

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE

APHRC URBAN HEALTH AND POVERTY PROJECT
ADOLESCENT QUESTIONNAIRECONFIDENTIAL
Data used
for research
purposes only

IDENTIFICATION

NCSS CLUSTER NUMBER.....

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STRUCTURE OWNER.....

DIVISION.....

LOCATION.....

SUB-LOCATION.....

EA NAME AND CODE.....

STRUCTURE NUMBER.....

HOUSEHOLD NUMBER.....

NAME AND LINE NUMBER OF MAN/BOY.....

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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
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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

SECTION 1. RESPONDENT'S BACKGROUND AND MOBILITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																						
101	RECORD THE TIME.	HOUR..... MINUTES.....																																																							
102	In what month and year were you born?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... 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.....																																																							
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.....																																																							
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> <tr><td align="center" colspan="3">(SPECIFY)</td></tr> </tbody> </table>		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	(SPECIFY)			→111
	YES	NO																																																							
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(SPECIFY)																																																									

E AD- 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	<p>What were the reasons why you stopped attending school?</p> <p>PROBE: Any other?</p>	<p>YES NO</p> <p>01 MADE A GIRL PREGNANT.....1 2</p> <p>02 GOT MARRIED.....1 2</p> <p>03 TO CARE FOR YOUNGER CHILDREN.....1 2</p> <p>04 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....1 2</p> <p>05 COULD NOT PAY SCHOOL FEES...1 2</p> <p>06 NEEDED TO EARN MONEY.....1 2</p> <p>07 COMPLETED/HAD ENOUGH SCHOOL.1 2</p> <p>08 DID NOT PASS ENTRANCE EXAM..1 2</p> <p>09 DID NOT LIKE SCHOOL.....1 2</p> <p>10 SCHOOL NOT ACCESSIBLE/TOO FAR.....1 2</p> <p>11 PHYSICALLY/MENTALLY DISABLED.1 2</p> <p>12 POOR SCHOOL QUALITY.....1 2</p> <p>13 EXPELLED.....1 2</p> <p>14 FAMILY SEES NO ECONOMIC BENEFIT.....1 2</p> <p>96 OTHER.....1 2</p> <p>(SPECIFY)</p> <p>98 DON'T KNOW.....1 2</p>	
109A	<p>Which of the above reasons is the most important?</p> <p>(GET CODE FROM 109)</p>	<p>IMPORTANT REASON..... <input type="checkbox"/> <input type="checkbox"/></p>	→ 111
110	<p>What were the reasons you never attended school?</p> <p>PROBE: Any other?</p>	<p>YES NO</p> <p>01 TO CARE FOR YOUNGER CHILDREN.....1 2</p> <p>02 TOO MANY DOMESTIC/FAMILY RESPONSIBILITIES.....1 2</p> <p>03 FAMILY COULD NOT PAY SCHOOL FEES.....1 2</p> <p>04 DID NOT LIKE SCHOOL.....1 2</p> <p>05 SCHOOL TOO FAR/NOT ACCESSIBLE.....1 2</p> <p>06 PHYSICALLY/MENTALLY DISABLED.....1 2</p> <p>07 FAMILY SEES NO BENEFIT.....1 2</p> <p>96 OTHER.....1 2</p> <p>(SPECIFY)</p> <p>98 DON'T KNOW.....1 2</p>	
110A	<p>Which of the above reasons is the most important?</p> <p>(GET CODE FROM 110)</p>	<p>IMPORTANT REASON..... <input type="checkbox"/> <input type="checkbox"/></p>	
111	<p>What is your religion?</p>	<p>CATHOLIC.....1</p> <p>PROTESTANT/OTHER CHRISTIAN.....2</p> <p>MUSLIM.....3</p> <p>NO RELIGION.....4</p> <p>OTHER.....6</p> <p>(SPECIFY)</p>	
112	<p>What is your ethnic group/tribe?</p>	<p>KALENJIN.....01</p> <p>KAMBA.....02</p> <p>KIKUYU.....03</p> <p>KISII.....04</p> <p>LUHYA.....05</p> <p>LUO.....06</p> <p>MASAI.....07</p> <p>MERU/EMBU.....08</p> <p>MIJIKENDA/SWAHILI.....09</p> <p>SOMALI.....10</p> <p>TAITA/TAVETA.....11</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	

E AD- 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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.....	116
115	How old were you when your mother died?	AGE IN COMPLETED YEARS....	
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.....	119
118	How old were you when your father died?	AGE IN COMPLETED YEARS....	
119	CHECK 113 AND 116: BOTH PARENTS ARE ALIVE	ONE OR BOTH PARENTS ARE DEAD	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
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> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>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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OTHER MALES.....	1	2																																	
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202	Are you currently married or living with a woman?	<table> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVING WITH A WOMAN.....</td> <td>2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td>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> <tr> <td>REGULAR SEXUAL PARTNER.....</td> <td>1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER.....</td> <td>2</td> </tr> <tr> <td>NO SEXUAL PARTNER.....</td> <td>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> <tr> <td>YES, FORMERLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVED WITH A WOMAN.....</td> <td>2</td> </tr> <tr> <td>NO.....</td> <td>3</td> </tr> </table>	YES, FORMERLY MARRIED.....	1	YES, LIVED WITH A WOMAN.....	2	NO.....	3	→208 →209																										
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205	What is your marital status now: are you widowed, divorced, or separated?	<table> <tr> <td>WIDOWED.....</td> <td>1</td> </tr> <tr> <td>DIVORCED.....</td> <td>2</td> </tr> <tr> <td>SEPARATED.....</td> <td>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> <tr> <td>LIVES WITH HER.....</td> <td>1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td>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	<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) A woman has to take her husbands permission for everything</p> <p>B) If a woman differs with her husband's opinion, she must accept his opinion</p> <p>C) If a girl has not gone to school, the best thing for her is an early marriage</p> <p>D) If a boy asks for a girl's hand in marriage and her parents agree, she has to accept him</p> <p>E) If a man wants children, his wife has to comply even if she does not want children</p> <p>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</p> <p>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</p>	<table> <tr> <td></td> <td>AGREE</td> <td>DISAGREE</td> <td>NO OPINION</td> </tr> <tr> <td>A)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>B)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>C)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>D)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>E)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>F)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>G)</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		AGREE	DISAGREE	NO OPINION	A)	1	2	3	B)	1	2	3	C)	1	2	3	D)	1	2	3	E)	1	2	3	F)	1	2	3	G)	1	2	3	
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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> <td> </td> </tr> <tr> <td>NO.....</td> <td>2</td> <td>→ 309</td> </tr> </table>	YES.....	1		NO.....	2	→ 309																																		
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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> <td> </td> </tr> <tr> <td>NO.....</td> <td>2</td> <td>→ 309</td> </tr> </table>	YES.....	1		NO.....	2	→ 309																																		
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NO.....	2	→ 309																																								
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> <td rowspan="10">} → 308A</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> <td> </td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> </tr> </table>	PILL.....	01	} → 308A	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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E AD- 6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																													
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>_____ (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>(SPECIFY)</p>																																																																																														
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="text"/><input type="text"/></p> <p>NO.....2</p>	→312																																																																																													
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="text"/><input type="text"/></p>																																																																																														
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>(RECORD RESPONDENTS STATEMENT FOR OPTIONS: 17, 18 & 22)</p> <p>_____ _____ _____ _____</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>01 NOT MARRIED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>02 INTEND TO MARRY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>03 NOT INTEND TO MARRY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">FERTILITY RELATED REASONS</td> </tr> <tr> <td>04 NOT HAVING SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>05 INFREQUENT SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>06 MENOPAUSAL/HYSTERECTOMY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>07 SUBFECUND/INFECUND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>08 POSTPARTUM/BREASTFEEDING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>09 WANTS (MORE) CHILDREN.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>10 PREGNANCY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">OPPOSITION TO USE</td> </tr> <tr> <td>11 RESPONDENT OPPOSED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>12 HUSBAND OPPOSED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>13 OTHERS OPPOSED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>14 RELIGIOUS PROHIBITION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">LACK OF KNOWLEDGE</td> </tr> <tr> <td>15 KNOWS NO METHOD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>16 KNOWS NO SOURCE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">METHOD RELATED REASONS</td> </tr> <tr> <td>17 HEALTH CONCERNS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>18 FEAR OF SIDE EFFECTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>19 LACK OF ACCESS/TOO FAR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>20 COST TOO MUCH.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>21 INCONVENIENT TO USE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>22 INTERFERES WITH BODY'S NORMAL PROCESSES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>23 METHOD FAILURE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>96 OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">(SPECIFY)</td> </tr> <tr> <td>98 DON'T KNOW.....</td> <td>1</td> <td>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	07 SUBFECUND/INFECUND.....	1	2	08 POSTPARTUM/BREASTFEEDING.....	1	2	09 WANTS (MORE) CHILDREN.....	1	2	10 PREGNANCY.....	1	2	OPPOSITION TO USE			11 RESPONDENT OPPOSED.....	1	2	12 HUSBAND OPPOSED.....	1	2	13 OTHERS OPPOSED.....	1	2	14 RELIGIOUS PROHIBITION.....	1	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	19 LACK OF ACCESS/TOO FAR.....	1	2	20 COST TOO MUCH.....	1	2	21 INCONVENIENT TO USE.....	1	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="text"/><input type="text"/></p>																																																																																														
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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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. A) If you ask your partner to use a condom, she would get angry or violent. B) If you ask your partner to use a condom, she would think you are having sex with other people. C) Your partner has more say than you do about important decisions that affect both of you. D) When your partner and you disagree, she gets his way most of the time. E) Your partner might be having sex with someone else.	<table><tr><th>AGREE</th><th>DIS- AGREE</th><th>NO OPINION</th></tr><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></table>	AGREE	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.) A) Who usually has more say about whether you have sex? B) Who usually has more say about when you talk about serious things? C) In general, who do you think has, more power in your relationship? D) Who usually has more say about whether you use condoms? E) Who usually has more say when you talk about using family planing? F) Who usually has more say when you talk about the number of children you should have?	<table><tr><th>YOUR PARTNER</th><th>BOTH EQUALLY</th><th>YOU</th><th>NOT APPLIC-</th></tr><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></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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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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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?	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)	
415	Who would you talk to if you got a sexually transmitted infection? PROBE: Any other person?	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)	
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?	YES NO AIDS.....1 2 GONORRHEA.....1 2 SYPHILIS.....1 2 GENITAL WARTS.....1 2 DON'T KNOW.....1 2 OTHERS.....1 2 (SPECIFY)	
418	CHECK 402 AND 404: HAS HAD A GIRLFRIEND/ HAS PLAYED SEX	DOES NOT HAVE A GIRLFRIEND/ HAS NEVER HAD SEXUAL INTERCOURSE	→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: <div style="text-align: center;">IF "YES" <input type="checkbox"/></div>	IF "NO" <input type="checkbox"/>	→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	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GONORRHEA.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SYPHILIS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GENITAL WARTS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		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)																																																								
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423	The last time you had the diseases above did you seek advise or treatment?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>AIDS.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GONORRHEA.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>SYPHILIS.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GENITAL WARTS.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		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)																																																								
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424	Where did you seek advice or treatment? Any other place or person? PROBE: ANY OTHER?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>PUBLIC SECTOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>GOVT. HOSPITAL.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GOVT. HEALTH CENTER....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GOVT. DISPENSARY.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PRIVATE MEDICAL SECTOR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MISSION HOSP/CLINIC....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER PVT.HOSP/CLINIC..</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PHARMACY.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PRIVATE DOCTOR.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>MOBILE CLINIC.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>COMM. BASED DISTRIBUTOR..</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>COMM. HEALTH WORKER.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER SOURCE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SHOP.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HERBALIST./TRAD.PRACT..</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RELATIVE/FRIEND.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		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	
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SHOP.....	1	2	3																																																																																
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425	When you had (DISEASE FROM 422) did you inform your partner(s)?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>AIDS.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GONORRHEA.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>SYPHILIS.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GENITAL WARTS.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		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)																																																								
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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)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>AIDS.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GONORRHEA.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>SYPHILIS.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GENITAL WARTS.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PARTNER ALREADY INFECTED..</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>DON'T KNOW.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		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)																																																
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427	What did you do? PROBE: Any other?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>NO SEXUAL INTERCOURSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>USED CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TOOK MEDICINES.....</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> </tbody> </table>		YES	NO	NO SEXUAL INTERCOURSE.....	1	2	USED CONDOMS.....	1	2	TOOK MEDICINES.....	1	2	OTHER.....	1	2	(SPECIFY)																																																																	
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428	CHECK 417: DID NOT MENTION AIDS <input type="checkbox"/>	MENTIONED AIDS <input type="checkbox"/>	→430																																																																																
429	Have you heard of an illness called AIDS?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </tbody> </table>	YES.....	1	NO.....	2	→501																																																																												
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NO.....	2																																																																																		

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>	<p>RADIO.....1 2</p> <p>TV.....1 2</p> <p>NEWSPAPERS/MAGAZINES.....1 2</p> <p>PAMPHLETS/POSTERS.....1 2</p> <p>HEALTH WORKERS.....1 2</p> <p>MOSQUES/CHURCHES.....1 2</p> <p>SCHOOLS/TEACHERS.....1 2</p> <p>COMMUNITY MEETINGS.....1 2</p> <p>FRIENDS/RELATIVES.....1 2</p> <p>WORK PLACE.....1 2</p> <p>DRAMA/PERFORMANCE.....1 2</p> <p>OTHER.....1 2</p> <p>(SPECIFY)</p>	
431	<p>Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8 → 433</p>	
432	<p>What can a person do?</p> <p>Any other ways?</p> <p>PROBE: ANY OTHER?</p> <p>RECORD ALL MENTIONED</p>	<p>ABSTAIN FROM SEX.....1 2</p> <p>USE CONDOMS.....1 2</p> <p>AVOID MULTIPLE SEX PARTNERS..1 2</p> <p>AVOID SEX WITH PROSTITUTES...1 2</p> <p>AVOID SEX WITH HOMOSEXUALS...1 2</p> <p>BE FAITHFUL TO PARTNER.....1 2</p> <p>AVOID BLOOD TRANSFUSIONS....1 2</p> <p>AVOID INJECTIONS.....1 2</p> <p>AVOID KISSING.....1 2</p> <p>AVOID MOSQUITO BITES.....1 2</p> <p>SEEK PROTECTION FROM A TRADITIONAL HEALER.....1 2</p> <p>OTHER.....1 2</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....1 2</p>	
433	<p>Is there a difference between being HIV+ and having AIDS?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8 → 435</p>	
434	<p>What is/are the difference(s)?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
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>	<p>TRUE FALSE DK</p> <p>A).....1 2 8</p> <p>B).....1 2 8</p> <p>C).....1 2 8</p> <p>D).....1 2 8</p> <p>E).....1 2 8</p> <p>F).....1 2 8</p> <p>G).....1 2 8</p> <p>H).....1 2 8</p> <p>I).....1 2 8</p> <p>J).....1 2 8</p> <p>K).....1 2 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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?	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 (SPECIFY)	→441
440	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons?	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 (SPECIFY)	
441	Since you heard of AIDS, have you changed your behavior to prevent getting AIDS? IF YES, what did you do? RECORD ALL MENTIONED	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 (SPECIFY) OTHER.....1 2 (SPECIFY) NO BEHAVIOR CHANGE.....1 2	→501
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	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 (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR.....1 2 DOES NOT KNOW.....1 2	

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.... 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.....	
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.....	
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.....	
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?	<div style="text-align: right;">YES NO</div> 1 TO CONTINUE SCHOOL.....1 2 2 DID NOT WANT THE PREGNANCY..1 2 3 DIDN'T WANT PARENTS TO KNOW.1 2 4 WILL NOT BE ABLE TO SUPPORT.1 2 5 PARENT(S) PRESSURED HER.....1 2 6 I PRESSURED HER TO ABORT.....1 2 7 HEALTH CONSIDERATIONS.....1 2 8 PEER INFLUENCE.....1 2 96 OTHER.....1 2 (SPECIFY)	

E AD-14

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> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>FEVER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALARIA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TYPHOID.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHOLERA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DIARRHOEA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COLD/FLU/THROAT INFECTION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOMACH ACHE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COUGH.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td align="center" colspan="3">(SPECIFY)</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td align="center" colspan="3">(SPECIFY)</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?	<table> <tr> <td>YES, ALL THE TIME.....</td> <td>1</td> </tr> <tr> <td>YES, SOMETIMES.....</td> <td>2</td> </tr> <tr> <td>NO, NOT AT ALL.....</td> <td>3</td> </tr> <tr> <td>NEVER NEEDED MEDICAL CARE.....</td> <td>4</td> </tr> </table>	YES, ALL THE TIME.....	1	YES, SOMETIMES.....	2	NO, NOT AT ALL.....	3	NEVER NEEDED MEDICAL CARE.....	4	→604 →604																															
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603	Why did you not receive medical care when you thought you needed it?	<table> <tr> <td>DID NOT HAVE MONEY.....</td> <td>1</td> </tr> <tr> <td>HOSPITAL/CLINIC TOO FAR.....</td> <td>2</td> </tr> <tr> <td>PARENTS/PARTNER REFUSED.....</td> <td>3</td> </tr> <tr> <td>USED HOME REMEDY.....</td> <td>4</td> </tr> <tr> <td>OTHER.....</td> <td>6</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	DID NOT HAVE MONEY.....	1	HOSPITAL/CLINIC TOO FAR.....	2	PARENTS/PARTNER REFUSED.....	3	USED HOME REMEDY.....	4	OTHER.....	6	(SPECIFY)																													
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604	How many main meals did you have yesterday?	<table> <tr> <td>NONE.....</td> <td>1</td> </tr> <tr> <td>ONE.....</td> <td>2</td> </tr> <tr> <td>TWO.....</td> <td>3</td> </tr> <tr> <td>THREE.....</td> <td>4</td> </tr> <tr> <td>MORE THAN THREE.....</td> <td>5</td> </tr> </table>	NONE.....	1	ONE.....	2	TWO.....	3	THREE.....	4	MORE THAN THREE.....	5																														
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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> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>ROASTED/BOILED CORN.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POPCORN.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>PEANUTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MANDAZI.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SAMOSA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SODA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BANANA/FRUITS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td align="center" colspan="3">(SPECIFY)</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td align="center" colspan="3">(SPECIFY)</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?	<table> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→609																																			
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607	How old were you when you first drunk alcohol?	<table> <tr> <td>AGE.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DON'T KNOW.....</td> <td align="right" colspan="2">98</td> </tr> </table>	AGE.....	<input type="text"/>	<input type="text"/>	DON'T KNOW.....	98																																			
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608	How often in the past month have you had so much alcohol that you were really drunk?	<table> <tr> <td>NO, NEVER.....</td> <td>1</td> </tr> <tr> <td>NO, WAS NOT DRUNK IN THE PAST MONTH.....</td> <td>2</td> </tr> <tr> <td>YES, ONCE.....</td> <td>3</td> </tr> <tr> <td>YES, 2 TO 3 TIMES.....</td> <td>4</td> </tr> <tr> <td>YES, 4 TO 10 TIMES.....</td> <td>5</td> </tr> <tr> <td>YES, MORE THAN 10 TIMES.....</td> <td>6</td> </tr> <tr> <td>OTHER.....</td> <td>96</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	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)																									
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609	Do any of your friends in your age group take any kind of drug (or sniff anything)?	<table> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DON'T KNOW.....</td> <td>8</td> </tr> </table>	YES.....	1	NO.....	2	DON'T KNOW.....	8	→611 →611																																	
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E AD-16

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
610	What exactly do they take? PROBE: What else?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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">(SPECIFY)</td></tr> <tr><td>DON'T KNOW.....</td><td>1</td><td>2</td></tr> </tbody> </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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612	How old were you when you first tried one if these things?	<table border="1"> <tbody> <tr><td>AGE.....</td><td><input type="text"/></td></tr> <tr><td>DON'T KNOW.....</td><td>98</td></tr> </tbody> </table>	AGE.....	<input type="text"/>	DON'T KNOW.....	98																														
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615	Have you ever been forced to have sexual intercourse when you did not want to?	<table border="1"> <tbody> <tr><td>YES.....</td><td>1</td></tr> <tr><td>NO.....</td><td>2</td></tr> <tr><td>NEVER HAD SEX.....</td><td>2</td></tr> </tbody> </table>	YES.....	1	NO.....	2	NEVER HAD SEX.....	2	→617 →701																											
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617	Have you ever had sexual intercourse with someone when at first she did not want sex?	<table border="1"> <tbody> <tr><td>YES.....</td><td>1</td></tr> <tr><td>NO.....</td><td>2</td></tr> </tbody> </table>	YES.....	1	NO.....	2	→701																													
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E AD-17

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)	

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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?		
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?		
719	What role do you think this community should play in addressing the need?		
720	What role do you think the government should play in addressing the problem?		
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?		
723	What role do you think this community should play in addressing the problem?		
724	What role do you think the government should play in addressing the problem?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
725	<p>What major reproductive health problem/need of people in this community?</p> <p>(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>(SPECIFY)</p> <p>DON'T KNOW.....98 → 729</p>																													
726	How best do you think this problems should be addressed?	<p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="text"/> <input type="text"/></p>																												
727	What role do you think this community should play in addressing the problem?	<p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="text"/> <input type="text"/></p>																												
728	What role do you think the government should play in addressing the problem?	<p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="text"/> <input type="text"/></p>																												
729	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>JOB.....1</p> <p>LOAN.....2</p>																													
729B	Why would you make this choice?	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																													
730	How is your health in general?	<p>GOOD.....1</p> <p>FAIR.....2</p> <p>POOR.....3</p> <p>DON'T KNOW.....8</p>																													
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 border="1"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>NO OPINION</th> </tr> </thead> <tbody> <tr> <td>A).....1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>B).....1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>C).....1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>D).....1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>E).....1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>F).....1</td> <td>2</td> <td>3</td> <td></td> </tr> </tbody> </table>		AGREE	DISAGREE	NO OPINION	A).....1	2	3		B).....1	2	3		C).....1	2	3		D).....1	2	3		E).....1	2	3		F).....1	2	3		
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732	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>THE 35 YEAR-OLD PATIENT.....1</p> <p>THE 2 YEAR-OLD PATIENT.....2</p> <p>DON'T KNOW/UNSURE.....8</p>																													
733	RECORD THE TIME INTERVIEW ENDED.	<p>_____</p> <p>_____</p>	<p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>																												

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: _____

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