Individual Questionnaire

CONFIDENTIAL

MINISTRY OF HEALTH
KENYA AIDS INDICATOR SURVEY
INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION

PROVINCE* _____

DISTRICT _____

NASSEP CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

LARGE CITY/SMALL CITY/TOWN/RURAL . . . .
(NAIROBI/MOMBASA/KISUMU=1, NAKURU/ELDORET/THIKA/NYERI=2, SMALL TOWN=3,
RURAL=4)

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF RESPONDENT _____

SEX OF RESPONDENT (MALE = 1 FEMALE = 2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY			
				MONTH			
				YEAR	2	0	0 7
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER			
RESULT*	_____	_____	_____	RESULT			
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS			
TIME	_____	_____					

LAB TECHNICIAN VISITS — Lab Tech ID

	1	2	3		
RESULT**	_____	_____	AFFIX BAR CODE LABLE HERE	RESULT	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

LANGUAGE OF QUESTIONNAIRE **ENGLISH**

LANGUAGE OF INTERVIEW: _____

HOME LANGUAGE OF RESPONDENT: _____

01 EMBU	04 KIKUYU	07 LUO	10 MIJIKENDA	13 ENGLISH
02 KALENJIN	05 KISII	08 MAASAI	11 SOMALI	14 OTHER ____
03 KAMBA	06 LUHYA	09 MERU	12 KISWAHILI	

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____		
DATE _____		

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

**RESULT CODES:
(1) AGREE (2) REFUSE (3) ABSENT

Consent form for Individual Interview

[Interviewer: The statement should be read to all adults age 18-64 years and to emancipated individuals age 15-17 years, i.e. those with no parent/guardian or those who are not living their parent/guardian. In the case of all other individuals age 15-17 years; consent must be obtained from a parent/guardian or other adult responsible for the youth's health and welfare before the youth is asked for his consent. Only if the parent or guardian agrees will consent be asked of the adolescent. Throughout the process of obtaining consent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent. Provide a copy of this consent script to all eligible persons age 15-64]

Hello. My name is …. and I am working with the Ministry of Health. We are doing a national survey that asks women and men ages 15-64 about HIV/AIDS and other health issues. You can help by taking part of this survey. Your views are very important and will help to plan health services in Kenya. The survey usually takes about 30 minutes to complete. Some of these questions will be about your personal sexual behaviour. All of the answers you give will be private and will not be shown to others. No one will know your answers.

Taking part in the survey is up to you. If I ask any questions that you don't want to answer, just let me know and I will go on to the next question. You can stop the interview at any time.

If you take part of this survey, the risk to you is small. I will ask you questions that may be uncomfortable to answer. You are free to not answer any questions that you feel are too personal. However, if you take part, the benefit is that the information that you provide to us will be used to improve the health of Kenyans by making healthcare programs stronger.

Do you want to ask me anything about the survey? If you have any questions we want you to tell us. You can also ask the person in charge of the survey teams at the Kenya National Bureau of Statistics. If you feel that you have been harmed by taking part you should contact the Ministry of Health. If you have any questions on your rights in the study you can contact the chairman on the Ethical Review Committee at the Kenya Medical Research Institute (KEMRI). *[Interviewer: provide the following information to the participant:]*

Ministry of Health: Godfrey Baltazar
National AIDS and STD Control Program (NASCOP)
P O Box 19361-00200 Nairobi
Tel: 2729549

Kenya National Bureau of Statistics (KNBS): Fredrick Otieno
P O Box 30266-00100 Nairobi
Tel: 216134

Chairman of Ethical Review Committee: Professor Samuel Sinei
Kenya Medical Research Institute (KEMRI)
 P O Box 54840 - 00100 Nairobi
Tel: 272 25 41

May I begin the interview now? _____Yes _____No

_____   _____
Signature or initial of Interviewer   Date

[Interviewer: Indicate whether participant says "Yes" or "No" to the above statement, sign/initial on the above line, and record the date. Record decision on individual questionnaire for each eligible person age 15-64.]

Parental/Guardian Consent Form for Individual Interview

[Interviewer: The statement should be read to parents/guardians of individuals age 15-17. Consent must be obtained from a parent/guardian or other adult responsible for the youth's health and welfare before the youth is asked for consent. Only if the parent or guardian agrees will assent be asked of the minor. Throughout the process of obtaining consent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent. Provide a copy of this consent script to all parents of eligible persons age 15-17]

Hello. My name is …. and I am working with the Ministry of Health. We are doing a national survey that asks women and men ages 15-64 about HIV/AIDS and other health issues. You can help by consenting to have (name of minor) take part of this survey. The answers he/she gives will help to plan health services in Kenya. The survey usually takes about 30 minutes to complete. Some of these questions will be about personal sexual behaviour. All of the answers (name of minor) gives will be private and will not be shown to others. No one will know (name of minor's) answers.

As part of this survey, we are also asking people to give a few teaspoons of blood to test for HIV, syphilis, and herpes infections. This information will help the Ministry of Health plan programs to take care of these diseases. We will ask (name of minor) for three teaspoons of blood which we will take from his/her arm. I will put a study number, but not (name of minor's) name on the blood tube. His/her blood will go to Nairobi where it will be tested for HIV, syphilis, and herpes infections. The results will be available in approximately 6 weeks. (Name of minor) will be given and appointment to receive the results. (Name of minor) will be urged, but not required, to receive the results with you. If (name of minor) does not appear to be ready to receive these results at that time, the health care worker can arrange to provide the results at a different time. (Name of minor) will receiver counseling about the results as appropriate, ways to prevent health problems as needed, and treatment as appropriate. All of this will be private and no one else will know his/her results.

[Interviewer: If the respondent does not want the minor to provide a venous blood sample, ask:]

We can also do a test for HIV with a few drops of blood from (name of minor's) finger.. No names will be attached so that no one will be able to know (name of minor's) results.

The blood collected from a finger prick can only be tested for HIV. We will not be able to tell you or (name of minor) about his/her CD4 count if the result is HIV positive or his/her results for herpes and syphilis infection.

We would also like to store some of (name of minor's) blood at the Kenya Medical Research Institute laboratory in Nairobi to be used for later testing. We do not know yet what tests will be done but they may be tests for infections or chemicals that affect health or illness. Any later test results cannot be traced back to (name of minor). Also, since we will not be keeping his/her name on the blood, we cannot tell you or (name of minor) the results.

Having (name of minor) take part in the survey is up to you and (name of minor). If I ask any questions that (name of minor) does not want to answer, he/she can let me know and I will go on to the next question. He/she can stop the interview at any time. (Name of minor) can say yes or no to giving blood. It is up to him/her to decide. (Name of minor) may take part in the study without having his/her blood stored for later testing.

If (name of minor) takes part of this survey, the risk to him/her is small. I will ask (name of minor) questions that may be uncomfortable to answer. He/she is free to not answer any questions that he/she feels are too personal. All the things that we use to take the blood are clean and safe. They have never been used before and will be thrown away after each use. He/she may bruise on his/her arm when we take the blood. If he/she has any pain, bleeding, or swelling from taking blood, please contact our study staff or your health worker.

If (name of minor) takes part, the benefit is that the answers that he/she gives to us will be used to improve the health of Kenyans by making health programs stronger. He/she will be given free tests for HIV, syphilis, and herpes, with counseling. When (name of minor) is given his/her results, he/she can receive information on prevention of spread of these infections as appropriate. If (name of minor) has HIV, he/she will get counseling and will be referred to a nearby health facility for follow-up. If (name of minor) has syphilis, he/she and his/her partners will get free treatment to cure the infection. If (name of minor) has herpes, he/she will get counseling on how to prevent infection to his/her partners. The information from (name of minor's) tests will be used to improve the health of Kenyans by making healthcare programs stronger.

Do you want to ask me anything about the survey? If you have any questions we want you to tell us. You can also ask the person in charge of the survey teams at the Kenya National Bureau of Statistics. If you feel that you have been harmed by taking part you should contact the Ministry of Health. If you have any questions on your rights in the study you can contact the chairman on the Ethical Review Committee at the Kenya Medical Research Institute (KEMRI). *[Interviewer: provide the following information to the participant:]*

Ministry of Health: Godfrey Baltazar
National AIDS and STD Control Program (NASCOP)
P O Box 19361-00200 Nairobi
Tel: 2729549

Kenya National Bureau of Statistics (KNBS): Fredrick Otieno
P O Box 30266-00100 Nairobi
Tel: 216134

Chairman of Ethical Review Committee: Professor Samuel Sinei
Kenya Medical Research Institute (KEMRI)
P O Box 54840 - 00100 Nairobi
Tel: 272 25 41

May I interview (name of minor)?

_____Yes   _____No

Would you allow me to take some of (name of minor's) blood from his/her arm for testing?

_____Yes   _____No

And will you let us to store some of (name of minor's) blood for later testing?

_____Yes   _____No

_____   _____
Signature or initial of Interviewer   Date

[Interviewer: Indicate whether parent/guardian says "Yes" or "No" to the above statements, sign/initial on the above line, and record the date. Record parent/guardian's decision on household question_naire (page HH23) for each eligible minor aged 15-17. If parental/guardian consent is given, proceed to ask minor for assent]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR .... ☐☐ MINUTES .... ☐☐	
102	In what month and year were you born?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES .... 1 NO 2	➔ 107
105	What is the highest level of school you attended: primary, vocational, secondary or higher?	NURSERY/KINDERGARTEN ...... 0 PRIMARY .... 1 POST-PRIMARY/VOCATIONAL ...... 2 SECONDARY/'A' LEVEL .... 3 COLLEGE (MIDDLE LEVEL) ...... 4 UNIVERSITY 5	
106	What is the highest (standard/form/year) you completed at that level? RECORD '00' IF LESS THAN ONE GRADE COMPLETED AT THAT LEVEL.	STANDARD/FORM/YEAR .... ☐☐	
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK .... 3 NOT AT ALL .... 4 CANNOT READ 8	
108	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK .... 3 NOT AT ALL 4	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK .... 3 NOT AT ALL 4	
110	FEMALE ☐ MALE ☐		➔ 113
111	Aside from your own housework, have you done any work in the last seven days?	YES .... 1 NO 2	➔ 116
112	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES .... 1 NO 2	➔ 116 ➔ 114
113	Have you done any work in the last seven days?	YES .... 1 NO 2	➔ 116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	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	→ 116
115	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 117
116	What is your occupation, that is, what kind of work do you mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	_____ _____ _____ ☐☐☐	→ 118
117	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING . . . . . . 01 LOOKING FOR WORK . . . . 02 RETIRED . . . . 03 TOO ILL TO WORK . . . . 04 HANDICAPPED, CANNOT WORK 05 HOUSEWORK/CHILD CARE . . . . 06 OTHER _____ 96 (SPECIFY)	
118	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐☐ ALWAYS . . . . 95 VISITOR 96	
119	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . ☐☐ NONE 00	→ 121
120	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . 1 NO 2	
121	What is your religion?	ROMAN CATHOLIC . . . . 1 PROTESTANT/OTHER CHRISTIAN . 2 MUSLIM . . . . 3 NO RELIGION . . . . 4 OTHER _____ 6 (SPECIFY)	
122	What is your ethnic group/tribe?	EMBU . . . . 01 KALENJIN . . . . 02 KAMBA . . . . 03 KIKUYU . . . . 04 KISII . . . . 05 LUHYA . . . . 06 LUO . . . . 07 MASAI . . . . 08 MERU . . . . 09 MIJIKENDA . . . . 10 SOMALI . . . . 11 TAITA/TAVETA . . . . 12 SWAHILI 13 OTHER _____ 96	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
201	MALE ☐	FEMALE ☐	YES 1	
	Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	Now I would like to ask about all the births you have had during your lifetime. Have you ever given birth?	NO 2	➤ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	Do you have any sons or daughters to whom you have given birth who are now 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 . . . . ☐☐ DAUGHTERS AT HOME . . . . . . ☐☐	
204	MALE ☐	FEMALE ☐	YES 1	
	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	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 . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	MALE ☐	FEMALE ☐	YES 1	
	Have you ever fathered a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	Have you ever given birth to a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	NO 2	➤ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.		BOYS DEAD ☐☐ GIRLS DEAD ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.		TOTAL . . . . ☐☐	
209	MALE ☐	FEMALE ☐		
	Just to make sure that I have this right: you have fathered in TOTAL _____ children during your life. Is that correct?	Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?		
	YES ☐ NO ☐ ➤ PROBE AND CORRECT 201-208 AS NECESSARY.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	CHECK 103: MALE ☐ FEMALE ☐ 55-64 YEARS FEMALE ☐ 15-54 YEARS ↓		→ 214C → 215
211	CHECK 103 AND 208: NO BIRTHS AND ☐ AGE 50-54 ONE OR MORE ☐ BIRTHS ↓ NO BIRTHS AND ☐ AGE 15-49		→ 219 → 214
212	Now I would like to ask you about your last birth, whether the child is still alive or not. In what month and year did you have your last birth?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 213A
213	About how many years ago was your last birth?	YEARS AGO . . . . ☐☐	
213A	CHECK 212 AND 213: LAST BIRTH IN ☐ LAST BIRTH IN 2002 OR ☐ 2003-2007/ EARLIER/CHILD BORN CHILD BORN 5 YEARS OR MORE AGO 0-4 YEARS AGO ↓		→ 213D
213B	Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	YES . . . . 1 NO 2	→ 213D
213C	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**HOME** YOUR HOME . . . . A OTHER HOME . . . . B **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . . C GOVT. HEALTH CENTRE/CLINIC . D GOVERNMENT DISPENSARY . . . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION/CHURCH HOSP./CLNC G PRIVATE HOSPITAL/CLINIC . . . . . . H NURSING/MATERNITY HOME . . . . I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER _____ X (SPECIFY)	
213D	CHECK 103: 50-54 YEARS ☐ 15-49 YEARS ☐ ↓		→ 215

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213E	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . 1 LATER . . . . 2 NOT AT ALL 3	
213F	Has your menstrual period returned since your last birth?	YES . . . . 1 NO 2	
213G	CHECK 212 AND 213: LAST BIRTH IN ☐ LAST BIRTH IN 2002 OR ☐ 2003-2007/ EARLIER/CHILD BORN CHILD BORN 5 YEARS OR MORE AGO 0-4 YEARS AGO ↓		→ 214
213H	Did you ever breastfeed your last born child?	YES . . . . 1 NO 2	→ 214
213I	Is your last born (last birth) child still alive?	YES . . . . 1 NO 2	→ 213K
213J	Are you still breastfeeding your last born child?	YES . . . . 1 NO 2	→ 214
213K	For how long did you breastfeed your last born child?	MONTHS . . . . ☐☐	
214	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 214C
214A	How many months pregnant are you?	MONTHS ☐☐	
214B	Have you attended an ANC during this current pregnancy?	YES. . . . . 1 NO 2	→ 215
214C	Are you (your partner) currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO . . . . 2 Never had sex. 3	→ 215
214D	Which method are you (your partner) using? RECORD ALL MENTIONED. #	FEMALE STERILISATION . . . . A MALE STERILISATION . . . . B PILL . . . . C IUD . . . . D INJECTIONS . . . . E IMPLANT . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H RHYTHM/NATURAL METHODS . . . . I WITHDRAWAL . . . . M OTHER _____ X (SPECIFY)	
215	CHECK 203 AND 205: AT LEAST ONE ☐ NO LIVING ☐ LIVING CHILD CHILDREN		→ 219
216	How old is your (youngest) child?	AGE IN YEARS . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
217	CHECK 216: (YOUNGEST) CHILD ☐ OTHER ☐ IS AGE 0-17 ↓		→ 219
218	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . 1 NO . . . . 2 UNSURE 8	
219	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES . . . . 1 NO 2	→ 301
220	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . 1 NO . . . . 2 UNSURE 8	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
301	MALE ☐	FEMALE ☐	YES, CURRENTLY MARRIED 1	⟶ 304
	Are you currently married or living together with a woman as if married?	Are you currently married or living together with a man as if married?	YES, LIVING WITH A MAN/WOMAN . 2 NO, NOT IN UNION 3	
302	Have you ever been married or lived together with a woman as if married?	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED .... 1 YES, LIVED WITH A MAN/WOMAN . 2 NO 3	⟶ 320
303	What is your marital status now: are you widowed, divorced, or separated?	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	⟶ 310
304	Is your wife/partner living with you now or is she staying elsewhere?	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER .... 1 STAYING ELSEWHERE 2	
305	Do you have more than one wife or woman you live with as if married?	Does your husband/partner have other wives or does does he live with other women as if married?	YES .... 1 NO .... 2 DON'T KNOW 8	⟶ 307
306	Altogether, how many wives do you have or other partners do you live with as if married?	Including yourself, in total, how many wives or other partners does your husband live with now as if married?	NUMBER OF WIVES AND LIVE-IN PARTNERS .... ☐☐ DON'T KNOW 98	

307	MALE ☐	FEMALE ☐		308 How old was your wife/ husband/ partner on his/her last birthday?
	CHECK 306 IF ONE WIFE/PARTNER: Please tell me the name of your wife or the woman you are living with as if married. IF MORE THAN ONE WIFE/PARTNER: Please tell me the name of each of your current wives (and/or of each woman you are living with as if married). RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH SPOUSE AND LIVE-IN PARTNER. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. ASK 308 FOR EACH PERSON.	Please tell me the name of your husband or the man you are living together with as if married.	NAME LINE NUMBER _____ ☐☐ _____ ☐☐ _____ ☐☐ _____ ☐☐	AGE ☐☐ ☐☐ ☐☐ ☐☐

309	CHECK 307: MALE ☐ ONE WIFE	FEMALE ☐	MALE MORE THAN ONE WIFE ☐	⟶ 318A
310	MALE ☐ Have you been married or lived with a woman only once or more than once?	FEMALE ☐ Have you been married or lived with a man only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	⟶ 313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	MALE ☐ FEMALE ☐		→ 318
312	CHECK 303: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED ☐ NOT ASKED OR CURRENTLY DIVORCED/SEPARATED ☐		→ 315 → 318
313	MALE ☐ CHECK 303: IS FEMALE RESPONDENT CURRENTLY WIDOWED? FEMALE CURRENTLY WIDOWED ☐ FEMALE AND Q.303 NOT ASKED ☐ FEMALE CURRENTLY DIVORCED/SEPARATED ☐		→ 318A → 315 → 318A
314	How did your previous marriage or union end?	DEATH/WIDOWHOOD . . . . 1 DIVORCE . . . . 2 SEPARATION 3	→ 318A
315	To whom did most of your late husband's property go?	RESPONDENT . . . . 1 OTHER WIFE . . . . 2 LATE HUSBAND'S CHILDREN . . . . 3 LATE HUSBAND'S FAMILY . . . . 4 OTHER _____ 6 (SPECIFY) NO PROPERTY 7	→ 317
316	Did you receive any of your late husband's assets or valuables?	YES . . . . 1 NO 2	
317	CHECK 310: MARRIED/LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE MARRIED/LIVED WITH A MAN ONLY ONCE ☐ MARRIED/LIVED WITH A MAN MORE THAN ONCE ☐		→ 318A
318	MALE ☐ FEMALE ☐ In what month and year did you start living with your wife/partner? In what month and year did you start living with your husband/partner?	MONTH . . . . ☐☐ DON'T KNOW MONTH 98	
318A	Now I would like to ask a question about your first wife/partner. Now I would like to ask a question about your first husband/partner. In what month and year did you start living with your first wife/partner? In what month and year did you start living with your first husband/partner?	YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 320
319	How old were you when you first started living with her? How old were you when you first started living with him?	AGE . . . . ☐☐	
320	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . 00 AGE IN YEARS . . . . WHEN STARTED LIVING WITH HER (FIRST) HUSBAND/PARTNER...............95	→ 323 →324
323	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 360
324	CHECK 103: 15-24 ☐ 25-64 ☐ YEARS OLD ↓ YEARS OLD		→ 328A
325	The first time you had sexual intercourse, was a condom used?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER 8	
326	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . DON'T KNOW 98	→ 328A
327	Was the person you first had sexual intercourse with older than you, younger than you, or about the same age as you?	OLDER . . . . 1 YOUNGER . . . . 2 ABOUT THE SAME AGE . . . . 3 DON'T KNOW/DON'T REMEMBER 8	→328A
328	Would you say the person you first had sexual intercourse with was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . . 1 LESS THAN TEN YEARS OLDER . . . . 2 OLDER, UNSURE HOW MUCH 3	
328A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential. Your name and other personal information will be separated from your responses so that no one will be able to link your responses to you.		
329	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO 4	→ 331 → 358B

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
330	When was the last time you had sexual intercourse?		DAYS . 1 ☐☐ WEEKS 2 MONTHS 3 ☐☐	DAYS . 1 ☐☐ WEEKS 2 MONTHS 3 ☐☐
331	The last time you had sexual intercourse (with the last, second to last, third to last), sexual partner was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 333)◀——	YES . . . . 1 NO . . . . 2 (SKIP TO 333)◀——	YES . . . . 1 NO . . . . 2 (SKIP TO 333)◀——
332	Was a condom used every time you had sexual intercourse with the (last, second to last, third to last) partner in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

333	What was your relationship to this (second, third) person with whom you had sexual intercourse?
	
	IF BOYFRIEND/GIRLFRIEND:
	Were you living together as if married?
	IF YES, CIRCLE '2'
	IF NO, CIRCLE '3'
		HUSBAND/WIFE 1
		
		LIVE-IN PARTNER 2
		BOYFRIEND/GIRLFRIEND
		  NOT LIVING WITH
		  RESPONDENT 3
		CASUAL
		  ACQUAINTANCE 4
		PROSTITUTE 5
		OTHER _____ 6
		       (SPECIFY)
			HUSBAND/WIFE 1
			
			LIVE-IN PARTNER 2
			BOYFRIEND/GIRLFRIEND
			  NOT LIVING WITH
			  RESPONDENT 3
			CASUAL
			  ACQUAINTANCE 4
			PROSTITUTE 5
			OTHER _____ 6
			       (SPECIFY)
				HUSBAND/WIFE 1
				
				LIVE-IN PARTNER 2
				BOYFRIEND/GIRLFRIEND
				  NOT LIVING WITH
				  RESPONDENT 3
				CASUAL
				  ACQUAINTANCE 4
				PROSTITUTE 5
				OTHER _____ 6
				       (SPECIFY)

334	You told me the last (second/third) person with whom you had sexual intercourse was (RELATIONSHIP). Do you know if this (second/third) person ever had a test for the AIDS virus?	YES . . . . 1 NO . . . . 2 (SKIP TO 339)◀—— NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 339)◀—— NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 339)◀—— NOT SURE 8
335	Did this (second/third) person tell you the result of their AIDS test?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
336	Are you willing to share with me the result which this (second/third person) told you?	YES . . . . 1 NO . . . . 2 (SKIP TO 339)◀——	YES . . . . 1 NO . . . . 2 (SKIP TO 339)◀——	YES . . . . 1 NO . . . . 2 (SKIP TO 339)◀——
337	Did the test show that the (second/third) person had the AIDS virus?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
339	FIRST FIND OUT IF RESPONDENT HAS EVER BEEN TESTED Did you tell this (second/third) person about the result of the (last) HIV test you had?	YES . . . . 1 NO disclosure 2 Never tested 3	YES . . . . 1 NO disclosure . . . 2 Never tested 3	YES . . . . 1 NO disclosure . . . 2 Never tested 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
340	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐
341	CHECK 103:	MAN 15-64/ WOMAN 15-24 ☐ WOMAN 25-64 ☐ (SKIP TO 345) ←	MAN 15-64/ WOMAN 15-24 ☐ WOMAN 25-64 ☐ (SKIP TO 345) ←	MAN 15-64/ WOMAN 15-24 ☐ WOMAN 25-64 ☐ (SKIP TO 345) ←
342	How old is this person?	AGE OF PARTNER ☐☐ (SKIP TO 345) ← DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 345) ← DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 345) ← DON'T KNOW 98
343	Is this person older than you, younger than you, or about the same age?	OLDER . . . . 1 YOUNGER . . . . . . 2 SAME AGE . . . . . . 3 DON'T KNOW . . . . 8 (SKIP TO 345) ←	OLDER . . . . 1 YOUNGER . . . . . . 2 SAME AGE . . . . . . 3 DON'T KNOW . . . . 8 (SKIP TO 345) ←	OLDER . . . . 1 YOUNGER . . . . . . 2 SAME AGE . . . . . . 3 DON'T KNOW . . . . 8 (SKIP TO 345) ←

344	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE
		  YEARS OLDER . 1
		LESS THAN TEN
		  YEARS OLDER . 2
		OLDER, UNSURE
		  HOW MUCH 3
			TEN OR MORE
			  YEARS OLDER . 1
			LESS THAN TEN
			  YEARS OLDER . 2
			OLDER, UNSURE
			  HOW MUCH 3
				TEN OR MORE
				  YEARS OLDER . 1
				LESS THAN TEN
				  YEARS OLDER . 2
				OLDER, UNSURE
				  HOW MUCH 3

345	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 347) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 347) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 348) ←

346	Were you or your partner drunk at that time?
	
	IF YES: Who was drunk?
		RESPONDENT ONLY 1
		PARTNER ONLY 2
		RESPONDENT AND
		  PARTNER BOTH . 3
		NEITHER 4
			RESPONDENT ONLY 1
			PARTNER ONLY 2
			RESPONDENT AND
			  PARTNER BOTH . 3
			NEITHER 4
				RESPONDENT ONLY 1
				PARTNER ONLY 2
				RESPONDENT AND
				  PARTNER BOTH 3
				NEITHER 4
				(SKIP TO 348) ←

347	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 330 ↵ IN NEXT COLUMN) NO 2	YES . . . . 1 (GO BACK TO 330 ↵ IN NEXT COLUMN) NO 2	
348	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE ' 95'.			NUMBER OF PARTNERS ☐☐ LAST 12 MONTHS DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
349	MALE ☐ FEMALE ☐		▶358B
350	CHECK 333 (ALL COLUMNS): AT LEAST ONE PARTNER ☐ NO PARTNERS ☐ IS PROSTITUTE ARE PROSTITUTES		▶ 352
351	CHECK 332 AND 331 (ALL COLUMNS): NO CONDOM USED/ ☐ CONDOM NOT USED WITH CONDOM USED WITH ☐ EVERY PROSTITUTE EVERY PROSTITUTE		358A ▶ 358
352	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	▶358A
353	Do you know if the person with whom you had sex that time had ever been tested for the HIV virus?	YES . . . . 1 NO 2	▶ 356
354	Did that person tell you the result of their HIV test?	YES . . . . 1 NO 2	▶ 356
355	Did the test show that the person had the HIV virus?	YES................................1 NO.................................2	
355A	CHECK 339 (LAST PARTNER) IF NO- NEVER TESTED SKIP TO 357 YES/NO-NO DISCLOSURE ☐		
356	Did you tell this person about the result of the (last) HIV test you had?	YES . . . . 1 NO (No disclosure) 2	
357	The last time you paid someone in exchange for sexual intercourse, was a condom used?	YES . . . . 1 NO 2	▶358B
358	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

358A	ANY 'YES' CIRCLED IN ☐
	  325, 331, 357, 358
	
	   OTHER ☐
			▶359

358B	Have you ever used a condom?	YES . . . . 1 NO 2	
359	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
360	Do you know of a place where a person can get a man's condom?	YES . . . . 1 NO 2	▶ 362

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

361	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . . . A
		   GOVT. HEALTH CENTRE/CLNC . B
		   GOVT. DISPENSARY C
		   OTHER PUBLIC _____ D
		                    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   MISSION/CHURCH HOSP./CLNC E
		   FPAK HEALTH CENTRE/CLINIC . F
		   PRIVATE HOSPITAL/CLINIC . . . . . . G
		   PHARMACY/CHEMIST . . . . H
		   NURSING/MATERNITY HOME I
		   OTHER PRIVATE
		      MEDICAL _____ J
		                    (SPECIFY)
		MOBILE CLINIC . . . . K
		COMMUNITY-BASED DISTRIBUTOR L
		SHOP/KIOSK . . . . M
		FRIENDS/RELATIVES . . . . N
		BAR/HOTEL/RESTAURANT. . . . . .O
		OTHER _____ X
		                    (SPECIFY)	

362	Do you know of a place where a person can get a female condom?	YES . . . . 1 NO 2	➡ 364

363	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . . . A
		   GOVT. HEALTH CENTRE/CLNC . B
		   GOVT. DISPENSARY C
		   OTHER PUBLIC _____ D
		                    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   MISSION/CHURCH HOSP./CLNC E
		   FPAK HEALTH CENTRE/CLINIC . F
		   PRIVATE HOSPITAL/CLINIC . . . . . . G
		   PHARMACY/CHEMIST . . . . H
		   NURSING/MATERNITY HOME I
		   OTHER PRIVATE
		      MEDICAL _____ J
		                    (SPECIFY)
		MOBILE CLINIC . . . . K
		COMMUNITY-BASED DISTRIBUTOR L
		SHOP/KIOSK . . . . M
		FRIENDS/RELATIVES . . . . N
		BAR/HOTEL/RESTAURANT. . . . . .O
		OTHER _____ X
		                    (SPECIFY)	

364	Now I would like to read you some statements about condom use. Please tell me if you agree or disagree:
	
	   Condoms diminish a man's sexual pleasure.
	   It's okay to reuse a condom if you wash it.
	   Condoms protect against disease.
	   Condoms contain HIV.
	   Buying condoms is embarassing.
		DIS-
		                   AGREE AGREE DK
		DIMINSH PLEASURE . 1 2 8
		OK TO REUSE 1 2 8
		PROTECTS 1 2 8
		CONTAINS HIV 1 2 8
		EMBARASSING 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	MALE ☐ FEMALE ☐		→ 409
402	CHECK 301 AND 305: ONE WIFE (PARTNER) CURRENTLY ☐ MORE THAN ONE WIFE (PARTNER) CURRENTLY ☐ NOT CURRENTLY MARRIED/LIVING WITH A PARTNER ☐		→ 501
403	CHECK 214D: NOT USING MALE STERILISATION ☐ USING MALE STERILISATION ☐		→ 501
404	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

405	CHECK 404:
	
	NO WIFE/PARTNER PREGNANT OR DON'T KNOW ☐ WIFE(WIVES)/ PARTNER(S) PREGNANT ☐
	
	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not to have any more children?
		HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		MAN INFECUND 3
		WIFE/ALL WIVES (PARTNER(S))
		   INFECUND 4
		WIFE/ALL WIVES (PARTNER(S))
		   STERILIZED 5
		UNDECIDED/DON'T KNOW 8
			→ 501

406	CHECK 305: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐		→ 408

407	CHECK 404:
	
	WIFE/PARTNER NOT PREGNANT OR DON'T KNOW ☐ WIFE/PARTNER PREGNANT ☐
	
	Do you think that your wife (partner) would like to have (a/another) child, or does she prefer not to have any (more) children? After the child you and your wife (partner) are expecting now, do you think she would like to another child, would she prefer not to have any more children?
		WIFE (PARTNER) WANTS
		  (A/ANOTHER) CHILD 1
		WIFE (PARTNER) WANTS
		  NO MORE/NONE 2
		WIFE)/PARTNERUNDECIDED/
		  DON'T KNOW 8
			→ 501

408	CHECK 404:
	
	NO WIFE/PARTNER PREGNANT OR DON'T KNOW ☐ WIFE(WIVES)/ PARTNER(S) PREGNANT ☐
	
	Do you think that any of your wives (partners) would like to have (a/another) child, or do they all prefer not to have any (more) children? Do you think that any of your wives (partners) would like to have (a/another) child in addition to the child(ren) you and (wife (wives)/partner(s)) are expecting now?
		AT LEAST ONE WIFE/PARTNER
		  WANTS (A/ANOTHER) CHILD . . . 1
		ALL WIVES//PARTNER WANT
		  NO MORE/NONE 2
		WIVE(S)/PARTNER(S) UNDECIDED/
		  DON'T KNOW 8
			→ 501

409	CHECK 301 AND 302: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		→ 414 → 501

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	CHECK 214D: NOT USING FEMALE STERILISATION ☐ USING FEMALE STERILISATION ☐		→ 414
411	CHECK 214: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW 8	 → 413 → 413 → 413
412	CHECK 214: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
413	CHECK 214: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ Do you think that your husband (partner) would like to have (a/another) child, or does he prefer not to have any (more) children? After the child you and your husband (partner) are expecting now, do you think he would like to another child, would she prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 HUSBAND INFECUND . . . . 3 HUSBAND STERILIZED . . . . 4 UNDECIDED/DON'T KNOW 8	
414	Now I would like to ask some questions about your (last) husband/partner. Did he ever attend school?	YES . . . . 1 NO 2	 → 417
415	What was the highest level of school he attended ?	NURSERY/KINDERGARTEN . . . . . . 0 PRIMARY . . . . 1 POST-PRIMARY/VOCATIONAL . . . . . 2 SECONDARY/'A' LEVEL . . . . 3 COLLEGE (MIDDLE LEVEL) . . . . . . 4 UNIVERSITY . . . . 5 DON'T KNOW 8	 → 417
416	What was the highest (standard/form/year) he completed at that level?	STANDARD/FORM/YEAR . . . . ☐☐ DON'T KNOW 98	
417	CHECK 301 AND 302: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	☐☐☐ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	➤ 703
502	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has sexual intercourse with no other partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
503	Can people get the AIDS virus from mosquito or other insect bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
504	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	
505	Can people get the AIDS virus by sharing utensils with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
506	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
507	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
508	If a <u>man</u> has the virus that causes AIDS, does his sexual partner always have the AIDS virus, almost always, or only sometimes?	ALWAYS . . . . 1 ALMOST ALWAYS . . . . 2 ONLY SOMETIMES . . . . 3 DON'T KNOW 8	
509	If a <u>woman</u> has the virus that causes AIDS, does her sexual partner always have the AIDS virus, almost always, or only sometimes?	ALWAYS . . . . 1 ALMOST ALWAYS . . . . 2 ONLY SOMETIMES . . . . 3 DON'T KNOW 8	
510	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
511	CHECK 329 AND 330: HAD SEX PARTNER ▢ IN LAST 12 MONTHS ↓ NEVER HAD SEX/ NO SEX PARTNER ▢ IN LAST 12 MONTHS		➤ 513
512	Do you think that your chances of getting the AIDS are small, moderate or great or is there no risk at all?	NO RISK AT ALL . . . . 1 SMALL . . . . 2 MODERATE . . . . 3 GREAT . . . . 4 HAS HIV OR AIDS . . . . 5 DON'T KNOW 8	➤ 512B ➤ 513
512A	Why do you think you have no risk/a small chance of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED.	IS NOT HAVING SEX . . . . A USES CONDOMS . . . . B HAS ONLY ONE PARTNER . . . . C LIMITS NUMBER OF PARTNERS . . . . . . D PARTNER HAS NO OTHER PARTNER . E OTHER _____ X (SPECIFY)	➤ 513

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

512B	Why do you think you have (moderate/great) risk of getting AIDS?
	
	Any other reasons?
	
	CIRCLE ALL MENTIONED.
		DOES NOT USE CONDOMS . . . . A
		HAS MORE THAN ONE PARTNER . . . . B
		PARTNER HAS OTHER PARTNERS C
		HOMOSEXUAL CONTACTS . . . . D
		HAD BLOOD TRANSFUSIONS/
		   INJECTIONS . . . . E
		OTHER _____ X
		            (SPECIFY)	

513	What are the main channels of communication from which you receive AIDS information and education? PROBE: Any other channels? RECORD ALL MENTIONED.	RADIO . . . . A TELEVISION . . . . B FILM . . . . C DRAMA . . . . D NEWSPAPERS/MAGAZINES . . . . E BROCHURES . . . . F POSTERS . . . . G BILLBOARDS . . . . H COMMUNITY NOTICES . . . . I FAMILY . . . . J FRIENDS . . . . K PEERS . . . . L HEALTH WORKERS . . . . M TEACHERS . . . . N POLITICAL LEADERS . . . . O TRADITIONAL LEADERS . . . . P RELIGIOUS LEADERS . . . . Q INTERNET . . . . R OTHER _____ X (SPECIFY)	

514	CHECK 513:
	
	     MORE THAN ONE ☐ ONLY ONE ☐
	     RESPONSE CIRCLED ↓ RESPONSE
	                          CIRCLED
			→ 516

515	From which source have you learned most about AIDS? RECORD ONLY ONE RESPONSE.	RADIO . . . . 01 TELEVISION . . . . 02 FILM . . . . 03 DRAMA . . . . 04 NEWSPAPERS/MAGAZINES . . . . 05 BROCHURES . . . . 06 POSTERS . . . . 07 BILLBOARDS . . . . 08 COMMUNITY NOTICES . . . . 09 FAMILY . . . . 10 FRIENDS . . . . 11 PEERS . . . . 12 HEALTH WORKERS . . . . 13 TEACHERS . . . . 14 POLITICAL LEADERS . . . . 15 TRADITIONAL LEADERS . . . . 16 RELIGIOUS LEADERS . . . . 17 INTERNET . . . . 18 OTHER _____ 19 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

516	What is the most important message you have learned from this source?
	
	RECORD ONLY ONE RESPONSE.
		ABSTAIN FROM SEX 01
		USE CONDOMS 02
		LIMIT SEX TO ONE PARTNER/STAY
		   FAITHFUL TO ONE PARTNER 03
		LIMIT NUMBER OF SEXUAL
		   PARTNERS 04
		FOLLOW THE ABC'S 05
		AVOID SEX WITH PROSTITUTES 06
		AVOID SEX WITH PERSONS WHO
		   HAVE MANY PARTNERS 07
		AVOID SEX WITH HOMOSEXUALS 08
		AVOID SEX WITH PERSONS WHO
		   INJECT DRUGS INTRAVENOUSLY . 09
		AVOID BLOOD TRANSFUSIONS 10
		AVOID INJECTIONS 11
		ANTI-RETROVIRAL DRUGS AVAILABLE 12
		PREVENT MOTHER-TO-CHILD
		   TRANSMISSION 13
		AVOID DISCRIMINATION AGAINST
		   PERSONS LIVING WITH AIDS 14
		ANYONE CAN GET AIDS 15
		GET TESTED FOR AIDS (HIV) 16
		AIDS IS A KILLER 17
		DON'T TAKE CHANCES 18
		OTHER _____ 96
		              (SPECIFY)	

517	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	

518	CHECK 517:
	    AT LEAST [ ] OTHER [ ]
	    ONE 'YES' ↓
			→ 520

519	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
520	Have you heard of any special drugs that people infected with the AIDS virus can take to help them live longer?	YES . . . . 1 NO 2	→ 524
521	What drugs do you know about? PROBE: Any other drugs? RECORD ALL MENTIONED.	ANTI-RETROVIRAL DRUGS (ARVs) . . A SEPTRIN/COTRIMOXAZOLE . . . . . . B HERBAL DRUGS . . . . C OTHER DRUGS _____ X (SPECIFY) DON'T KNOW . . . . Z	

522	CHECK 521:
	
	   CODE 'A' CIRCLED [ ] CODE 'A' NOT CIRCLED [ ]
	             ↓
			→ 524

523	For how long should a person with the AIDS virus take ARVs?	LESS THAN ONE YEAR . . . . 1 ONE YEAR OR MORE . . . . 2 REST OF LIFE . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
524	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
526	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
527	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
528	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO . . . . 2 DK ANYONE WITH AIDS 3	→ 533
529	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO 2	
530	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO 2	
531	CHECK 528, 529, and 530: NOT A SINGLE ☐ AT LEAST ☐ "YES' ↓ ONE 'YES'		→ 533
532	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . 1 NO 2	
533	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NO OPINION 8	
534	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NO OPINION 8	
535	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
536	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
537	Have you ever heard of VCT?	YES . . . . 1 NO . . . . 2 DK/NOT SURE 8	
538	If a trained counselor came to your home and offered you free HIV counseling and testing, would you be willing to have an HIV test done in your home?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	FEMALE ☐ MALE ☐		→ 612
602	CHECK 213B: HAD ☐ NO ANTENATAL ANTENATAL CARE CARE ☐		→ 612

603	During any of the antenatal visits for that birth, did anyone talk to you about:
	
	    Babies getting the AIDS virus from their mother?
	    Things that you can do to prevent getting the AIDS virus?
	    Getting tested for the AIDS virus?
	    Getting tested for syphilis?
	    Using family planning?
		YES NO DK
		AIDS FROM MOTHER 1 2 8
		THINGS TO DO . 1 2 8
		GETTING AIDS TEST 1 2 8
		GETTING SYPH. TST 1 2 8
		USING FAMILY PLNG 1 2 8	

604	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
605	Did you have a test to see if you had the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	→ 611
606	The last time you had a test for the AIDS virus as part of your antenatal care, did you ask for the test, was it offered to you and you accepted, or were you required to have the test?	ASKED FOR THE TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	
607	When was the last time you were tested for the AIDS virus as part of your antenatal care?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . 2 2 OR MORE YEARS AGO 3	

608	Where was the last test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTRE/CLINIC . . 12
		   GOVERNMENT DISPENSARY . . 13
		   OTHER PUBLIC _____ 16
		                 (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   MISSION/CHURCH HOSP./CLNC . . . 21
		   FPAK HEALTH CENTRE/CLINIC . . . 22
		   PRIVATE HOSPITAL/CLINIC 23
		   VCT CENTRE 24
		   NURSING/MATERNITY HOME . . . 25
		   OTHER PRIVATE
		     MEDICAL _____ 26
		                 (SPECIFY)
		BLOOD DONATION CENTRE 31
		MOBILE CLINIC 41
		OTHER _____ 96
		            (SPECIFY)	

609	Did you get the result of that test?	YES . . . . 1 NO 2	→ 610
609A	Would you be willing to share with me the results of your test?	YES . . . . 1 NO 2	→ 610
609B	Did the test show that you had the HIV virus	YES . . . . 1 NO 2	→ 610
609C	Were you given any medications from the ANC to stop your baby from getting HIV?	YES . . . . 1 NO 2	
609D	Did your baby receive an HIV test?	YES . . . . 1 NO 2	→ 610
609E	Did your baby receive any care, treatment or follow-up for HIV HIV infection?	YES . . . . 1 NO 2	
610	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 613 → 617A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	
612	Have you ever been tested to see if you have the virus that causes AIDS?	YES . . . . 1 NO 2	→ 619
613	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . 2 2 OR MORE YEARS AGO 3	
614	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	

615	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTRE/CLINIC . . . 12
		  GOVERNMENT DISPENSARY . . 13
		  OTHER PUBLIC _____ 16
		         (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  MISSION/CHURCH HOSP./CLNC . . . 21
		  FPAK HEALTH CENTRE/CLINIC . . . 22
		  PRIVATE HOSPITAL/CLINIC 23
		  VCT CENTRE 24
		  NURSING/MATERNITY HOME . . . 25
		  OTHER PRIVATE
		    MEDICAL _____ 26
		         (SPECIFY)
		BLOOD DONATION CENTRE 31
		MOBILE CLINIC 41
		OTHER _____ 96	

616	Did you get the result of the last AIDS test you had?	YES . . . . 1 NO 2	
617 617A	In addition to the test(s) you have told me about, have you been tested at any other time for the AIDS virus? IF YES: How many _other_ times have you been tested? Did you ever have a test for HIV prior to your last pregnancy? IF YES: In addition to the test during your last pregnancy, how many times have you been tested for HIV?	NUMBER OF OTHER TIMES TESTED . . . . ☐☐ NOT TESTED AT ANY OTHER TIME . 95 ☐☐	 → 703

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
617B	CHECK 609 AND 616: DID NOT GET RESULT(S) ☐ GOT RESULTS OF OF LAST HIV TEST(S) ↓ LAST HIV TEST ☐		→ 703
618	CHECK 617/617A: HAD ONE ☐ MORE THAN ONE ☐ OTHER TEST ↓ OTHER TEST ↓ Did you get the result of Did you get the result of any the other HIV test you had? of the other HIV tests you had?	YES . . . . 1 NO 2	→ 703

619	Why have you never had a test for HIV?
	
	PROBE: Any other reason?
	
	RECORD ALL MENTIONED.
		NO KNOWLEDGE ABOUT HIV TEST . A
		DON'T KNOW WHERE TO GET ONE . B
		TEST COSTS TOO MUCH C
		TRANSPORT TO VCT SITE TOO MUCH D
		VCT SITE TOO FAR AWAY . . . . E
		AFRAID OTHERS WILL KNOW ABOUT
		  TEST/TEST RESULTS . . . . F
		DON'T NEED TEST/LOW RISK . . . . . G
		DON'T WANT TO KNOW IF I HAVE
		  THE AIDS VIRUS . . . . H
		CAN'T GET TREATMENT IF HAVE AIDS I
		
		OTHER _____ X
		                (SPECIFY)
			┐
			┘→ 703

620	Do you know of a place where people can go to get tested for HIV?	YES . . . . 1 NO 2	→ 703

621	Where is that?
	
	Any other place?
	
	RECORD ALL MENTIONED
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . . . . . A
		  GOVT. HEALTH CENTRE/CLINIC. . . B
		  GOVERNMENT DISPENSARY . . C
		  OTHER PUBLIC _____ D
		                (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  MISSION/CHURCH HOSP./CLNC . . . E
		  FPAK HEALTH CENTRE/CLINIC . . . F
		  PRIVATE HOSPITAL/CLINIC . . . . . G
		  VCT CENTRE . . . . H
		  NURSING/MATERNITY HOME . . . I
		  OTHER PRIVATE
		    MEDICAL_____ J
		                (SPECIFY)
		BLOOD DONATION CENTRE . . . . . K
		MOBILE CLINIC L
		OTHER _____ X
		                (SPECIFY)
			→ 703

703	CHECK 609, 616, AND 618: YES IN ONE ☐ ONE OR MORE QUESTIONS ↓ NO/NO REPONSE ☐ IN ALL THREE QUESTIONS	➤ 801
704	Would you be willing to share with me the result of your (last) HIV test?	YES . . . . 1 NO . . . . 2 ➤ 801
705	Did the test show that you had the HIV virus?	YES . . . . 1 NO . . . . 2 ➤ 801
706	Are you taking Septrin or Cotrimoxazole daily?	YES . . . . 1 NO . . . . 2 DON'T KNOW . . . . 8 ➤ 707
706A	From where did you get the Septrin (Cotrimoxazole) you are taking the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . 11 GOVT. HEALTH CENTRE/CLINIC 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION/CHURCH HOSP./CLNC 21 PRIVATE HOSPITAL/CLINIC . . . . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	
707	Are you taking ARVs, that is, antiretroviral medications daily?	YES . . . . 1 NO . . . . 2 DON'T KNOW . . . . 8 ➤ 709
707A	From where did you get the ARVs you are taking the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . 11 GOVT. HEALTH CENTRE/CLINIC 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION/CHURCH HOSP./CLNC 21 PRIVATE HOSPITAL/CLINIC . . . . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	

708	How long have you been on the ARVs? RECORD THE ANSWER IN MONTHS IF LESS THAN ONE YEAR. RECORD '00' IF LESS THAN ONE MONTH.	MONTHS . . . . 1 YEARS 2	
709	Have you ever been offered a test of your immunity level, i.e., a test that shows the CD4 count?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→711
710	Has the CD4 count test ever been done?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
711	Are you currently taking any daily nutritional supplements? IF YES: What are you taking?	PLUMPY NUT . . . . A NUTRIMIX . . . . B FIRST FOOD . . . . C FOUNDATION PLUS + ... D FOUNDATION ADVANTAGE . . . . E IMMUNE BOOSTERS . . . . F MULTIVITAMINS . . . . G OTHER _____ X (SPECIFY) NO SUPPLEMENTS . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 809

802	How does tuberculosis spread from one person to another?
	
	PROBE: Any other ways?
	
	RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING . . . . A
		THROUGH SHARING UTENSILS . . . . . B
		THROUGH TOUCHING A PERSON
		   WITH TB C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . . E
		THROUGH MOSQUITO BITES . . . . F
		
		OTHER _____ X
		              (SPECIFY)
		DON'T KNOW . . . . Z	

803	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
805	Have you ever been told by a doctor or other health professionnal that you had tuberculosis?	YES . . . . 1 NO 2	→ 809
806	About how long ago has it been since a doctor or health professionnal last told you that you have (had) tuberculosis?	LESS THAN 6 MONTHS . . . . 1 6-11 MONTHS . . . . 2 1-5 YEARS . . . . 3 MORE THAN 5 YEARS . . . . 4 DON'T KNOW 8	
807	Were you ever treated for your tuberculosis?	YES . . . . 1 NO 2	→ 809
808	Did you complete the treatment?	YES . . . . 1 NO 2	
809	Have you been sick in the past one week?	YES . . . . 1 NO 2	
810	In the last three months, how many times did you seek health care outside of your home?	NONE . . . . 00 NUMBER . . . . ☐☐	→ 812

811	The last time you went for health care, where did you go?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTRE/CLINIC 12
		   GOVERNMENT DISPENSARY . . 13
		   OTHER PUBLIC _____ 16
		              (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   MISSION/CHURCH HOSP./CLNC 21
		   FPAK HEALTH CENTRE/CLINIC . 22
		   PRIVATE HOSPITAL/CLINIC 23
		   NURSING/MATERNITY HOME . . . 24
		   PHARMACY 25
		   OTHER PRIVATE
		     MEDICAL _____ 26
		             (SPECIFY)
		OTHER SOURCE
		   SHOP 31
		   TRADITIONAL HEALER 32
		OTHER _____ 96
		           (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Have you ever had a blood transfusion?	YES . . . . 1 NO 2	→ 814
813	When was the **last** time you had a blood transfusion?	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO 4	
814	Have you been asked to donate blood in the last year?	YES . . . . 1 NO 2	→ 816
815	Who asked you to donate blood the last time?	FAMILY/FRIENDS . . . . 1 BLOOD TRANSFUSION SERVICE . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
816	Have you donated blood in the last year?	YES . . . . 1 NO 2	
817	Now I would like to ask you some questions about any injections you have had in the last twelve months. Have you had an injection for any reason in the last twelve months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . ☐☐ NONE 00	→ 822
818	Among these injections, how many were administered by a traditional practitioner or healer? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . ☐☐ NONE 00	
819	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . ☐☐ NONE 00	→ 822
820	The last time you had an injection given to you by a health worker, at what place did you receive the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . 11 GOVT. HEALTH CENTRE/CLINIC 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION/CHURCH HOSP./CLNC 21 FPAK HEALTH CENTRE/CLINIC . 22 PRIVATE HOSPITAL/CLINIC . . . . . . 23 NURSING/MATERNITY HOME . . . . 24 DENTAL OFFICE/CLINIC . . . . 25 PHARMACY . . . . 26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY) **OTHER** AT HOME . . . . 31 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	Did the health worker who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DK 8	
822	If you have a choice, would you like to receive medication as an injection or pill?	INJECTION . . . . 1 PILL . . . . 2 DK 8	
823	Have you ever had an immunization against yellow fever?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→825
824	When was the last time you had an immunization against yellow fever?	MONTHS AGO . . . . 1 YEARS AGO 2	
825	FEMALE MALE		→828
826	Some men are circumcised. Are you circumcised?	YES . . . . 1 NO 2	→828
827	How old were you when you were cicumcised? IF RESPONDENT IS UNSURE, PROBE FOR APPROXIMATE AGE.	AGE	
827A	Where were you circumcised?	HEALTH FACILITY . . . . 1 HOME . . . . 2 OTHER _____ 6 DON'T KNOW 8	
827B	Who performed the circumcision?	MEDICAL PRACTITIONER . . . . 1 TRADITIONAL PRACTITIONER . . . 2 HOME HEALTH WORKER . . . . 3 OTHER _____ 6 DON'T KNOW 8	
828	CHECK 203 AND 205: HAS LIVING SONS NO LIVING SONS		→833
829	Now I would like to ask a few questions about your youngest son. How old is your youngest son? IF RESPONDENT IS UNSURE, PROBE FOR APPROXIMATE AGE.	AGE	
830	CHECK 829 YOUNGEST SON AGE 0-19 YEARS YOUNGEST SON AGE 20 AND OLDER		→833
831	Is your youngest son circumcised?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→833 →833
832	Are you planning to have your youngest son circumcised?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
833	CHECK 501: ☐ HEARD ABOUT AIDS ┊ ☐ NOT HEARD ABOUT AIDS Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? ┊ Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	
834	CHECK 321: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE INTERCOURSE		▶ 842
835	CHECK 833: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		▶ 842
836	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	
837	MALE ☐ FEMALE ☐ Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	▶ 839
838	Sometimes men have a sore or ulcer on or near their penis During the last 12 months, have you had an ulcer or sore on or near your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
839	CHECK 836, 837, AND 838: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION INFECTION OR (ANY 'YES') DOES NOT KNOW		▶ 842
840	The last time you had (PROBLEM FROM 836/837/838), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	▶ 842

841	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . . . . . A
		  GOVT. HEALTH CENTER/CLNC . B
		  STAND-ALONE VCT CENTER C
		  FAMILY PLANNING CLINIC . . . . D
		  MOBILE CLINIC . . . . E
		  FIELDWORKER . . . . F
		  OTHER PUBLIC _____ G
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR . . . . H
		  STAND-ALONE VCT CENTER I
		  PHARMACY . . . . J
		  MOBILE CLINIC . . . . K
		  FIELDWORKER L
		  OTHER PRIVATE
		    MEDICAL _____ M
		           (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . N
		  TRADITIONAL HEALER . . . . O
		  OTHER _____ X
		           (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
842	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES .... 1 NO .... 2 DON'T KNOW 8	
843	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
844	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES .... 1 NO .... 2 DON'T KNOW 8	
845	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES .... 1 NO .... 2 DON'T KNOW 8	
846	CHECK 301: FEMALE, CURRENTLY MARRIED/ LIVING WITH A PARTNER FEMALE, NOT IN UNION □ MALE □		→ 849 → 849
847	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES . . . . 1 NO .... 2 DEPENDS/UNSURE 8	
848	Could you ask your husband/partner to use a condom if you wanted him to?	YES .... 1 NO .... 2 DEPENDS/UNSURE 8	
849	RECORD THE TIME.	HOUR .... MINUTES	

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 THE SUPERVISOR: _____   DATE: _____