

+

3	
---	--

Form 3 +

Lao Reproductive Health Survey 2005

Male questionnaire

Identification

Province

District

Village

EA

Household No

Name and number of eligible men

Name and number of wife

Interview visit

First time

Day

Month

Result

Second time

Day

Month

Result

Final time

Day

Month

Result

Total number of visits:

 1. One time 2. Two time 3. Three time

Result code

1. Completed

4. Refused

7. Other (specify)

2. No body stay at home

5. Partially completed

3. Postponed

6. Vacant/destroyed dwelling

Interviewer's name :

Supervisor's name :

+

+

Section 1 : Respondent`s Background

Question	answer code
101. In what month and year were you born ?	<input type="text"/> Month <input type="checkbox"/> 98 DK <input type="text"/> Year <input type="checkbox"/> 08 DK
102. How old are you now ?	<input type="text"/> Age
103. What is the highest grade you studying / completed ? (See code table in manual)	<input type="text"/> Grade <input type="checkbox"/> 88 No attend
104. Can you read and understand Lao language ? (only one answer)	<input type="checkbox"/> 1.Easily <input type="checkbox"/> 3.Can`t read, go to Q.106 <input type="checkbox"/> 2.Difficulty
105.Do you usually read a newspaper at least once a week ?	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No
106. Do you usually listen to the radio at least once a week ?	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No
107. Do you usually watch to the TV at least once a week ?	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No
108. What kind of work do you usually do within the last 12 months ?	<input type="text"/> Specify <input type="text"/>
109. Average, how many cigarette do you smoking a day ?	<input type="text"/> Number <input type="checkbox"/> 88. No smoking, go to Q. 111
110. How old were you when you started smoking cigarettes	<input type="text"/> Age <input type="checkbox"/> 98. DK
111. Average how many time do drink alcohol a week ?	<input type="checkbox"/> 1. 1-3 Times / week <input type="checkbox"/> 3. <1 time / week <input type="checkbox"/> 2. 4 times or more / week <input type="checkbox"/> 4. No drink, go to Q. 201
112. If drink, how old were you when you started drinking alcohol ?	<input type="text"/> Age <input type="checkbox"/> 98 DK

+

+

Section 2 : Fertility	
Question	answer code
201. Have you ever had children ?	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No, go to q. 205
202. How many children do you have ?	<input type="text"/> Number
203. In what month and year last child was born ?	<input type="text"/> Month <input type="checkbox"/> 98 DK <input type="text"/> Year <input type="checkbox"/> 08 DK
204. When your wife gave birth to her last child did you want by then or did you want to wait or did you not want at all ?	<input type="checkbox"/> 1.Then <input type="checkbox"/> 2.Later <input type="checkbox"/> 3.Not at all
205. How old were you when you have first sexual intercourse ?	<input type="text"/> Year <input type="checkbox"/> 2.Never have sex, go to Q. 303
206. Which whom did you have extra marital sexual intercourse ?	<input type="checkbox"/> 1.Commercial sex worker <input type="checkbox"/> 3.Partner <input type="checkbox"/> 2. Friend <input type="checkbox"/> 4.Boy/girl friend
207. In the last 12 month did you have sex with none marital partner ?	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No
208. In the last sexual intercourses did you use condom ?	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No
209. Which whom did you have a last sexual intercourses?	<input type="checkbox"/> 1.Partner <input type="checkbox"/> 2.Other
Section 3 : Contraceptive	
301. Has you/ your wife/partner ever used any contraceptive method ?	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No, go to q. 303
302. What method are you/wife/partner using now ?	<input type="checkbox"/> 1.Pill <input type="checkbox"/> 7. Male sterilization <input type="checkbox"/> 2.IUD <input type="checkbox"/> 8. Rhythm/periodic abstinence <input type="checkbox"/> 3. Injection <input type="checkbox"/> 9. Withdrawal <input type="checkbox"/> 4. Diaphragm <input type="checkbox"/> 10. Norplant <input type="checkbox"/> 5. Condom <input type="checkbox"/> 11. Traditional medicine <input type="checkbox"/> 6. Female sterilization <input type="checkbox"/> 13. Other
303. Do you intend to use one of the methods in the future ?	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No

+

+

Question	answer code
304. Which method would you like to use in the future ?	<input type="checkbox"/> 1.Pill <input type="checkbox"/> 6.Female sterilization <input type="checkbox"/> 10.Norplant <input type="checkbox"/> 2.IUD <input type="checkbox"/> 7.Male sterilization <input type="checkbox"/> 11.Traditional medicine <input type="checkbox"/> 3.Injection <input type="checkbox"/> 8.Rhythm/periodic abstinence <input type="checkbox"/> 13.Other (specify) <input type="checkbox"/> 4.Diaphragm <input type="checkbox"/> 9.Withdrawal <input type="checkbox"/> 5.Condom
305. If you can go back to the time when you have no children and could choose exactly the number of children to have in your whole life how many would you like to have ?	<input type="text"/> Number <input type="checkbox"/> 98.DK
306. If you could choose exactly the number of children, how many would you like to have ?	<input type="text"/> Number <input type="checkbox"/> 98.DK
307. From where, have you ever heard or seen family planning program ?	<input type="checkbox"/> 1.Never heard <input type="checkbox"/> 4.Newsp./magaz. <input type="checkbox"/> 2.Radio <input type="checkbox"/> 5.Poster <input type="checkbox"/> 3.TV <input type="checkbox"/> 7.Other
308. Whith whom are you talking about family planning ?	<input type="checkbox"/> 1.Never talk <input type="checkbox"/> 5.Son/Daughter <input type="checkbox"/> 2.Wife <input type="checkbox"/> 6.Relative <input type="checkbox"/> 3.Parrent <input type="checkbox"/> 7.Friend <input type="checkbox"/> 4.Brother/Sister <input type="checkbox"/> 8.Other
309. Have you and your wife ever discussed the number of children you would like to have ?	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No
310. Do you think your wife want the same number of children that you want, or does she want more or fewer than you want ?	<input type="checkbox"/> 1.Same number <input type="checkbox"/> 3.Fewer children <input type="checkbox"/> 2.More children <input type="checkbox"/> 8.DK

Section 4: (STIsSTDs) and (HIV/ AIDs)

Question	answer code
401. Have you ever heard about STIs/ STDs ?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No, go to q. 405
402. From which sources of information have you heard about it ?	<input type="checkbox"/> 1. Radio <input type="checkbox"/> 5. Health workers <input type="checkbox"/> 9. Office <input type="checkbox"/> 2. TV <input type="checkbox"/> 6. School/ teachers <input type="checkbox"/> 96. Other <input type="checkbox"/> 3. Newsp./magaz. <input type="checkbox"/> 7. Community <input type="checkbox"/> 4. Posters <input type="checkbox"/> 8. Friend/ relative
403. What kind of STIs have you ever heard about ?	<input type="checkbox"/> 1. Syphilis <input type="checkbox"/> 3. Warts <input type="checkbox"/> 8. DK <input type="checkbox"/> 2. Gonorrhoea <input type="checkbox"/> 4. Other
404. Have you ever heard about HIV/ AIDS ?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No, the end interview
405. From which sources of information have you heard about it ?	<input type="checkbox"/> 1. Radio <input type="checkbox"/> 5. Health workers <input type="checkbox"/> 9. Office <input type="checkbox"/> 2. TV <input type="checkbox"/> 6. School/ teachers <input type="checkbox"/> 10. Other <input type="checkbox"/> 3. Newsp./magaz. <input type="checkbox"/> 7. Community <input type="checkbox"/> 4. Posters <input type="checkbox"/> 8. Friend/ relative
406. Is there anything a person can do to avoid getting HIV/ AIDS ?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. DK
407. Is it easy to recognized people infected with HIV/ AIDS ?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. DK
408. How is HIV/ AIDS transmitted ?	<input type="checkbox"/> 1. Sexual intercourse <input type="checkbox"/> 3. Sharing syringe <input type="checkbox"/> 2. Blood ttrans. <input type="checkbox"/> 4. Mother to child transmission during pregnancy/birt <input type="checkbox"/> 5. Other
409. How to prevent infected STIs/ HIVs ?	<input type="checkbox"/> 1. Have only one sex parner <input type="checkbox"/> 4. Using condom <input type="checkbox"/> 2. Using toilet becarfully <input type="checkbox"/> 5. Refuse answer <input type="checkbox"/> 3. Taking medicine before have sex <input type="checkbox"/> 7. Other <input type="checkbox"/> 8. DK

Question	answer code
<p>410: How to avoid getting HIV ?</p> <p>1.Avoid mosquitoes</p> <p>2. Not having sex</p> <p>3.Using condoms during sex</p> <p>4. Monogamy (having only one partner)</p> <p>5. Avoid sharing food with person with HIV</p> <p>6. Avoid sharing toilet with person with HIV</p> <p>7. Avoid sharing glass with person with HIV</p> <p>8.Avoid sharing needles/drugs</p> <p>9. No sex with CSWs</p>	<p>1.Yes 2.No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3 <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4 <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7 <input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 <input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9 <input type="checkbox"/> 9</p>
<p>411. In the last 12 month have you had any treatment for urethral discharge?</p>	<p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No, finish interwiev</p>
<p>412. What type of treatment to used?</p>	<p><input type="checkbox"/> 1.Traditional medicine <input type="checkbox"/> 3.Infection antibiotic</p> <p><input type="checkbox"/> 2. Oral antibiotic <input type="checkbox"/> 4.Other</p>
<p>413. Where did you get its ?</p>	<p><input type="checkbox"/> 1. Drug store <input type="checkbox"/> 4. Home</p> <p><input type="checkbox"/> 2. Hospital <input type="checkbox"/> 5. Traditional healer</p> <p><input type="checkbox"/> 3. Private clinic <input type="checkbox"/> 6. Other</p>