

IDENTIFICATION																											
COUNTY _____ DISTRICT _____ LOCATION/TOWN _____ SUBLOCATION _____ NASSEP CLUSTER NUMBER KDHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF MAN _____ CHECK 101B IN HOUSEHOLD QUESTIONNAIRE: IS MAN SELECTED FOR SECTION 10?	<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> </table> <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> </table> YES 1 NO 2																										
INTERVIEWER VISITS																											
	1	2	3	FINAL VISIT																							
DATE INTERVIEWER'S NAME RESULT*	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY MONTH YEAR INT. NUMBER RESULT																							
NEXT VISIT: DATE TIME	_____ _____	_____ _____	_____ _____	TOTAL NUMBER OF VISITS																							
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ (SPECIFY) 3 POSTPONED 6 INCAPACITATED																											
LANGUAGE OF QUESTIONNAIRE** 17		LANGUAGE OF INTERVIEW: <input type="text"/> <input type="text"/>		NATIVE LANGUAGE OF RESPONDENT: <input type="text"/> <input type="text"/>																							
LANGUAGE OF QUESTIONNAIRE: English				TRANSLATOR USED (YES = 1, NO = 2) <input type="text"/>																							
**LANGUAGE CODES: 01 BORANA 05 KIKUYU 09 LUO 13 POKOT 17 ENGLISH 02 EMBU 06 KISII 10 MAASAI 14 SOMALI 18 OTHER 03 KALENJIN 07 LUHYA 11 MERU 15 SWAHILI 04 KAMBA 08 MARAGOLI 12 MIJIKENDA 16 TURKANA																											
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY																							
NAME _____ <input type="text"/> <input type="text"/> <input type="text"/>	NAME _____ <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																							

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

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

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; 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>									
101A	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Nairobi, Mombasa, Kisumu, in a town, in the countryside, or outside of Kenya?	NAIROBI/ MOMBASA/ KISUMU 1 OTHER CITY/ TOWN 2 COUNTRYSIDE 3 OUTSIDE KENYA 4									
101B	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ALWAYS 95 VISITOR 96			→ 101D						
101C	Just before you moved here, did you live in Nairobi, Mombasa, Kisumu, in a town, in the countryside, or outside of Kenya?	NAIROBI/ MOMBASA/ KISUMU 1 TOWN 2 COUNTRYSIDE 3 OUTSIDE OF KENYA 4									
101D	What is your nationality?	KENYAN 01 TANZANIAN 02 UGANDAN 03 SOMALI 04 ETHIOPIAN 05 SUDANESE 06 OTHER _____ 96 (SPECIFY)	→ 102								
101E	What was the main reason for moving to Kenya?	JOIN FAMILY LIVING IN KENYA 01 MARRIAGE 02 WORK 03 SCHOOL 04 ESCAPE INSECURITY/WAR 05 ESCAPE ENVIRONMENTAL DISASTER (E.G. FLOOD, DROUGHT, ETC.) ... 06 OTHER _____ 96 (SPECIFY)									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102	In what month and year were you born? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	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	→ 108
105	What is the highest level of school you attended: primary, vocational, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY/ 'A' LEVEL 3 COLLEGE (MIDDLE LEVEL) 4 UNIVERSITY 5	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR ... <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> POST-PRIMARY/ OR HIGHER VOCATIONAL ↓		→ 110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' <input type="checkbox"/> CODE '1' OR '5' <input type="checkbox"/> OR '4' ↓ CIRCLED		→ 111
110	Do you read a newspaper or magazine, at least once a week, less than once a week, or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio, at least once a week, less than once a week, or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television, at least once a week, less than once a week, or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	

SECTION 2. REPRODUCTION

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

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

SECTION 3. CONTRACEPTION

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. DISPENSARY C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC E</p> <p>PHARMACY/CHEMIST F</p> <p>NURSING/MATERNITY HOME G</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC H</p> <p>FAMILY OPTIONS/FHOK CLINIC CLINIC I</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>MOBILE CLINIC L</p> <p>COMMUNITY-BASED DISTRIBUTOR M</p> <p>COMMUNITY HEALTH WORKER/ CHW N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
314	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410															
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	→ 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>408 How old was (NAME) on her last birthday?</p> <table border="1"> <thead> <tr> <th data-bbox="906 1043 1062 1070">NAME</th> <th data-bbox="1086 1016 1190 1070">LINE NUMBER</th> <th data-bbox="1278 1043 1334 1070">AGE</th> </tr> </thead> <tbody> <tr> <td data-bbox="906 1155 1062 1167">_____</td> <td data-bbox="1086 1099 1190 1160"><input type="text"/></td> <td data-bbox="1238 1099 1342 1160"><input type="text"/></td> </tr> <tr> <td data-bbox="906 1267 1062 1279">_____</td> <td data-bbox="1086 1211 1190 1272"><input type="text"/></td> <td data-bbox="1238 1211 1342 1272"><input type="text"/></td> </tr> <tr> <td data-bbox="906 1379 1062 1391">_____</td> <td data-bbox="1086 1323 1190 1384"><input type="text"/></td> <td data-bbox="1238 1323 1342 1384"><input type="text"/></td> </tr> <tr> <td data-bbox="906 1491 1062 1503">_____</td> <td data-bbox="1086 1435 1190 1496"><input type="text"/></td> <td data-bbox="1238 1435 1342 1496"><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>										
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_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411 411A	In what month and year did you start living with your (wife/partner)? Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	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	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413 CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 501
414A	CHECK 103: AGE 15-24 <input type="checkbox"/> AGE 25-54 <input type="checkbox"/>		→ 415
414B	The first time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
414C	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	
415 Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.			
416	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <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"/>	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																																
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO 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 AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																				
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←																																																
418A	What is the main reason you used a condom on that occasion?	PREVENT STD/HIV . 1 AVOID PREGNANCY 2 BOTH PREVENT STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER /SHE MAY HAVE OTHER PARTNERS 4 PARTNER WANTED TO USE 5 OTHER _____ 6 (SPECIFY)	PREVENT STD/HIV . 1 AVOID PREGNANCY 2 BOTH PREVENT STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER /SHE MAY HAVE OTHER PARTNERS 4 PARTNER WANTED TO USE 5 OTHER _____ 6 (SPECIFY)	PREVENT STD/HIV . 1 AVOID PREGNANCY 2 BOTH PREVENT STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER /SHE MAY HAVE OTHER PARTNERS 4 PARTNER WANTED TO USE 5 OTHER _____ 6 (SPECIFY)																																																
419	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																																																
420	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 LIVE-IN PARTNER . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT... 3 CASUAL ACQUAINTANCE . . 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT... 3 CASUAL ACQUAINTANCE . . 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT... 3 CASUAL ACQUAINTANCE . . 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423) ←																																																
421	CHECK 410:	MARRIED ONLY ONCE <input type="checkbox"/> ↓ MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="checkbox"/> ↓ MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="checkbox"/> ↓ MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ←																																																
422	CHECK 414: FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (CODE 95)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> ↓ (SKIP TO 424) OTHER <input type="checkbox"/> ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> ↓ (SKIP TO 424) OTHER <input type="checkbox"/> ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> ↓ (SKIP TO 424) OTHER <input type="checkbox"/> ↓																																																
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO . 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	DAYS AGO . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO . 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	DAYS AGO . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO . 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
425	How old is this person?	AGE OF PARTNER . <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> DON'T KNOW 98
426	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 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	
427	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, 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
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/> → 430	
429	CHECK 420 AND 418 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> → 433 → 434	
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> → 438 NO CONDOM USED <input type="checkbox"/> → 438	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. DISPENSARY 13</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY/CHEMIST 22</p> <p>NURSING/MATERNITY HOME 23</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC 24</p> <p>FAMILY OPTIONS/FHOK CLINIC ... 25</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>MOBILE CLINIC 32</p> <p>COMMUNITY-BASED DISTRIBUTOR 33</p> <p>COMMUNITY HEALTH WORKER/ CHW 34</p> <p>FRIEND/RELATIVE 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>FEMALE CONDOM G</p> <p>LAM J</p> <p>RHYTHM METHOD K</p> <p>WITHDRAWAL L</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	

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

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
604A	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 605
604B	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 OTHER _____ 6 (SPECIFY)	
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)	
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES NO DK a) GOES OUT 1 2 8 b) NEGL. CHILDREN ... 1 2 8 c) ARGUES 1 2 8 d) REFUSES SEX 1 2 8 e) BURNS FOOD 1 2 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 723																
702	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	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																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
705A	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																	
706	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
707A	Do you know someone personally who has the virus that causes AIDS or someone who has died of AIDS?	YES 1 NO 2																	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) DURING PREG.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) DURING DELIVERY ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) BREASTFEEDING ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) DURING PREG.	1	2	8	b) DURING DELIVERY ...	1	2	8	c) BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
a) DURING PREG.	1	2	8																
b) DURING DELIVERY ...	1	2	8																
c) BREASTFEEDING ...	1	2	8																
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 711																
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																	
714	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
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER/CLINIC... 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>OTHER PUBLIC SECTOR _____ 18</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ 21</p> <p>MISSIONARY/CHURCH HOSP./ CLINIC 22</p> <p>FAMILY OPTIONS/FHOK CLINIC .. 23</p> <p>VCT CENTRE 24</p> <p>NURSING/MATERNITY HOMES .. 25</p> <p>BLOOD TRANSFUSION SERVICES 26</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 31</p> <p>CORRECTIONAL FACILITY 32</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 717A</p>
716	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 717A</p>
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/CLINIC... B</p> <p>GOVERNMENT DISPENSARY C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ E</p> <p>MISSIONARY/CHURCH HOSP./ CLINIC F</p> <p>FAMILY OPTIONS/FHOK CLINIC .. G</p> <p>VCT CENTRE H</p> <p>NURSING/MATERNITY HOMES .. I</p> <p>BLOOD TRANSFUSION SERVICES . J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>→ 717A</p>
717A	<p>CHECK 401:</p> <p>CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/></p>		<p>→ 718</p>
717B	<p>Have you ever talked with your wife / partner about ways to prevent getting the virus that causes AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
718	<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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 727
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 731A
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTRE/CLINIC B GOVT. DISPENSARY C OTHER PUBLIC SECTOR D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E MISSIONARY/CHURCH HOSP/CLINIC F FAMILY OPTIONS/FHOK CLINIC G VCT CENTRE H NURSING/MATERNITY HOMES I BLOOD TRANSFUSION SERVICES J OTHER PRIVATE MEDICAL SECTOR K (SPECIFY) OTHER SOURCE SHOP/PHARMACY M TRADITIONAL HEALER N FRIENDS/RELATIVES O OTHER X (SPECIFY)	
731A	When you had (PROBLEM(S) FROM 726/727/728), did you inform the persons with whom you were having sex?	YES, INFORMED ALL PARTNERS ... 1 INFORMED SOME, NOT ALL 2 NO, INFORMED NONE 3 DID NOT HAVE A PARTNER 4	→ 732
731B	When you had (PROBLEM(S) FROM 726/727/728), did you do anything to avoid infecting your sexual partner(s)?	YES 1 NO 2	→ 732

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731C	What did you do to avoid infecting your partner(s)? Did you: a) Use medicine? b) Stop sex? c) Use a condom when having sex?	YES NO a) USE MEDICINE 1 2 b) STOP HAVING SEX 1 2 c) USE CONDOM 1 2	
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) . 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL 2 OTHER 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/ PROFESSIONAL 2 CIRCUMCISION DONE AT HOME ... 3 RITUAL SITE 4 OTHER HOME/PLACE 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 807A
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 807A
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
807A	Have you ever been told by a doctor or health worker that you have raised blood pressure or hypertension?	YES 1 NO 2	
807B	Have you ever been told by a doctor or health worker that you have raised blood sugar or diabetes?	YES 1 NO 2	
807C	In the past 12 months, have you been involved in a road traffic accident as a driver, passenger, pedestrian, or cyclist?	YES 1 NO 2	
807D	In the past 12 months, were you injured accidentally, not related to a traffic accident?	YES 1 NO 2	→ 807F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
807E	How did the injury happen? RECORD ALL MENTIONED	FALL A BURN B POISONING C CUT D NEAR-DROWNING E ANIMAL BITE F SHOOTING G OTHER _____ X (SPECIFY)	
807F	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 808
807G	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	
808	Do you currently smoke cigarettes?	YES 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
810	Do you currently smoke or use any (other) type of tobacco?	YES 1 NO 2	→ 811A
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C WATER PIPE / SHISHA D OTHER _____ X (SPECIFY)	
811A	Do you drink alcohol?	YES 1 NO 2	→ 811C
811B	During the last two weeks, on how many days did you have at least one alcoholic drink?	NUMBER OF DAYS <input type="text"/> <input type="text"/>	
811C	Are you involved in exercise that causes an increase in your heart rate for at least 10 minutes continuously? a) At work? b) During other physical activities?	YES NO a) AT WORK 1 2 b) OTHER PHYSICAL ACTIVITIES 1 2	
811D	Now I would like to ask you about men's health. Have you ever heard of prostate cancer?	YES 1 NO 2	→ 811I
811E	Has a doctor or health care professional ever examined you to detect or test for prostate cancer?	YES 1 NO 2	→ 811I
811F	Did this prostate exam happen within the last 5 years?	YES 1 NO 2	
811G	Did the doctor or health care professional who examined you tell you that you have a problem with your prostate?	YES 1 NO 2	→ 811I

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811H	Were you treated or referred for treatment for the prostate problem?	YES 1 NO 2	
811I	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever heard of this problem?	YES 1 NO 2	
812	Are you covered by any health insurance?	YES 1 NO 2	→ 901
813	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B NATIONAL HEALTH INSURANCE SCHEME C PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . D PRE-PAYMENT SCHEME E OTHER _____ X (SPECIFY)	

SECTION 9. FEMALE GENITAL CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of female circumcision?	YES 1 NO 2	→ 902A
902	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1001
902A	Do you believe that female circumcision is required by your community?	YES 1 NO 2 DON'T KNOW 8	
903	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
904	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	

SECTION 10: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1001	<p>CHECK COVER PAGE: IS MAN SELECTED FOR SECTION 10?</p> <p>MAN SELECTED FOR THIS SECTION <input type="checkbox"/></p> <p>MAN NOT SELECTED OR HH QUESTION 101B IS BLANK <input type="checkbox"/></p>		1033																																			
1001A	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1</p> <p>PRIVACY NOT POSSIBLE 2</p>		1032																																			
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																																					
1002	<p>CHECK 401 AND 402:</p> <p>CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH WIFE/PARTNER') <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/></p>		1016																																			
1003	<p>First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) (wife/partner)?</p> <p>a) She (is/was) jealous or angry if you (talk/talked) to other women?</p> <p>b) She frequently (accuses/accused) you of being unfaithful?</p> <p>c) She (does/did) not permit you to meet your male friends?</p> <p>d) She (tries/tried) to limit your contact with your family?</p> <p>e) She (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) JEALOUS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) ACCUSES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) NOT MEET FRIENDS .</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) NO FAMILY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) WHERE YOU ARE .</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) JEALOUS	1	2	8	b) ACCUSES	1	2	8	c) NOT MEET FRIENDS .	1	2	8	d) NO FAMILY	1	2	8	e) WHERE YOU ARE .	1	2	8												
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e) WHERE YOU ARE .	1	2	8																																			
1004	<p>Now I need to ask some more questions about your relationship with your (last) (wife/partner).</p> <p>A Did your (last) (wife/partner) ever:</p> <p>a) Say or do something to humiliate you in front of others?</p> <p>b) Threaten to hurt or harm you or someone you care about?</p> <p>c) Insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th align="center">EVER</th> <th align="center">OFTEN</th> <th align="center">SOME-TIMES</th> <th align="center">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>NO</td> <td align="center">2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>NO</td> <td align="center">2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>NO</td> <td align="center">2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	NO	2 ↓				b) YES	1 →	1	2	3	NO	2 ↓				c) YES	1 →	1	2	3	NO	2 ↓				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																									
1005	<p>A Did your (last) (wife/partner) ever do any of the following things to you:</p> <p>a) Push you, shake you, or throw something at you?</p> <p>b) Slap you?</p> <p>c) Twist your arm or pull your hair?</p> <p>d) Punch you with her fist or with something that could hurt you?</p> <p>e) Kick you, drag you, or beat you up?</p> <p>f) Try to choke you or burn you on purpose?</p> <p>g) Threaten or attack you with a knife, gun, or other weapon?</p> <p>h) Physically force you to have sexual intercourse with her when you did not want to?</p> <p>i) Physically force you to perform any other sexual acts you did not want to?</p> <p>j) Force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>g) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>i) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>j) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	NO	2 ↓				b) YES	1 →	1	2	3	NO	2 ↓				c) YES	1 →	1	2	3	NO	2 ↓				d) YES	1 →	1	2	3	NO	2 ↓				e) YES	1 →	1	2	3	NO	2 ↓				f) YES	1 →	1	2	3	NO	2 ↓				g) YES	1 →	1	2	3	NO	2 ↓				h) YES	1 →	1	2	3	NO	2 ↓				i) YES	1 →	1	2	3	NO	2 ↓				j) YES	1 →	1	2	3	NO	2 ↓				
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1006	<p>CHECK 1005A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1009</p>	<p>→ 1009</p>																																																																																																									
1007	<p>How long after you first (got married/started living together) with your (last) (wife/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																																																																										
1008	<p>Did the following ever happen as a result of what your (last) (wife/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>a) YES 1 NO 2</p> <p>b) YES 1 NO 2</p> <p>c) YES 1 NO 2</p>																																																																																																										
1009	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/partner) at times when she was not already beating or physically hurting you?</p>	<p>YES 1 NO 2</p>	<p>→ 1011</p>																																																																																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	In the last 12 months, how often have you done this to your (last) (wife/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1011	Does (did) your (last) (wife/partner) drink alcohol?	YES 1 NO 2	→ 1013
1012	How often does (did) she get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1013	Are (Were) you afraid of your (last) (wife/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1014	CHECK 410: MARRIED MORE THAN ONCE <input type="checkbox"/> OR 410 IS BLANK ↓ MARRIED ONLY ONCE <input type="checkbox"/>		→ 1016
1015	A So far we have been talking about the behavior of your (current/last) (wife/partner). Now I want to ask you about the behavior of any previous (wife/partner). a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER ----- a) YES 1 → 1 2 3 NO 2 ↓ b) YES 1 → 1 2 3 NO 2 ↓	
1016	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> a) From the time you were 15 years old has anyone other than (your/any) (wife/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1022
1017	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT GIRLFRIEND F FORMER GIRLFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK ... L POLICE/SOLDIER M OTHER _____ X (SPECIFY)	
1018	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1022	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/>		1022B
1022A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (wife/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1023 1024A
1022B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1026
1023	Who was the person who was forcing you the very first time this happened?	CURRENT WIFE/PARTNER 01 FORMER WIFE/PARTNER 02 CURRENT/FORMER GIRLFRIEND ... 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK ... 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER 96 (SPECIFY)	
1024	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> a) In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to? b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES 1 NO 2	1025
1024A	CHECK 1005A (h-j) and 1015A(b) AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		1026
1025	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) wife/partner? b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1026	CHECK 1005A (a-j), 1015A (a,b), 1016, 1022A, AND 1022B: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1030																
1027	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1029																
1028	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A WIFE'S/PARTNER'S FAMILY B CURRENT/FORMER WIFE/PARTNER C CURRENT/FORMER GIRLFRIEND ... D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL ... H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)	→ 1030																
1029	Have you ever told any one about this?	YES 1 NO 2																	
1030	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																	
THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																			
1031	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WIFE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALE ADULT .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	WIFE	1	2	3	OTHER FEMALE ADULT .	1	2	3	MALE ADULT	1	2	3	
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1032	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____																		
1033	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____