

TIMOR-LESTE DEMOGRAPHIC AND HEALTH SURVEY (TLDHS)
MAN'S QUESTIONNAIRE

IDENTIFICATION																
PLACE NAME _____																
NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER				<table border="1" style="width: 60px; height: 60px; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>												
HOUSEHOLD NUMBER																
NAME AND LINE NUMBER OF MAN _____																
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY MONTH YEAR INT. NO. RESULT*												
INTERVIEWER'S NAME	_____	_____	_____	<table border="1" style="width: 60px; height: 60px; border-collapse: collapse;"> <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="width: 60px; height: 60px; border-collapse: collapse;"> <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>												
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 40px; border-collapse: collapse;"> <tr><td></td></tr> </table>												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____																
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; width: 40px; height: 30px; text-align: center; vertical-align: middle;">0</table> <table border="1" style="display: inline-table; width: 40px; height: 30px; text-align: center; vertical-align: middle;">1</table> LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; width: 40px; height: 30px; text-align: center; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 30px; text-align: center; vertical-align: middle;"></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; width: 40px; height: 30px; text-align: center; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 30px; text-align: center; vertical-align: middle;"></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; width: 40px; height: 30px; text-align: center; vertical-align: middle;"></table>																
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 BAHASA 05 OTHER 02 TETUM 04 PORTUGUESE																
SUPERVISOR <table border="1" style="width: 100px; height: 30px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> </table> NAME NUMBER						FIELD EDITOR <table border="1" style="width: 100px; height: 30px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> </table> NAME NUMBER						OFFICE EDITOR <table border="1" style="width: 60px; height: 30px; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table> NUMBER				
KEYED BY <table border="1" style="width: 60px; height: 30px; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table> NUMBER																

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the General Directorate of Statistics. We are conducting a survey about health and other topics all over Timor-Leste. 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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MINUTES <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> ALWAYS 95 VISITOR 96	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
104	Before you moved here, which municipality did you live in?	AILEU 01 AINARO 02 BAUCAU 03 BOBONARO 04 COVALIMA 05 DILI 06 ERMERA 07 LAUTEM 08 LIQUICA 09 MANATUTO 10 MANUFAHI 11 OECUSSI 12 VIQUEQUE 13 OUTSIDE OF TIMOR-LESTE 96	
105	In what month and year were you born?	MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
108	What is the highest level of school you attended: primary, pre-secondary, secondary, or higher?	PRIMARY/ENSINO BASICO PRIMERO AND SEGUNDO CICLU 1 PRE-SECONDARY/ENSINO BASICO TERCIERO CICLU 2 SECONDARY/ENSINO BASICO GENERAL OR TECHNICAL, VOCATIONAL 3 HIGHER 4			
109	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <table><tr><td></td><td></td></tr></table>			
110	CHECK 108: <div>PRIMARY <table><tr><td></td></tr></table> PRE-SECONDARY SECONDARY ↓</div> HIGHER <table><tr><td></td></tr></table> →				113
111	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 PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5			
112	CHECK 111: <div>CODE '2', '3' OR '4' <table><tr><td></td></tr></table> ↓ CIRCLED</div> CODE '1' OR '5' CIRCLED <table><tr><td></td></tr></table> →				114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3			
114	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			
115	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			
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118		
116A	Is it a smartphone?	YES 1 NO 2			
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2			
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2			
119	Have you ever used the internet?	YES 1 NO 2	→ 121A		
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 121A		
121	During the last one month, how often did you use the internet: 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			
121A	How do you prefer receiving information on health, education, job opportunities?	NEWSPAPER 1 RADIO 2 TELEVISION 3 INTERNET 4 OTHER 6 (SPECIFY)			
122	What is your religion?	ROMAN CATHOLIC 1 MUSLIM 2 PROTESTANT 3 HINDU 4 OTHER 6 (SPECIFY)			

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	→ 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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) 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> b) 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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) 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> b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) 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> b) 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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"></div> <div style="width: 40%; text-align: right;"> → 211 → 301 </div> </div>									
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2									
211	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD ↓ <input type="checkbox"/> </div> </div> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE LIVING CHILD ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"></div> <div style="width: 40%; text-align: right;"> → 301 </div> </div>									

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>a) How old is your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>b) How old is your child?</p> </div> </div>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
214	<p>CHECK 213:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS ↓</p> </div> <div style="text-align: center;"> <p>(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 3 YEARS OR OLDER</p> </div> </div>	<p>→ 301</p>	
215	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>a) What is the name of your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE <input type="checkbox"/> LIVING CHILD ↓</p> <p>b) What is the name of your child?</p> </div> </div>	<p>_____</p> <p align="center">(NAME OF (YOUNGEST) CHILD)</p>	
216	<p>When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 218</p>
217	<p>Were you ever present during any of those antenatal check-ups?</p>	<p>PRESENT 1</p> <p>NOT PRESENT 2</p>	
218	<p>Was (NAME) born in a hospital or health facility?</p>	<p>HOSPITAL/HEALTH FACILITY 1</p> <p>OTHER 2</p>	
219	<p>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?</p>	<p>MORE THAN USUAL 1</p> <p>ABOUT THE SAME 2</p> <p>LESS THAN USUAL 3</p> <p>NOTHING TO DRINK 4</p> <p>DON'T KNOW 8</p>	

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
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.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
10A	Billings method. PROBE: A woman relies on observations of cervical mucus to identify days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last few months have you:	YES NO			
	a) Heard about family planning on the radio?	a) RADIO	1	2	
	b) Seen anything about family planning on the television?	b) TELEVISION	1	2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE	1	2	
	d) Seen about family planning in poster/billboard?	d) POSTER/BILLBOARD	1	2	
	e) Seen Street Drama?	e) STREET DRAMA	1	2	
	f) Watched film?	f) WATCHED FILM	1	2	
	g) Seen anything about family planning on the internet?	g) INTERNET	1	2	
	h) Received a voice or text message about family planning on a mobile phone?	g) MOBILE PHONE	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		→ 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	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES	1		
		NO	2		
		DON'T KNOW	8		
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.	AGREE DIS-AGREE DK			
	a) Contraception is a woman's concern and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
	b) Women who use contraception may become promiscuous.	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/>	
407	CHECK 405: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE WIFE/ PARTNER <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) Please tell me the name of (your wife/the woman you are living with as if married). </div> <div style="width: 45%;"> b) Please tell me the name of each of your wives or each woman you are living with as if married. </div> </div> RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> NAME <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> </div> <div style="width: 10%; text-align: center;"> LINE NUMBER <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </div> <div style="width: 45%;"> 408 How old was (NAME) on her last birthday? AGE <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </div> </div>	
408	ASK 408 FOR EACH PERSON.		
409	CHECK 407: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE WIFE/ PARTNER <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> </div> </div>		→ 411
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2	
411	CHECK 405 AND 410: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> BOTH ARE CODE '2' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) In what month and year did you start living with your (wife/partner)? </div> <div style="width: 45%;"> b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her? </div> </div>	MONTH <input type="text"/> DON'T KNOW MONTH 98 YEAR <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"/>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 501
415	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>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.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	<p>→ 417</p> <p>→ 427</p>

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																								
416	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table>							DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table>																		
417	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←																								
418	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																								
419	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)																								
420	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table>								
421	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>																				
422	How old is this person?	AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98																				
423	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←																									
424	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 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98																								

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 419 (ALL COLUMNS): AT LEAST ONE PARTNER <input type="checkbox"/> IS A SEX WORKER ↓	NO PARTNERS <input type="checkbox"/> ARE SEX WORKERS →	427
426	CHECK 419 AND 417 (ALL COLUMNS): CONDOM USED WITH <input type="checkbox"/> EVERY SEX WORKER	OTHER <input type="checkbox"/> →	430 431
427	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	429
428	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	431
429	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	431
430	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	
431	In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	433
432	Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	
433	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, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
434	CHECK 417: MOST RECENT PARTNER (FIRST COLUMN) CONDOM <input type="checkbox"/> USED ↓	NOT ASKED <input type="checkbox"/> → NO CONDOM <input type="checkbox"/> USED →	438 438

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	<p>From where did you obtain the condom 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 align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL 11</p> <p>REFERRAL HOSPITAL 12</p> <p>COMMUNITY HEALTH CENTE 13</p> <p>HEALTH POST 14</p> <p>SISCa POST 15</p> <p>MOBILE CLINIC 17</p> <p>CONDOM BOX 18</p> <p>OTHER PUBLIC SECTOR 16</p> <p align="center">_____ (SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIES STOPES 21</p> <p>OTHER NGO 26</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTO 31</p> <p>PHARMACY 32</p> <p>MOBILE CLINIC 33</p> <p>FIELDWORKER 34</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>FRIEND/RELATIVE 42</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p> <p>DON'T KNOW 98</p>	
437	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>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 439</p> <p>→ 440</p>
438	The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 440</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: 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>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>BILLINGS METHOD K</p> <p>LACTATIONAL AMENORRHEA METHOD L</p> <p>RHYTHM METHOD M</p> <p>WITHDRAWAL N</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 501</p>
440	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 514								
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 514								
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		→ 509								
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514
511	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 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 514
512	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 (WIFE/WIVES/PARTNER(S)) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514
513	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998	
514	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> a) 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? b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER OTHER 96 (SPECIFY)	→ 601 → 601
515	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?	BOYS GIRLS EITHER NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	

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?	_____ _____ _____	
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 OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 611A
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/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 OTHER 6 (SPECIFY) _____	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	
611A	In your household, who decides on what food to be prepared or eaten by the family members?	RESPONDENT 01 WIFE 02 GRANDFATHER 03 GRANDMOTHER 04 MOTHER 05 FATHER 06 MOTHER-IN-LAW 07 FATHER-IN-LAW 08 SISTER 09 BROTHER 10 DAUGHTER 11 SON 12 OTHER RELATIVE 13 OTHER 96 DEPENDENT 98	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
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		
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY	1		
		JOINTLY ONLY	2		
		BOTH ALONE AND JOINTLY	3		
		DOES NOT OWN	4		
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK
	a) If she goes out without telling him?	a) GOES OUT	1	2	8
	b) If she neglects the children?	b) NEGLECTS CHILDREN ..	1	2	8
	c) If she argues with him?	c) ARGUES	1	2	8
	d) If she refuses to have sex with him?	d) REFUSES SEX	1	2	8
	e) If she burns the food?	e) BURNS FOOD	1	2	8
	f) If she cannot get pregnant/cannot have children?	f) CANNOT HAVE CHILDREN	1	2	8
618A	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...		YES	NO	DK
	a) Get angry and reprimand her?	a) ANGRY	1	2	8
	b) Refuse to give her money or other means of support?	b) REFUSE MONEY	1	2	8
	c) Use force and have sex with her even if she doesn't want to?	d) FORCE SEX	1	2	8
	d) Go ahead and have sex with another woman?	e) ANOTHER WOMAN	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 HIV or AIDS?	YES 1 NO 2	→ 727
702	HIV is the virus that can lead to AIDS. 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 HIV?	YES 1 NO 2 DON'T KNOW 8	
706A	Can people get HIV by sharing clothes with a person who has HIV?	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: a) During pregnancy? b) During delivery? c) By breastfeeding?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> a) DURING PREGNANCY .. 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	
709	CHECK 708: <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center; margin-top: 10px;"> OTHER <input type="checkbox"/> _____ </div>		→ 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 for HIV?	YES 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> TWO OR MORE YEARS 95	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL 11</p> <p>REFERRAL HOSPITAL 12</p> <p>VCT CENTER 13</p> <p>COMMUNITY HEALTH CENTER 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIES STOPES 21</p> <p>OTHER NGO</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTO 31</p> <p>VCT CENTER 32</p> <p>PHARMACY 33</p> <p>PRIVATE DOCTOR 34</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 720</p>
716	<p>Do you know of a place where people can go to get an HIV test?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 720</p>
717	<p>Where is that?</p> <p>Any other place?</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 align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL A</p> <p>REFERRAL HOSPITAL B</p> <p>VCT CENTER C</p> <p>COMMUNITY HEALTH CENTE D</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ E</p> <p align="center">(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR F</p> <p>MARIES STOPES F</p> <p>OTHER NGO</p> <p>_____ G</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTO H</p> <p>VCT CENTER I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
720	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
721	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
727	CHECK 701: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? </div> <div style="width: 45%;"> NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ b) Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	
728	CHECK 414: <div style="display: flex; justify-content: space-around;"> <div> HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓ </div> <div> NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 736 </div> </div>		
729	CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around;"> <div> YES <input type="checkbox"/> ↓ </div> <div> NO <input type="checkbox"/> → 731 </div> </div>		
730	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	
731	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	
732	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
733	CHECK 730, 731 AND 732: <div style="display: flex; justify-content: space-around;"> <div> HAS HAD AN <input type="checkbox"/> INFECTION (ANY 'YES') ↓ </div> <div> HAS NOT HAD AN <input type="checkbox"/> INFECTION OR DOES NOT KNOW → 736 </div> </div>		
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 736

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	<p>Where did you go?</p> <p>Any other place?</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 align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL A</p> <p>REFERRAL HOSPITAL B</p> <p>VCT CENTEF C</p> <p>COMMUNITY HEALTH CENTE D</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ E</p> <p align="center">(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIES STOPE F</p> <p>OTHER NGO</p> <p>_____ G</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTO H</p> <p>VCT CENTER I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRADITIONAL PRACTITIONEI N</p> <p>SHOP O</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
736	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>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
736A	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
737	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	<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		
801A	Have you ever heard of an illness called tuberculosis or TB?	YES	1		
		NO	2	→ 805	
801B	Where did you hear about Tuberculosis or TB?	FAMILY/FRIEND	A		
		SCHOOL/WORKPLACE	B		
		HEALTH CARE PROVIDER	C		
		TELEVISION	D		
		RADIO	E		
		NEWSPAPER	F		
		INTERNE'	G		
		OTHER _____	X		
		(SPECIFY)			
801C	Do you think you can get TB because of	YES	NO	DK	
	a) Infection due to germs?	GERMS 1	2	8	
	b) Hereditary causes?	HEREDITAR' 1	2	8	
	c) Ghosts and spirits?	GHOSTS 1	2	8	
	d) Evil eye?	EVIL EYE 1	2	8	
801D	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN			
		COUGHING OR SNEEZING	A		
		THROUGH SHARING UTENSI	B		
		THROUGH TOUCHING A PERSON	C		
		WITH TB	D		
		THROUGH FOOD	E		
		THROUGH SEXUAL CONTACT	F		
		THROUGH MOSQUITO BITES	G		
	PROBE: Any other ways?	OTHER _____	X		
		(SPECIFY)			
		DON'T KNOW	Z		
801E	What are the symptoms of TB?	COUGH FOR MORE THAN 2 WEEKS	A		
		CHEST PAIN	B		
		LOSS OF APPETITE	C		
		LOSS OF WEIGHT	D		
		FEVER AND NIGHT SWEATS	E		
		COUGHING UP BLOOD	F		
		DON'T KNOW	Z		
801F	If you have cough for more than 2 weeks would you seek treatment?	YES	1		
		NO	2	→ 801H	
		DON'T KNOW	8		
801G	Where would you seek treatment for cough more than 2 weeks?	GOVERNMENT HEALTH FACILITY	A		
		PRIVATE PRACTITIONER	B		
		PRIVATE HEALTH FACILITY/NGC	C		
		DIRECTLY BUY MEDICINE FROM PHARMACY ..	D		
		TRADITIONAL HEALER	E		
		HOME REMEDY/SELF TREATMENT	F		
		DON'T KNOW	Z		
801H	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		

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	<p>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?</p> <p>IF YES: How many injections have you had?</p> <p>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.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 808
806	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>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.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 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?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
808	Do you currently smoke tobacco every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p>→ 811</p> <p>→ 810</p>
809	In the past, have you smoked tobacco every day?	<p>YES 1</p> <p>NO 2</p>	→ 812
810	In the past, have you ever smoked tobacco every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 813
811	<p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">NUMBER DAILY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 813

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Any others? _____ (SPECIFY)</p>	<p align="right">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
813	<p>Do you currently use smokeless tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p>→ 815</p> <p>→ 815A</p>
814	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Chewing tobacco?</p> <p>b) Betel quid with tobacco?</p> <p>c) Any others? _____ (SPECIFY)</p>	<p align="right">TIMES DAILY</p> <p>a) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>→ 815A</p>
815	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Chewing tobacco?</p> <p>b) Betel quid with tobacco?</p> <p>c) Any others? _____ (SPECIFY)</p>	<p align="right">TIMES WEEKLY</p> <p>a) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
815A	<p>CHECK Q.814 AND 815: BETEL QUID</p> <p align="center">NO BETEL QUID <input type="checkbox"/> IN 814 OR 815 ↓</p> <p align="center">BETEL QUID AT LEAST <input type="checkbox"/> ONCE IN 814 OR 815 →</p>		<p>→ 815D</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
815B	Do you currently chew betel quid every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 815D																																
815C	On average, how many times do you currently chew betel quid each day?	NUMBER OF TIMES <input type="text"/> <input type="text"/>																																	
815D	How old were you when you had your first alcoholic beverage?	NEVER HAD AN ALCOHOLIC BEVERAGE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 817A																																
815E	In the last three months, on how many days did you drink an alcoholic beverage?	EVERY DAY 1 ALMOST EVERY DAY 2 ONCE/TWICE A WEEK 3 ONCE/TWICE A MONTH 4 LESS THAN ONCE A MONTH 5 NEVER 6																																	
815F	Have you ever gotten drunk from drinking an alcoholic beverage?	YES 1 NO 2	→ 817A																																
815G	In the last three months, how many times have you gotten drunk from drinking an alcoholic beverage?	NEVER DRUNK IN PAST THREE MONTHS 00 NUMBER OF TIMES <input type="text"/> <input type="text"/>																																	
817A	What services do you think should be available to you?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>NO OPINION</th></tr> </thead> <tbody> <tr> <td>a) Information on reproductive health</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Information on family planning</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Consultation on family planning options</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) Provision of modern methods of contraception</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) Information of traditional/natural methods of family planning</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) Information on nutrition education?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Information on maternal and child health?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	NO OPINION	a) Information on reproductive health	1	2	8	b) Information on family planning	1	2	8	c) Consultation on family planning options	1	2	8	d) Provision of modern methods of contraception	1	2	8	e) Information of traditional/natural methods of family planning	1	2	8	f) Information on nutrition education?	1	2	8	g) Information on maternal and child health?	1	2	8	
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a) Information on reproductive health	1	2	8																																
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g) Information on maternal and child health?	1	2	8																																

SECTION 9. NON-COMMUNICABLE DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
900	CHECK Q.106: AGE 30 OR OLDER <input type="checkbox"/> LESS THAN 30 <input type="checkbox"/>		→ 1001
901	Have you ever had your blood sugar measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	
902	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 906
903	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	
904	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2	
905	Are you taking medication to control your blood pressure?	YES 1 NO 2	
906	Have you ever had your blood sugar measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	
907	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ 911
908	In the past 12 months, have you been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	
909	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or	YES 1 NO 2	
910	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
911	Have you ever been told by a doctor or other health worker that you have heart disease or a chronic heart condition?	YES 1 NO 2	→ 913
912	Are you receiving any treatment for your heart disease or chronic heart condition?	YES 1 NO 2	
913	Have you ever been told by a doctor or other health worker that you have lung disease or a chronic lung condition?	YES 1 NO 2	→ 915
914	Are you receiving any treatment for your lung disease or chronic lung condition?	YES 1 NO 2	

915	Have you ever been told by a doctor or other health worker that you have cancer or a tumor?	YES 1 NO 2	→ 917
916	Are you receiving any treatment for cancer or a tumor?	YES 1 NO 2	
917	Have you ever been told by a doctor or other health worker that you have depression?	YES 1 NO 2	→ 919
918	Are you receiving any treatment for depression?	YES 1 NO 2	
919	Have you ever been told by a doctor or other health worker that you have arthritis?	YES 1 NO 2	→ 921
920	Are you receiving any treatment for arthritis?	YES 1 NO 2	
921	Have you ever been told by a doctor or other health worker that you have any other chronic disease, that is, any other disease that is long lasting?	YES 1 _____ (SPECIFY CHRONIC DISEASE) NO 2	→ 1001
922	Are you receiving any treatment for [CHRONIC DISEASE IN 921]?	YES 1 NO 2	

SECTION 10. YOUTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	CHECK Q.106: AGE <div style="text-align: center;">LESS THAN 25 <input type="checkbox"/> ↓</div> <div style="text-align: center; margin-top: -40px;">25 OR OLDER <input type="checkbox"/></div>		→ 1011
1002	How do you mostly spend your free time? For example after you have finished school, work, helping parent/spouse, or looking after kids.	READING 01 DOING SPORTS 02 HANGING OUT WITH FRIEND 03 WATCHING TV 04 ON INTERNET/SOCIAL MEDIA/ 05 OTHER _____ 96 (SPECIFY) DEPENDS 98	
1003	How many hours a week do you usually get to pass time with friends?	NUMBER OF HOURS <input type="text"/> <input type="text"/> DON'T HANG OUT WITH FRIEND 00	→ 1006
1004	Where do you mostly pass time with friends?	AT HIS HOUSE 01 AT FRIEND'S HOUSE 02 IN THE STREET/MALLS/PARK 03 IN BAR/RESTAURANT 04 AT SPORT FACILITY 05 AT YOUTH CENTER/COMMUNITY CENTER/ YOUTH CLUB 06 BEACH 07 OTHER _____ 96 (SPECIFY) DEPENDS 98	
1005	If you are in trouble or have a problem, who do you mostly go to for advice/help?	MOTHER 01 FATHER 02 SIBLING 03 OTHER RELATIVES 04 FRIENDS 05 INTERNET 06 TEACHER/HEALTH PROFESSIONAL/ YOUTH CENTER STAFF 07 RELIGIOUS LEADER 08 OTHER _____ 96 (SPECIFY) DON'T KNOW/DEPENDS 98	
1006	Have you ever received information about reproductive health?	YES 1 NO 2	→ 1009
1007	From where did you receive information?	PARENTS A SCHOOL B HEALTH FACILITIES C PEERS D TV E RADIO F INTERNET/ONLINE SOCIAL MEDIA/FACEBOOK SMS G RELIGIOUS LEADER I OTHER _____ X (SPECIFY)	

SECTION 10. YOUTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008	What is the best way to share with you information on reproductive health?	TV 01 SMS/MOBILE PHON 02 HOTLINE (LINHA FOINSA'E) 03 INTERNET/ONLINE SOCIAL MEDIA/FACEBOO... 04 IEC MATERIALS (BOOKLET/LEAFLET/POSTEF.. 05 AT HEALTH CENTER 06 FROM PEERS 07 AT SCHOOL/UNIVERSITY 08 AT COMMUNITY/YOUTH CENTEF..... 09 THROUGH RELIGIOUS LEADER/ORGANIZATI... 10 OTHER _____ 96 	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
