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Form 3

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# 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 :

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## 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 ?<br>( See code table in manual ) | <input type="text"/> Grade <input type="checkbox"/> 88 No attend   |
| 104. Can you read and understand Lao language ?<br>(only one answer )                     | <input type="checkbox"/> 1.Easily <input type="checkbox"/> 3.Can't read, go to Q.106<br><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<br><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  |

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## 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<br><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<br><input type="checkbox"/> 2. IUD <input type="checkbox"/> 8. Rhythm/periodic abstinence<br><input type="checkbox"/> 3. Injection <input type="checkbox"/> 9. Withdrawal<br><input type="checkbox"/> 4. Diaphragm <input type="checkbox"/> 10. Norplant<br><input type="checkbox"/> 5. Condom <input type="checkbox"/> 11. Traditional medicine<br><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  |

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| Question  | answer code   |
|---|---|
| 304. Which method would you liketo use in the future ?  | <input type="checkbox"/> 1.Pill <input type="checkbox"/> 6.Female sterilization <input type="checkbox"/> 10.Norplant<br><input type="checkbox"/> 2.IUD <input type="checkbox"/> 7.Male sterilization <input type="checkbox"/> 11.Tranditional medicine<br><input type="checkbox"/> 3.Injection <input type="checkbox"/> 8.Rhythm/periodic abstinence <input type="checkbox"/> 13.Other (specify)<br><input type="checkbox"/> 4.Diaphragm <input type="checkbox"/> 9.Withdrawal<br><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 n your whole life how many would you like to have ? | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: black; margin: 0 auto;"></div> </div> <div style="margin: 0 10px;">Number</div> <div style="margin-left: 100px;"><input type="checkbox"/> 98.DK</div> </div>  |
| 306. If you could choose exactly the number of children, how many would you like to have ?  | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: black; margin: 0 auto;"></div> </div> <div style="margin: 0 10px;">Number</div> <div style="margin-left: 100px;"><input type="checkbox"/> 98.DK</div> </div>  |
| 307. From where, have you ever heard or seen family planning program ?  | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1.Never heard<br/> <input type="checkbox"/> 2.Radio<br/> <input type="checkbox"/> 3.TV </div> <div> <input type="checkbox"/> 4.Newsp./magaz.<br/> <input type="checkbox"/> 5.Poster<br/> <input type="checkbox"/> 7.Other </div> </div>   |
| 308. Whith whom are you talking about family planning ?   | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1.Never talk<br/> <input type="checkbox"/> 2.Wife<br/> <input type="checkbox"/> 3.Parrent<br/> <input type="checkbox"/> 4.Brother/Sister </div> <div> <input type="checkbox"/> 5.Son/Daughter<br/> <input type="checkbox"/> 6.Relative<br/> <input type="checkbox"/> 7.Friend<br/> <input type="checkbox"/> 8.Other </div> </div>   |
| 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 ?  | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1.Same number<br/> <input type="checkbox"/> 2.More children </div> <div> <input type="checkbox"/> 3.Fewer children<br/> <input type="checkbox"/> 8.DK </div> </div>   |

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### 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<br><input type="checkbox"/> 2. TV <input type="checkbox"/> 6. School/ teachers <input type="checkbox"/> 96. Other<br><input type="checkbox"/> 3. Newsp./magaz. <input type="checkbox"/> 7. Community<br><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<br><input type="checkbox"/> 2. Gonorrheoea <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<br><input type="checkbox"/> 2. TV <input type="checkbox"/> 6. School/ teachers <input type="checkbox"/> 10. Other<br><input type="checkbox"/> 3. Newsp./magaz. <input type="checkbox"/> 7. Community<br><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 recognize 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<br><input type="checkbox"/> 2. Blood trans. <input type="checkbox"/> 4. Mother to child transmission during pregnancy/birt<br><input type="checkbox"/> 5. Other   |
| 409. How to prevent infected STIs/ HIVs ?                           | <input type="checkbox"/> 1. Have only one sex partner <input type="checkbox"/> 4. Using condom<br><input type="checkbox"/> 2. Using toilet carefully <input type="checkbox"/> 5. Refuse answer<br><input type="checkbox"/> 3. Taking medicine before have sex <input type="checkbox"/> 7. Other<br><input type="checkbox"/> 8. DK  |

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