

**CAMBODIA DEMOGRAPHIC AND HEALTH SURVEY 2005  
MAN'S QUESTIONNAIRE**

**MINISTRY OF PLANNING  
NATIONAL INSTITUTE OF STATISTICS**

**MINISTRY OF HEALTH  
NATIONAL INSTITUTE OF PUBLIC HEALTH**

DOMAIN ..... PROVINCE _____ DISTRICT _____ COMMUNE _____ VILLAGE _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... NAME AND LINE NUMBER OF MAN _____	DOMAIN <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> PROVINCE <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> DISTRICT <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> COMMUNE <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> VILLAGE <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> CLUSTER <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table>  <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table>
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INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> INT. NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table>	2	0		
2	0							
INTERVIEWER'S NAME	_____	_____	_____	RESULT * <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table>				
TIME	_____	_____						
*RESULT CODES: 1 COMPLETED                      4 REFUSED 2 NOT AT HOME                      5 PARTLY COMPLETED                      7 OTHER _____ (SPECIFY) 3 POSTPONED                      6 INCAPACITATED								

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> DATE _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table> DATE _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"></table>

SECTION 1 - RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the Ministry of Health and Ministry of Planning. We are conducting a national health survey. We would very much appreciate your participation in this survey. I would like to ask you about some important health issues. This information will help the government to plan health services. The survey usually takes around 20 minutes to complete.

Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. 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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
102	In what month and year were you born?  IF RESPONDENT DOES NOT KNOW GREGORIAN MONTH AND YEAR OF BIRTH, ASK FOR KHMER MONTH AND YEAR. USE DATE CONVERSION CHART.  _____ (SPECIFY KHMER MONTH AND YEAR OF BIRTH)	GREGORIAN MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW MONTH ..... 98  GREGORIAN YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> DON'T KNOW YEAR ..... 9998									
103	How old were you at your last birthday?  IF GREGORIAN DATE IS RECORDED IN 102, COMPARE AGE TO DATE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 107								
105	What is the highest level of school you attended: primary, lower secondary, upper secondary, or higher?	PRIMARY ..... 1 LOWER SECONDARY ..... 2 UPPER SECONDARY ..... 3 HIGHER ..... 4									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	What is the highest grade 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	
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	
113	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 115
113A	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	→ 115
114	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 116
115	What is your occupation, that is, what kind of work do you mainly do?  PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	_____ <input type="text"/> <input type="text"/>	→ 117
116	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)	
117	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="text"/> <input type="text"/>  ALWAYS ..... 95 VISITOR ..... 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	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="text"/> <input type="text"/> NONE ..... 00	→ 121
119	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
120	In the last 12 months, have you been away from your home community for more than one month in total, all trips together?	YES ..... 1 NO ..... 2	
121	What is your religion?	BUDDHIST ..... 1 MOSLEM ..... 2 CHRISTIAN ..... 3 OTHER ..... 4	
122	Some men are circumcised. Are you circumcised?	YES ..... 1 NO ..... 2	

**SECTION 2 - REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	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. Have you fathered any children with any woman?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters whom you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons are living with you?  And how many daughters are living with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" data-bbox="1247 415 1349 470"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1247 470 1349 533"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters whom you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1247 678 1349 732"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1247 732 1349 795"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever fathered a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" data-bbox="1247 1026 1349 1081"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1247 1081 1349 1144"><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 ..... <table border="1" data-bbox="1247 1205 1349 1268"><tr><td></td><td></td></tr></table>									
209	CHECK 208:  To make sure that I have this right: you have fathered in TOTAL ____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
215	Are you the primary care giver for any of your own children or other children?	YES ..... 1 NO ..... 2	→ 301								
216	Are any of these children for whom you are the primary caregiver under the age of 18 years ?	YES ..... 1 NO ..... 2	→ 301								
217	Now I would like to ask you about the children who are under the age of 18 years and for whom you are the primary caregiver.  Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES ..... 1 NO ..... 2 UNSURE ..... 8									

SECTION 3 - MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	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	→ 304
302	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	→ 310
303	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 307
304	Is your wife/partner living with you now or is she staying elsewhere?	LIVING TOGETHER ..... 1 STAYING ELSEWHERE ..... 2	
305	Please tell me the name of (your wife/the woman you are living with).  RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR SPOUSE OR LIVE-IN PARTNER. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
306	How old was your wife/partner on her last birthday?	AGE OF WIFE/PARTNER IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>	
307	Have you been married or lived with only one woman or more than one woman?	ONLY ONE ..... 1 MORE THAN ONE ..... 2	
308	CHECK 307:  MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/>  In what month and year did you start living with your wife/partner?  IF RESPONDENT DOES NOT KNOW GREGORIAN DATE, ASK FOR KHMER MONTH AND YEAR OF MARRIAGE. USE DATE CONVERSION CHART TO FIND GREGORIAN MONTH AND YEAR.  _____ (SPECIFY KHMER MONTH AND YEAR OF MARRIAGE)	MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/>  Now I would like to ask about when you started living with a woman as if married for the very first time. What month and year was that?  GREGORIAN MONTH ..... <input type="text"/> <input type="text"/>  DON'T KNOW MONTH ..... 98  GREGORIAN YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW YEAR ..... 9998	→ 310
309	How old were you when you first started living with her?	AGE ..... <input type="text"/> <input type="text"/>	
310	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95</p>	<p>→ 313</p> <p>→ 313</p>
312	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	<p>→ 340</p>
313	<p>CHECK 103:</p> <p>15-24 <input type="checkbox"/> YEARS OLD ↓</p> <p>25-49 <input type="checkbox"/> YEARS OLD</p>		<p>→ 318</p>
314	The <u>first</u> time you had sexual intercourse, was a condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
315	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>→ 318</p>
316	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER ..... 1</p> <p>YOUNGER ..... 2</p> <p>ABOUT THE SAME AGE ..... 3</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	<p>→ 318</p>
317	Would you say this person was ten or more years older than you or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER ..... 1</p> <p>LESS THAN TEN YEARS OLDER ... 2</p> <p>OLDER, UNSURE HOW MUCH ..... 3</p>	
318	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.</p> <p>IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>NUMBER OF DAYS AGO ... 1 <input type="text"/> <input type="text"/></p> <p>NUMBER OF WEEKS AGO .... 2 <input type="text"/> <input type="text"/></p> <p>NUMBER OF MONTHS AGO .. 3 <input type="text"/> <input type="text"/></p> <p>NUMBER OF YEARS AGO .... 4 <input type="text"/> <input type="text"/></p>	<p>→ 334</p>

		MOST RECENT SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																				
319	The last time you had sexual intercourse with this person, was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 322) ←	YES ..... 1 NO ..... 2 (SKIP TO 322) ←	YES ..... 1 NO ..... 2 (SKIP TO 322) ←																																				
320	Why did you use a condom?	BIRTH SPACING ... 1 HIV PREVENTION . 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY)	BIRTH SPACING ... 1 HIV PREVENTION . 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY)	BIRTH SPACING ... 1 HIV PREVENTION . 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY)																																				
321	Did you use a condom 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																																				
322	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND/WIFE ..... 01 (SKIP TO 324) ← LIVE-IN PARTNER .... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT .... 03 CASUAL ACQUAINTANCE .... 04 COMMERCIAL SEX WORKER .... 05 OTHER ..... 96 (SPECIFY)	HUSBAND/WIFE ..... 01 (SKIP TO 324) ← LIVE-IN PARTNER .... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT .... 03 CASUAL ACQUAINTANCE .... 04 COMMERCIAL SEX WORKER .... 05 OTHER ..... 96 (SPECIFY)	HUSBAND/WIFE ..... 01 (SKIP TO 324) ← LIVE-IN PARTNER .... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT .... 03 CASUAL ACQUAINTANCE .... 04 COMMERCIAL SEX WORKER .... 05 OTHER ..... 96 (SPECIFY)																																				
323	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												
324	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 326) ←	YES ..... 1 NO ..... 2 (SKIP TO 326) ←	YES ..... 1 NO ..... 2 (SKIP TO 327) ←																																				
325	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																																				
326	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 319 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 328) ←	YES ..... 1 (GO BACK TO 319 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 328) ←																																					



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	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.	NUMBER OF PARTNERS LAST 12 MONTHS ..... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW .....998	
328	Have you heard of men having sex with men?	YES ..... 1 NO ..... 2	→ 330
329	Have you ever had sex with a man?	YES ..... 1 NO ..... 2	
330	CHECK 322:  NO PARTNERS ARE <input type="checkbox"/> COMMERCIAL SEX WORKERS ↓	AT LEAST ONE PARTNER A COMMERCIAL <input type="checkbox"/> SEX WORKER	→ 334
331	In the last 12 months, did you pay anyone in exchange for sex?	YES ..... 1 NO ..... 2	→ 334
332	The last time you paid someone in exchange for sex, was a condom used?	YES ..... 1 NO ..... 2	→ 334
333	Did you use a condom during every sexual intercourse every time you paid someone in exchange for sex in the last 12 months?	YES ..... 1 NO ..... 2 DK ..... 8	
334	In total, with how many different partners have you had sexual intercourse in your life?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS IN LIFE..... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW .....998	
335	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.	PRIVACY OBTAINED ..... 1 PRIVACY NOT POSSIBLE ..... 2	→ 340
336	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO ..... 1 FORCED TO ..... 2 REFUSED TO ANSWER/ NO RESPONSE ..... 3	→ 338 → 338
337	Were you physically forced?	YES ..... 1 NO ..... 2	
338	In the last 12 months, has anyone forced you to have sexual intercourse against your will?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO RESPONSE ..... 3	→ 340
339	Were you physically forced?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
340	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 401
341	<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>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) ..... A            PROVINCIAL HOSP (RH) ..... B            DISTRICT HOSPITAL (RH) ..... C            HEALTH CENTER ..... D            HEALTH POST ..... E            OUTREACH ..... F            MILITARY HOSPITAL ..... G            OTHER PUBLIC _____ H            (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL ..... I            PRIVATE CLINIC ..... J            OTHER PRIV. MEDICAL _____ K            (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... L            COMMUNITY DISTRIBUTOR ..... M            FRIEND/RELATIVE ..... N</p> <p>OTHER _____ X            (SPECIFY)</p>	

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	→ 435
402	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
403	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
404	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
405	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 abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
407	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
408	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	↙ → 410
409	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS ..... H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES . K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
411	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNACY .. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
412	CHECK 411:  AT LEAST <input type="checkbox"/> ONE 'YES' ↓	NO CODE '1' CIRCLED <input type="checkbox"/> → 414	
413	Are there any special medications 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	
414	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
415	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	→ 420
416	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	
417	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	
418	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
419	<p>Where was the test done?</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>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) ..... 11</p> <p>PROVINCIAL HOSP (RH) ..... 12</p> <p>DISTRICT HOSPITAL (RH) ..... 13</p> <p>HEALTH CENTER ..... 14</p> <p>HEALTH POST ..... 15</p> <p>OUTREACH ..... 16</p> <p>MILITARY HOSPITAL ..... 17</p> <p>VCCT CENTER ..... 18</p> <p>PMTCT SITE ..... 19</p> <p>OTHER PUBLIC ..... 20</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PRIVATE LABORATORY ..... 23</p> <p>OTHER PRIV. MEDICAL ..... 26</p> <p>(SPECIFY)</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 422</p>
420	<p>Do you know of a place where people can go to get tested for the virus that causes AIDS?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 422</p>
421	<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>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) ..... A</p> <p>PROVINCIAL HOSP (RH) ..... B</p> <p>DISTRICT HOSPITAL (RH) ..... C</p> <p>HEALTH CENTER ..... D</p> <p>HEALTH POST ..... E</p> <p>OUTREACH ..... F</p> <p>MILITARY HOSPITAL ..... G</p> <p>VCCT CENTER ..... H</p> <p>PMTCT SITE ..... I</p> <p>OTHER PUBLIC ..... J</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL ..... K</p> <p>PRIVATE CLINIC ..... L</p> <p>PRIVATE LABORATORY ..... M</p> <p>OTHER PRIV. MEDICAL ..... N</p> <p>(SPECIFY)</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
423	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
424	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
425	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
426	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 8	→ 431
427	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
428	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
429	CHECK 426, 427, 428:  NO CODE '1' <input type="checkbox"/> CIRCLED ↓  AT LEAST ONE 'YES' <input type="checkbox"/> →		→ 431
430	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES ..... 1 NO ..... 2	
431	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	
432	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	
433	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
434	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
435	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	
436	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	
437	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	
438	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	
439	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
440	Do you think that most married men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
441	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	
442	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	
443	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	
444	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	
445	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
446	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 REPRODUCTIVE HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	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	
502	CHECK 311: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 510
503	CHECK 501: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		→ 505
504	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	
505	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	
506	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
507	CHECK 504, 505, AND 506: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 510
508	The last time you had (PROBLEM FROM 505/506/507), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 510



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) ..... A</p> <p>PROVINCIAL HOSP (RH) ..... B</p> <p>DISTRICT HOSPITAL (RH) ..... C</p> <p>HEALTH CENTER ..... D</p> <p>HEALTH POST ..... E</p> <p>OUTREACH ..... F</p> <p>MILITARY HOSPITAL ..... G</p> <p>VCCT CENTER ..... H</p> <p>PMTCT SITE ..... I</p> <p>STD CLINIC ..... J</p> <p>NGO CLINIC ..... K</p> <p>OTHER PUBLIC _____ L</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL ..... M</p> <p>PRIVATE CLINIC ..... N</p> <p>PRIVATE LABORATORY ..... O</p> <p>STD CLINIC ..... P</p> <p>NGO CLINIC ..... Q</p> <p>OTHER PRIV. MEDICAL _____ R</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
510	<p>Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections did you have?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE ..... 00 → 514</p>	
511	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE ..... 00 → 514</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
512	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR NATIONAL HOSPITAL (PP) ..... 11 PROVINCIAL HOSP (RH) ..... 12 DISTRICT HOSPITAL (RH) ..... 13 HEALTH CENTER ..... 14 HEALTH POST ..... 15 OUTREACH ..... 16 MILITARY HOSPITAL ..... 17 OTHER PUBLIC ..... 18 (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)									
513	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
514	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
515	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
516	RECORD THE TIME.	HOUR ..... <table border="1" data-bbox="1222 1411 1321 1543"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES ..... <table border="1" data-bbox="1222 1470 1321 1543"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_