

IDENTIFICATION

NCSS CLUSTER NUMBER..... STRUCTURE OWNER _____ DIVISION _____ LOCATION _____ SUB-LOCATION _____ EA NAME AND CODE _____ STRUCTURE NUMBER..... HOUSEHOLD NUMBER..... NAME AND LINE NUMBER OF MAN/BOY _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <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> <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
INTERVIEWER'S NAME				NAME
RESULT *				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS

* RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____
 2 NOT AT HOME 5 PARTLY COMPLETED
 3 POSTPONED 6 INCAPACITATED _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: ENGLISH	1	0
LANGUAGE USED IN INTERVIEW**.....		
RESPONDENT'S LOCAL LANGUAGE**.....		

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....

- ** LANGUAGE CODES: 01 KALENJIN 05 LUHYA 09 KISWAHILI
 02 KAMBA 06 LUO 10 ENGLISH
 03 KIKUYU 07 MERU/EMBU 11 MASAI
 04 KISII 08 MIJIKENDA 12 OTHER

NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY _____
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SECTION 1. RESPONDENT'S BACKGROUND AND MOBILITY

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"/> 1 <input type="text"/> 9 <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 →110																																																				
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3																																																				
106	What is the highest (standard/form/year) you completed at that level?	STANDARD/FORM/YEAR..... <input type="text"/> <input type="text"/>																																																				
107	Are you currently attending school?	YES.....1 NO.....2 →109																																																				
108	Who contributes to your school-related expenses? PROBE: Who else?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FATHER.....</td><td>1</td><td>2</td></tr> <tr><td>MOTHER.....</td><td>1</td><td>2</td></tr> <tr><td>STEP FATHER/MOTHER.....</td><td>1</td><td>2</td></tr> <tr><td>BROTHER.....</td><td>1</td><td>2</td></tr> <tr><td>SISTER.....</td><td>1</td><td>2</td></tr> <tr><td>UNCLE.....</td><td>1</td><td>2</td></tr> <tr><td>AUNT.....</td><td>1</td><td>2</td></tr> <tr><td>GRAND PARENT.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER RELATIVES.....</td><td>1</td><td>2</td></tr> <tr><td>FRIEND.....</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL.....</td><td>1</td><td>2</td></tr> <tr><td>TEACHER.....</td><td>1</td><td>2</td></tr> <tr><td>NON GOVERNMENTAL ORGANIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>RELIGIOUS GROUP.....</td><td>1</td><td>2</td></tr> <tr><td>NO ONE/SELF.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> (SPECIFY)		YES	NO	FATHER.....	1	2	MOTHER.....	1	2	STEP FATHER/MOTHER.....	1	2	BROTHER.....	1	2	SISTER.....	1	2	UNCLE.....	1	2	AUNT.....	1	2	GRAND PARENT.....	1	2	OTHER RELATIVES.....	1	2	FRIEND.....	1	2	SCHOOL.....	1	2	TEACHER.....	1	2	NON GOVERNMENTAL ORGANIZATION.....	1	2	RELIGIOUS GROUP.....	1	2	NO ONE/SELF.....	1	2	OTHER.....	1	2	→111
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E AD- 2

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109	What were the reasons why you stopped attending school? PROBE: Any other?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>01 MADE A GIRL PREGNANT.....</td><td>1</td><td>2</td></tr> <tr><td>02 GOT MARRIED.....</td><td>1</td><td>2</td></tr> <tr><td>03 TO CARE FOR YOUNGER CHILDREN.....</td><td>1</td><td>2</td></tr> <tr><td>04 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....</td><td>1</td><td>2</td></tr> <tr><td>05 COULD NOT PAY SCHOOL FEES...</td><td>1</td><td>2</td></tr> <tr><td>06 NEEDED TO EARN MONEY.....</td><td>1</td><td>2</td></tr> <tr><td>07 COMPLETED/HAD ENOUGH SCHOOL</td><td>1</td><td>2</td></tr> <tr><td>08 DID NOT PASS ENTRANCE EXAM..</td><td>1</td><td>2</td></tr> <tr><td>09 DID NOT LIKE SCHOOL.....</td><td>1</td><td>2</td></tr> <tr><td>10 SCHOOL NOT ACCESSIBLE/TOO FAR.....</td><td>1</td><td>2</td></tr> <tr><td>11 PHYSICALLY/MENTALLY DISABLED.</td><td>1</td><td>2</td></tr> <tr><td>12 POOR SCHOOL QUALITY.....</td><td>1</td><td>2</td></tr> <tr><td>13 EXPELLED.....</td><td>1</td><td>2</td></tr> <tr><td>14 FAMILY SEES NO ECONOMIC BENEFIT.....</td><td>1</td><td>2</td></tr> <tr><td>96 OTHER.....</td><td>1</td><td>2</td></tr> <tr><td>(SPECIFY)</td><td></td><td></td></tr> <tr><td>98 DON'T KNOW.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	01 MADE A GIRL PREGNANT.....	1	2	02 GOT MARRIED.....	1	2	03 TO CARE FOR YOUNGER CHILDREN.....	1	2	04 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....	1	2	05 COULD NOT PAY SCHOOL FEES...	1	2	06 NEEDED TO EARN MONEY.....	1	2	07 COMPLETED/HAD ENOUGH SCHOOL	1	2	08 DID NOT PASS ENTRANCE EXAM..	1	2	09 DID NOT LIKE SCHOOL.....	1	2	10 SCHOOL NOT ACCESSIBLE/TOO FAR.....	1	2	11 PHYSICALLY/MENTALLY DISABLED.	1	2	12 POOR SCHOOL QUALITY.....	1	2	13 EXPELLED.....	1	2	14 FAMILY SEES NO ECONOMIC BENEFIT.....	1	2	96 OTHER.....	1	2	(SPECIFY)			98 DON'T KNOW.....	1	2	
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109A	Which of the above reasons is the most important? (GET CODE FROM 109)	IMPORTANT REASON..... <input type="checkbox"/> <input type="checkbox"/>	→ 111																																																						
110	What were the reasons you never attended school? PROBE: Any other?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>01 TO CARE FOR YOUNGER CHILDREN.....</td><td>1</td><td>2</td></tr> <tr><td>02 TOO MANY DOMESTIC/FAMILY RESPONSIBILITIES.....</td><td>1</td><td>2</td></tr> <tr><td>03 FAMILY COULD NOT PAY SCHOOL FEES.....</td><td>1</td><td>2</td></tr> <tr><td>04 DID NOT LIKE SCHOOL.....</td><td>1</td><td>2</td></tr> <tr><td>05 SCHOOL TOO FAR/NOT ACCESSIBLE.....</td><td>1</td><td>2</td></tr> <tr><td>06 PHYSICALLY/MENTALLY DISABLED.....</td><td>1</td><td>2</td></tr> <tr><td>07 FAMILY SEES NO BENEFIT.....</td><td>1</td><td>2</td></tr> <tr><td>96 OTHER.....</td><td>1</td><td>2</td></tr> <tr><td>(SPECIFY)</td><td></td><td></td></tr> <tr><td>98 DON'T KNOW.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	01 TO CARE FOR YOUNGER CHILDREN.....	1	2	02 TOO MANY DOMESTIC/FAMILY RESPONSIBILITIES.....	1	2	03 FAMILY COULD NOT PAY SCHOOL FEES.....	1	2	04 DID NOT LIKE SCHOOL.....	1	2	05 SCHOOL TOO FAR/NOT ACCESSIBLE.....	1	2	06 PHYSICALLY/MENTALLY DISABLED.....	1	2	07 FAMILY SEES NO BENEFIT.....	1	2	96 OTHER.....	1	2	(SPECIFY)			98 DON'T KNOW.....	1	2																						
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110A	Which of the above reasons is the most important? (GET CODE FROM 110)	IMPORTANT REASON..... <input type="checkbox"/> <input type="checkbox"/>																																																							
111	What is your religion?	<table border="0"> <tbody> <tr><td>CATHOLIC.....</td><td>1</td></tr> <tr><td>PROTESTANT/OTHER CHRISTIAN.....</td><td>2</td></tr> <tr><td>MUSLIM.....</td><td>3</td></tr> <tr><td>NO RELIGION.....</td><td>4</td></tr> <tr><td>OTHER.....</td><td>6</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	CATHOLIC.....	1	PROTESTANT/OTHER CHRISTIAN.....	2	MUSLIM.....	3	NO RELIGION.....	4	OTHER.....	6	(SPECIFY)																																												
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112	What is your ethnic group/tribe?	<table border="0"> <tbody> <tr><td>KALENJIN.....</td><td>01</td></tr> <tr><td>KAMBA.....</td><td>02</td></tr> <tr><td>KIKUYU.....</td><td>03</td></tr> <tr><td>KISII.....</td><td>04</td></tr> <tr><td>LUHYA.....</td><td>05</td></tr> <tr><td>LUD.....</td><td>06</td></tr> <tr><td>MASAI.....</td><td>07</td></tr> <tr><td>MERU/EMBU.....</td><td>08</td></tr> <tr><td>MIJIKENDA/SWAHILI.....</td><td>09</td></tr> <tr><td>SOMALI.....</td><td>10</td></tr> <tr><td>TAITA/TAVETA.....</td><td>11</td></tr> <tr><td>OTHER.....</td><td>96</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	KALENJIN.....	01	KAMBA.....	02	KIKUYU.....	03	KISII.....	04	LUHYA.....	05	LUD.....	06	MASAI.....	07	MERU/EMBU.....	08	MIJIKENDA/SWAHILI.....	09	SOMALI.....	10	TAITA/TAVETA.....	11	OTHER.....	96	(SPECIFY)																														
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113	Is your mother alive?	YES.....1 NO.....2 DON'T KNOW.....8	115 116
114	Does your mother live here?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3	116
114B	ENTER MOTHER'S LINE NUMBER FROM THE HOUSEHOLD IF NOT IN HOUSEHOLD ENTER "00"	MOTHER'S LINE NUMBER..... <input type="text"/>	116
115	How old were you when your mother died?	AGE IN COMPLETED YEARS.... <input type="text"/>	
116	Is your father alive?	YES.....1 NO.....2 DON'T KNOW.....8	118 119
117	Does your father live here?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3	119
117B	ENTER FATHER'S LINE NUMBER FROM THE HOUSEHOLD IF NOT IN HOUSEHOLD ENTER "00"	FATHER'S LINE NUMBER..... <input type="text"/>	119
118	How old were you when your father died?	AGE IN COMPLETED YEARS.... <input type="text"/>	
119	CHECK 113 AND 116: BOTH PARENTS ARE ALIVE <input type="checkbox"/>	ONE OR BOTH PARENTS ARE DEAD <input type="checkbox"/>	121
120	Are your mother and father currently married to each other?	YES, CURRENTLY MARRIED.....1 NO, NOT CURRENTLY MARRIED.....2 NEVER MARRIED TO EACH OTHER.....3 DON'T KNOW.....8	122 122
121	Were your parents ever married to each other?	YES.....1 NO.....2 DON'T KNOW.....8	
122	What is (was) the highest level of education your mother completed?	NO EDUCATION.....1 PRIMARY INCOMPLETE.....2 PRIMARY COMPLETE.....3 SECONDARY.....4 HIGHER (A-LEVELS).....5 COLLEGE/UNIVERSITY.....6 DON'T KNOW.....8	
123	What is (was) the highest level of education your father completed?	NO EDUCATION.....1 PRIMARY INCOMPLETE.....2 PRIMARY COMPLETE.....3 SECONDARY.....4 HIGHER (A-LEVELS).....5 COLLEGE/UNIVERSITY.....6 DON'T KNOW.....8	

E AD- 4

SECTION 2. MARRIAGE AND SEXUAL RELATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
201	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER MALES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
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HUSBAND/PARTNER.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
202	Are you currently married or living with a woman?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>YES, LIVING WITH A WOMAN.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td style="text-align: right;">3</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	YES, LIVING WITH A WOMAN.....	2	NO, NOT IN UNION.....	3	→206									
YES, CURRENTLY MARRIED.....	1																	
YES, LIVING WITH A WOMAN.....	2																	
NO, NOT IN UNION.....	3																	
203	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	<table border="0"> <tr> <td>REGULAR SEXUAL PARTNER.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO SEXUAL PARTNER.....</td> <td style="text-align: right;">3</td> </tr> </table>	REGULAR SEXUAL PARTNER.....	1	OCCASIONAL SEXUAL PARTNER.....	2	NO SEXUAL PARTNER.....	3										
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204	Have you ever been married or lived with a partner?	<table border="0"> <tr> <td>YES, FORMERLY MARRIED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>YES, LIVED WITH A WOMAN.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">3</td> </tr> </table>	YES, FORMERLY MARRIED.....	1	YES, LIVED WITH A WOMAN.....	2	NO.....	3	→208 →209									
YES, FORMERLY MARRIED.....	1																	
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NO.....	3																	
205	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>DIVORCED.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SEPARATED.....</td> <td style="text-align: right;">3</td> </tr> </table>	WIDOWED.....	1	DIVORCED.....	2	SEPARATED.....	3	→208									
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206	Are you living with your wife/partner or is she staying elsewhere?	<table border="0"> <tr> <td>LIVES WITH HER.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td style="text-align: right;">2</td> </tr> </table>	LIVES WITH HER.....	1	STAYING ELSEWHERE.....	2												
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207	How many other wives/partners do you have?	NUMBER..... <input type="text"/>																
208	How old were you when you FIRST started living with a sexual partner?	AGE..... <input type="text"/>																
209	Now, I am going to read you a series of statements. After I read each statement, please tell me whether you agree with the statement, disagree with it, or have no opinion one way or the other.	<table border="0"> <tr> <td style="text-align: center;">AGREE</td> <td style="text-align: center;">DISAGREE</td> <td style="text-align: center;">NO OPINION</td> </tr> </table>	AGREE	DISAGREE	NO OPINION													
AGREE	DISAGREE	NO OPINION																
	A) A woman has to take her husbands permission for everything	A) 1 2 3																
	B) If a woman differs with her husband's opinion, she must accept his opinion	B) 1 2 3																
	C) If a girl has not gone to school, the best thing for her is an early marriage	C) 1 2 3																
	D) If a boy asks for a girl's hand in marriage and her parents agree, she has to accept him	D) 1 2 3																
	E) If a man wants children, his wife has to comply even if she does not want children	E) 1 2 3																
	F) If a woman does not have a boy, she has to keep trying even if she is satisfied with the number of children she has	F) 1 2 3																
	G) If a woman does not have a girl, she has to keep trying even if she is satisfied with the number of children she has	G) 1 2 3																

E AD- 5

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
301	<p>Now I would like to talk to you about family planning - the various ways or methods that a couple can use to delay or avoid pregnancy.</p> <p>Which ways or methods have you heard of?</p> <p>PROBE: Any other method?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PILL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IUD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INJECTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IMPLANTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DIAPHRAGM/FOAM/JELLY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONDOM.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEMALE STERILIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALE STERILIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NATURAL METHODS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WITHDRAWAL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> </tr> </table>		YES	NO	PILL.....	1	2	IUD.....	1	2	INJECTIONS.....	1	2	IMPLANTS.....	1	2	DIAPHRAGM/FOAM/JELLY.....	1	2	CONDOM.....	1	2	FEMALE STERILIZATION.....	1	2	MALE STERILIZATION.....	1	2	NATURAL METHODS.....	1	2	WITHDRAWAL.....	1	2	OTHER _____	1	2		(SPECIFY)		
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302	<p>Which methods have you ever used?</p> <p>(PROBE: Any others?)</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PILL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IUD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INJECTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IMPLANTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DIAPHRAGM/FOAM/JELLY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONDOM.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEMALE STERILIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALE STERILIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NATURAL METHODS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WITHDRAWAL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> </tr> </table>		YES	NO	PILL.....	1	2	IUD.....	1	2	INJECTIONS.....	1	2	IMPLANTS.....	1	2	DIAPHRAGM/FOAM/JELLY.....	1	2	CONDOM.....	1	2	FEMALE STERILIZATION.....	1	2	MALE STERILIZATION.....	1	2	NATURAL METHODS.....	1	2	WITHDRAWAL.....	1	2	OTHER _____	1	2		(SPECIFY)		
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303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/></p> <p>AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p> <p>→ SKIP TO 306</p>																																									
304	<p>Have you ever used anything or tried in any way to delay or avoid making a girl pregnant?</p>	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table> <p>→ 309</p>	YES.....	1	NO.....	2																																				
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305	<p>What have you used or done?</p> <p>CORRECT 302 AND 301 IF NECESSARY</p>																																									
306	<p>Are you currently doing something or using any method to delay or avoid making your partner pregnant?</p>	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table> <p>→ 309</p>	YES.....	1	NO.....	2																																				
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307	<p>Which method are you using?</p> <p>CIRCLE '08' FOR MALE STERILIZATION.</p>	<table border="0"> <tr> <td>PILL.....</td> <td>01</td> </tr> <tr> <td>IUD.....</td> <td>02</td> </tr> <tr> <td>INJECTIONS.....</td> <td>03</td> </tr> <tr> <td>IMPLANTS.....</td> <td>04</td> </tr> <tr> <td>DIAPHRAGM/FOAM/JELLY.....</td> <td>05</td> </tr> <tr> <td>CONDOM.....</td> <td>06</td> </tr> <tr> <td>FEMALE STERILIZATION.....</td> <td>07</td> </tr> <tr> <td>MALE STERILIZATION.....</td> <td>08</td> </tr> <tr> <td>NATURAL METHODS.....</td> <td>09</td> </tr> <tr> <td>WITHDRAWAL.....</td> <td>10</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> </tr> </table> <p>→ 308A</p>	PILL.....	01	IUD.....	02	INJECTIONS.....	03	IMPLANTS.....	04	DIAPHRAGM/FOAM/JELLY.....	05	CONDOM.....	06	FEMALE STERILIZATION.....	07	MALE STERILIZATION.....	08	NATURAL METHODS.....	09	WITHDRAWAL.....	10	OTHER _____	96		(SPECIFY)																
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308	<p>Where did you obtain (METHOD) the last time?</p> <p>WRITE THE NAME OF THE PLACE AND AREA PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(SPECIFY NAME OF PLACE AND AREA)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTRE.....12</p> <p>GOVERNMENT DISPENSARY.....13</p> <p>CITY COUNCIL CLINIC.....14</p> <p>MEDICAL PRIVATE SECTOR</p> <p>MISSION, CHURCH HOSPITAL/CLINIC..21</p> <p>FPAK HEALTH CENTRE/CLINIC.....22</p> <p>OTHER NON-GOVERNMENTAL SERVICE..23</p> <p>PRIVATE HOSPITAL OR CLINIC.....24</p> <p>PHARMACY.....25</p> <p>PRIVATE DOCTOR.....26</p> <p>MOBILE CLINIC.....31</p> <p>COMMUNITY BASED DISTRIBUTOR.....41</p> <p>SHOP.....51</p> <p>FRIENDS/RELATIVES.....61</p> <p>OTHER _____ 96</p> <p style="text-align: right;">(SPECIFY)</p>	
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308A	<p>Are you using another method?</p> <p>(IF YES, RECORD CODE FROM 307 IN THE BOX)</p>	<p>YES.....1</p> <p>OTHER METHODS..... <input type="checkbox"/> <input type="checkbox"/> →312</p> <p>NO.....2</p>	
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309	<p>What is the main reason why you are not using a method of contraception to avoid pregnancy?</p> <p>(GET CODE FROM Q310)</p>	<p>MAIN REASON..... <input type="checkbox"/> <input type="checkbox"/></p>	
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310	<p>What other reasons do you have for not using a method of contraception to avoid pregnancy?</p> <p>PROBE: ANY OTHER RESPONSES?</p> <p>RECORD ALL MENTIONED</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(RECORD RESPONDENTS STATEMENT FOR OPTIONS: 17, 18 & 22)</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>01 NOT MARRIED.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>02 INTEND TO MARRY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>03 NOT INTEND TO MARRY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">FERTILITY RELATED REASONS</td></tr> <tr><td>04 NOT HAVING SEX.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>05 INFREQUENT SEX.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>06 MENOPAUSAL/HYSTERECTOMY...1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>07 SUBFECUND/INFECUND.....1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>08 POSTPARTUM/BREASTFEEDING..1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>09 WANTS (MORE) CHILDREN....1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>10 PREGNANCY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">OPPOSITION TO USE</td></tr> <tr><td>11 RESPONDENT OPPOSED.....1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>12 HUSBAND OPPOSED.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>13 OTHERS OPPOSED.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>14 RELIGIOUS PROHIBITION....1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">LACK OF KNOWLEDGE</td></tr> <tr><td>15 KNOWS NO METHOD.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>16 KNOWS NO SOURCE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">METHOD RELATED REASONS</td></tr> <tr><td>17 HEALTH CONCERNS.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>18 FEAR OF SIDE EFFECTS.....1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>19 LACK OF ACCESS/TOO FAR....1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>20 COST TOO MUCH.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>21 INCONVENIENT TO USE.....1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>22 INTERFERES WITH BODY'S</td><td></td><td></td></tr> <tr><td style="padding-left: 20px;">NORMAL PROCESSES.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>23 METHOD FAILURE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>96 OTHER _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> <tr><td>98 DON'T KNOW.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	01 NOT MARRIED.....	1	2	02 INTEND TO MARRY.....	1	2	03 NOT INTEND TO MARRY.....	1	2	FERTILITY RELATED REASONS			04 NOT HAVING SEX.....	1	2	05 INFREQUENT SEX.....	1	2	06 MENOPAUSAL/HYSTERECTOMY...1	2	2	07 SUBFECUND/INFECUND.....1	2	2	08 POSTPARTUM/BREASTFEEDING..1	2	2	09 WANTS (MORE) CHILDREN....1	2	2	10 PREGNANCY.....	1	2	OPPOSITION TO USE			11 RESPONDENT OPPOSED.....1	2	2	12 HUSBAND OPPOSED.....	1	2	13 OTHERS OPPOSED.....	1	2	14 RELIGIOUS PROHIBITION....1	2	2	LACK OF KNOWLEDGE			15 KNOWS NO METHOD.....	1	2	16 KNOWS NO SOURCE.....	1	2	METHOD RELATED REASONS			17 HEALTH CONCERNS.....	1	2	18 FEAR OF SIDE EFFECTS.....1	2	2	19 LACK OF ACCESS/TOO FAR....1	2	2	20 COST TOO MUCH.....	1	2	21 INCONVENIENT TO USE.....1	2	2	22 INTERFERES WITH BODY'S			NORMAL PROCESSES.....	1	2	23 METHOD FAILURE.....	1	2	96 OTHER _____	1	2	(SPECIFY)			98 DON'T KNOW.....	1	2	
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311	<p>Of all the reasons you have mentioned, which one is the most important to you?</p> <p>(GET CODE FROM Q310)</p>	<p>MOST IMPORTANT REASON..... <input type="checkbox"/> <input type="checkbox"/></p>	
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312	<p>Do you approve of married men and women using a method to delay or prevent pregnancy or to prevent sexual transmitted diseases?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>NO OPINION.....3</p>	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																													
313	For young unmarried people your age who engage in sex, do you approve of their using methods to delay or prevent pregnancy?	YES.....1 NO.....2 NO OPINION.....3																														
314	For young unmarried people your age, who engage in sex, do you approve their use of condoms to prevent sexually transmitted diseases?	YES.....1 NO.....2 NO OPINION.....3																														
315	Would your parents/partner refuse your using contraceptives if you wanted to?	YES.....1 NO.....2 DON'T KNOW.....8																														
316	What would you do if he/they refuse while you think you need it?	I WOULD STILL USE IT.....1 I WOULD NOT USE IT.....2 I DON'T KNOW WHAT I WOULD DO....3 OTHER.....6 (SPECIFY)																														
317	Now, I am going to read you a series of statements. After I read each statement, please tell me whether you agree with the statement, disagree with it, or have no opinion one way or the other.	<table border="1"> <thead> <tr> <th></th> <th>DIS- AGREE</th> <th>NO OPINION</th> </tr> </thead> <tbody> <tr> <td>A)...1</td> <td>2</td> <td>3</td> </tr> <tr> <td>B)...1</td> <td>2</td> <td>3</td> </tr> <tr> <td>C)...1</td> <td>2</td> <td>3</td> </tr> <tr> <td>D)...1</td> <td>2</td> <td>3</td> </tr> <tr> <td>E)...1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		DIS- AGREE	NO OPINION	A)...1	2	3	B)...1	2	3	C)...1	2	3	D)...1	2	3	E)...1	2	3												
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318	Now, I am going to ask you a series of questions. After I ask each question, please tell me whether it is your partner, whether it is both of you equally, or whether it is just you. (NOT APPLICABLE ONLY APPLIES TO RESPONDENTS WHO DO NOT HAVE PARTNERS/SPOUSE. FOR DIVORCED/WIDOWED RESPONDENTS ASK ABOUT THEIR LAST PARTNERS/SPOUSES.)	<table border="1"> <thead> <tr> <th></th> <th>YOUR PARTNER</th> <th>BOTH EQUALLY</th> <th>YOU</th> <th>NOT APPLIC-</th> </tr> </thead> <tbody> <tr> <td>A)...1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>B)...1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>C)...1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>D)...1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>E)...1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>F)...1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		YOUR PARTNER	BOTH EQUALLY	YOU	NOT APPLIC-	A)...1	2	3	4	B)...1	2	3	4	C)...1	2	3	4	D)...1	2	3	4	E)...1	2	3	4	F)...1	2	3	4	
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E AD- 8

SECTION 4: SEXUALITY AND SEXUALLY TRANSMITTED INFECTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I want to ask you about your best friend who is of the same sex as you. Has he ever had sex?	YES.....1 NO.....2 DON'T KNOW.....8	
402	Do you have a girlfriend with whom you may have sex with?	YES.....1 NO.....2	→406
403	How important is sex in that relationship?	VERY IMPORTANT.....1 FAIRLY IMPORTANT.....2 NOT IMPORTANT.....3 DON'T KNOW.....8	
404	Have you ever had sex with this person?	YES.....1 NO.....2	→406
405	How often do you use condoms with this person/partner?	NEVER.....1 SOMETIMES.....2 ALWAYS.....3 DON'T KNOW.....8	→407
406	Have you ever had sex with anyone at all?	YES.....1 NO.....2	→414
407	During the past 12 months, with how many people did you have sexual intercourse?	NUMBER OF PEOPLE..... <input type="text"/> HAD SEX BUT NOT IN PAST 12 MONT.96	→409
408	We may already have talked about this. Have you ever had sex with any other person besides your partner/spouse?	YES.....1 NO.....2	→409
408A	During the past 12 months, did you use condoms with all the people you had sex with?	WITH ALL OF THEM.....1 WITH SOME OF THEM.....2 WITH NONE OF THEM.....3 DID NOT HAVE SEX IN PAST 12 MONTHS.....4 HAVE NEVER HAD SEX.....5	→414
409	The last time you had sexual intercourse, did you use a condom?	YES.....1 NO.....2	
410	In what setting did you have your first sexual intercourse?	PARENTS' HOUSE.....01 PARTNER'S HOUSE.....02 FRIEND'S HOUSE.....03 HOTEL.....04 IN A CAR.....05 IN THE BUSH.....06 IN SCHOOL CLASSROOM.....07 IN SCHOOL DORMITORY.....08 IN A TOILET.....09 AT A BACKYARD.....10 ON THE STREET.....11 IN AN ABANDONED BUILDING.....12 OTHER.....96 (SPECIFY)	
411	What were the circumstances of your first sexual intercourse?	WAS FORCED INTO IT.....1 TO SHOW LOVE TO MY LOVER.....2 WAS TRICKED INTO HAVING SEX.....3 WANTED TO KNOW HOW IT FEELS.....4 WANTED TO BE LIKE SOME OF MY FRIENDS.....5 NEEDED MONEY.....6 OTHER.....96 (SPECIFY)	
412	Was the person you had your first sexual intercourse with someone much young than yourself, someone about your age or young, someone older than you or an adult woman?	GIRL MUCH YOUNGER THAN MYSELF...1 GIRL ABOUT MY AGE.....2 GIRL OLDER THAN MYSELF.....3 ADULT WOMAN.....4 MY WIFE.....5 OTHER.....96 (SPECIFY)	

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413	How was this person related to you at the time you first had sex with her?	WIFE.....01 MOTHER.....02 TOTAL STRANGER.....03 GIRLFRIEND.....04 AUNT.....05 COUSIN.....06 OTHER RELATIVE.....07 HOUSE GIRL.....08 NEIGHBOR.....09 CLASSMATE.....10 TEACHER.....11 RELIGIOUS LEADER.....12 OTHER.....96 (SPECIFY)																																																							
414	Who would you talk to if you have problems about sex or sexual concerns? PROBE: Any other person?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>FATHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BROTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SISTER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>UNCLE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AUNT.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>GRAND PARENT.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>STEP FATHER/MOTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER RELATIVE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FRIEND.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SCHOOL TEACHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RELIGIOUS LEADER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COUNSELLOR.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MEDICAL PERSON.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO ONE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>		YES	NO	FATHER.....	1	2	MOTHER.....	1	2	BROTHER.....	1	2	SISTER.....	1	2	UNCLE.....	1	2	AUNT.....	1	2	GRAND PARENT.....	1	2	STEP FATHER/MOTHER.....	1	2	OTHER RELATIVE.....	1	2	FRIEND.....	1	2	SCHOOL TEACHER.....	1	2	RELIGIOUS LEADER.....	1	2	COUNSELLOR.....	1	2	MEDICAL PERSON.....	1	2	NO ONE.....	1	2	OTHER.....	1	2		(SPECIFY)		
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415	Who would you talk to if you got a sexually transmitted infection? PROBE: Any other person?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>FATHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BROTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SISTER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>UNCLE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AUNT.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>GRAND PARENT.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>STEP FATHER/MOTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER RELATIVE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FRIEND.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SCHOOL TEACHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RELIGIOUS LEADER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COUNSELLOR.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MEDICAL PERSON.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO ONE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>		YES	NO	FATHER.....	1	2	MOTHER.....	1	2	BROTHER.....	1	2	SISTER.....	1	2	UNCLE.....	1	2	AUNT.....	1	2	GRAND PARENT.....	1	2	STEP FATHER/MOTHER.....	1	2	OTHER RELATIVE.....	1	2	FRIEND.....	1	2	SCHOOL TEACHER.....	1	2	RELIGIOUS LEADER.....	1	2	COUNSELLOR.....	1	2	MEDICAL PERSON.....	1	2	NO ONE.....	1	2	OTHER.....	1	2		(SPECIFY)		
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416	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	419																																																						
417	What diseases do you know that are transmitted through sexual relations? PROBE: What else?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>AIDS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>GONORRHEA.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SYPHILIS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>GENITAL WARTS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHERS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>		YES	NO	AIDS.....	1	2	GONORRHEA.....	1	2	SYPHILIS.....	1	2	GENITAL WARTS.....	1	2	DON'T KNOW.....	1	2	OTHERS.....	1	2		(SPECIFY)																																
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418	CHECK 402 AND 404: HAS HAD A GIRLFRIEND/ HAS PLAYED SEX <input type="checkbox"/>	DOES NOT HAVE A GIRLFRIEND/ HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	428																																																						
419	Have you ever had an infection that was caused by playing sex?	YES.....1 NO.....2	421																																																						
420	Have you ever been treated for such a disease?	YES.....1 NO.....2 NEVER HAD AN STI.....3 DOES NOT KNOW.....8																																																							

NO.

QUESTIONS AND FILTERS

CODING CATEGORIES

SKIP

421 CHECK 419 AND 420:

IF
"YES" IF "NO"

428

422 During the last 12 months, did you have any of these diseases?

- a) AIDS
b) Gonorrhea
c) Syphilis
d) Genital warts
e) Other

	YES	NO	DK
AIDS.....	1	2	8
GONORRHEA.....	1	2	8
SYPHILIS.....	1	2	8
GENITAL WARTS.....	1	2	8
OTHER.....	1	2	8

(SPECIFY)

423 The last time you had the diseases above did you seek advise or treatment?

	YES	NO	NA
AIDS.....	1	2	3
GONORRHEA.....	1	2	3
SYPHILIS.....	1	2	3
GENITAL WARTS.....	1	2	3
OTHER.....	1	2	3

(SPECIFY)

CHECK 423

AT LEAST ONE
"YES" NOT A SINGLE
"YES"

425

424 Where did you seek advice or treatment?

Any other place or person?

PROBE: ANY OTHER?

	YES	NO	NA
PUBLIC SECTOR			
GOVT. HOSPITAL.....	1	2	3
GOVT. HEALTH CENTER....	1	2	3
GOVT. DISPENSARY.....	1	2	3
PRIVATE MEDICAL SECTOR			
MISSION HOSP/CLINIC....	1	2	3
OTHER PVT.HOSP/CLINIC..	1	2	3
PHARMACY.....	1	2	3
PRIVATE DOCTOR.....	1	2	3
MOBILE CLINIC.....	1	2	3
COMM. BASED DISTRIBUTOR..	1	2	3
COMM. HEALTH WORKER.....	1	2	3
OTHER SOURCE			
SHOP.....	1	2	3
HERBALIST./TRAD.PRACT..	1	2	3
RELATIVE/FRIEND.....	1	2	3
OTHER.....	1	2	3

(SPECIFY)

DOES NOT KNOW..... 1 2 3

425 When you had (DISEASE FROM 422) did you inform your partner(s)?

	YES	NO	NA
AIDS.....	1	2	3
GONORRHEA.....	1	2	3
SYPHILIS.....	1	2	3
GENITAL WARTS.....	1	2	3
OTHER.....	1	2	3

(SPECIFY)

426 When you had the diseases (FROM 422) did you do something not to infect your partner(s)?

(IF 2 (NO) OR 3 (NOT APPLICABLE) FOR ALL OPTIONS SKIP TO 428)

	YES	NO	NA
AIDS.....	1	2	3
GONORRHEA.....	1	2	3
SYPHILIS.....	1	2	3
GENITAL WARTS.....	1	2	3
PARTNER ALREADY INFECTED..	1	2	3
DON'T KNOW.....	1	2	3
OTHER.....	1	2	3

(SPECIFY)

427 What did you do?

PROBE: Any other?

	YES	NO
NO SEXUAL INTERCOURSE.....	1	2
USED CONDOMS.....	1	2
TOOK MEDICINES.....	1	2
OTHER.....	1	2

(SPECIFY)

428 CHECK 417:

DID NOT MENTION AIDS MENTIONED AIDS

430

429 Have you heard of an illness called AIDS?

YES.....	1
NO.....	2

501

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
430	<p>From which sources of information have you learned most about AIDS?</p> <p>Any other sources?</p> <p>PROBE: ANY OTHER?</p> <p>RECORD ALL RESPONSES</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TV.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPERS/MAGAZINES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PAMPHLETS/POSTERS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HEALTH WORKERS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOSQUES/CHURCHES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SCHOOLS/TEACHERS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COMMUNITY MEETINGS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FRIENDS/RELATIVES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>WORK PLACE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DRAMA/PERFORMANCE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>		YES	NO	RADIO.....	1	2	TV.....	1	2	NEWSPAPERS/MAGAZINES.....	1	2	PAMPHLETS/POSTERS.....	1	2	HEALTH WORKERS.....	1	2	MOSQUES/CHURCHES.....	1	2	SCHOOLS/TEACHERS.....	1	2	COMMUNITY MEETINGS.....	1	2	FRIENDS/RELATIVES.....	1	2	WORK PLACE.....	1	2	DRAMA/PERFORMANCE.....	1	2	OTHER _____	1	2		(SPECIFY)								
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431	<p>Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?</p>	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> <td></td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td style="text-align: right;">8</td> <td style="text-align: right;">→433</td> </tr> </table>	YES.....	1		NO.....	2		DOES NOT KNOW.....	8	→433																																								
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432	<p>What can a person do?</p> <p>Any other ways?</p> <p>PROBE: ANY OTHER?</p> <p>RECORD ALL MENTIONED</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>ABSTAIN FROM SEX.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>USE CONDOMS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AVOID MULTIPLE SEX PARTNERS..</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AVOID SEX WITH PROSTITUTES...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AVOID SEX WITH HOMOSEXUALS...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BE FAITHFUL TO PARTNER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AVOID BLOOD TRANSFUSIONS....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AVOID INJECTIONS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AVOID KISSING.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AVOID MOSQUITO BITES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SEEK PROTECTION FROM A TRADITIONAL HEALER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	ABSTAIN FROM SEX.....	1	2	USE CONDOMS.....	1	2	AVOID MULTIPLE SEX PARTNERS..	1	2	AVOID SEX WITH PROSTITUTES...	1	2	AVOID SEX WITH HOMOSEXUALS...	1	2	BE FAITHFUL TO PARTNER.....	1	2	AVOID BLOOD TRANSFUSIONS....	1	2	AVOID INJECTIONS.....	1	2	AVOID KISSING.....	1	2	AVOID MOSQUITO BITES.....	1	2	SEEK PROTECTION FROM A TRADITIONAL HEALER.....	1	2	OTHER _____	1	2		(SPECIFY)		DOES NOT KNOW.....	1	2				
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434	<p>What is/are the difference(s)?</p>	<table border="1" style="width: 100%; height: 80px;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>																																																	
435	<p>I am now going to read some statements to you about HIV/AIDS and other diseases that are transmitted by playing sex. As I read each statement, please tell me if you think it is true, false or you do not know.</p> <p>A) One can always tell when a person has a sexually transmitted infection</p> <p>B) You can tell if a person is HIV+</p> <p>C) If signs of sexually transmitted disease disappear it means the person no longer has the disease</p> <p>D) A healthy-looking person can be infected with the AIDS virus</p> <p>E) A woman who has the AIDS virus will always give birth to a child with the AIDS virus</p> <p>You can get AIDS from:-</p> <p>F) Shaking hands with someone who has AIDS</p> <p>G) Hugging someone who has AIDS</p> <p>H) Wearing the clothes of someone who has AIDS</p> <p>I) Sharing eating utensils with someone who has AIDS</p> <p>J) Mosquito, flea, or bedbug bites</p> <p>K) Using a condom can prevent one from getting AIDS</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">TRUE</td> <td style="text-align: right;">FALSE</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>A).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>B).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>C).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>D).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>E).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>F).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>G).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>H).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>I).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>J).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>K).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		TRUE	FALSE	DK	A).....	1	2	8	B).....	1	2	8	C).....	1	2	8	D).....	1	2	8	E).....	1	2	8	F).....	1	2	8	G).....	1	2	8	H).....	1	2	8	I).....	1	2	8	J).....	1	2	8	K).....	1	2	8	
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436	Can AIDS be cured?	YES.....1 NO.....2 DON'T KNOW.....8																																								
437	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8																																								
438	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5	→440 →442																																							
439	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? PROBE: ANY OTHER?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>ABSTAIN FROM SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAVE ONLY ONE SEX PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LIMITED NUMBER OF SEX PARTNERS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SPOUSE HAS NO OTHER PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO HOMOSEXUAL CONTACT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO BLOOD TRANSFUSIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO INJECTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> </table> <p>(SPECIFY)</p>		YES	NO	ABSTAIN FROM SEX.....	1	2	USE CONDOMS.....	1	2	HAVE ONLY ONE SEX PARTNER.....	1	2	LIMITED NUMBER OF SEX PARTNERS.....	1	2	SPOUSE HAS NO OTHER PARTNER.....	1	2	NO HOMOSEXUAL CONTACT.....	1	2	NO BLOOD TRANSFUSIONS.....	1	2	NO INJECTIONS.....	1	2	OTHER.....	1	2	→441									
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440	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>DO NOT USE CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MORE THAN ONE SEX PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MANY SEX PARTNERS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SPOUSE HAS OTHER PARTNER(S).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HOMOSEXUAL CONTACT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD BLOOD TRANSFUSION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD INJECTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SUSPECT SPOUSE HAS OTHER PARTNERS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> </table> <p>(SPECIFY)</p>		YES	NO	DO NOT USE CONDOMS.....	1	2	MORE THAN ONE SEX PARTNER.....	1	2	MANY SEX PARTNERS.....	1	2	SPOUSE HAS OTHER PARTNER(S).....	1	2	HOMOSEXUAL CONTACT.....	1	2	HAD BLOOD TRANSFUSION.....	1	2	HAD INJECTIONS.....	1	2	SUSPECT SPOUSE HAS OTHER PARTNERS.....	1	2	OTHER.....	1	2										
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441	Since you heard of AIDS, have you changed your behavior to prevent getting AIDS? IF YES, what did you do? RECORD ALL MENTIONED	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>DIDN'T START SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOPPED ALL SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STARTED USING CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RESTRICTED SEX TO ONE PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REDUCED NUMBER OF PARTNERS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ASK SPOUSE TO BE FAITHFUL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO MORE HOMOSEXUAL CONTACTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOPPED INJECTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> </table> <p>(SPECIFY)</p> <table border="0"> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">(SPECIFY)</td> </tr> <tr> <td>NO BEHAVIOR CHANGE.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	DIDN'T START SEX.....	1	2	STOPPED ALL SEX.....	1	2	STARTED USING CONDOMS.....	1	2	RESTRICTED SEX TO ONE PARTNER.....	1	2	REDUCED NUMBER OF PARTNERS.....	1	2	ASK SPOUSE TO BE FAITHFUL.....	1	2	NO MORE HOMOSEXUAL CONTACTS.....	1	2	STOPPED INJECTIONS.....	1	2	OTHER.....	1	2	OTHER.....	1	2	(SPECIFY)			NO BEHAVIOR CHANGE.....	1	2	→501
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442	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior? IF YES, In what way? RECORD ALL MENTIONED	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>DIDN'T START SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOPPED ALL SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STARTED USING CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RESTRICTED SEX TO ONE PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REDUCED NUMBER OF PARTNERS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO MORE HOMOSEXUAL CONTACTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> </table> <p>(SPECIFY)</p> <table border="0"> <tr> <td>NO CHANGE IN SEXUAL BEHAVIOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	DIDN'T START SEX.....	1	2	STOPPED ALL SEX.....	1	2	STARTED USING CONDOMS.....	1	2	RESTRICTED SEX TO ONE PARTNER.....	1	2	REDUCED NUMBER OF PARTNERS.....	1	2	NO MORE HOMOSEXUAL CONTACTS.....	1	2	OTHER.....	1	2	NO CHANGE IN SEXUAL BEHAVIOR.....	1	2	DOES NOT KNOW.....	1	2										
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E AD-13

SECTION 5. PREGNANCY/CHILDBEARING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
501	Have you ever made a girl/woman pregnant?	YES.....1 NO.....2 NEVER HAD SEX.....3 DON'T KNOW.....8	1 →509 →517 →509																														
502	How old were you when you first made a girl pregnant?	AGE IN COMPLETE YEARS.... <input type="text"/> <input type="text"/> DON'T KNOW.....98																															
503	Sometimes a girl becomes pregnant when she does not want to. Have you ever made a girl pregnant when you did not want her to become pregnant?	YES.....1 NO.....2	1 →508																														
504	How many times has this occurred?	NUMBER..... <input type="text"/> <input type="text"/>																															
505	The last time you made a woman pregnant, did you want it then, later or not at all?	THEN.....1 LATER.....2 NOT AT ALL.....3																															
506	The last time this happened, how did it end?	NOTHING/CONTINUED WITH PREG.....1 TRIED ABORTION WITH NO SUCCESS GAVE BIRTH.....2 REMOVED THE PREGNANCY.....3 MISCARRIED.....4 OTHER.....6 (SPECIFY)																															
507	What was your relationship with the person you made pregnant?	WIFE.....01 FIANCE.....02 GIRLFRIEND.....03 TEACHER.....04 STRANGER.....05 PASTOR/RELIGIOUS LEADER.....06 OTHER.....96 (SPECIFY)																															
508	How many times have you made a girl pregnant?	NUMBER..... <input type="text"/> <input type="text"/>																															
509	Have you had a female partner who had an abortion while you were in a relationship?	YES.....1 NO.....2 DON'T KNOW.....3	1 →516 →516																														
510	How many times has your female partner had an abortion?	NUMBER..... <input type="text"/> <input type="text"/>																															
511	The last time your female partner had an abortion, who initiated/performed it?	QUALIFIED DOCTOR.....01 QUALIFIED NURSE/MIDWIFE.....02 MEDICAL PERSON WITH UNCLEAR QUALIFICATION.....03 TRADITIONAL HEALER/HERBALIST...04 NON-MEDICAL PERSON.....05 FAMILY MEMBER.....06 MYSELF.....07 OTHER.....96 (SPECIFY)																															
512	What was the most important reason why she had an abortion?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1 TO CONTINUE SCHOOL.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>2 DID NOT WANT THE PREGNANCY..1</td> <td>2</td> <td>2</td> </tr> <tr> <td>3 DIDN'T WANT PARENTS TO KNOW.1</td> <td>2</td> <td>2</td> </tr> <tr> <td>4 WILL NOT BE ABLE TO SUPPORT.1</td> <td>2</td> <td>2</td> </tr> <tr> <td>5 PARENT(S) PRESSURED HER.....1</td> <td>2</td> <td>2</td> </tr> <tr> <td>6 I PRESSURED HER TO ABORT....1</td> <td>2</td> <td>2</td> </tr> <tr> <td>7 HEALTH CONSIDERATIONS.....1</td> <td>2</td> <td>2</td> </tr> <tr> <td>8 PEER INFLUENCE.....1</td> <td>2</td> <td>2</td> </tr> <tr> <td>96 OTHER.....1</td> <td>2</td> <td>2</td> </tr> </table> (SPECIFY)		YES	NO	1 TO CONTINUE SCHOOL.....1	1	2	2 DID NOT WANT THE PREGNANCY..1	2	2	3 DIDN'T WANT PARENTS TO KNOW.1	2	2	4 WILL NOT BE ABLE TO SUPPORT.1	2	2	5 PARENT(S) PRESSURED HER.....1	2	2	6 I PRESSURED HER TO ABORT....1	2	2	7 HEALTH CONSIDERATIONS.....1	2	2	8 PEER INFLUENCE.....1	2	2	96 OTHER.....1	2	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513	Of all the reasons you mentioned, about her decision to have an abortion which one was the most important? (GET CODE FROM Q512)	_____ <input type="checkbox"/> <input type="checkbox"/>	
514	Did you support her decision to have an abortion?	YES.....1 NO.....2	
515	Did you pay/contribute towards the abortion costs?	YES.....1 NO.....2	
516	Is any girl/woman currently pregnant with your child?	YES.....1 NO.....2 DON'T KNOW.....8	
517	For the girl who has started menstruating, when is she most likely to become pregnant?	DURING PERIODS.....1 IMMEDIATELY AFTER PERIODS.....2 IMMEDIATELY BEFORE PERIODS.....3 HALFWAY BETWEEN END AND BEGINNING THE NEXT.....4 ANY TIME DURING THE MONTH.....5 OTHER.....6 (SPECIFY) DON'T KNOW.....8	

E AD-15

SECTION 6. HEALTH, NUTRITION AND GENERAL LIFESTYLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
601	Which of the following illness have you suffered from in the past one year? a) Fever b) Malaria c) Typhoid d) Cholera e) Diarrhoea f) Cold/flu/throat infection g) Stomach ache h) Cough i) Other 1 j) Other 2	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>FEVER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MALARIA.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TYPHOID.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CHOLERA.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DIARRHOEA.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COLD/FLU/THROAT INFECTION...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>STOMACH ACHE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COUGH.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </table>		YES	NO	FEVER.....	1	2	MALARIA.....	1	2	TYPHOID.....	1	2	CHOLERA.....	1	2	DIARRHOEA.....	1	2	COLD/FLU/THROAT INFECTION...	1	2	STOMACH ACHE.....	1	2	COUGH.....	1	2	OTHER.....	1	2		(SPECIFY)		OTHER.....	1	2		(SPECIFY)		
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602	During the past year did you always receive medical care when you thought you needed it?	YES, ALL THE TIME.....1 YES, SOMETIMES.....2 NO, NOT AT ALL.....3 NEVER NEEDED MEDICAL CARE.....4	→604 →604																																							
603	Why did you not receive medical care when you thought you needed it?	DID NOT HAVE MONEY.....1 HOSPITAL/CLINIC TOO FAR.....2 PARENTS/PARTNER REFUSED.....3 USED HOME REMEDY.....4 OTHER.....6 (SPECIFY)																																								
604	How many main meals did you have yesterday?	NONE.....1 ONE.....2 TWO.....3 THREE.....4 MORE THAN THREE.....5																																								
605	Apart from main meals, did you eat any of the following as a snack yesterday? a) Roasted/boiled corn b) Popcorn c) Peanuts/other nuts d) Mandazi e) Samosa f) Soda g) Banana/fruits h) Other 1 i) Other 2	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>ROASTED/BOILED CORN.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>POPCORN.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PEANUTS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MANDAZI.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SAMOSA.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SODA.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BANANA/FRUITS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </table>		YES	NO	ROASTED/BOILED CORN.....	1	2	POPCORN.....	1	2	PEANUTS.....	1	2	MANDAZI.....	1	2	SAMOSA.....	1	2	SODA.....	1	2	BANANA/FRUITS.....	1	2	OTHER.....	1	2		(SPECIFY)		OTHER.....	1	2		(SPECIFY)					
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606	Have you ever drunk alcohol?	YES.....1 NO.....2	 →609																																							
607	How old were you when you first drank alcohol?	AGE..... <input type="text"/> <input type="text"/> DON'T KNOW.....98																																								
608	How often in the past month have you had so much alcohol that you were really drunk?	NO, NEVER.....1 NO, WAS NOT DRUNK IN THE PAST MONTH.....2 YES, ONCE.....3 YES, 2 TO 3 TIMES.....4 YES, 4 TO 10 TIMES.....5 YES, MORE THAN 10 TIMES.....6 OTHER.....96 (SPECIFY)																																								
609	Do any of your friends in your age group take any kind of drug (or sniff anything)?	YES.....1 NO.....2 DON'T KNOW.....8	 →611 →611																																							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
610	What exactly do they take? PROBE: What else?	<table border="0"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>PILLS.....</td><td>1</td><td>2</td></tr> <tr><td>BHANG.....</td><td>1</td><td>2</td></tr> <tr><td>MIRAA.....</td><td>1</td><td>2</td></tr> <tr><td>COCAINE.....</td><td>1</td><td>2</td></tr> <tr><td>PETROL SNIFFING.....</td><td>1</td><td>2</td></tr> <tr><td>GLUE SNIFFING.....</td><td>1</td><td>2</td></tr> <tr><td>PAINT SNIFFING.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> <tr><td colspan="3" style="text-align:center">(SPECIFY)</td></tr> <tr><td>DON'T KNOW.....</td><td>1</td><td>2</td></tr> </table>		YES	NO	PILLS.....	1	2	BHANG.....	1	2	MIRAA.....	1	2	COCAINE.....	1	2	PETROL SNIFFING.....	1	2	GLUE SNIFFING.....	1	2	PAINT SNIFFING.....	1	2	OTHER.....	1	2	(SPECIFY)			DON'T KNOW.....	1	2	
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615	Have you ever been forced to have sexual intercourse when you did not want to?	<table border="0"> <tr><td>YES.....</td><td>1</td><td>↓</td></tr> <tr><td>NO.....</td><td>2</td><td>→617</td></tr> <tr><td>NEVER HAD SEX.....</td><td>2</td><td>→701</td></tr> </table>	YES.....	1	↓	NO.....	2	→617	NEVER HAD SEX.....	2	→701																									
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617	Have you ever had sexual intercourse with someone when at first she did not want sex?	<table border="0"> <tr><td>YES.....</td><td>1</td><td>↓</td></tr> <tr><td>NO.....</td><td>2</td><td>→701</td></tr> </table>	YES.....	1	↓	NO.....	2	→701																												
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SECTION 7. INCOME/ECONOMIC ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Sometimes children go to the street to beg. Have you ever done this?	YES.....1 NO.....2	 →707
702	What made you do it?	NO FOOD IN THE HOUSE.....1 MY PARENT(S) ASKED/FORCED ME....2 HAD NO HOME/PARENTS.....3 TO JOIN MY FRIEND.....4 HAD NO JOB.....5	
703	How old were you when you first did it?	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
704	When was the last time you were on the street?	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.....2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/>	
705	How much do/did you make in a day?	SHILLINGS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
706	Why did you stop?	STILL ON THE STREET.....1 GOT A JOB.....2 GOT SAVED.....3 PARENTAL INFLUENCE.....4 DECIDED TO STOP/GOT TIRED.....5 OTHER.....6 (SPECIFY)	
707	Sometimes young people play sex for money. Have you ever done this?	YES.....1 NO.....2	 →713
708	What made you do it?	NO FOOD IN THE HOUSE.....1 MY PARENT(S) ASKED/FORCED ME....2 HAD NO HOME/PARENTS.....3 TO JOIN MY FRIEND.....4 HAD NO JOB.....5	
709	How old were you when you first did it?	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
710	When was the last time you did this?	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.....2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/>	
711	How much do/did you make in a day?	SHILLINGS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
712	Why did you stop?	STILL DOING IT.....1 GOT A JOB.....2 GOT SAVED.....3 PARENTAL INFLUENCE.....4 DECIDED TO STOP/GOT TIRED.....5 GOT SICK/INFECTION.....6 OTHER.....96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	A side from your own housework, are you currently working?	YES.....1 NO.....2	→716
714	As you know, some people take up jobs for which they are paid in cash or kind. Others sell things, have small business or work on the family farm or in the family business. Others are in school. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	→716
715	Have you done work in the last 12 months?	YES.....1 NO.....2	→717
716	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/>	
717	What is the major general/basic need of people in this community? (ONLY ONE RESPONSE)	HOUSING.....1 JOBS.....2 EDUCATION.....3 WATER.....4 HEALTH SERVICES.....5 FOOD.....6 ROADS.....7 TOILETS.....8 OTHER.....96 (SPECIFY) DON'T KNOW.....98	→721
718	How best do you think this need should be addressed?	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	
719	What role do you think this community should play in addressing the need?	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	
720	What role do you think the government should play in addressing the problem?	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	
721	What is the major health problem/concern of people in this community? (ONLY ONE RESPONSE)	TOILETS.....1 WATER.....2 HOSPITALS.....3 SANITATION.....4 DRAINAGE.....5 ROADS.....6 DUMPING.....7 OTHERS.....96 (SPECIFY) DON'T KNOW.....98	→725
722	How best do you think these concern/problem should be addressed?	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	
723	What role do you think this community should play in addressing the problem?	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	
724	What role do you think the government should play in addressing the problem?	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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725	<p>What major reproductive health problem/need of people in this community?</p> <p style="text-align: center;">(ONLY ONE RESPONSE)</p> <p>(PROBE BY MENTIONING REPRODUCTIVE HEALTH PROBLEMS IN THE OPTIONS)</p>	<p>AIDS.....1</p> <p>STDS.....2</p> <p>UNWANTED PREGNANCY.....3</p> <p>ABORTION.....4</p> <p>FAMILY PLANNING.....5</p> <p>EARLY SEX.....6</p> <p>SEX EDUCATION.....7</p> <p>RECKLES SEX.....8</p> <p>OTHERS.....96</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW.....98 →729</p>	
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726	<p>How best do you think this problems should be addressed?</p>	<p>_____ <input style="width: 20px; height: 20px;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px;" type="text"/></p>	
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727	<p>What role do you think this community should play in addressing the problem?</p>	<p>_____ <input style="width: 20px; height: 20px;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px;" type="text"/></p>	
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728	<p>What role do you think the government should play in addressing the problem?</p>	<p>_____ <input style="width: 20px; height: 20px;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px;" type="text"/></p>	
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729	<p>If you had to choose between a job which pays Ksh. 3,000 per month and a loan of Ksh. 15,000 to do business which you have to pay, which would you choose?</p>	<p>JOB.....1</p> <p>LOAN.....2</p>	
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729B	<p>Why would you make this choice?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
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730	<p>How is your health in general?</p>	<p>GOOD.....1</p> <p>FAIR.....2</p> <p>POOR.....3</p> <p>DON'T KNOW.....8</p>	
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731	<p>Now, I am going to read you a series of statements. After I read each statement, please tell me whether you agree with the statement, disagree with it, or have no opinion one way or the other.</p> <p>A) Poor people generally live longer than rich people</p> <p>B) Poor people are generally healthier than rich people</p> <p>C) Women generally live longer than men</p> <p>D) Poor people should live longer than rich people.</p> <p>E) Poor people should be healthier than rich people.</p> <p>F) Women should live longer than men.</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:20%;">AGREE</th> <th style="width:20%;">DISAGREE</th> <th style="width:20%;">NO OPINION</th> </tr> </thead> <tbody> <tr> <td>A).....1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>B).....1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>C).....1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>D).....1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>E).....1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>F).....1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		AGREE	DISAGREE	NO OPINION	A).....1	2	3	3	B).....1	2	3	3	C).....1	2	3	3	D).....1	2	3	3	E).....1	2	3	3	F).....1	2	3	3	
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732	<p>Suppose you are a doctor and you have two Malaria patients who may die if you do not treat them. If one patient is 35 years old and the other is 2 years old and you had enough medicine to treat one patient, which patient will you rather give the medication?</p>	<p>THE 35 YEAR-OLD PATIENT.....1</p> <p>THE 2 YEAR-OLD PATIENT.....2</p> <p>DON'T KNOW/UNSURE.....8</p>	
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733	<p>RECORD THE TIME INTERVIEW ENDED.</p>	<p>HOUR..... <input style="width: 20px; height: 20px;" type="text"/></p> <p>MINUTES..... <input style="width: 20px; height: 20px;" type="text"/></p>	
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INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments
about Respondent:

Comments on
Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____

E AD-21