

**AIDS INDICATOR SURVEY
MODEL INDIVIDUAL QUESTIONNAIRE**

24 March 2006

[NAME OF COUNTRY]

[NAME OF ORGANIZATION]

IDENTIFICATION (1)																						
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <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>																					
NAME OF HOUSEHOLD HEAD _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
REGION																						
LARGE CITY/SMALL CITY/TOWN/RURAL (2)																						
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)																						
NAME AND LINE NUMBER OF RESPONDENT _____																						
SEX OF RESPONDENT (MALE = 1 FEMALE = 2)																						

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>2</td><td>0</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0						
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				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>								
*RESULT CODES:												
	1 COMPLETED	4 REFUSED										
	2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	(SPECIFY)								
	3 POSTPONED	6 INCAPACITATED										

COUNTRY-SPECIFIC INFORMATION: LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED

SUPERVISOR	OFFICE EDITOR	KEYED BY												
NAME _____	NAME _____	NAME _____												
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				

SECTION 1 - RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

(3) Participation in this survey is voluntary, and if we should come to 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. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
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 <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 107
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106 (4)	What is the highest (grade/form/year) you completed at that level? RECORD '00' IF LESS THAN ONE GRADE COMPLETED AT THAT LEVEL.	GRADE <input type="text"/> <input type="text"/>	
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 CANNOT READ 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
110	<p style="text-align: center;">FEMALE <input type="checkbox"/> MALE <input type="checkbox"/></p>		→ 113
111	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 116
112	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 116 → 114
113	Have you done any work in the last seven days?	YES 1 NO 2	→ 116
114	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other such reason?	YES 1 NO 2	→ 116
115	Have you done any work in the last 12 months?	YES 1 NO 2	→ 117
116	<p>What is your occupation, that is, what kind of work do you mainly do?</p> <p>INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>	→ 118
117	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 01 LOOKING FOR WORK 02 RETIRED 03 TOO ILL TO WORK 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE 06 OTHER _____ 96 (SPECIFY)	
118	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="checkbox"/> <input type="checkbox"/> ALWAYS 95 VISITOR 96	
119	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="checkbox"/> <input type="checkbox"/> NONE 00	→ 121

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
121	COUNTRY-SPECIFIC QUESTION ON RELIGION.		
122	COUNTRY-SPECIFIC QUESTION ON ETHNICITY.		

SECTION 2 - REPRODUCTION

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		→ 215
211	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 214
212	Now I would like to ask you about your last birth, whether the child is still alive or not. In what month and year did you have your last birth?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 214
213	About how many years ago was your last birth?	YEARS AGO <input type="text"/> <input type="text"/>	
214	Are you pregnant now?	YES 1 NO 2 UNSURE 8	
215	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>		→ 219
216	How many years old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
217 (5)	CHECK 216: (YOUNGEST) CHILD IS AGE 0-17 <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 219
218 (5)	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8	
219 (5)	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 301
220 (5)	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8	

SECTION 3 - MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP																
301	<p align="center">MALE <input type="checkbox"/></p> <p>Are you currently married or living together with a woman as if married?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Are you currently married or living together with a man as if married?</p>	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN/WOMAN . 2 NO, NOT IN UNION 3	→ 304																
302	<p>Have you ever been married or lived together with a woman as if married?</p>	<p>Have you ever been married or lived together with a man as if married?</p>	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN/WOMAN . 2 NO 3	→ 320																
303	<p>What is your marital status now: are you widowed, divorced, or separated?</p>	<p>What is your marital status now: are you widowed, divorced, or separated?</p>	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 310																
304	<p>Is your wife/partner living with you now or is she staying elsewhere?</p>	<p>Is your husband/partner living with you now or is he staying elsewhere?</p>	LIVING TOGETHER 1 STAYING ELSEWHERE 2																	
305	<p>Do you have more than one wife or woman you live with as if married?</p>	<p>Does your husband/partner have other wives or does he live with other women as if married?</p>	YES 1 NO 2 DON'T KNOW 8	→ 307																
306	<p>Altogether, how many wives do you have or other partners do you live with as if married?</p>	<p>Including yourself, in total, how many wives or other partners does your husband live with now as if married?</p>	NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98																	
307	<p align="center">MALE <input type="checkbox"/></p> <p><u>CHECK 305:</u> <u>IF ONE WIFE/PARTNER:</u> Please tell me the name of your wife (the woman you are living with as if married).</p> <p><u>IF MORE THAN ONE WIFE/PARTNER:</u> Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> <p>RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH SPOUSE AND LIVE-IN PARTNER.</p> <p>IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 308 FOR EACH PERSON.</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Please tell me the name of your husband (the man you are living together with as if married).</p>	<table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p align="center">308</p> <p>How old was your wife/husband/partner on his/her last birthday?</p>	
NAME	LINE NUMBER	AGE																		
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																		
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																		
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																		
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																		
309	<p><u>CHECK 307.</u> MALE <input type="checkbox"/> ONE WIFE</p>	<p>FEMALE <input type="checkbox"/></p>	<p>MALE MORE THAN ONE WIFE <input type="checkbox"/></p>	→ 318A																
310	<p align="center">MALE <input type="checkbox"/></p> <p>Have you been married or lived with a woman only once or more than once?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Have you been married or lived with a man only once or more than once?</p>	ONLY ONCE 1 MORE THAN ONCE 2	→ 313																

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
321	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/WIFE/PARTNER... 95	→ 324 → 324
322	CHECK 103: 15-24 <input type="checkbox"/> YEARS OLD ↓ 25-49 <input type="checkbox"/> YEARS OLD → 350		
323	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→ 350
324	CHECK 103: 15-24 <input type="checkbox"/> YEARS OLD ↓ 25-49 <input type="checkbox"/> YEARS OLD → 328A		
325 (6)	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
326	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	→ 328A
327	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 328A
328	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3	
328A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential 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.		
329	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 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 331 → 349

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
330	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
331 (6)	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 333) ←	YES 1 NO 2 (SKIP TO 333) ←	YES 1 NO 2 (SKIP TO 333) ←
332	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
333	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2' IF NO, CIRCLE '3'	HUSBAND/WIFE 1 (SKIP TO 339) ← LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 PROSTITUTE 5 OTHER _____ 6 (SPECIFY)	HUSBAND/WIFE 1 (SKIP TO 339) ← LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 PROSTITUTE 5 OTHER _____ 6 (SPECIFY)	HUSBAND/WIFE 1 (SKIP TO 339) ← LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 PROSTITUTE 5 OTHER _____ 6 (SPECIFY)
334	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
335	CHECK 103:	MAN 15-49/ WOMAN 15-24 <input type="checkbox"/> WOMAN 25-49 <input type="checkbox"/> ↓ (SKIP TO 339) ←	MAN 15-49/ WOMAN 15-24 <input type="checkbox"/> WOMAN 25-49 <input type="checkbox"/> ↓ (SKIP TO 339) ←	MAN 15-49/ WOMAN 15-24 <input type="checkbox"/> WOMAN 25-49 <input type="checkbox"/> ↓ (SKIP TO 339) ←
336	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 339) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 339) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 339) ← DON'T KNOW 98
337	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 339) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 339) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 339) ←
338	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
339	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 341) ←	YES 1 NO 2 (SKIP TO 341) ←	YES 1 NO 2 (SKIP TO 342) ←
340	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
341	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 330 ← IN NEXT COLUMN) NO 2 (SKIP TO 343) ←	YES 1 (GO BACK TO 330 ← IN NEXT COLUMN) NO 2 (SKIP TO 343) ←	
342	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE ' 95'.			NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
343	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		→ 349
344	CHECK 333 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 346
345	CHECK 333 AND 331 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	NO CONDOM USED/ CONDOM NOT USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 349 → 348
346	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 349
347 (6)	The last time you paid someone in exchange for sexual intercourse, was a condom used?	YES 1 NO 2	→ 349
348	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	
349	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
350 (7)	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 401
351 (7), (8)	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J FIELDWORKER K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M CHURCH N FRIENDS/RELATIVES O OTHER _____ X (SPECIFY)	

SECTION 4 - HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
401	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 444																
402	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has sexual intercourse with no other partners?	YES 1 NO 2 DON'T KNOW 8																	
403 (9)	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
404	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
405 (9)	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
406	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																	
407 (9)	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
408	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
409	Can the virus that causes AIDS 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																
410	CHECK 409: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 412																
411	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
412	Have you heard about special antiretroviral drugs (USE LOCAL NAME) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8																	
413	FEMALE <input type="checkbox"/> ↓	MALE <input type="checkbox"/> →	→ 424																
414 (10)	CHECK 212 AND 213: LAST BIRTH SINCE JANUARY 2004 <input type="checkbox"/> ↓	NO BIRTHS <input type="checkbox"/> → LAST BIRTH BEFORE JANUARY 2004 <input type="checkbox"/> →	→ 424 → 424																
414A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
415	Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	YES 1 NO 2	→ 424																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
416 (8)	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME YOUR HOME A OTHER HOME B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER D GOVT. HEALTH POST E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC G OTHER PRIVATE MED. _____ H (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>																	
417	<p>During any of the antenatal visits for that birth, did anyone talk to you about:</p> <p>Babies getting the AIDS virus from their mother?</p> <p>Things that you can do to prevent getting the AIDS virus?</p> <p>Getting tested for the AIDS virus?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
418	<p>Were you offered a test for the AIDS virus as part of your antenatal care?</p>	<p>YES 1 NO 2</p>																	
419	<p>I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?</p>	<p>YES 1 NO 2</p>	→ 424																
420	<p>I don't want to know the results, but did you get the results of the test?</p>	<p>YES 1 NO 2</p>																	
421 (8)	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 STAND-ALONE VCT CENTER .. 13 FAMILY PLANNING CLINIC 14 MOBILE CLINIC 15 FIELDWORKER 16</p> <p>OTHER PUBLIC _____ 17 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER .. 22 PHARMACY 23 MOBILE CLINIC 24 FIELDWORKER 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>																	
422	<p>Have you been tested for the AIDS virus since that time you were tested during your pregnancy?</p>	<p>YES 1 NO 2</p>	→ 425																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
423	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	→ 431
424	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 429
425	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
426	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
427	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
428 (8)	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 STAND-ALONE VCT CENTER .. 13 FAMILY PLANNING CLINIC 14 MOBILE CLINIC 15 FIELDWORKER 16 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER .. 22 PHARMACY 23 MOBILE CLINIC 24 FIELDWORKER 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 431
429	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 431

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430 (8)	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>VCT CENTER C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER F</p> <p>OTHER PUBLIC _____ G (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR H</p> <p>VCT CENTER I</p> <p>PHARMACY J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE MEDICAL _____ M (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	
431	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
432	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
433	<p>If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
434	<p>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?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
435	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK ANYONE WITH AIDS 3</p>	→ 440
436	<p>Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	
437	<p>Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	
438	<p>CHECK 435, 436, 437:</p> <p>NOT A SINGLE "YES" <input type="checkbox"/></p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p>		→ 440
439	<p>Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
440	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
441	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
442	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
443	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
444	Do you believe that young men should wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
445	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
446	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
447	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
448	Do you believe that married men should only have sex with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
449	Do you think that most married men you know have sex only with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
450	Do you believe that young women should wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
451	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
452	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
453	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
454	Do you believe that married women should only have sex with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
455	Do you think that most married women you know have sex only with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 5 - OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501 (11)	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 505
502	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	
503	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
504	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	
505	Now I would like to ask you some questions about any injections you have had in the last twelve months. Have you had an injection for any reason in the last twelve months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 509
506	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 509
507 (8)	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 DENTAL CLINIC/OFFICE 22 PHARMACY 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME 31 OTHER _____ 96 (SPECIFY)	
508	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DK 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
509	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		511		
510 (12)	Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 3			
511	CHECK 401: <input type="checkbox"/> HEARD ABOUT AIDS Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? <input type="checkbox"/> NOT HEARD ABOUT AIDS Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2			
512	CHECK 321: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		520		
513	CHECK 511: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		515		
514	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			
515	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> MALE <input type="checkbox"/> Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? </td> <td style="width: 50%; padding-left: 10px;"> FEMALE <input type="checkbox"/> Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge? </td> </tr> </table>	MALE <input type="checkbox"/> Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	FEMALE <input type="checkbox"/> Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
MALE <input type="checkbox"/> Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	FEMALE <input type="checkbox"/> Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?				
516	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis? </td> <td style="width: 50%; padding-left: 10px;"> Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer? </td> </tr> </table>	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis?	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis?	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?				
517	CHECK 514, 515, AND 516: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		520		
518	The last time you had (PROBLEM FROM 514/515/516), did you seek any kind of advice or treatment?	YES 1 NO 2	520		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
519 (8)	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, 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 B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>STAND-ALONE VCT CENTER ... I</p> <p>PHARMACY J</p> <p>MOBILE CLINIC K</p> <p>FIELDWORKER L</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
520	<p>Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
521	<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>	
522	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
523 (13)	<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>	
524	<p>CHECK 301:</p> <p>FEMALE, <input type="checkbox"/> FEMALE, <input type="checkbox"/></p> <p>CURRENTLY MARRIED/ NOT IN UNION</p> <p>LIVING WITH A PARTNER <input type="checkbox"/> MALE <input type="checkbox"/></p>	<p>→ 527</p> <p>→ 527</p>	
525	<p>Can you say no to your husband/partner if you do not want to have sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/UNSURE 8</p>	
526	<p>Could you ask your husband/partner to use a condom if you wanted him to?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/UNSURE 8</p>	
527	<p>RECORD THE TIME.</p>	<p>HOUR <input type="text"/></p> <p>MINUTES <input type="text"/></p>	

ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.		
601B	<p>WOMEN <input type="checkbox"/></p> <p style="margin-left: 40px;">↓</p> <p>How many sons did your mother have who are still alive?</p> <p style="margin-left: 150px;">MEN <input type="checkbox"/></p> <p style="margin-left: 160px;">↓</p> <p>Besides yourself, how many sons did your mother have who are still alive?</p>	BOYS LIVING <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
601C	<p>WOMEN <input type="checkbox"/></p> <p style="margin-left: 40px;">↓</p> <p>Besides yourself, how many daughters did your mother have who are still alive?</p> <p style="margin-left: 150px;">MEN <input type="checkbox"/></p> <p style="margin-left: 160px;">↓</p> <p>How many daughters did your mother have who are still alive?</p>	GIRLS LIVING <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
601D	How many sons did your mother have who have died?	BOYS DIED <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
601E	How many daughters did your mother have who have died?	GIRLS DIED <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
601F	Has your mother given birth to other children that you don't know whether they are still alive or have died?	YES 1 NO 2	→ 601H
601G	How many other children has your mother had that you don't know whether they are still alive or have died?	OTHER CHILDREN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
601H	SUM ALL OF THE RESPONSES TO 601B, C, D, E, AND G, ADD 1 (THE RESPONDENT) AND RECORD THE TOTAL.	TOTAL <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
601I	<p>CHECK 601H:</p> <p>Just to make sure I have understood well, is it correct that your mother gave birth to _____ children, including yourself?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> →</p> <p style="margin-left: 200px;">PROBE AND CORRECT 601A-601H AS NECESSARY</p>		
602	<p>CHECK 601H:</p> <p style="margin-left: 100px;">TWO BIRTHS OR MORE <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 350px;">ONE BIRTH ONLY (RESPONDENT ONLY) <input type="checkbox"/></p>		→ 701
603	How many births had your mother had already before you were born?	NUMBER OF PRECEDING BIRTHS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

Now I would like to make a list of **ALL** the children your mother ever gave birth to, **excluding yourself**, regardless of whether they are still alive or not, starting with the one born first.

WRITE THE NAMES OF ALL THE RESPONDENT'S BROTHERS AND SISTERS. IF MORE THAN 15, USE AN ADDITIONAL QUESTIONNAIRE.

604	What was the name given to the first (next) child your mother gave birth to?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____
605	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
606	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 608 DK ... 8 GO TO [2]	YES ... 1 NO ... 2 GO TO 608 DK ... 8 GO TO [3]	YES ... 1 NO ... 2 GO TO 608 DK ... 8 GO TO [4]	YES ... 1 NO ... 2 GO TO 608 DK ... 8 GO TO [5]	YES ... 1 NO ... 2 GO TO 608 DK ... 8 GO TO [6]
607	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]
608	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
609	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]
IF NO OTHER BROTHERS AND SISTERS, CONTINUE TO 701						

604	What was the name given to the first (next) child your mother gave birth to?	[6] _____	[7] _____	[8] _____	[9] _____	[10] _____
605	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
606	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 608 ↙ DK ... 8 GO TO [7] ↙	YES ... 1 NO ... 2 GO TO 608 ↙ DK ... 8 GO TO [8] ↙	YES ... 1 NO ... 2 GO TO 608 ↙ DK ... 8 GO TO [9] ↙	YES ... 1 NO ... 2 GO TO 608 ↙ DK ... 8 GO TO [10] ↙	YES ... 1 NO ... 2 GO TO 608 ↙ DK ... 8 GO TO [11] ↙
607	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [7]	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]
608	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
609	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> GO TO [7]	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]
IF NO OTHER BROTHERS AND SISTERS, CONTINUE TO 701						

604	What was the name given to the first (next) child your mother gave birth to?	[11] _____	[12] _____	[13] _____	[14] _____	[15] _____
605	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
606	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 608 ↗	YES ... 1 NO ... 2 GO TO 608 ↗	YES ... 1 NO ... 2 GO TO 608 ↗	YES ... 1 NO ... 2 GO TO 608 ↗	YES ... 1 NO ... 2 GO TO 608 ↗
		DK ... 8 GO TO [12] ↗	DK ... 8 GO TO [13] ↗	DK ... 8 GO TO [14] ↗	DK ... 8 GO TO [15] ↗	DK ... 8 GO TO [16] ↗
607	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]	<input type="text"/> <input type="text"/> GO TO [16]
608	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]	<input type="text"/> <input type="text"/> GO TO [16]
609	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]	<input type="text"/> <input type="text"/> GO TO [16]
IF NO OTHER BROTHERS AND SISTERS, CONTINUE TO 701						

SECTION 7 - HIV TEST

THIS PAGE TO BE DESTROYED BEFORE MERGING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK Q. 103: AGE 15-17 <input type="checkbox"/>	AGE 18-49 <input type="checkbox"/>	→ 704
702	CHECK Q. 302: NO IN 302 (NEVER IN UNION) <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 704
703	FIND THE PARENT/OTHER RESPONSIBLE ADULT FOR ADOLESCENT. WRITE NAME AND LINE NUMBER OF PARENT/ OTHER RESPONSIBLE FOR ADOLESCENT FROM THE HOUSEHOLD QUESTIONNAIRE. (IF YOUTH LIVES INDEPENDENTLY, WRITE A NOTE TO INDICATE THIS AT BOTTOM, AND SKIP TO Q. 704) RECORD LINE NUMBER OF PARENT/OTHER RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	NAME AND LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT _____ <input type="text"/> <input type="text"/>	
704	READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IF RESPONDENT CONSENTS TO HIV TEST AND CODE 3' IF HE/SHE REFUSES. FOR NEVER-IN-UNION MEN/WOMEN AGE 15-17, ASK CONSENT FROM PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 703) BEFORE ASKING FOR HIS/HER CONSENT). CIRCLE CODE '2' IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. As part of this survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in (COUNTRY). For the HIV test, we need a few more drops of blood from a finger. The equipment being used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and your partner if you want) that you can use at any of these facilities. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the HIV test?	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 → END RESPONDENT REFUSED 3 → END SIGNATURE OF INTERVIEWER: _____ DO NOT FORGET TO SIGN	
705	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	
706	OUTCOME OF HIV TEST PROCEDURE	SAMPLE TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER _____ 6 (SPECIFY)	→ END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS WITH LEFT OVER BLOOD. FOR NEVER-IN-UNION MEN AND WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 703 BEFORE ASKING RESPONDENT'S CONSENT.</p> <p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF HE/SHE REFUSES.</p> <p>FOR NEVER-IN-UNION MEN AND WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 703) BEFORE ASKING THE ADOLESCENT FOR HIS/HER CONSENT.</p> <p>CIRCLE CODE '2' IN QUESTION 703 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION /MINISTRY OF HEALTH] to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for later testing or research?</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>RESPONDENT REFUSED 3</p> <p>SIGNATURE OF INTERVIEWER: _____</p> <p>DO NOT FORGET TO SIGN</p> <p>IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER</p>	<p>→ END</p> <p>←</p>

FOOTNOTES

- (1) The Identification section of the cover page should be adapted for country-specific survey design.
- (2) The following guidelines should be used to categorize urban sample points: "Large cities" are national capitals and places with over 1 million population; "small cities" are places with between 50,000 and 1 million population; remaining urban sample points are "towns".
- (3) Wording of this paragraph should be modified in countries where participation is legally required
- (4) Revise according to the local education system.
- (5) These questions relate to the situation of orphans and vulnerable children.
They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died). The size of the orphan and vulnerable child population in countries that do not meet these criteria will be too small for meaningful analysis.
- (6) In countries with an active female condom program, the wording of the question should be modified to include reference to both the male and female condom.
- (7) In countries with an active female condom program, questions on knowledge of a source of female condom can be added.
- (8) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (9) If Questions 403, 405 and/or 407 do not apply to the local context, replace the question using a specific local misconception.
At least two questions related to misconceptions are needed.
- (10) For fieldwork which begins in 2007 and 2008, the year should be 2005 and 2006, respectively.
- (11) Use local term for TB, if any.
- (12) Question may be omitted depending on the practice of male circumcision in specific countries.
Some countries may consider including the male circumcision module here.
- (13) In polygynous societies, the phrase 'other women' should be replaced by the phrase 'women other than his wives'.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____