

DEMOGRAPHIC AND HEALTH SURVEYS
 MAN'S QUESTIONNAIRE

ZAMBIA
 MINISTRY OF HEALTH/ ZAMBIA STATISTICS AGENCY

IDENTIFICATION								
LOCALITY NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
NAME AND LINE NUMBER OF MAN _____								
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table> MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table> YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table> INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
INTERVIEWER'S NAME	_____	_____	_____	RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
TIME	_____	_____	_____					
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____								
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 40px; height: 20px; text-align: center;">1</table>								
LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table>								
NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table>								
TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"></table>								
LANGUAGE OF QUESTIONNAIRE** ENGLISH								
**LANGUAGE CODES: 01 ENGLISH 04 LOZI 07 NYANJA 02 BEMBA 05 LUNDA 08 TONGA 03 KAONDE 06 LUVALE								
TEAM <table border="1" style="width: 40px; height: 20px; margin: 5px auto;"></table> NUMBER	TEAM SUPERVISOR _____ NAME							
<table border="1" style="width: 100%; height: 20px; margin: 5px auto;"></table> NUMBER								

INTRODUCTION AND CONSENT

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

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	What province were you born in?	CENTRAL 01 COPPERBELT 02 EASTERN 03 LUAPALA 04 LUSAKA 05 MUCHINGA 06 NORTHERN 07 NORTH WESTERN 08 SOUTHERN 09 WESTERN 10 OUTSIDE OF ZAMBIA 96	→ 104
103	What country were you born in?	COUNTRY _____ <input type="text"/>	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS OR MORE <input type="checkbox"/>		→ 107
106	In what month and year did you move here?	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	
107	Just before you moved here, which province did you live in?	CENTRAL 01 COPPERBELT 02 EASTERN 03 LUAPALA 04 LUSAKA 05 MUCHINGA 06 NORTHERN 07 NORTH WESTERN 08 SOUTHERN 09 WESTERN 10 OUTSIDE OF ZAMBIA 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
109	Why did you move to this place?	EMPLOYMENT 01 EDUCATION/TRAINING 02 MARRIAGE FORMATION 03 FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 (SPECIFY)	
110	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	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
112A	When was the last time you visited a healthcare facility or saw a healthcare provider for any reason?	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"/>	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
115	What is the highest year you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	CHECK 114: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/> → 119	
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 119A	
119	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119A	Do you follow news and current events on social media (such as WhatsApp, Twitter, Instagram, or Facebook) almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEE 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
122	Do you own a mobile phone?	YES 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC 01 PROTESTANT 02 MUSLIM 03 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204
203	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <input type="text"/> <input type="text"/> b) 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	→ 206
205	a) How many sons are alive but do not live with you? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <input type="text"/> <input type="text"/> b) 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 NOT HAD ANY CHILDREN <input type="checkbox"/>	HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 211 → 301	
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	
211	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	CHECK 203 AND 205: AT LEAST ONE <input type="checkbox"/> LIVING CHILD ↓	NO LIVING <input type="checkbox"/> CHILDREN →	→ 301
213	CHECK 203 AND 205: MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓ ONLY ONE <input type="checkbox"/> LIVING CHILD ↓ a) How old is your youngest child? b) How old is your child? RECORD IN COMPLETED YEARS RECORD IN COMPLETED YEARS	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	CHECK 213: (YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS ↓	(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 3 YEARS OR OLDER →	→ 301
215	CHECK 203 AND 205: MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓ ONLY ONE <input type="checkbox"/> LIVING CHILD ↓ a) What is the name of your youngest child? b) What is the name of your child?	_____ (NAME OF (YOUNGEST) CHILD)	
216	When (NAME IN 215)'s mother was pregnant with (NAME IN 215), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 218
217	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
218	Was (NAME IN 215) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	→ 301
219	Did you go with (NAME IN 215)'s mother to the hospital or health facility where she gave birth to (NAME IN 215)?	YES 1 NO 2	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.	
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	Have you heard of IUCD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
04	Have you heard of Injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Have you heard of Implants? PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Have you heard of Male Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09 (1)	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES 1 NO 2
13	Have you heard of Withdrawal? PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	<p>In the last 12 months have you:</p> <p>a) Heard about family planning on the radio?</p> <p>b) Seen anything about family planning on the television?</p> <p>c) Read about family planning in a newspaper or magazine?</p> <p>d) Received a voice or text message about family planning on a mobile phone?</p> <p>e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?</p> <p>f) Seen anything about family planning on a poster, leaflet or brochure?</p> <p>g) Seen anything about family planning on an outdoor sign or billboard?</p> <p>h) Heard anything about family planning at community meetings or events?</p>	<p style="text-align: right;">YES NO</p> <p>a) RADIO 1 2</p> <p>b) TELEVISION 1 2</p> <p>c) NEWSPAPER OR MAGAZINE .. 1 2</p> <p>d) MOBILE PHONE 1 2</p> <p>e) FACEBOOK/TWITTER/ INSTAGRAM 1 2</p> <p>f) POSTER/LEAFLET/ BROCHURE 1 2</p> <p>g) OUTDOOR SIGN/BILLBOARD .. 1 2</p> <p>h) COMMUNITY MEETINGS/ EVENTS 1 2</p>			
303	<p>In the last few months, have you discussed family planning with a community health assistant or health professional?</p>	<p>YES 1</p> <p>NO 2</p>			
304	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 306</p>		
305	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED .. 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>			
306	<p>After the birth of a child, can a woman become pregnant before her menstrual period has returned?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			
307	<p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is a woman's concern and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p>	<p style="text-align: right;">DIS- AGREE AGREE DK</p> <p>a) CONTRACEPTION WOMAN'S CONCERN 1 2 8</p> <p>b) WOMEN MAY BECOME PROMISCUOUS 1 2 8</p>			

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	<p>CHECK 405 AND 410:</p> <p align="center"> <input type="checkbox"/> BOTH ARE CODE '2' ↓ </p> <p>a) In what month and year did you start living with your (wife/partner) ?</p> <p align="center"> <input type="checkbox"/> OTHER ↓ </p> <p>b) Now I would like to ask about your first wife or partner. In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 413</p>
412	<p>How old were you when you first started living with her?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	
413	<p align="center">CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE</p>		
414	<p>I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	<p>→ 501</p>
415	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	<p>→ 429</p>
416	<p>The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 418</p>
417	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 419</p>
418	<p>What method did you or your partner use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODE 'G' IS CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.</p> <p>IF CODE 'H' IS CIRCLED, SKIP TO 420A EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUCD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>MALE CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 420</p> <p>→ 420A</p>
419	<p>The last time you had sexual intercourse, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 422</p>

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	<p>What was the brand name of the male condom used?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p>	<p>MAXIMUM 01</p> <p>ROUGH RIDER 02</p> <p>DUREX 03</p> <p>REALITY 04</p> <p>MOODS 05</p> <p>ULTIMATE 06</p> <p>ICON 07</p> <p>LOVE 08</p> <p>PUBLIC SECTOR: UNBRANDED (WHITE COLOR FOIL) 09</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 421</p>
420A	<p>What was the brand name of the female condom used?</p> <p>IF BRAND NOT KNOWN, SHOW PICTURES OF PACKAGES.</p>	<p>CARE FEMALE CONDOM 01</p> <p>FEMIDOM 02</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
421	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH PO: 15</p> <p>COMMUNITY HEALTH ASSISTANT 16</p> <p>COMMUNITY HEALTH WORKER 17</p> <p>OTHER PUBLIC SECTOR _____ 18 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>MISSION HOSPITAL/CLINIC 23</p> <p>PHARMACY 24</p> <p>PRIVATE DOCTOR 25</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 26</p> <p>COMMUNITY HEALTH ASSISTANT 27</p> <p>COMMUNITY HEALTH WORKER 28</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 28 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		514
502	CHECK 418: MAN NOT STERILIZED OR QUESTION NOT ASKED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		514
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		509
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	507
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	514
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	514
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	514
509	Are any of your wives or partners currently pregnant?	YES 1 NO 2 DON'T KNOW 8	512

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Aside from your own housework, have you done any work in the last 7 days?	YES 1 NO 2	→ 604
602	Although you did not work in the last 7 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?	_____ _____ _____ <input type="checkbox"/>	
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	
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	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 615
613	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615
614	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 617A
616	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 617A
617	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
617A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 617C
617B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2	
617C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
618	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) NEGLECTS CHILDREN 1 2 8 c) ARGUES 1 2 8 d) REFUSES SEX 1 2 8 e) BURNS FOOD 1 2 8	
619	As far as you know did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
702	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 708
703	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
704	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
705	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
706	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
706A	Can people reduce their chance of getting HIV by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
706B	Can people get HIV 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 HIV?	YES 1 NO 2 DON'T KNOW 8	
708	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	→ 708C
708A	Once someone is diagnosed with HIV, do you know for how long they have to take ARVs? IF YES, How long?	YES, A FEW DAYS OR LESS 1 YES, LESS THAN 1 MONTH BUT MORE THAN A FEW DAYS ... 2 YES, MORE THAN 1 MONTH BUT LESS THAN 1 YEAR 3 ANY NUMBER OF YEARS MORE THAN 1 YEAR BUT LESS THAN LIFE 4 YES, FOR LIFE 5 YES, UNTIL THEY FEEL BETTER 6 DON'T KNOW 8	
708B	If someone is taking ARVs correctly and consistently, can they transmit the virus to their partner?	YES 1 NO 2 DON'T KNOW 8	
708C	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708D	CHECK 708C: AT LEAST <input type="checkbox"/> ONE 'YES' OTHER <input type="checkbox"/>		→ 709A
709	Are there any special medicines that a health care provider can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
709A	If someone is exposed to a needle prick or high risk sex (meaning high possibility of getting HIV), do you know if there is anything one can immediately do to prevent contraction of HIV?	YES 1 NO 2	→ 710
709B	What can be done?	TAKING MEDICINE A BATHING B OTHER _____ X (SPECIFY) DON'T KNOW Z	
710	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 712
711	In your opinion, do you think it is okay for people to take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
711A	Have you ever taken PrEP?	YES 1 NO 2	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	Have you ever been tested for HIV?	YES 1 NO 2	→ 721
714	In what month and year was your most recent HIV test?	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	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>STAND-ALONE HTC CENTER 14</p> <p>FAMILY PLANNING CLINIC 15</p> <p>MOBILE HTC SERVICES 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>MISSION HOSPITAL/CLINIC 24</p> <p>STAND-ALONE HTC CENTER 25</p> <p>PHARMACY 26</p> <p>MOBILE HTC SERVICES 27</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 28</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCES</p> <p>HOME 41</p> <p>WORKPLACE 42</p> <p>CORRECTIONAL FACILITY 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	MTH9
716	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 720
717	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p>	→ 720
718	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS MOST RECENT HIV TEST ... 95</p>	
719	<p>Are you currently taking ARVs, that is antiretroviral medicines?</p> <p>By currently, I mean that you may have missed some doses but you are still taking ARVs.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
720	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>																									
721	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 723																								
722	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2																									
723	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																									
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																									
725	CHECK 717: <div style="display: flex; justify-content: space-around; align-items: center;"> CODE '1' <input type="checkbox"/> CIRCLED ↓ OTHER <input type="checkbox"/> → </div>		→ 729																								
726	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2																									
726A	To whom have you told your HIV status?	FAMILY MEMBER A PARTNER B HEALTH CARE PROVIDER C FRIEND D RELIGIOUS LEADER E OTHER F																									
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV	AGREE 1 DISAGREE 2																									
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status. f) I was refused employment or a work opportunity because of my HIV status. g) I lost a source of income or job because of my HIV status.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) PEOPLE TALK BADLY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) DISCLOSED STATUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) VERBALLY INSULTED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) DIDN'T GET A JOB</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) DIDN'T GET HEALTH SERVICES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) PEOPLE TALK BADLY.....	1	2	b) DISCLOSED STATUS	1	2	c) VERBALLY INSULTED	1	2	d) HEALTHCARE WORKERS TALKED BADLY	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2	f) DIDN'T GET A JOB	1	2	g) DIDN'T GET HEALTH SERVICES	1	2	
	YES	NO																									
a) PEOPLE TALK BADLY.....	1	2																									
b) DISCLOSED STATUS	1	2																									
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f) DIDN'T GET A JOB	1	2																									
g) DIDN'T GET HEALTH SERVICES	1	2																									

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	
730	CHECK 414: HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE		→ 735
731	CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 733
732	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	
733	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	
734	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
735	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	
736	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	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. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805A
802	Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 804
803	How old were you when you got traditionally circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
804	Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805A
805	How old were you when you got medically circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
805A	Have you ever had your blood pressure measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8	
805B	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 805F
805C	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	
805D	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2	
805E	Are you taking medication to control your blood pressure?	YES 1 NO 2	
805F	Have you ever had your blood sugar measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8	
805G	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ 806
805H	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	
805I	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?	YES 1 NO 2	
805J	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 809 → 808
807	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811
809	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? d) Pipes full of tobacco? e) Cigars or cigarillos? f) Number of water pipe (shisha) sessions? g) Any others? _____ (SPECIFY)	NUMBER DAILY a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> f) NUMBER OF WATER PIPE (SHISHA) SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 811
810	On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? d) Pipes full of tobacco? e) Cigars or cigarillos? f) Number of water pipe (shisha) sessions? g) Any others? _____ (SPECIFY)	NUMBER WEEKLY a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> f) NUMBER OF WATER PIPE (SHISHA) SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 813 → 813A
812	On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? e) Any others? _____ (SPECIFY)	TIMES DAILY a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/> b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/> c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 814
813	On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? e) Any others? _____ (SPECIFY)	TIMES WEEKLY a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/> b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/> c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	
813A	Do you currently use e-cigarettes or vape every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 813C → 814
813B	On average, how many times daily do you use e-cigarettes or vape?	TIMES DAILY <input type="text"/> <input type="text"/> <input type="text"/>	MTH9 → 814
813C	On average, how many times weekly do you use e-cigarettes or vape?	TIMES WEEKLY <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, ciders, kachasu, or chibuku?	YES 1 NO 2	→ 817
815	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT HAVE EVEN ONE DRINK 00 NUMBER OF DAYS <input type="text"/> <input type="text"/> EVERY DAY/ALMOST EVERY DAY 95	→ 817
816	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits (tujilijili), or one bottle of ciders, one tot of kachasu, or a packet of chibuku. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? SHOW PICTURES OF SIZES OF STANDARD DRINKS.	NUMBER OF DRINKS <input type="text"/> <input type="text"/>	
817	Are you covered by any health insurance?	YES 1 NO 2	→ 818A
818	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 SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D NHIMA E OTHER _____ X (SPECIFY)	
818A	Do you know the procedure for death Registration and/or Certification as required by the DNRPC (Kuma Reg)?	YES 1 NO 2	

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP			
MTH0	Now I will ask you a few questions on how you have felt or behaved in the last 2 weeks. You may find some of these questions very personal. Let me assure you that your answers are completely confidential and will not be told to anyone. 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.								
GAD (ANXIETY) CODES: CODE '7' (RF) REFUSED TO ANSWER CODE '8' (DK) DON'T KNOW									
GAD	The next questions are about how you have been feeling during the last 2 weeks. Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always? 1) Feeling nervous or anxious? Would you say never, rarely, often, or always? 2) Not being able to stop or control worrying? IF NECESSARY ASK: Would you say never, rarely, often, or always? 3) Worrying too much about different things? IF NECESSARY ASK: Would you say never, rarely, often, or always? 4) Trouble relaxing? IF NECESSARY ASK: Would you say never, rarely, often, or always? 5) Being so restless that it is hard to sit still? IF NECESSARY ASK: Would you say never, rarely, often, or always? 6) Becoming easily annoyed or irritable? IF NECESSARY ASK: Would you say never, rarely, often, or always? 7) Feeling afraid as if something awful might happen? IF NECESSARY ASK: Would you say never, rarely, often, or always?			NEVER RARELY OFTEN AL- WAYS	RF DK				
		1)	0	1	2	3	7	8	
		2)	0	1	2	3	7	8	
		3)	0	1	2	3	7	8	
		4)	0	1	2	3	7	8	
		5)	0	1	2	3	7	8	
		6)	0	1	2	3	7	8	
		7)	0	1	2	3	7	8	

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP		
PHQ (DEPRESSION) CODES:								
CODE '7' (RF) REFUSED TO ANSWER								
CODE '8' (DK) DON'T KNOW								
PHQ	<p>Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?</p> <p>1) Little interest or pleasure in doing things? Would you say never, rarely, often, or always?</p> <p>2) Feeling low or hopeless? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>3) Trouble falling asleep, staying asleep, or sleeping too much? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>4) Feeling tired or having little energy? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>5) Poor appetite or overeating? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>6) Feeling bad about yourself - or that you are a failure or have let yourself or your family down? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>7) Trouble concentrating on things you normally do, such as reading the newspaper or watching television? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>8) Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so restless that you have been moving around a lot more than usual? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>9) Thoughts of hurting yourself in some way or that you would be better off not living anymore? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p>	NEVER	RARELY	OFTEN	AL- WAYS	RF	DK	
		1)	0	1	2	3	7	8
		2)	0	1	2	3	7	8
		3)	0	1	2	3	7	8
		4)	0	1	2	3	7	8
		5)	0	1	2	3	7	8
		6)	0	1	2	3	7	8
		7)	0	1	2	3	7	8
		8)	0	1	2	3	7	8
		9)	0	1	2	3	7	8

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
MTH1	CHECK THE REPORTED SYMPTOMS: ANY CODE '1', '2', OR '3' RECORDED IN GAD, AND/OR ANY CODE '1', '2', OR '3' RECORDED IN PHQ ANY SYMPTOMS REPORTED FOR GAD AND/OR PHQ <input type="checkbox"/>	NO SYMPTOMS <input type="checkbox"/>	→ MTH4									
MTH2	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	→ MTH4									
MTH3	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	DOCTOR/MEDICAL PERSONNEL A SOCIAL WORKER B COMMUNITY HEALTH ASSISTANT C RELIGIOUS LEADER D CURRENT/FORMER SPOUSE/PARTNER E OTHER FAMILY MEMBER F FRIEND G NEIGHBOR H TRADITIONAL HEALER I NGO/ CBO J OTHER _____ X (SPECIFY)										
MTH4	Have you ever been told by a doctor or other healthcare worker that you have: a) Depression? b) Anxiety?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) DEPRESSION</td> <td align="right">..... 1</td> <td align="right">..... 2</td> </tr> <tr> <td>b) ANXIETY</td> <td align="right">..... 1</td> <td align="right">..... 2</td> </tr> </table>		YES	NO	a) DEPRESSION 1 2	b) ANXIETY 1 2	
	YES	NO										
a) DEPRESSION 1 2										
b) ANXIETY 1 2										
MTH5	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for depression or anxiety?	YES 1 NO 2										
MTH6	SCORE THE PHQ SCALE BY SUMMING THE ANSWERS TO PHQ 1-9.	PHQ SCORE..... <input type="text"/> <input type="text"/>										
MTH7	CHECK MTH6 AND PHQ9: ASSESS NEED FOR REFERRAL RESPONDENTS WITH A SCORE OF 10 OR HIGHER ON THE PHQ SCALE, AND/OR THOSE WHO ANSWERED '1', '2', OR '3' ON PHQ9 SHOULD BE OFFERED A REFERRAL FOR MENTAL HEALTH SERVICES. SCORE OF 10 OR HIGHER ON THE PHQ SCALE AND/OR ANY CODE '1', '2', OR '3' IN PHQ9 <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ MTH9									
MTH8	Thank you for answering this series of questions. Based on the information you shared with me about your recent experiences, you may benefit from services provided by Chainama Mental Health Hospital. PROVIDE RESPONDENT WITH REFERRAL CARD. This card provides Chainama Mental Health Hospital's contact information.											
MTH9	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>										

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
