

AIDS INDICATOR SURVEY  
MODEL INDIVIDUAL QUESTIONNAIRE

[NAME OF COUNTRY]  
[NAME OF ORGANIZATION]

IDENTIFICATION (1)													
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... NAME AND LINE NUMBER OF RESPONDENT _____ SEX OF RESPONDENT (MALE = 1 FEMALE = 2)	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> </table>												

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

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

SUPERVISOR	OFFICE EDITOR	KEYED BY							
NAME _____ <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><td style="width: 20px; height: 20px;"></td></tr> </table>				NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with (NAME OF ORGANIZATION). We are conducting a survey about health all over (NAME OF COUNTRY). The information we collect will help the government to plan health services. Your household was selected for the survey. The survey usually takes about 30 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 ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
103	How old were you at your last birthday?  COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 107
105	What is the highest level of school you attended: primary, secondary, or higher? (2)	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
106	What is the highest (grade/form/year) you completed at that level? (2) IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR ..... <input type="text"/> <input type="text"/>	
107	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 CANNOT READ ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	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	
109	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	
110	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		→ 113
111	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 116
112	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 116 → 114
113	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 116
114	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other such reason?	YES ..... 1 NO ..... 2	→ 116
115	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 117
116	What is your occupation, that is, what kind of work do you mainly do?  INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	→ 118
117	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING ..... 01 LOOKING FOR WORK ..... 02 RETIRED ..... 03 TOO ILL TO WORK ..... 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE ..... 06 OTHER _____ 96 (SPECIFY)	
118	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES ..... <input type="checkbox"/> <input type="checkbox"/> NONE ..... 00	→ 120
119	In the last 12 months, have you been away from home for more than one month at a time?	YES ..... 1 NO ..... 2	
120	COUNTRY-SPECIFIC QUESTION ON RELIGION, IF APPROPRIATE.		
121	COUNTRY-SPECIFIC QUESTION ON ETHNICITY, IF APPROPRIATE.		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding: 5px;"> <p align="center">MALE <input type="checkbox"/></p> <p>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.</p> <p>Have you ever fathered any children with any women?</p> </td> <td style="width: 50%; padding: 5px;"> <p align="center">FEMALE <input type="checkbox"/></p> <p>Now I would like to ask about all the births you have had during your life.</p> <p>Have you ever given birth?</p> </td> </tr> </table>	<p align="center">MALE <input type="checkbox"/></p> <p>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.</p> <p>Have you ever fathered any children with any women?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Now I would like to ask about all the births you have had during your life.</p> <p>Have you ever given birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 206						
<p align="center">MALE <input type="checkbox"/></p> <p>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.</p> <p>Have you ever fathered any children with any women?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Now I would like to ask about all the births you have had during your life.</p> <p>Have you ever given birth?</p>										
202	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding: 5px;"> <p>Do you have any sons or daughters that you have fathered who are now living with you?</p> </td> <td style="width: 50%; padding: 5px;"> <p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p> </td> </tr> </table>	<p>Do you have any sons or daughters that you have fathered who are now living with you?</p>	<p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 204						
<p>Do you have any sons or daughters that you have fathered who are now living with you?</p>	<p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p>										
203	<p>How many sons live with you?</p> <p>And how many daughters live with you?</p> <p>IF NONE, RECORD '00'.</p>	<p>SONS AT HOME ..... <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></p> <p>DAUGHTERS AT HOME ..... <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></p>									
204	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding: 5px;"> <p align="center">MALE <input type="checkbox"/></p> <p>Do you have any sons or daughters that you have fathered who are alive but do not live with you?</p> </td> <td style="width: 50%; padding: 5px;"> <p align="center">FEMALE <input type="checkbox"/></p> <p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p> </td> </tr> </table>	<p align="center">MALE <input type="checkbox"/></p> <p>Do you have any sons or daughters that you have fathered who are alive but do not live with you?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 206						
<p align="center">MALE <input type="checkbox"/></p> <p>Do you have any sons or daughters that you have fathered who are alive but do not live with you?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>										
205	<p>How many sons are alive but do not live with you?</p> <p>And how many daughters are alive but do not live with you?</p> <p>IF NONE, RECORD '00'.</p>	<p>SONS ELSEWHERE ..... <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></p> <p>DAUGHTERS ELSEWHERE... <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></p>									
206	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding: 5px;"> <p align="center">MALE <input type="checkbox"/></p> <p>Have you ever fathered a son or daughter who was born alive but later died?</p> <p>PROBE: Any baby who cried or showed signs of life but did not survive?</p> </td> <td style="width: 50%; padding: 5px;"> <p align="center">FEMALE <input type="checkbox"/></p> <p>Have you ever given birth to a son or daughter who was born alive but later died?</p> <p>PROBE: Any baby who cried or showed signs of life but did not survive?</p> </td> </tr> </table>	<p align="center">MALE <input type="checkbox"/></p> <p>Have you ever fathered a son or daughter who was born alive but later died?</p> <p>PROBE: Any baby who cried or showed signs of life but did not survive?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Have you ever given birth to a son or daughter who was born alive but later died?</p> <p>PROBE: Any baby who cried or showed signs of life but did not survive?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 208						
<p align="center">MALE <input type="checkbox"/></p> <p>Have you ever fathered a son or daughter who was born alive but later died?</p> <p>PROBE: Any baby who cried or showed signs of life but did not survive?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Have you ever given birth to a son or daughter who was born alive but later died?</p> <p>PROBE: Any baby who cried or showed signs of life but did not survive?</p>										
207	<p>How many boys have died?</p> <p>And how many girls have died?</p> <p>IF NONE, RECORD '00'.</p>	<p>BOYS DEAD ..... <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></p> <p>GIRLS DEAD ..... <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></p>									
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>	<p>TOTAL BIRTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MALE <input type="checkbox"/></p> <p>Just to make sure that I have this right: you have fathered in TOTAL _____ children during your life. Is that correct?</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>FEMALE <input type="checkbox"/></p> <p>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?</p> <p>PROBE AND CORRECT 201-208 AS NECESSARY.</p> </div> </div>		
210	<p>MALE <input type="checkbox"/></p> <p>FEMALE <input type="checkbox"/></p>		→ 301
211	<p>CHECK 208:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/>      NO BIRTHS <input type="checkbox"/></p>		→ 219
212	<p>Now I would like to ask you about your last birth, whether the child is still alive or not.</p> <p>In what month and year did you have your last birth?</p>	<p>MONTH ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	→ 214
213	<p>About how many years ago was your last birth?</p>	<p>YEARS AGO ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	
214	<p>CHECK 212 AND 213:</p> <p>LAST BIRTH SINCE JANUARY 2008 (3) <input type="checkbox"/>      LAST BIRTH BEFORE JANUARY 2008 (3) <input type="checkbox"/></p>		→ 219
215	<p>Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 219

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
216	<p>Where did you receive antenatal care for this pregnancy? <b>(4)</b></p> <p>Anywhere else?</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>HOME</p> <p>YOUR HOME ..... A</p> <p>OTHER HOME ..... B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... C</p> <p>GOVT. HEALTH CENTER ..... D</p> <p>GOVT. HEALTH POST ..... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... G</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ H</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
217	<p>Who assisted with the delivery? <b>(4)</b></p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>AUXILIARY MIDWIFE ..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT ..... D</p> <p>RELATIVE/FRIEND ..... E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED ..... Y</p>	
218	<p>Where did you give birth? <b>(4)</b></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>HOME</p> <p>YOUR HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ... 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
219	<p>Are you pregnant now?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>UNSURE ..... 8</p>	

SECTION 3. MARRIAGE AND SEXUAL ACTIVITY - POLYGYNY

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP															
301	<p align="center">MALE <input type="checkbox"/></p> <p align="center">↓</p> <p>Are you currently married or living together with a woman as if married?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p align="center">↓</p> <p>Are you currently married or living together with a man as if married?</p>	<p>YES, CURRENTLY MARRIED . . . . . 1</p> <p>YES, LIVING WITH A MAN/WOMAN . . . . . 2</p> <p>NO, NOT IN UNION . . . . . 3</p>	<p>→ 304</p>															
302	<p>Have you ever been married or lived together with a woman as if married?</p>	<p>Have you ever been married or lived together with a man as if married?</p>	<p>YES, FORMERLY MARRIED . . . . . 1</p> <p>YES, LIVED WITH A MAN/WOMAN . . . . . 2</p> <p>NO . . . . . 3</p>	<p>→ 313</p>															
303	<p>What is your marital status now: are you widowed, divorced, or separated?</p>	<p>What is your marital status now: are you widowed, divorced, or separated?</p>	<p>WIDOWED . . . . . 1</p> <p>DIVORCED . . . . . 2</p> <p>SEPARATED . . . . . 3</p>	<p>→ 310</p>															
304	<p>Is your (wife/partner) living with you now or is she staying elsewhere?</p>	<p>Is your (husband/partner) living with you now or is he staying elsewhere?</p>	<p>LIVING TOGETHER . . . . . 1</p> <p>STAYING ELSEWHERE . . . . . 2</p>																
305	<p>Do you have other wives or do you live with other women as if married?</p>	<p>Does your (husband/partner) have other wives or does he live with other women as if married?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	<p>→ 307</p>															
306	<p>Altogether, how many wives or live-in partners do you have?</p>	<p>Including yourself, in total, how many wives or live-in partners does he have?</p>	<p>NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>																
307	<p align="center">MALE <input type="checkbox"/></p> <p align="center">↓</p> <p><b>CHECK 305:</b> <b>IF ONE WIFE/PARTNER:</b> Please tell me the name of (your wife/the woman you are living with as if married).</p> <p><b>IF MORE THAN ONE WIFE/PARTNER:</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 SPOUSE AND LIVE-IN PARTNER.</p> <p>IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p align="center">↓</p> <p>Please tell me the name of (your husband/the man you are living together with as if married).</p>	<table border="1"> <thead> <tr> <th data-bbox="906 1213 1052 1241">NAME</th> <th data-bbox="1068 1192 1166 1241">LINE NUMBER</th> <th data-bbox="1198 1213 1295 1241">AGE</th> </tr> </thead> <tbody> <tr> <td data-bbox="906 1318 1052 1325">_____</td> <td data-bbox="1068 1276 1166 1325"><input type="text"/><input type="text"/></td> <td data-bbox="1198 1276 1295 1325"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="906 1423 1052 1430">_____</td> <td data-bbox="1068 1381 1166 1430"><input type="text"/><input type="text"/></td> <td data-bbox="1198 1381 1295 1430"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="906 1528 1052 1535">_____</td> <td data-bbox="1068 1486 1166 1535"><input type="text"/><input type="text"/></td> <td data-bbox="1198 1486 1295 1535"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="906 1633 1052 1640">_____</td> <td data-bbox="1068 1591 1166 1640"><input type="text"/><input type="text"/></td> <td data-bbox="1198 1591 1295 1640"><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p align="center">308</p> <p>How old was (NAME) on (her/his) last birthday?</p>
NAME	LINE NUMBER	AGE																	
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																	
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																	
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																	
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																	
308	<p>ASK 308 FOR EACH PERSON.</p>																		
309	<p><b>CHECK 307:</b></p> <p align="center">MALE <input type="checkbox"/></p> <p align="center">ONE WIFE ↓</p> <p align="center">FEMALE <input type="checkbox"/></p> <p align="center">↓</p>		<p align="center">MALE MORE THAN ONE WIFE <input type="checkbox"/></p>	<p>→ 311A</p>															
310	<p align="center">MALE <input type="checkbox"/></p> <p align="center">↓</p> <p>Have you been married or lived with a woman only once or more than once?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p align="center">↓</p> <p>Have you been married or lived with a man only once or more than once?</p>	<p>ONLY ONCE . . . . . 1</p> <p>MORE THAN ONCE . . . . . 2</p>	<p>→ 311A</p>															

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
311	MALE <input type="checkbox"/> In what month and year did you start living with your (wife/partner)?	FEMALE <input type="checkbox"/> In what month and year did you start living with your (husband/partner)?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98	
311A	Now I would like to ask about your first (wife/partner).  In what month and year did you start living with her?	Now I would like to ask about your first (husband/partner).  In what month and year did you start living with him?	YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 313
312	How old were you when you first started living with her?	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
<b>313 CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>				
314	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/HUSBAND/PARTNER..... 95	→ 338
315	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.			
316	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.		DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>	→ 318
317	MALE <input type="checkbox"/> → 332  FEMALE <input type="checkbox"/> → 336			





NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
311	MALE <input type="checkbox"/> In what month and year did you start living with your (wife/partner)?	FEMALE <input type="checkbox"/> In what month and year did you start living with your (husband/partner)?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98	
311A	Now I would like to ask about your first (wife/partner).  In what month and year did you start living with her?	Now I would like to ask a question about your first (husband/partner).  In what month and year did you start living with him?	YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 313
312	How old were you when you first started living with her?	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
<b>313 CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>				
314	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/HUSBAND/PARTNER ..... 95	→ 338
315	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.			
316	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.		DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>	→ 318
317	MALE <input type="checkbox"/> → 332  FEMALE <input type="checkbox"/> → 336			

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
318	When was the last time you had sexual intercourse with this person?		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"/>	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"/>
319 (5)	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 321) ←	YES ..... 1 NO ..... 2 (SKIP TO 321) ←	YES ..... 1 NO ..... 2 (SKIP TO 321) ←
320	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
321 (6)	What was your relationship to this person with whom you had sexual intercourse?  IF GIRLFRIEND/BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2' IF NO, CIRCLE '3'	WIFE/HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ..... 4 PROSTITUTE/CLIENT 5 OTHER ..... 6 (SPECIFY) (SKIP TO 324) ←	WIFE/HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ..... 4 PROSTITUTE/CLIENT 5 OTHER ..... 6 (SPECIFY) (SKIP TO 324) ←	WIFE/HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ..... 4 PROSTITUTE/CLIENT 5 OTHER ..... 6 (SPECIFY) (SKIP TO 324) ←
322	CHECK 310:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE OR BLANK <input type="checkbox"/> (SKIP TO 324)	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE OR BLANK <input type="checkbox"/> (SKIP TO 324)	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE OR BLANK <input type="checkbox"/> (SKIP TO 324)
323	CHECK 314:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE/HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 325)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE/HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 325)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE/HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 325)
324	How long ago did you first have sexual intercourse with this (second/third) person?	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"/>	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"/>	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"/>
325	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"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
326	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
327	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 318 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 329) ←	YES ..... 1 (GO BACK TO 318 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 329) ←	
328	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
329	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		→ 336
330	CHECK 321 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 332
331	CHECK 321 AND 319 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 335 → 336
332	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 334
333	Have you ever paid anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 336
334	The last time you paid someone in exchange for sexual intercourse, was a condom used? (5)	YES ..... 1 NO ..... 2	→ 336
335	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	
336	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	
337	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN <10 ..... 1 2 MALE ADULTS ..... 1 2 FEMALE ADULTS ..... 1 2	
338 (7)	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
339 (7)	<p>Where is that? (4)</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> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>MOBILE CLINIC ..... J</p> <p>FIELDWORKER ..... K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... M</p> <p>CHURCH ..... N</p> <p>FRIENDS/RELATIVES ..... O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
340 (7)	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</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	→ 437																
402	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																	
403	Can people get the AIDS virus from mosquito bites? <b>(8)</b>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
404	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
405	Can people get the AIDS virus by sharing food with a person who has AIDS? <b>(8)</b>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
406	Can people get the AIDS virus because of witchcraft or other supernatural means? <b>(8)</b>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
407	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
408	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG. ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG. ....	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
409	CHECK 408: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 411																
410	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																	
411	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		→ 426																
412	CHECK 215: HAD ANTENATAL CARE <input type="checkbox"/> NO OR NOT ASKED <input type="checkbox"/>		→ 420																
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
414	During any of the antenatal visits for your last birth, were you given any information about:  Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
415	Were you offered a test for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 420
417	Where was the test done? (4)  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 MOBILE CLINIC ..... 15 FIELDWORKER ..... 16 SCHOOL BASED CLINIC ..... 17 OTHER PUBLIC SECTOR _____ 18 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ..... 22 PHARMACY ..... 23 MOBILE CLINIC ..... 24 FIELDWORKER ..... 25 SCHOOL BASED CLINIC ..... 26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY)  OTHER SOURCE HOME ..... 31 CORRECTIONAL FACILITY ..... 32  OTHER _____ 96 (SPECIFY)	
418	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 424
419	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 424
420	CHECK 218 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-36 CIRCLED ↓		→ 426
421	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES ..... 1 NO ..... 2	
422	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES ..... 1 NO ..... 2	→ 426
423	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
424	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 427
425	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	→ 432
426	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	→ 430



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	
428	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
429	Where was the test done? <b>(4)</b>  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 MOBILE CLINIC ..... 15 FIELDWORKER ..... 16 SCHOOL BASED CLINIC ..... 17  OTHER PUBLIC _____ 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ..... 22 PHARMACY ..... 23 MOBILE CLINIC ..... 24 FIELDWORKER ..... 25 SCHOOL BASED CLINIC ..... 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) OTHER SOURCE HOME ..... 31 CORRECTIONAL FACILITY ..... 32  OTHER _____ 96 (SPECIFY)	→ 432
430	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 432
431	Where is that? <b>(4)</b>  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 CENTER ..... B VCT CENTER ..... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E FIELDWORKER ..... F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H VCT CENTER ..... I PHARMACY ..... J MOBILE CLINIC ..... K OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
432	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	
433	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	
434	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
435	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	
436	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
437	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	
438	CHECK 314: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 501
439	CHECK 437: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 441
440	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	
441	MALE <input type="checkbox"/> ↓ Sometimes men experience an abnormal discharge from their penis.  During the last 12 months, have you had an abnormal discharge from your penis?  FEMALE <input type="checkbox"/> ↓ Sometimes women experience a bad-smelling abnormal genital discharge.  During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
442	Sometimes men have a sore or ulcer on or near their penis.  During the last 12 months, have you had an ulcer or sore on or near your penis?  Sometimes women have a genital sore or ulcer.  During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
443	CHECK 440, 441, AND 442: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 501
444	The last time you had (PROBLEM FROM 440/441/442), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 501
445	Where did you go? <b>(4)</b>  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 CENTER ..... B STAND-ALONE VCT CENTER ... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E FIELDWORKER ..... F OTHER PUBLIC SECTOR _____ G (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H STAND-ALONE VCT CENTER ... I PHARMACY ..... J MOBILE CLINIC ..... K FIELDWORKER ..... L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY)  OTHER SOURCE SHOP ..... N  OTHER _____ X (SPECIFY)	

SECTION 5. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		→ 506
502 (9)	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	→ 506
503 (9)	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	
504 (9)	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND ..... 1 HEALTH WORKER/PROFESSIONAL ..... 2 OTHER ..... 3 DON'T KNOW ..... 8	
505 (9)	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	
506	Now I would like to ask you some other questions related 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	→ 509
507	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	→ 509
508	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 DK ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	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	
510	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women? <b>(10)</b>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
511	CHECK 301: FEMALE, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	FEMALE, NOT IN UNION <input type="checkbox"/> → 514 MALE <input type="checkbox"/> → 514	
512	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/UNSURE ..... 8	
513	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/UNSURE ..... 8	
514	Are you covered by any health insurance? <b>(11)</b>	YES ..... 1 NO ..... 2	→ 516
515	What type of health insurance are you covered by? <b>(11)</b> RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B SOCIAL SECURITY ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)	
516	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	



612	Now I would like to make a list of all the children your mother ever gave birth to, excluding yourself, regardless of whether they are still alive or not, starting with the one born first.  WRITE THE NAMES OF ALL THE RESPONDENT'S BROTHERS AND SISTERS. IF MORE THAN 15, USE AN ADDITIONAL QUESTIONNAIRE.					
613	What was the name given to the first (next) child your mother gave birth to?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____
614	Is (NAME) male or female?	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2
615	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 617 ←	YES ... 1 NO ... 2 GO TO 617 ←	YES ... 1 NO ... 2 GO TO 617 ←	YES ... 1 NO ... 2 GO TO 617 ←	YES ... 1 NO ... 2 GO TO 617 ←
		DK ... 8 GO TO [2] ←	DK ... 8 GO TO [3] ←	DK ... 8 GO TO [4] ←	DK ... 8 GO TO [5] ←	DK ... 8 GO TO [6] ←
616	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]
617	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
618	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]
619	IF NO MORE BROTHERS OR SISTERS, CONTINUE TO 701.					

613	What was the name given to the next child your mother gave birth to?	[6] _____	[7] _____	[8] _____	[9] _____	[10] _____
614	Is (NAME) male or female?	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2
615	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 617↵	YES ... 1 NO ... 2 GO TO 617↵	YES ... 1 NO ... 2 GO TO 617↵	YES ... 1 NO ... 2 GO TO 617↵	YES ... 1 NO ... 2 GO TO 617↵
		DK ... 8 GO TO [7]↵	DK ... 8 GO TO [8]↵	DK ... 8 GO TO [9]↵	DK ... 8 GO TO [10]↵	DK ... 8 GO TO [11]↵
616	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [7]	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]
617	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
618	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> GO TO [7]	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]
619	IF NO MORE BROTHERS OR SISTERS, CONTINUE TO 701.					



613	What was the name given to the next child your mother gave birth to?	[11] _____	[12] _____	[13] _____	[14] _____	[15] _____
614	Is (NAME) male or female?	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2
615	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 617↩	YES ... 1 NO ... 2 GO TO 617↩	YES ... 1 NO ... 2 GO TO 617↩	YES ... 1 NO ... 2 GO TO 617↩	YES ... 1 NO ... 2 GO TO 617↩
		DK ... 8 GO TO [12]↩	DK ... 8 GO TO [13]↩	DK ... 8 GO TO [14]↩	DK ... 8 GO TO [15]↩	DK ... 8 GO TO [16]↩
616	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]	<input type="text"/> <input type="text"/> GO TO [16]
617	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
618	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]	IF MORE BROTHERS OR SISTERS, CONTINUE TO 613 IN NEW QUESTIONNAIRE.
619	IF NO MORE BROTHERS OR SISTERS, CONTINUE TO 701.					

SECTION 7. HIV TESTING

**THIS PAGE TO BE DESTROYED BEFORE MERGING**

701	AGE: CHECK 103.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 706) ←
702	MARITAL STATUS: CHECK 302.	CODE 3 (NO) ..... 1 OTHER ..... 2 (GO TO 706) ←
703	RECORD LINE NUMBER FROM HOUSEHOLD SCHEDULE OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADO- LESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
704	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 703 AS RESPONSIBLE FOR NEVER IN UNION MAN/ WOMAN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in (COUNTRY).</p> <p>For the HIV test, we need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know (his/her) HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give (him/her) a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>
705	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 (SIGN) _____ (IF REFUSED, GO TO 716)
706	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in (COUNTRY).</p> <p>For the HIV test, we need a fewdrops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>
707	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 (SIGN) _____ <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 716)

708	AGE: CHECK 103.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 712) ←
709	MARITAL STATUS: CHECK 302.	CODE 3 (NO) ..... 1 OTHER ..... 2 (GO TO 712) ←
710	ASK CONSENT FOR ADDITIONAL TEST- ING FROM PARENT/ OTHER ADULT IDENTIFIED IN 703 AS RESPONSIBLE FOR NEVER IN UNION MAN/ WOMAN AGE 15-17.	We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.  The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?
711	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 } ← _____ (SIGN) (IF REFUSED, GO TO 714)
712	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.  The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?
713	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 } ← _____ (SIGN)
714	ADDITIONAL TESTS	CHECK 711 AND 713: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
715	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
716	BAR CODE LABEL  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 10px; width: fit-content; margin: 0 auto;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996

#### FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Revise according to the local education system.
- (3) Year of fieldwork is assumed to be 2010. For fieldwork which begins in 2011 and 2012, the year should be 2009 and 2010, respectively.
- (4) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (5) In countries with an active female condom program, the wording of the question should be modified to include reference to both the male and female condom.
- (6) High polygyny high HIV prevalence countries may want to add line number of wife from Q. 407 here in the response category.
- (7) In countries with an active female condom program, questions on knowledge of a source of female condom can be added
- (8) If Questions 403, 405 and/or 406 do not apply to the local context, replace the question using a specific local misconception. At least two questions related to misconceptions are needed
- (9) Question may be omitted depending on the practice of male circumcision in specific countries. Some countries may consider including the male circumcision module here.
- (10) In polygynous societies, the phrase 'other women' should be replaced by the phrase 'women other than his wives'
- (11) If a health service prepayment plan or other types of plans are available in the country, add those types of plans to the question.

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: \_\_\_\_\_