... 1 NO ..... 2	
726	Have you ever advised/influenced a friend/someone not to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS ..... 8	
727	CHECK 705: CODE '1' <input type="checkbox"/> CIRCLED ↓	CODE '2' OR '8' <input type="checkbox"/> → 734	
728	Sometimes a woman becomes pregnant when she doesn't want to be.  In the past, have you ever had a sex partner who became pregnant when you did not want her to be?	YES ..... 1  NO ..... 2	→ 734
729	How many times did you/your partner become pregnant when you did not want to be?	ONCE ..... 1 SEVERAL TIMES ..... 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
730	<p>CHECK 729:</p> <p><input type="checkbox"/> CODE '1' CIRCLED</p> <p><input type="checkbox"/> CODE '2' CIRCLED</p> <p>When you had the unwanted pregnancy(ies), what did you do?</p> <p>When you had an unwanted pregnancy(ies), what did do?</p>	<p>CONTINUED THE PREGNANCY ..... 1</p> <p>ATTEMPTED TO STOP THE PREGNANCY BUT FAILED ..... 2</p> <p>ABORTED THE PREGNANCY ..... 3</p> <p>HAD A MISCARRIAGE ..... 4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	<p>→ 732</p> <p>→ 734</p>
731	<p>What did you do with the baby?</p>	<p>KEPT THE BABY ..... 1</p> <p>BABY CARED BY OTHER PEOPLE ... 2</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	
732	<p>CHECK 730:</p> <p>CODE '2' OR '3' <input type="checkbox"/> CIRCLED</p>	<p>CODE '1' <input type="checkbox"/> CIRCLED</p>	<p>→ 734</p>
733	<p>Who helped you in stopping the pregnancy or attempting to stop the pregnancy?</p> <p>Any other person?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>DOCTOR ..... A</p> <p>MIDWIFE/NURSE ..... B</p> <p>TRADITIONAL BIRTH ATTENDANT ... C</p> <p>PHARMACIST ..... D</p> <p>FRIEND/RELATIVES ..... E</p> <p>NO ONE ..... F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
734	<p>Has any young unmarried adult you personally know ever aborted a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
735	<p>Have you ever advised/influenced a friend/someone to abort a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER .... 8</p>	
736	<p>Have you ever advised/influenced a friend/someone not to abort a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER .... 8</p>	
737	<p>CHECK 705:</p> <p>CODE '1' <input type="checkbox"/> CIRCLED</p> <p>CODE '2' AND '3' <input type="checkbox"/> CIRCLED</p>		<p>→ 745</p>
738	<p>CHECK 616:</p> <p>CODE '1' <input type="checkbox"/> CIRCLED</p> <p>CODE '2' <input type="checkbox"/> CIRCLED</p>		<p>→ 741</p>



NO.	QUESTIONS AND FILTERS	CODE	SKIP TO								
739	Now I would like to ask you about your health in the past 12 months. In the past 12 months, have you experienced any disease transmitted during intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
741	Sometimes men have a problems with a form of genital abnormalities. During the last 12 months, have you had a sore or ulcer near yourgenital?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
742	CHECK 739,741:  EVER HAD INFECTION (THERE IS CODE 'YES') <input type="checkbox"/> NEVER HAD INFECTION OR DON'T KNOW <input type="checkbox"/>		→ 745								
743	Sometimes ago you get infected (PROBLEMS FROM 739 and 741), did you get advice or treatment?	YES ..... 1 NO ..... 2	→ 745								
744	Where did you get advice or treatment?  Any other else?  DO NOT READ OUT RESPONSES.  CIRCLE ALL MENTIONED.	NO MEDICAL TREATMENT ..... A SELF TREATMENT ..... B PIK-KRR ..... C DRUG STORE ..... D HOSPITAL/CLINIC ..... E TRADITIONAL PRACTITIONER ..... F FRIEDNS/RELATIVES ..... G OTHER _____ X (SPECIFY) DON'T KNOW ..... Z									
745	RECORD THE TIME	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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