



**RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2025
MAN'S QUESTIONNAIRE**



MINISTRY OF FINANCE AND ECONOMIC PLANNING

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION																
PROVINCE _____	DISTRICT _____	SECTOR _____														
NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>															
STRUCTURE NUMBER																
HOUSEHOLD NUMBER																
NAME AND LINE NUMBER OF MAN _____																
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MAN DV MODULE? (1=YES, 2=NO)				<table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>												
CHECK HOUSEHOLD QUESTIONNAIRE DVH01: MAN SELECTED FOR DV MODULE? (1=YES, 2=NO)				<table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>												
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
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INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
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NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>												
TIME	_____	_____														
<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____</p>																
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 20px; text-align: center;">0</td><td style="width: 15px; height: 20px; text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr></table>							
0	1															
				TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>												
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		<p>**LANGUAGE CODES:</p> 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 KINYARWANDA 04 LANGUAGE 4 06 LANGUAGE 6													
TEAM	ENUMERATOR		TEAM LEADER													
<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td></tr></table>					_____	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td></tr></table>						
NUMBER	NAME	NUMBER	NAME	NUMBER												

INTRODUCTION AND CONSENT

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

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

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

SIGNATURE OF ENUMERATOR _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	What district were you born in? SELECT THE DISTRICT NAME	DISTRICT NAME 01 OUTSIDE OF RWANDA 96	→ 104
103	What country were you born in? SELECT THE COUNTRY NAME	COUNTRY _____ <input style="border: 1px dashed black; width: 50px; height: 20px;" type="text"/>	
104	How long have you been living continuously in this district? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS <input type="checkbox"/> OR MORE		→ 107
106	In what month and year did you move here?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	Just before you moved here, which district did you live in? SELECT THE DISTRICT NAME	DISTRICT NAME 01 OUTSIDE OF RWANDA 96	
108	Just before you moved here, did you live in a capital city, big city, other city or in a rural area?	CAPITAL CITY 1 BIG CITY 2 OTHER CITY 3 RURAL AREA 4	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	EMPLOYMENT 01 EDUCATION/TRAINING 02 MARRIAGE FORMATION 03 FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON 04 NON VOLUNTARY DISPLACEMENT 05 NATURAL DISASTER 06 OTHER _____ 96 <p align="center">(SPECIFY)</p>	
110	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: pre-primary,primary, post primary ,secondary, or higher?	PRE-PRIMARY 1 PRIMARY 2 POST PRIMARY/VOCATIONAL 3 SECONDARY/TVET 4 HIGHER 5	
115	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
116	CHECK 114: PRE-PRIMARY OR <input type="checkbox"/> PRIMARY ↓	POST PRIMARY . SECONDARY/TVET HIGHER <input type="checkbox"/> →	→ 119
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> →	→ 120
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC 01 PROTESTANT 02 ADVENTIST 03 MUSLIM 04 TRADITIONAL 05 JEHOVAH 06 OTHER _____ 96 (SPECIFY) NO RELIGION 99	
130A	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
130B	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<p>Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name.</p> <p>Have you ever fathered any children with any woman?</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	→ 206
202	<p>Do you have any sons or daughters that you have fathered who are now living with you?</p>	<p>YES 1 NO 2</p>	→ 204
203	<p>a) How many sons live with you? IF NONE, RECORD '00'.</p> <p>b) And how many daughters live with you? IF NONE, RECORD '00'.</p>	<p>a) SONS AT HOME <input type="text"/><input type="text"/></p> <p>b) DAUGHTERS AT HOME <input type="text"/><input type="text"/></p>	
204	<p>Do you have any sons or daughters that you have fathered who are alive but do not live with you?</p>	<p>YES 1 NO 2</p>	→ 206
205	<p>a) How many sons are alive but do not live with you? IF NONE, RECORD '00'.</p> <p>b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.</p>	<p>a) SONS ELSEWHERE <input type="text"/><input type="text"/></p> <p>b) DAUGHTERS ELSEWHERE <input type="text"/><input type="text"/></p>	
205C	<p>Where do your sons or daughters who do not live with you live?</p>	<p>BOARDING SCHOOL A RELATIVES B WORK C MARRIED D OTHER _____ X SPECIFY _____ DONT KNOW Z</p>	
206	<p>Have you ever fathered a son or a daughter who was born alive but later died?</p> <p>IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	→ 208
207	<p>a) How many boys have died? IF NONE, RECORD '00'.</p> <p>b) And how many girls have died? IF NONE, RECORD '00'.</p>	<p>a) BOYS DEAD <input type="text"/><input type="text"/></p> <p>b) GIRLS DEAD <input type="text"/><input type="text"/></p>	
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>	<p>TOTAL CHILDREN <input type="text"/><input type="text"/></p>	
209	<p>CHECK 208:</p> <p style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </p>		<p>→ 211</p> <p>→ 301</p>
210	<p>Did all of the children you have fathered have the same biological mother?</p>	<p>YES 1 NO 2</p>	
210A	<p>In all, how many women have you fathered children with?</p>	<p>NUMBER OF WOMEN <input type="text"/><input type="text"/></p>	
211	<p>CHECK 208:</p> <p style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </p> <p>a) How old were you when your first child was born? b) How old were you when your child was born?</p>	<p>AGE IN YEARS <input type="text"/><input type="text"/></p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	CHECK 203 AND 205: AT LEAST ONE <input type="checkbox"/> LIVING CHILD ↓	NO LIVING <input type="checkbox"/> CHILDREN →	301
213	CHECK 203 AND 205: MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓ a) How old is your youngest child? ONLY ONE <input type="checkbox"/> LIVING CHILD ↓ b) How old is your child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	CHECK 213: (YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS ↓	(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 3 YEARS OR OLDER →	301
215	CHECK 203 AND 205: MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓ a) What is the name of your youngest child? ONLY ONE <input type="checkbox"/> LIVING CHILD ↓ b) What is the name of your child?	_____ (NAME OF (YOUNGEST) CHILD)	
216	When {NAME IN 215}'s mother was pregnant with {NAME IN 215}, did she have any antenatal check-ups?	YES 1 NO 2 DONT KNOW 8	→ 218
217	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
218	Was {NAME IN 215} born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	→ 301
219	Did you go with {NAME IN 215}'s mother to the hospital or health facility where she gave birth to {NAME IN 215}?	YES 1 NO 2	
219A	When a child has diarrhea how much should he or she be given to drink: more than usual, about the same usual, less than usual or nothing to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DONT KNOW 8	

SECTION 3. CONTRACEPTION

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

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last 12 months have you:		YES	NO	
	a) Heard about family planning on the radio?	a) RADIO	1	2	
	b) Seen anything about family planning on the television?	b) TELEVISION	1	2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE ..	1	2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONI.....	1	2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?	e) FACEBOOK/TWITTER/ INSTAGRAM	1	2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/ BROCHURE	1	2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD ..	1	2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/ EVENTS	1	2	
	i) Heard anything about family planning at Health facility ?	i) HEALTH FACILITY	1	2	
	j) Heard anything about family planning Through Community Health Worker ?	j) COMMUNITY HEALTH WORKER	1	2	
	k) Heard anything about family planning at School?	k) SCHOOL	1	2	
	l) Heard anything about family planning at Churches/Mosque?	l) CHURCHES AND MOSQUE!....	1	2	
	m) Heard anything about family planning at workplace/Relative/Friend?	m) WORK/RELATIVE/FRIEND	1	2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES		1	
		NO		2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES		1	
		NO		2	
		DON'T KNOW		8	→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS		1	
		DURING HER PERIOD		2	
		RIGHT AFTER HER PERIOD HAS ENDED		3	
		HALFWAY BETWEEN TWO PERIODS		4	
		OTHER _____ (SPECIFY)		6	
		DON'T KNOW		8	
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES		1	
		NO		2	
		DON'T KNOW		8	
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.		DIS- AGREE	AGREE	DK
	a) Contraception is a woman's concern and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
	b) Women who use contraception may become promiscuous.	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307C	CHECK 301 (07) KNOWS MALE CONDOM: YES <input type="checkbox"/>	NO <input type="checkbox"/>	401
307D	Do you know of a place where a person can get a male condoms?	YES 1 NO 2	401
307E	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ NAME OF PLACE(S)	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY G _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY M _____ (SPECIFY) OTHER SOURCES SHOP/BAR/KIOSK CONDOM N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q OTHER FACILITY X _____ (SPECIFY)	
307F	If you wanted to, could you get a male condom by yourself?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Now I would like to talk about marriage and sexual intercourse. Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	<input type="checkbox"/> → 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410															
404	Is your {wife/partner} living with you now or is she staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2																
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	<input type="checkbox"/> → 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/>																
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>a) Please tell me the name of your {wife/woman you are living with as if married}</p> </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE OR LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 20%;">LINE NUMBER</th> <th style="width: 40%;">AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td align="center"><input type="text"/> <input type="text"/></td> <td align="center"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td align="center"><input type="text"/> <input type="text"/></td> <td align="center"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td align="center"><input type="text"/> <input type="text"/></td> <td align="center"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>_____</td> <td align="center"><input type="text"/> <input type="text"/></td> <td align="center"><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	408 (1) How old was {NAME IN 407} on her last birthday?
NAME	LINE NUMBER	AGE																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
408	How old was {NAME IN 407} on her last birthday? RETURN TO 407 FOR THE NEXT WIFE OR LIVE-IN PARTNER.																	
409	CHECK 407:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> </div> </div>	<input type="checkbox"/> → 411															
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2																

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	What was the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PRUDENCE 01 PLAISIR 02 LOVE 03 GENERIC CONDOM 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
421	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC SECTOR 17 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 DISPENSARY 23 PHARMACY 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE SHOP/BAR/KIOSK CONDOM 41 CHURCH 42 FRIEND/RELATIVE 43 YOUTH CENTER 44 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
422	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER _____ 6 (SPECIFY)	
422A	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	
423	Apart from this person, have you had sexual intercourse with any other person in the last 12	YES 1 NO 2	→ 429
424	The last time you had sexual intercourse with this second person, was a condom used?	YES 1 NO 2	
425	What was your relationship to this second person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER _____ 6 (SPECIFY)	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425A	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	
426	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	→ 429
427	The last time you had sexual intercourse with this third person, was a condom used?	YES 1 NO 2	
428	What was your relationship to this third person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER _____ 6 (SPECIFY)	
428A	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	
428B	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
428C	CHECK422,425,428: AT LEAST ONE PARTNER <input type="checkbox"/> IS A SEX WORKER ↓	NO PARTNERS <input type="checkbox"/> ARE SEX WORKERS →	→ 428E
428D	CHECK 419,424,427: CONDOM USED WITH <input type="checkbox"/> EVERY SEX WORKER →	OTHER <input type="checkbox"/> →	→ 428H → 428I
428E	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 428G
428F	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 428I
428G	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 428I
428H	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2	
428I	In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	→ 429

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428J	Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	
429	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	

SECTION 5. FERTILITY PREFERENCES

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

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
510	Now I have some questions about the future. After the child you and your wife or partner are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514												
511	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER _____ 996 (SPECIFY) DON'T KNOW 998									→ 514				
512	CHECK 208: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children? </td> </tr> </table>	HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?	HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 (WIFE/WIVES/PARTNER(S)) STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	→ 514										
HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?	HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?														
513	CHECK 208: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of another child? </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) How long would you like to wait from now before the birth of a child? </td> </tr> </table>	HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of another child?	HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998											
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514	CHECK 203 AND 205: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> HAS LIVING CHILDREN <input type="checkbox"/> ↓ a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE. </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> NO LIVING CHILDREN <input type="checkbox"/> ↓ b) If you could choose exactly the number of children to have in your whole life, how many would that be? </td> </tr> </table>	HAS LIVING CHILDREN <input type="checkbox"/> ↓ a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NO LIVING CHILDREN <input type="checkbox"/> ↓ b) If you could choose exactly the number of children to have in your whole life, how many would that be?	NONE 00 NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> OTHER _____ 96 (SPECIFY)			→ 607 → 607								
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515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td>NUMBER . .</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>OTHER _____ 96 (SPECIFY)</td> <td colspan="3"></td> </tr> </table>		BOYS	GIRLS	EITHER	NUMBER . .				OTHER _____ 96 (SPECIFY)				
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NUMBER . .															
OTHER _____ 96 (SPECIFY)															

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	→ 612
609	Who usually decides how the money you earn will be used: you, your {wife/partner}, or you and your {wife/partner} jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINT .. 3 OTHER _____ 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your {wife/partner}, you and your {wife/partner} jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINT .. 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINT .. 3 SOMEONE ELSE 4 OTHER 6	
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 615
613	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
614	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																																	
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY..... 05 DOES NOT OWN 06	→ 617A																																
616	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 617A																																
617	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																																	
617A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 617C																																
617B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2																																	
617C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2																																	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she has sex with someone else? g) If looks in his telephone?	<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> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) NEGLECTS CHILDRE ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) ARGUES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f) SEX WITH SOMEONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g) TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDRE ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	f) SEX WITH SOMEONE	1	2	8	g) TELEPHONE	1	2	8	
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g) TELEPHONE	1	2	8																																
619	As far as you know did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																																	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
700	Now I would like to talk about HIV and AIDS.																		
701	Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 729																
702	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 708																
703	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
706A	Can people get HIV because witchcraft or over supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
707A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES 1 NO 2 DON'T KNOW 8																	
708	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2																	
708A	Can HIV be transmitted from a mother to her baby: Aa) D Ab) D Ac) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>Aa DURING PREGNANC'</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>Ab DURING DELIVER'</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>Ac BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	Aa DURING PREGNANC'	1	2	8	Ab DURING DELIVER'	1	2	8	Ac BREASTFEEDING	1	2	8	
	YES	NO	DK																
Aa DURING PREGNANC'	1	2	8																
Ab DURING DELIVER'	1	2	8																
Ac BREASTFEEDING	1	2	8																
709A	CHECK 708A: AT LEAST ONE 'YES' <input type="checkbox"/> ↓ OTHER <input type="checkbox"/>		→ 712																
709	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
710	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 712																
711	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	Have you ever been tested for HIV?	YES 1 NO 2	→ 721
714	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH/CHW 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 DISPENSARY 24 FAMILY PLANING CLINIC 25 MOBILE HTC SERVICES 26 OTHER PRIVATE MEDICAL SECTOR 27 _____ (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 CORRECTIONAL FACILITY 43 YOUTH CENTER 44 OTHER 96 _____ (SPECIFY)	
716	Did you get the results of the test?	YES 1 NO 2	→ 720
717	What was the result of the test?	POSITIVE 1 NEGATIVE 2 INDETERMINATE 3 DECLINED TO ANSWER 4	→ 720
718	In what month and year did you receive your first HIV-positive test result?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 SAME DATE AS MOST RECENT HIV TEST 95	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
720	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
721	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 723
722	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
723	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	CHECK 717: CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/> →	729
726	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2	
727A	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS HE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8	
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:		
			YES NO
	a) People have talked badly about me because of my HIV status.	a) PEOPLE TALK BADLY..... 1	2
	b) Someone else disclosed my HIV status without my permission.	b) DISCLOSED STATUS 1	2
	c) I have been verbally insulted, harassed, or threatened because of my HIV status.	c) VERBALLY INSULTED..... 1	2
	d) Healthcare workers talked badly about me because of my HIV status.	d) HEALTHCARE WORKERS TALKED BADLY..... 1	2
	e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	e) HEALTHCARE WORKERS VERBALLY ABUSED 1	2

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>CHECK 701:</p> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	
730	<p>CHECK 414:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>→ 735</p>	
731	<p>CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>→ 733</p>	
732	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
733	<p>Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
734	<p>Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
735	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
736	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about other health issues. Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805A
802	Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 804
803	How old were you when you got traditionally circumcised?	AGE IN COMPLETED YEARS: <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
804	Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805A
805	How old were you when you got medically circumcised?	AGE IN COMPLETED YEARS: <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
805A	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 806
805B	How does tuberculosis spread from one person to another? Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A BY SHARING UTENSI B BY TOUCHING A PERSON WITH T C THROUGH SHARING FOOD D THROUGH SEXUAL CONTA E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	
805B1	What are the main ways to avoid TB bacilli spread? RECORD ALL MENTIONED.	SEEK FOR CARE WHEN HAVING SYMPTOMS SUGGESTIVE OF TB A COVER THE MOUTH WHEN SNEEZIN B OPEN WINDOWS C OTHER _____ X SPECIFY DON'T KNOW Z	
805B2	Who is most at risk of getting Tuberculosis disease ?	EVERY BODY 1 POOREST PEOPLE 2 HEAVY MANUAL LABOR 3 CHILDREN 4 PEOPLE LIVING WITH HIV 5 HEAVY SMOKERS 6 ELDERLY PEOPLE 7 PEOPLE LIVING WITH A TB CASE 8 OTHER (SPECIFY) _____ 96 SPECIFY DON'T KNOW 98	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
805B3	What are the main symptoms of Tuberculosis diseases ? RECORD ALL MENTIONED.	COUGH OF MORE THAN 2 WEEKS A FEVER B DRENCHING NIGHT SWEATS C UNEXPECTED LOSS OF WEIGHT D GENERAL FATIGUE/MALAISE E CHEST PAIN F DON'T KNOW Z																																	
805B4	Do you currently have the following symptoms? a) Cough b) Fever c) Drenching night sweats d) Unexpected weight lost e) General fatigue or malaise f) Chest pain	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">YES</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">2+ WEEKS</td> <td style="text-align: center;">< 2 WEEKS</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>COUGH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>FEVER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>SWEAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>WEIGHT LOST</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>FATIGUE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CHEST PAIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>		YES	YES			2+ WEEKS	< 2 WEEKS	NO	COUGH	1	2	3	FEVER	1	2	3	SWEAT	1	2	3	WEIGHT LOST	1	2	3	FATIGUE	1	2	3	CHEST PAIN	1	2	3	
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CHEST PAIN	1	2	3																																
805B5	CHECK 1805B4 IF AT LEAST ONE SYMPTOM "YES" CODE "1" OR "2" CIRCLED IF "NO" TO ALL SYMPTOMS <input type="checkbox"/>		→ 805C																																
805B6	Have you ever sought care or help?	YES 1 NO 2	→ 805C																																
805B7	Where did you seek care or help?	<p>PUBLIC SECTOR</p> REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH W 16 OTHER PUBLIC SECTOR 17 _____ (SPECIFY)																																	
805C		Can tuberculosis be cured? YES 1 NO 2 DON'T KNOW 8	→ 805E																																
805D	What is the duration of treatment of TB now a days? IF MORE THAN 7 MONTHS, RECORD 7.	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 8																																	
805E	Have you ever been told by a doctor or nurse or LHV that you have/had tuberculosis?	YES 1 NO 2																																	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 809 → 808
807	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811
809	<p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>g) Any others? _____ (SPECIFY)</p>	<p align="center">NUMBER DAILY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 811
810	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>g) Any others? _____ (SPECIFY)</p>	<p align="center">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
811	Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 813 → 814

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>e) Any others?</p> <p>_____ (SPECIFY)</p>	<p>TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>814</p>
813	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>e) Any others?</p> <p>_____ (SPECIFY)</p>	<p>TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
814	<p>Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or Banana/Sorghum beer?</p>	<p>YES 1</p> <p>NO 2</p>	<p>817</p>
815	<p>During the last one month, on how many days did you have an alcoholic drink?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT HAVE EVEN ONE DRINK 00</p> <p>NUMBER OF DAYS: <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY 95</p>	<p>817</p>
815A	<p>During these days, what the main type of alcohol drink did you take?</p> <p>IF HE/SHE TOOK DIFFERENT TYPE, RECORD WHAT HE/SHE TOOK OFTEN</p>	<p>TRADITIONAL BEER 1</p> <p>INDUSTRIAL BEER 2</p> <p>WINE/LIQUOR 3</p> <p>SPIRIT 4</p>	
816	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of Banana/Sorghum beer. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>a) NUMBER OF GLASSES <input type="text"/> <input type="text"/></p> <p>b) NUMBER OF BOTTLES <input type="text"/> <input type="text"/></p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	Are you covered by any health insurance?	YES 1 NO 2	→ NEXT SECT.
818	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUELLE/COMMUNITY HEALTH INSURANCE A RSSB/RAMA B MMI C PRIVATE INSURANCE COMPANY D EMPLOYER E OTHER _____ X (SPECIFY)	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
MDV00	<p align="center">CHECK COVER PAGE: MAN SELECTED FOR DV MODULE?</p> <p align="center">MAN SELECTED FOR THIS SECTION <input type="checkbox"/></p>	<p align="center">MAN <input type="checkbox"/> NOT SELECTED</p>	NEXT SECT.																														
MDV01	<p align="center">CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p align="center">PRIVACY OBTAINED 1</p>	<p align="center">PRIVACY NOT POSSIBLE 2</p>	MDV37																														
MDV02	<p>Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																																
MDV03	<p align="center">CHECK 401 AND 402:</p> <p align="center">NEVER MARRIED/ NEVER LIVED WITH A WOMAN <input type="checkbox"/></p>	<p align="center">CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/></p> <p align="center">FORMERLY MARRIED/ LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/></p>	<p align="center">MDV06</p> <p align="center">MDV06</p>																														
MDV04	<p>You have said that you are not married and are not living with a woman as if married. Are you currently in an intimate relationship with a woman even though you are not living with her?</p>	<p>YES 1</p> <p>NO 2</p>	MDV06																														
MDV05	<p>Have you ever been in an intimate relationship with a woman even though you did not ever live with her?</p>	<p>YES 1</p> <p>NO 2</p>	MDV22																														
MDV06	<p>Now, I am going to ask you about some situations that can happen between some men and their (wife/female partner).</p> <p>A. Please tell me if these descriptions apply to your relationship with your (last) (wife/female partner).</p> <p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="760 1396 1372 1898"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) She (is/was) jealous or angry if you (talk/talked) to other men?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) She frequently (accuses/accused) you of being unfaithful?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) She (does/did) not permit you to meet your male friends?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) She (tries/tried) to limit your contact with your family?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) She (insists/insisted) on knowing where you (are/were) at all times?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>				EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) She (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2	→ 1	2	3	b) She frequently (accuses/accused) you of being unfaithful?	YES 1 NO 2	→ 1	2	3	c) She (does/did) not permit you to meet your male friends?	YES 1 NO 2	→ 1	2	3	d) She (tries/tried) to limit your contact with your family?	YES 1 NO 2	→ 1	2	3	e) She (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2	→ 1	2	3
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
MDV07	<p>Now I need to ask some more questions about your relationship with your (last) (wife/female partner).</p> <p>A. Did your (last) (wife/female partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="760 363 1372 703"> <thead> <tr> <th data-bbox="760 363 933 430">EVER</th> <th data-bbox="933 363 1128 430">OFTEN</th> <th data-bbox="1128 363 1242 430">SOME-TIMES</th> <th data-bbox="1242 363 1372 430">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="760 430 933 514">YES 1 NO 2 ↓</td> <td data-bbox="933 430 1128 514">→ 1</td> <td data-bbox="1128 430 1242 514">2</td> <td data-bbox="1242 430 1372 514">3</td> </tr> <tr> <td data-bbox="760 514 933 598">YES 1 NO 2 ↓</td> <td data-bbox="933 514 1128 598">→ 1</td> <td data-bbox="1128 514 1242 598">2</td> <td data-bbox="1242 514 1372 598">3</td> </tr> <tr> <td data-bbox="760 598 933 703">YES 1 NO 2 ↓</td> <td data-bbox="933 598 1128 703">→ 1</td> <td data-bbox="1128 598 1242 703">2</td> <td data-bbox="1242 598 1372 703">3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3																													
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MDV08	<p>A. Did your (last) (wife/female partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="760 814 1372 1780"> <thead> <tr> <th data-bbox="760 814 933 882">EVER</th> <th data-bbox="933 814 1128 882">OFTEN</th> <th data-bbox="1128 814 1242 882">SOME-TIMES</th> <th data-bbox="1242 814 1372 882">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="760 882 933 966">YES 1 NO 2 ↓</td> <td data-bbox="933 882 1128 966">→ 1</td> <td data-bbox="1128 882 1242 966">2</td> <td data-bbox="1242 882 1372 966">3</td> </tr> <tr> <td data-bbox="760 966 933 1050">YES 1 NO 2 ↓</td> <td data-bbox="933 966 1128 1050">→ 1</td> <td data-bbox="1128 966 1242 1050">2</td> <td data-bbox="1242 966 1372 1050">3</td> </tr> <tr> <td data-bbox="760 1050 933 1134">YES 1 NO 2 ↓</td> <td data-bbox="933 1050 1128 1134">→ 1</td> <td data-bbox="1128 1050 1242 1134">2</td> <td data-bbox="1242 1050 1372 1134">3</td> </tr> <tr> <td data-bbox="760 1134 933 1218">YES 1 NO 2 ↓</td> <td data-bbox="933 1134 1128 1218">→ 1</td> <td data-bbox="1128 1134 1242 1218">2</td> <td data-bbox="1242 1134 1372 1218">3</td> </tr> <tr> <td data-bbox="760 1218 933 1302">YES 1 NO 2 ↓</td> <td data-bbox="933 1218 1128 1302">→ 1</td> <td data-bbox="1128 1218 1242 1302">2</td> <td data-bbox="1242 1218 1372 1302">3</td> </tr> <tr> <td data-bbox="760 1302 933 1386">YES 1 NO 2 ↓</td> <td data-bbox="933 1302 1128 1386">→ 1</td> <td data-bbox="1128 1302 1242 1386">2</td> <td data-bbox="1242 1302 1372 1386">3</td> </tr> <tr> <td data-bbox="760 1386 933 1470">YES 1 NO 2 ↓</td> <td data-bbox="933 1386 1128 1470">→ 1</td> <td data-bbox="1128 1386 1242 1470">2</td> <td data-bbox="1242 1386 1372 1470">3</td> </tr> <tr> <td data-bbox="760 1470 933 1554">YES 1 NO 2 ↓</td> <td data-bbox="933 1470 1128 1554">→ 1</td> <td data-bbox="1128 1470 1242 1554">2</td> <td data-bbox="1242 1470 1372 1554">3</td> </tr> <tr> <td data-bbox="760 1554 933 1638">YES 1 NO 2 ↓</td> <td data-bbox="933 1554 1128 1638">→ 1</td> <td data-bbox="1128 1554 1242 1638">2</td> <td data-bbox="1242 1554 1372 1638">3</td> </tr> <tr> <td data-bbox="760 1638 933 1780">YES 1 NO 2 ↓</td> <td data-bbox="933 1638 1128 1780">→ 1</td> <td data-bbox="1128 1638 1242 1780">2</td> <td data-bbox="1242 1638 1372 1780">3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
MDV09	CHECK DV08A (a-j): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES'	→ MDV11																				
MDV10	Did the following ever happen as a result of what your (last) (wife/female partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2																					
MDV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/female partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ MDV13																				
MDV12	In the last 12 months, how often have you done this to your (last) (wife/female partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																					
MDV13	Did your (last) (wife/female partner) drink alcohol?	YES 1 NO 2	→ MDV15																				
MDV14	How often did he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																					
MDV15	Were you afraid of your (last) (wife/female partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																					
MDV16	A. So far we have been talking about the behavior of your (current/last) (wife/female partner). Now I want to ask you about the behavior of any previous wife or any other current or previous female partner that you may have ever had. a) Did any previous wife or any other current or previous female partner ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous wife or any other current or previous female partner physically force you to have intercourse or perform any other sexual acts that you did not want to? c) Did any previous wife or any other current or previous female partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	B. How long ago did this last happen? <table border="1"> <thead> <tr> <th data-bbox="760 1297 933 1392">EVER</th> <th data-bbox="933 1297 1096 1392">0 - 11 MONTHS AGO</th> <th data-bbox="1096 1297 1258 1392">12+ MONTHS AGO</th> <th data-bbox="1258 1297 1372 1392">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="760 1398 1372 1461">HAS NEVER HAD ANOTHER WIFE/FEMALE PARTNER 6</td> </tr> <tr> <td data-bbox="760 1467 933 1572">YES 1 NO 2 ↓</td> <td data-bbox="933 1467 1096 1572">→ 1</td> <td data-bbox="1096 1467 1258 1572">2</td> <td data-bbox="1258 1467 1372 1572">3</td> </tr> <tr> <td data-bbox="760 1579 933 1684">YES 1 NO 2 ↓</td> <td data-bbox="933 1579 1096 1684">→ 1</td> <td data-bbox="1096 1579 1258 1684">2</td> <td data-bbox="1258 1579 1372 1684">3</td> </tr> <tr> <td data-bbox="760 1690 933 1795">YES 1 NO 2 ↓</td> <td data-bbox="933 1690 1096 1795">→ 1</td> <td data-bbox="1096 1690 1258 1795">2</td> <td data-bbox="1258 1690 1372 1795">3</td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER WIFE/FEMALE PARTNER 6				YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	→ MDV17
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DOMESTIC VIOLENCE MODULE

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MDV17	CHECK DV08A (h-j) AND DV16A (b): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> YES →	MDV22																																
MDV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98																																	
MDV22	CHECK 401 AND 402 AND MDV04 AND MDV05: <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER <input type="checkbox"/> ↓ </td> <td style="width: 50%; padding-left: 10px;"> NEVER MARRIED/ NEVER LIVED WITH A WOMAN/ NEVER HAD A FEMALE PARTNER <input type="checkbox"/> ↓ </td> </tr> <tr> <td style="border-right: 1px dashed black; padding-right: 10px;"> a) From the time you were 15 years old, has anyone other than a wife or female partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any wife or any other female partner. </td> <td style="padding-left: 10px;"> b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically? </td> </tr> </table>	EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER <input type="checkbox"/> ↓	NEVER MARRIED/ NEVER LIVED WITH A WOMAN/ NEVER HAD A FEMALE PARTNER <input type="checkbox"/> ↓	a) From the time you were 15 years old, has anyone other than a wife or female partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any wife or any other female partner.	b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	<table border="0" style="width: 100%;"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>REFUSED TO ANSWER/ NO ANSWER</td> <td>3</td> </tr> </table>	YES	1	NO	2	REFUSED TO ANSWER/ NO ANSWER	3	MDV25																						
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MDV23	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	<table border="0" style="width: 100%;"> <tr><td>MOTHER/STEP-MOTHER</td><td>A</td></tr> <tr><td>FATHER/STEP-FATHER</td><td>B</td></tr> <tr><td>SISTER/BROTHER</td><td>C</td></tr> <tr><td>DAUGHTER/SON</td><td>D</td></tr> <tr><td>OTHER RELATIVE</td><td>E</td></tr> <tr><td>CURRENT GIRLFRIEND</td><td>F</td></tr> <tr><td>FORMER GIRLFRIEND</td><td>G</td></tr> <tr><td>MOTHER-IN-LAW</td><td>H</td></tr> <tr><td>FATHER-IN-LAW</td><td>I</td></tr> <tr><td>OTHER IN-LAW</td><td>J</td></tr> <tr><td>TEACHER</td><td>K</td></tr> <tr><td>SCHOOLMATE/CLASSMATE</td><td>L</td></tr> <tr><td>EMPLOYER/SOMEONE AT WORK ..</td><td>M</td></tr> <tr><td>POLICE/SOLDIER</td><td>N</td></tr> <tr><td>OTHER _____</td><td>X</td></tr> <tr><td align="center" colspan="2">(SPECIFY)</td></tr> </table>	MOTHER/STEP-MOTHER	A	FATHER/STEP-FATHER	B	SISTER/BROTHER	C	DAUGHTER/SON	D	OTHER RELATIVE	E	CURRENT GIRLFRIEND	F	FORMER GIRLFRIEND	G	MOTHER-IN-LAW	H	FATHER-IN-LAW	I	OTHER IN-LAW	J	TEACHER	K	SCHOOLMATE/CLASSMATE	L	EMPLOYER/SOMEONE AT WORK ..	M	POLICE/SOLDIER	N	OTHER _____	X	(SPECIFY)		
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MDV24	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	<table border="0" style="width: 100%;"> <tr><td>OFTEN</td><td>1</td></tr> <tr><td>SOMETIMES</td><td>2</td></tr> <tr><td>NOT AT ALL</td><td>3</td></tr> </table>	OFTEN	1	SOMETIMES	2	NOT AT ALL	3																											
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MDV25	<p>CHECK 401 AND 402 AND MDV04 AND MDV05:</p> <p align="center"> EVER MARRIED/ EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER <input type="checkbox"/> </p> <p align="center"> NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A FEMALE PARTNER </p>	<p align="right">→ MDV27</p>	
MDV26	<p>At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any wife or female partner.</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ MDV28 → MDV31</p>
MDV27	<p>At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ MDV31</p>
MDV28	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <p> EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER <input type="checkbox"/> </p> <p> NEVER MARRIED/ NEVER LIVED WITH A WOMAN/ NEVER HAD A FEMALE PARTNER <input type="checkbox"/> </p> <p>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any wife or any other female partner?</p> <p>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
MDV29	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER A BROTHER/STEP-BROTHER B OTHER RELATIVE C CURRENT GIRLFRIEND D FORMER GIRLFRIEND E IN-LAW F OWN FRIEND/ACQUAINTANCE G FAMILY FRIEND H TEACHER I SCHOOLMATE/CLASSMATE J EMPLOYER/SOMEONE AT WORK K POLICE/SOLDIER L RELIGIOUS LEADER M STRANGER N</p> <p>OTHER _____ X (SPECIFY)</p>	

DOMESTIC VIOLENCE MODULE

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MDV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black;"> <p>EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous wife or any other current or previous female partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NEVER MARRIED/ NEVER LIVED WITH A WOMAN/ NEVER HAD A FEMALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous wife or any other current or previous female partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>NEVER MARRIED/ NEVER LIVED WITH A WOMAN/ NEVER HAD A FEMALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES 1 NO 2</p>																											
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MDV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p align="center">AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p align="right">→ MDV35</p>																												
MDV32	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1 NO 2</p>	<p align="right">→ MDV34</p>																												
MDV33	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A WIFE'S/PARTNER'S FAMILY .. B CURRENT/FORMER WIFE/PARTNER C CURRENT/FORMER BOYFRIEND .. D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION .. K OTHER _____ X (SPECIFY)</p>	<p align="right">→ MDV35</p>																												
MDV34	<p>Have you ever told any one about this?</p>	<p>YES 1 NO 2</p>																													
MDV35	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																													
DV35A	<p>Through social media or other technological means, have you ever experienced any of the following:</p> <p>A1) Cyberbullying</p> <p>A2) Cyberstalking</p> <p>A3) Nonconsensual distribution of sexually explicit images</p> <p>A4) Online gender-based hate speech</p> <p>A5) Using technology to coordinate physical violence</p> <p>A6) Hacking into your account</p>	<table border="0" style="width: 100%;"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">Don't know</td> </tr> <tr> <td>A1) Cyberbullying</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>A2) Cyberstalking</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>A3) Nonconsensual distribution of sexually explicit images</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>A4) Online gender-based hate speech</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>A5) Using technology to coordinate physical violence</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>A6) Hacking into your account</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		Yes	No	Don't know	A1) Cyberbullying	1	2	8	A2) Cyberstalking	1	2	8	A3) Nonconsensual distribution of sexually explicit images	1	2	8	A4) Online gender-based hate speech	1	2	8	A5) Using technology to coordinate physical violence	1	2	8	A6) Hacking into your account	1	2	8	
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
MDV36	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES, ONCE</th> <th align="center">YES, MORE THAN ONCE</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr> <td>WIFE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE/FEMALE ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>MALE ADULT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	WIFE	1	2	3	OTHER MALE/FEMALE ...	1	2	3	MALE ADULT	1	2	3	
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WIFE	1	2	3																
OTHER MALE/FEMALE ...	1	2	3																
MALE ADULT	1	2	3																
MDV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		