

MEASURE *DHS+*

HIV/AIDS and
STIs module

July 2, 2002

1- FEMALE QUESTIONNAIRE

Insert in Section 4:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
407A	Where did you receive antenatal care for this pregnancy? Anywhere else?	HOME YOUR HOME A OTHER HOME B PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER D GOVT. HEALTH POST E MOBILE CLINIC F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC H MOBILE CLINIC I OTHER PVT. MEDICAL _____ J (SPECIFY) OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412A	During any of the antenatal visits for this pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

Insert at end of Section 4:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499A	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→501
499B	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE 95	
499C	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	→501
499D	CHECK 499B: DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/> NONE <input type="checkbox"/>		→501
499E	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE/NEVER 95	

Insert at end of Section 6:

628A	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES 1 NO 2 DON'T KNOW 8	
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SECTION 5 - MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→524
514A	<p>CHECK 106:</p> <p style="text-align: center;">15-24 YEARS OLD <input type="text"/></p> <p style="text-align: center;">25-49 YEARS OLD <input type="text"/></p>		→515
514B	The first time you had sexual intercourse, was a condom used? ¹	<p>YES 1</p> <p>NO 2</p>	
515	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS 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>	→524
516	The last time you had sexual intercourse, was a condom used? ¹	<p>YES 1</p> <p>NO 2</p>	→517
516A	What was the main reason you used a condom on that occasion?	<p>RESPONDENT WANTED TO PREVENT STD/HIV 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04</p> <p>PARTNER REQUESTED/INSISTED . 05</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
517	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK:</p> <p>Was your boyfriend/fiancé living with you when you last had sex?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER .. 01</p> <p>MAN IS BOYFRIEND/FIANCÉ 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>COMMERCIAL SEX WORKER 06</p> <p>OTHER _____ 96 (SPECIFY)</p>	→519
517A	<p>CHECK 106:</p> <p style="text-align: center;">15-19 YEARS OLD <input type="text"/></p> <p style="text-align: center;">20-49 YEARS OLD <input type="text"/></p>		→518
517B	<p>Was this man younger, about the same age or older than you?</p> <p>IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?</p>	<p>YOUNGER 1</p> <p>ABOUT SAME AGE 2</p> <p>LESS THAN 10 YEARS OLDER 3</p> <p>10 OR MORE YEARS OLDER 4</p> <p>OLDER, DON'T KNOW DIFFERENCE. 5</p> <p>DON'T KNOW 8</p>	

¹ In countries with an active female condom program, a question should be added on use of a female condom.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
518	For how long have you had sexual relations with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	
519	Have you had sex with any other man in the last 12 months?	YES 1 NO 2	→524																																
520	The last time you had sexual intercourse with another man, was a condom used? ¹	YES 1 NO 2	→521																																
520A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED . 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																																	
521	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER .. 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→522A																																
521A	CHECK 106: 15-19 YEARS OLD <input type="checkbox"/> 20-49 YEARS OLD <input type="checkbox"/>		→522																																
521B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER 1 ABOUT SAME AGE 2 LESS THAN 10 YEARS OLDER 3 10 OR MORE YEARS OLDER 4 OLDER, DON'T KNOW DIFFERENCE. 5 DON'T KNOW 8																																	
522	For how long have you had sexual relations with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	
522A	Other than these two men, have you had sex with any other man in the last 12 months?	YES 1 NO 2	→524																																

¹ In countries with an active female condom program, a question should be added on use of a female condom.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522B	The last time you had sexual intercourse with this other man, was a condom used? ¹	YES 1 NO 2	→522D
522C	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNERS/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED . 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
522D	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER .. 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→523
522D1	CHECK 106: 15-19 YEARS OLD <input type="checkbox"/> 20-49 YEARS OLD <input type="checkbox"/>		→522E
522D2	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER 1 ABOUT SAME AGE 2 LESS THAN 10 YEARS OLDER 3 10 OR MORE YEARS OLDER 4 OLDER, DON'T KNOW DIFFERENCE. 5 DON'T KNOW 8	
522E	For how long have you had sexual relations with this man?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/>	
523	In total, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS .. <input type="text"/> <input type="text"/>	
524	Do you know of a place where a person can get condoms?	YES 1 NO 2	→527

¹ In countries with an active female condom program, a question should be added on use of a female condom.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	<p>Where is that?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
526	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
527	<p>Do you know of a place where a person can get female condoms?²</p>	<p>YES 1</p> <p>NO 2</p>	→530
528	<p>Where is that?^{1,2}</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
529	<p>If you wanted to, could you yourself get a female condom?²</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
530	<p>COUNTRY-SPECIFIC SOCIAL MARKETING QUESTIONS</p>		

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

² Question may be deleted in countries where female condoms are not actively promoted.

SECTION 8. HIV/AIDS AND OTHER SEXUALLY-TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→817
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳809
803	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805 ¹	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807 ¹	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
808A ¹	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
810	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	

¹ If 805, 807 and/or 808A do not apply to the local context, replace the question using a specific local misconception. At least two questions related to misconceptions are needed.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→813
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY .. 1 2 8 BREASTFEEDING. . . 1 2 8	
812A	Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES 1 NO 2 DON'T KNOW 8	
813	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→814A
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES 1 NO 2	
814A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	ACCEPT- NOT ABLE ACCEPT- ABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2	
814B	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE 8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
816A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS 8	
816B	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
816C	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→816D
816C1	When was the last time you were tested?	LESS THAN 12 MONTHS 1 12-23 MONTHS 2 2 YEARS OR MORE 3	
816C2	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
816C3	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→816FX
816D	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
816E	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→817

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816F	Where can you go for the test? RECORD ONLY FIRST RESPONSE GIVEN.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELD WORKER 15	
816FX	Where did you go for the test?	OTHER PUBLIC _____ 16 (SPECIFY)	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PRIVATE MEDICAL SECTOR	
	(NAME OF PLACE)	PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 FIELD WORKER 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)	
		OTHER SOURCE SHOP 31 CHURCH 32 FRIENDS/RELATIVES 33	
		OTHER _____ 96 (SPECIFY)	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→819A
818	If a man has a sexually transmitted disease, what symptoms might he have?	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING ... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN	
	Any others?	GENITAL AREA E	
	RECORD ALL SYMPTOMS MENTIONED.	SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L	
		OTHER _____ W (SPECIFY)	
		OTHER _____ X (SPECIFY)	
		NO SYMPTOMS Y	
		DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>																
819A	<p>CHECK 514:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→820															
819A1	<p>CHECK 817:</p> <p>KNOWS STI <input type="checkbox"/></p> <p>DOES NOT KNOW STI <input type="checkbox"/></p>		→819C															
819B	<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 sexually-transmitted disease?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
819C	<p>Sometimes, women experience a bad smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
819D	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
819E	<p>CHECK 819B, 819C, 819D:</p> <p>HAS HAD AN INFECTION <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→820															
819F	<p>The last time you had (PROBLEM FROM 819B/819C//819D), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→819H															
819G	<p>The last time you had (PROBLEM FROM 819B/819C/819D), did you do any of the following? Did you....</p> <p>Go to a clinic, hospital or private doctor?</p> <p>Consult a traditional healer?</p> <p>Seek advice or buy medicines in a shop or pharmacy?</p> <p>Ask for advice from friends or relatives?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHOP/PHARMACY</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	
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SHOP/PHARMACY	1	2																
FRIENDS/RELATIVES	1	2																
819H	<p>When you had (PROBLEM FROM 819B/819C/819D), did you inform the person with whom you were having sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>SOME/ NOT ALL 3</p> <p>DID NOT HAVE PARTNER 4</p>	→820															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
819I	When you had (PROBLEM FROM 819B/819C/819D), did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3	→820												
819J	What did you do to avoid infecting your partner(s)? Did you... Use medicine? Stop having sex? Use a condom when having sex?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STOP SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2	
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820	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													

SECTION 4 - MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse with a woman (if ever)?</p>	<p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95</p>	→448
416A	<p>CHECK 108:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-49 YEARS OLD <input type="checkbox"/></p>		→417
416B	<p>The first time you had sexual intercourse, was a condom used?¹</p>	<p>YES 1</p> <p>NO 2</p>	
417	<p>When was the last time you had sexual intercourse with a woman?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS 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>	→448
418	<p>The last time you had sexual intercourse with a woman, was a condom used?¹</p>	<p>YES 1</p> <p>NO 2</p>	→420
419	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY .. 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04</p> <p>PARTNER REQUESTED/INSISTED ... 05</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
424	<p>What is your relationship to the woman with whom you last had sex?</p> <p>IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:</p> <p>Was your girlfriend/fiancée living with you when you last had sex with her?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER 01</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE ... 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>WOMAN IS A COMMERCIAL SEX WORKER 06</p> <p>OTHER _____ 96 (SPECIFY)</p>	→426
425	<p>For how long have you had sexual relations with this woman?</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>WEEKS 2 <input type="text"/> <input type="text"/></p> <p>MONTHS 3 <input type="text"/> <input type="text"/></p> <p>YEARS 4 <input type="text"/> <input type="text"/></p>	
426	<p>Have you had sex with any other woman in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→445
427	<p>The last time you had sexual intercourse with another woman, was a condom used?¹</p>	<p>YES 1</p> <p>NO 2</p>	→429

¹ In countries with an active female condom program, a question should be added on use of a female condom.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
428	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY .. 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED ... 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																	
433	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE ... 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 WOMAN IS A COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→435																
434	For how long have you had sexual relations with this woman?	DAYS 1 <table border="1" data-bbox="1279 827 1377 877"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1279 877 1377 928"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1279 928 1377 978"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1279 978 1377 1029"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
435	Other than these two women, have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→445																
436	The last time you had sexual intercourse with this third woman, was a condom used? ¹	YES 1 NO 2	→438																
437	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT A PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY .. 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED ... 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																	
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE ... 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 WOMAN IS A COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→444																

¹ In countries with an active female condom program, a question should be added on use of a female condom.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
443	For how long have you had sexual relations with this woman?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/>	
444	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS <input type="text"/> <input type="text"/>	
445	Have you ever paid for sex?	YES 1 NO 2	→448
446	How long ago was the last time you paid for sex?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	
447	The last time that you paid for sex, was a condom used on that occasion? ¹	YES 1 NO 2	
448	Do you know of a place where a person can get condoms?	YES 1 NO 2	→451
449	Where is that? ² IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J FIELDWORKER K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M CHURCH N FRIENDS/RELATIVES O OTHER _____ X (SPECIFY)	
450	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

¹ In countries with an active female condom program, a question should be added on use of a female condom.

² Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
451	CHECK 302(07), 416B, 418, 427, 436, AND 447: USE OF CONDOMS AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/>		→456
452	How old were you when you used a condom for the first time?	AGE AT FIRST USE <input type="text"/> <input type="text"/> DOES NOT REMEMBER 98	
453	Why did you use a condom that first time? PROBE: Any other reason? RECORD ALL REASONS MENTIONED.	TO AVOID PREGNANCY A TO AVOID GETTING AIDS/HIV B TO AVOID GETTING AN STD C TO AVOID INFECTING PARTNER D TO EXPERIMENT/TRY A CONDOM E OTHER _____ X (SPECIFY)	
454	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.	DIFFICULT TO DISPOSE OF A DIFFICULT TO PUT ON/TAKE OFF B SPOILS THE MOOD C DIMINISHES PLEASURE D WIFE PARTNER OBJECTS/DOES NOT LIKE E WIFE/PARTNER GOT PREGNANT F INCONVENIENT TO USE/MESSY G CONDOM BROKE H OTHER _____ X (SPECIFY) NO PROBLEM Y	
455	COUNTRY SPECIFIC SOCIAL MARKETING QUESTIONS		
456	I will now read you some statements about condom use. Please tell me if you agree or disagree with each. a) Condoms diminish a man's sexual pleasure. b) A condom is very inconvenient to use. c) A condom can be reused. d) A condom protects against disease. e) Buying condoms is embarrassing. f) A woman has no right to tell a man to use a condom.	AGREE DISAGREE DK a) 1 2 8 b) 1 2 8 c) 1 2 8 d) 1 2 8 e) 1 2 8 f) 1 2 8	
457	Do you know of a place where a person can get female condoms? ¹	YES 1 NO 2	→501

¹ Question may be deleted in countries where female condoms are not actively promoted.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
458	<p>Where is that? ^{1,2}</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC. C</p> <p>MOBILE CLINIC D</p> <p>FIELD WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELD WORKER K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
459	<p>If you wanted to, could you yourself get a female condom?¹</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

¹ Question may be deleted in countries where female condoms are not actively promoted.

² Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

SECTION 7. HIV/AIDS AND OTHER SEXUALLY-TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→724
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳709
703	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY .. H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES ... K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and has no other partners?	YES 1 NO 2 DON'T KNOW 8	
705 ¹	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
707 ¹	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
708	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
708A ¹	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	

¹ If 705, 707 and/or 708A do not apply to the local context, replace the question using a specific local misconception. At least two questions related to misconceptions are needed.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→713
712	Can the virus that causes AIDS be transmitted from a mother to her child... During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY ... 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING 1 2 8	
712A	Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES 1 NO 2 DON'T KNOW 8	
713	CHECK 401: YES, CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→715
714	Have you ever talked with (your wife/the woman you are living with) about ways to prevent getting the virus that causes AIDS? IF MORE THAN ONE WIFE/PARTNER, ASK ABOUT ANY OF HIS WIVES/PARTNERS.	YES 1 NO 2	
715	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	ACCEPT- NOT ABLE ABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS ... 1 2	
715B	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
716	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
717	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	
718	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DON'T KNOW/UNSURE/DEPENDS 8	
719	Should children age 12-14 years be taught about using a condom to avoid AIDS?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	
720	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→721
720A	When was the last time you were tested?	LESS THAN 12 MONTHS 1 12-23 MONTHS 2 2 YEARS OR MORE 3	
720B	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
720C	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→723A
721	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→724
723	Where can you go for the test? ¹ RECORD ONLY FIRST RESPONSE GIVEN.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER . 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELD WORKER 15 OTHER PUBLIC _____ 16 (SPECIFY)	
723A	Where did you go for the test? ¹ IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 FIELD WORKER 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIENDS/RELATIVES 33 OTHER _____ 96 (SPECIFY)	
724	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→727
725	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
726	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z																
727	<p>CHECK 416:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→801															
727A	<p>CHECK 724:</p> <p>KNOWS STI <input type="checkbox"/> DOES NOT KNOW STI <input type="checkbox"/></p>		→729															
728	<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 sexually-transmitted disease?</p>	YES 1 NO 2 DON'T KNOW 8																
729	<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>	YES 1 NO 2 DON'T KNOW 8																
730	<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>	YES 1 NO 2 DON'T KNOW 8																
731	<p>CHECK 728/729/730:</p> <p>HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→801															
732	<p>The last time you had (PROBLEM(S) FROM 728/729/730), did you seek any kind of advice or treatment?</p>	YES 1 NO 2	→734															
733	<p>The last time you had (PROBLEM(S) FROM 728/729/730), did you do any of the following? Did you....</p> <p>Go to a clinic, hospital or private doctor? Consult a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Ask for advice from friends or relatives?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHOP/PHARMACY</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	
	YES	NO																
CLINIC/HOSPITAL	1	2																
TRADITIONAL HEALER	1	2																
SHOP/PHARMACY	1	2																
FRIENDS/RELATIVES	1	2																
734	<p>When you had (PROBLEM(S) FROM 728/729/730), did you inform the person(s) with whom you were having sex?</p>	YES 1 NO 2 SOME/ NOT ALL 3 DID NOT HAVE A PARTNER 4	→801															
735	<p>When you had (PROBLEM(S) FROM 728/729/730), did you do anything to avoid infecting your sexual partner(s)?</p>	YES 1 NO 2 PARTNER(S) ALREADY INFECTED 3	→801															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
736	What did you do to avoid infecting your partner(s)? Did you... Use medicine? Stop having sex? Use a condom when having sex?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>USE MEDICINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>STOP SEX</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2	
	YES	NO													
USE MEDICINE	1	2													
STOP SEX	1	2													
USE CONDOM	1	2													