

MYANMAR DEMOGRAPHIC AND HEALTH SURVEY 2015-16
MAN'S QUESTIONNAIRE

MINISTRY OF HEALTH AND SPORTS

IDENTIFICATION																						
STATE/REGION _____ DISTRICT TOWNSHIP WARD/VILLAGE TRACT _____ CLUSTER NUMBER HOUSEHOLD NUMBER LINE NUMBER OF MAN _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <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> <table border="1" style="margin: auto;"> <tr><td></td><td></td></tr> </table>																					
INTERVIEWER VISITS																						
	1	2	3	FINAL VISIT																		
DATE	_____	_____	_____	DAY MONTH YEAR INT. NO. RESULT																		
INTERVIEWER'S NAME	_____	_____	_____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																		
RESULT*	_____	_____	_____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td></tr> </table>																		
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="margin: auto;"> <tr><td></td></tr> </table>																		
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td>1 COMPLETED</td> <td>4 REFUSED</td> <td></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td align="right">(SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED		2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	3 POSTPONED	6 INCAPACITATED	(SPECIFY)									
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3 POSTPONED	6 INCAPACITATED	(SPECIFY)																				
LANGUAGE OF INTERVIEW <table style="width: 100%;"> <tr> <td align="center">MYANMAR 1</td> <td align="center">ENGLISH 2</td> <td align="center">OTHER 6 _____</td> </tr> </table>			MYANMAR 1	ENGLISH 2	OTHER 6 _____	TRANSLATOR USED? <table style="width: 100%;"> <tr> <td align="center">YES 1</td> <td align="center">NO 2</td> </tr> </table>		YES 1	NO 2													
MYANMAR 1	ENGLISH 2	OTHER 6 _____																				
YES 1	NO 2																					
NATIVE LANGUAGE OF RESPONDENT <table style="width: 100%;"> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">6 _____</td> </tr> </table>			1	2	6 _____																	
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SUPERVISOR		FIELD EDITOR		KEYED BY																		
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table>										

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Mingalabar. My name is _____. I am working with the Ministry of Health and Sports. We are conducting a survey about health all over Myanmar. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END
↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> 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 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
106	What is the highest grade you completed? IF COMPLETED LESS THAN GRADE ONE, RECORD '00'.	GRADE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 106: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> GRADE 5 OR LOWER <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> GRADE 6 OR HIGHER <input type="checkbox"/> </div> </div>		→ 110
108	Now I would like you to read this sentence to me. 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 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </div> </div>		→ 111
110	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	
111	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	
112	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	
115A	Have you changed your usual place of residence compared with this time last year?	YES 1 NO 2	→ 115D
115B	Please tell me where you were living one year ago (state/region)?	STATE/REGION <input type="text"/> <input type="text"/> OTHER COUNTRY 00	→ 201
115C	Was it an urban or rural area?	URBAN 1 RURAL 2	
115D	How many times have you moved residence in the past 5 years?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NOT MOVED IN 5 YEARS 00	→ 201
115E	Can you tell me the other locations (state/region) you have lived in the past 5 years? PLEASE PROVIDE THE 3 MOST RECENT LOCATIONS.	<div style="text-align: right;">STATE/REGION</div> a. LOCATION <input type="text"/> <input type="text"/> b. LOCATION <input type="text"/> <input type="text"/> c. LOCATION <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of 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?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → 212 HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301										
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	→ 212								
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> → 301 NO LIVING CHILDREN <input type="checkbox"/>										
214	How old is your (youngest) child?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-2 YEARS OTHER <input type="checkbox"/>		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	<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.</p> <p>Have you ever heard of (METHOD)?</p>		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	<p>YES 1</p> <p>NO 2</p>	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	<p>YES 1</p> <p>NO 2</p>	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	<p>YES 1</p> <p>NO 2</p>	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	<p>YES 1</p> <p>NO 2</p>	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	<p>YES 1</p> <p>NO 2</p>	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	<p>YES 1</p> <p>NO 2</p>	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	<p>YES 1</p> <p>NO 2</p>	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	<p>YES 1</p> <p>NO 2</p>	
09	Lactational Amenorrhea Method (LAM).	<p>YES 1</p> <p>NO 2</p>	
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	<p>YES 1</p> <p>NO 2</p>	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	<p>YES 1</p> <p>NO 2</p>	
12	Emergency Contraception. PROBE: As an emergency measure, within three/five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	<p>YES 1</p> <p>NO 2</p>	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	<p>YES 1</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Seen or read about family planning in internet? Read about family planning in billboard?	<div>YES NO</div> RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 INTERNET 1 2 BILLBOARD 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) _____ DON'T KNOW 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<div>DIS- AGREE AGREE DK</div> CONTRACEPTION WOMAN'S BUSINESS 1 2 8 WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM <div> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		→ 311
308	Do you know of a place where a person can get male condoms?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	CHECK 301 (08): KNOWS FEMALE CONDOM <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		→ 401
312	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 401
313	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. <div style="border-bottom: 1px solid black; width: 100%; text-align: center; margin-top: 20px;"> (NAME OF PLACE(S)) </div>	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER (RHC) ... B GOVT. HEALTH POST (SUB-CENTER) C VILLAGE HEALTH WORKER D MOBILE CLINIC E UHC/MCH CENTER F OTHER PUBLIC SECTOR G (SPECIFY) NON-GOVERNMENT SECTOR MARIE STOPES H MYANMAR RED CROSS SOCIETY..... I PSI/M (SUN) J MMA K OTHER NGO SECTOR L (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC M PHARMACY N PRIVATE DOCTOR O MOBILE CLINIC P FIELDWORKER Q OTHER PRIVATE MEDICAL SECTOR R (SPECIFY) OTHER SOURCE SHOP S BETELNUT SHOP T FRIEND/RELATIVE U OTHER X (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married?	YES, CURRENTLY MARRIED 1 NO, NOT IN UNION 2	→ 404
402	Have you ever been married?	YES, FORMERLY MARRIED 1 NO 2	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410
404	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
405	Do you have other wives?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	→ 407
406	Altogether, how many wives do you have?	TOTAL NUMBER OF WIVES <input type="text"/> <input type="text"/>	
407	CHECK 405: ONE WIFE <input type="checkbox"/> Please tell me the name of your wife. RECORD THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. 408 ASK 408 FOR EACH PERSON.	<div style="display: flex; justify-content: space-around;"> <div> <p>MORE THAN ONE WIFE <input type="checkbox"/> Please tell me the name of each of your wives.</p> </div> <div> <p>408 How old was (NAME) on her last birthday?</p> <p>AGE</p> </div> </div> <div style="display: flex; justify-content: space-around;"> <div>LINE NUMBER</div> <div>AGE</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/></div> </div>	
409	CHECK 407: ONE WIFE <input type="checkbox"/> MORE THAN ONE WIFE <input type="checkbox"/>		→ 411A
410	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your wife?	MONTH <input type="text"/> <input type="text"/>	
411A	Now I would like to ask about your first wife. In what month and year did you start living with her?	DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask 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 <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE 95	→ 501
415	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 and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the <u>last</u> 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	→ 430
418	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 433A
432	The last time you paid someone in exchange for having sexual intercourse, was a condom (male or female) used?	YES 1 NO 2	→ 433A
433	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	
433A	Have you ever had sex with another men?	YES 1 NO 2	→ 434
433B	Have you had sex with another men in the past 6 months?	YES 1 NO 2	→ 434
433C	The last time that you had sex with another men, did you use a condom?	YES 1 NO 2	
434	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 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 418: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CONDOM (MALE OR FEMALE) USED ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> NOT ASKED NO CONDOM USED <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 40%; border-bottom: 1px solid black;"></div> <div style="width: 20%; text-align: right;">→ 438</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"></div> <div style="width: 40%; border-bottom: 1px solid black;"></div> <div style="width: 20%; text-align: right;">→ 438</div> </div>	
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom (male or female) used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	AHPHAW 01 LUSOE 02 FEEL (FEMALE CONDOM) 03 OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom (male or female) the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER (RHC) ... 12</p> <p>GOVT. HEALTH POST</p> <p>(SUB-CENTER) 13</p> <p>VILLAGE HEALTH WORKER 14</p> <p>MOBILE CLINIC 15</p> <p>UHC/MCH CENTE..... 16</p> <p>OTHER PUBLIC</p> <p>SECTOR 17</p> <p>(SPECIFY)</p> <p>NON-GOVERNMENT SECTOR</p> <p>MARIE STOPES 21</p> <p>MYANMAR</p> <p>RED CROSS SOCIETY..... 22</p> <p>PSI/M (SUN) 23</p> <p>MMA 24</p> <p>OTHER NGO</p> <p>SECTOR 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>MOBILE CLINIC 34</p> <p>FIELDWORKER 35</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>BETELNUT 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>FEMALE CONDOM G</p> <p>DIAPHRAGM H</p> <p>FOAM/JELLY I</p> <p>LAM J</p> <p>RHYTHM METHOD K</p> <p>WITHDRAWAL L</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 509
503	Is your wife (Are any of your wives) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife/wives) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509
505	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?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 509
506	CHECK 407: ONE WIFE <input type="checkbox"/> MORE THAN ONE WIFE <input type="checkbox"/>		→ 508
507	CHECK 503: WIFE NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/> 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 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 YEARS 2 SOON/NOW 993 HE/ALL HIS WIVES ARE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>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's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	
605	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	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
607	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your wife, or you and your wife jointly?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 OTHER 6 (SPECIFY) _____	
610	Who usually makes decisions about health care for yourself: you, your wife, you and your wife jointly, or someone else?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY) _____	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY) _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
611A	Who usually makes decisions regarding the wellbeing of children?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																																	
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																																	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																																	
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she refuses to use contraception? If she is involved in too much social activities?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NEGL. CHILDREN ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES CONTRA. .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SOCIAL ACTS.....</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	REFUSES CONTRA. .	1	2	8	SOCIAL ACTS.....	1	2	8	
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REFUSES CONTRA. .	1	2	8																																
SOCIAL ACTS.....	1	2	8																																

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 723																
702	Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get HIV by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
708	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> _____	→ 711																
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES 1 NO 2	→ 716																
713	How many months ago was your most recent HIV test? _____	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER (RHC) ... 12</p> <p>GOVT. HEALTH POST (SUB-CENTER) 13</p> <p>STAND-ALONE VCT CENTER ... 14</p> <p>FAMILY PLANNING CLINIC 15</p> <p>MOBILE CLINIC 16</p> <p>FIELDWORKER 17</p> <p>SCHOOL BASED CLINIC 18</p> <p>OTHER PUBLIC SECTOR 19</p> <p>(SPECIFY)</p> <p>NGO</p> <p>MARIE STOPES 21</p> <p>MYANMAR</p> <p>RED CROSS SOCIETY 22</p> <p>PSI/M (SUN) 23</p> <p>MMA 24</p> <p>OTHER NGO SECTOR 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31</p> <p>STAND-ALONE VCT CENTER ... 32</p> <p>PHARMACY 33</p> <p>MOBILE CLINIC 34</p> <p>DIAGNOSTIC LABORATORY 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>CORRECTIONAL FACILITY 42</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>718</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Do you know of a place where people can go to get tested for HIV?	YES 1 NO 2	→ 718
717	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER (RHC) ... B GOVT. HEALTH POST (SUB-CENTER) C STAND-ALONE VCT CENTER ... D FAMILY PLANNING CLINIC E MOBILE CLINIC F FIELDWORKER G OTHER PUBLIC SECTOR _____ H (SPECIFY) NGO MARIE STOPES I MYANMAR RED CROSS SOCIETY J PSI/M (SUN) K MMA L OTHER NGO SECTOR _____ M (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR N STAND-ALONE VCT CENTER ... O PHARMACY P MOBILE CLINIC Q DIAGNOSTIC LABORATORY R OTHER PRIVATE MEDICAL SECTOR _____ S (SPECIFY) OTHER _____ X (SPECIFY)	
718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	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	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
721	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? </div> <div style="text-align: center;"> NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	
724	CHECK 414: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> </div> </div>		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> </div> </div>		→ 727
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
727	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	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
729	CHECK 726, 727, AND 728: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> </div> </div>		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 732

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER (RHC) ... B</p> <p>GOVT. HEALTH POST</p> <p>(SUB-CENTER) C</p> <p>STAND-ALONE VCT CENTER ... D</p> <p>FAMILY PLANNING CLINIC E</p> <p>MOBILE CLINIC F</p> <p>FIELDWORKER G</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ H</p> <p>(SPECIFY)</p> <p>NGO</p> <p>MARIE STOPES I</p> <p>MYANMAR</p> <p>RED CROSS SOCIETY J</p> <p>PSI/M (SUN) K</p> <p>MMA L</p> <p>OTHER NGO</p> <p>SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR N</p> <p>STAND-ALONE VCT CENTER ... O</p> <p>PHARMACY P</p> <p>MOBILE CLINIC Q</p> <p>FIELDWORKER R</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ S</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
732	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
733	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL 2 OTHER 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/ PROFESSIONAL 2 CIRCUMCISION DONE AT HOME ... 3 RITUAL SITE 4 OTHER HOME/PLACE 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 808
806	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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes?	YES 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
810	Do you currently smoke or use any (other) type of tobacco?	YES 1 NO 2	→ 811A
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE/CIGAR/CHEROOT A CHEWING TOBACCO B SNUFF C OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
811A	Do you currently chew betel nuts?	YES 1 NO 2	→ 811C				
811B	In the last 24 hours, how many pieces did you chew?	NUMBER OF PIECES <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></table>					
811C	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 812				
811D	How does tuberculosis spread from one person to another? PROBE: Any other ways? [CIRCLE ALL MENTIONED]	THROUGH THE AIR WHEN COUGHING OR SNEEZING A BY SHARING UTENSILS B BY TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X SPECIFY _____ DON'T KNOW Z					
811E	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	→ 811G				
811F	What is the duration of treatment of TB now a days? [IF MORE THAN 7 MONTHS, RECORD 7]	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 8					
811G	Have you ever been told by a doctor or nurse or LHV that you have/ had tuberculosis?	YES 1 NO 2 DON'T KNOW 8					
812	Are you covered by any health insurance?	YES 1 NO 2	→ 814				
813	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER X (SPECIFY) _____					
814	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></table> MINUTES <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></table>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____