

MONGOLIAN REPRODUCTIVE HEALTH SURVEY 2003

HUSBAND'S QUESTIONNAIRE

CLUSTER NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
AIMAG	<input type="text"/>	<input type="text"/>	
SOUM	<input type="text"/>	<input type="text"/>	
BAGH	<input type="text"/>	<input type="text"/>	
HOUSEHOLD NUMBER	<input type="text"/>	<input type="text"/>	
AREA*			<input type="text"/>
NAME AND LINE NUMBER OF MAN	<input type="text"/>	<input type="text"/>	
NAME AND LINE NUMBER OF WIFE		YES=1	NO=2 <input type="text"/>
* AREA CODES :			
1. ULAANBAATAR	2. AIMAG CENTER	3. SOUM CENTER	4. REMOTE RURAL

INTERVIEW VISIT		
FIRST	SECOND	FINAL
DAY <input type="text"/>	DAY <input type="text"/>	DAY <input type="text"/>
MONTH <input type="text"/>	MONTH <input type="text"/>	MONTH <input type="text"/>
RESULTS ** <input type="text"/>	RESULTS ** <input type="text"/>	RESULTS ** <input type="text"/>
TOTAL NUMBER OF VISITS		<input type="text"/>
** RESULTS CODES		
1. COMPLETED	4. REFUSED	7. OTHER _____
2. NOT AT HOME	5. PARTLY COMPLETED	(SPECIFY)
3. POSTPONED	6. INCAPACITATED	

INTERVIEWER'S NAME/CODE	<input type="text"/>	<input type="text"/>
SUPERVISER'S NAME/CODE	<input type="text"/>	<input type="text"/>
FIELD EDITOR	<input type="text"/>	<input type="text"/>
KEYED BY	<input type="text"/>	<input type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skip to
100	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
101	In what month and year were you born ?	YEAR 19 <input type="text"/> <input type="text"/> DON'T KNOW 98 MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98	
102	How old are you? (AGE IN COMPLETED YEARS)	AGE <input type="text"/> <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	105
104	Just before you moved here, did you live in a city, in an aimag center, in a soum, or in the countryside?	CITY 1 AIMAG CENTER 2 SOUM CENTER 3 COUNTRYSIDE 4	
105	Have you ever attended school ?	YES 1 NO 2	107
106	What was the highest level of school you completed ?	GRADE 1-3 1 GRADE 4-8 2 GRADE 9-10 3 PROFESSIONAL SCHOOL 4 HIGHER 5	108A
107	Are you literate?	LITERATE 1 ILLITERATE 2	108B
108A	Do you usually read a newspaper at least once a week ?	YES 1 NO 2	
108B	Do you usually listen to the radio at least once a week ?	YES 1 NO 2	
108C	Do you usually watch TV at least once a week ?	YES 1 NO 2	
109	Do you usually go to doctor to get medical check-up to prevent from any kind of disease?	ONCE A QUARTER 1 ONCE A YEAR 2 ONCE A 2-YEAR PERIOD 3 NONE 4 WHEN SICK 5	
110	What is your religion ?	ATHEIST 1 BUDDHIST 2 MUSLIM 3 PROTESTANT/CHRISTIAN 4 OTHER 5 (SPECIFY)	
111	Have you done any work in the last 12 months?	YES 1 NO 2	114

No.	Questions and Filters	Coding Categories	Skip to
112	What is your occupation, that is, what kind of work do you mainly do ?	DESCRIBE: _____ _____ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/>	
113	In which sector of the economy do you work?	SELF EMPLOYMENT 1 PUBLIC SECTOR 2 PRIVATE SECTOR 3 NON-GOVERNMENTAL ORGANIZATION 4	
114	Do you smoke cigarettes ? IF YES : About how many cigarettes do you smoke a day?	SMOKE 1 DO NOT SMOKE 2 →	200
115	At what age did you start smoking ?	AGE <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

No.	Questions and Filters	Coding Categories	Skip to
200	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2 →	300
201	How many children did you ever have ?	NUMBER <input type="text"/> <input type="text"/>	
202	In what month and year was your last child born ?	YEAR 19 <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>	
203	When your wife was expecting your last born child, did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all ?	THEN 1 LATER 2 NOT AT ALL 3	

SECTION 3. CONTRACEPTION

300 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.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302,

301 Which ways or methods have you heard about ?	302 Have you ever heard of METHOD?		302A From whom did you learn of (METHOD) first time?	302B From whom you can get (METHOD)?	303A Did you ever use (METHOD)?	303B Main difficulties/problems ,if any, in getting or using (METHOD)?
	SPONTANEOUS	Yes No				
O1 PILL "Women can take a pill every day"	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O2 IUD "Women can have a loop or coil placed inside them by a doctor or nurse".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O3 INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for 1,2 or 3 months	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O4 NORPLANT/IMPLANT "Women can get 6 rods under the skin in the upper arm to prevent pregnancy"	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O5 DIAPHRAGM/FOAM/JELLY "Women can place a tissue or a diaphragm or cream in the vagina before intercourse".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O6 MALE CONDOM "Men can use a rubber sheath sexual intercourse".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O7 FEMALE CONDOM "Women can use a rubber sheath during sexual intercourse".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O8 FEMALE STERILIZATION "Women can have an operation to avoid having any more children".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O9 MALE STERILIZATION "Men can have an operation to avoid having any more children".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O10 PERIODIC ABSTINENCE/CALENDAR SYSTEM "Couples can avoid having sexual intercourse on certain days of the month when the women is more likely to become pregnant".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O11 WITHDRAWAL "Men can be careful and pull out before climax".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O12 Have you heard of any other ways or methods that women or men use to avoid pregnancy ?	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____

Coding categories 302A		Coding categories 302B		Coding categories 303B	
MEDICAL WORKERS	01	PUBLIC HOSPITAL	01	NONE	01
WIFE/PARTNER	02	PRIVATE HOSPITAL	02	WIFE DISAPPROVES	02
FRIENDS	03	PHARMACY	03	LACK OF ACCESSIBILITY/TOO FAR	03
PARENTS/RELATIVES	04	FAMILY DOCTOR	04	COST TOO MUCH	04
FAMILY DOCTOR	05	BAGH FELDSHER	05	INCONVENIENT TO USE	05
BAGH FELDSHER	06	SHOP	06	HEALTH CONCERNS	06
TV, NEWSPAPER, RADIO	07	FRIENDS	07	SIDE EFFECTS	07
TRAINING, LESSON	08	PARENTS/RELATIVES	08		
ADVERTISING MATERIAL	09	RESEARCHERS	09	OTHER	96
RESEARCHERS	10	OTHER	10		
OTHER	96				
(SPECIFY)		(SPECIFY)		(SPECIFY)	
		DON'T KNOW	98	DON'T KNOW	98

No.	Questions and Filters	Coding Categories	Skip to
304B	Are you and your wife/partner using any method to avoid or delay getting her pregnant?	YES 1 NO 2 DON'T KNOW 8	310
304C	What contraceptives had you and your wife/partner used to avoid or delay getting her pregnant? Check Q.303A, 304A. (Ask Q.302 if needed.)		
305	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 (SPECIFY)	308
306	Is there service fee or purchase cost to obtain the method? IF ANY: How much does it cost (for one time)? MNT=Tugrick	PURCHASE 1 SERVICE FEE 2 NO FEE 3 MNT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
307	From whom do you get it?	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PHARMACY 03 FAMILY DOCTOR 04 BAGH FELDSHER 05 SHOP 06 FRIENDS 07 PARENTS/RELATIVES 08 RESEARCHER 09 OTHER 96 (SPECIFY)	
308	Do you have any problem with the method you are using now?	YES 1 NO 2	311

No.	Questions and Filters	Coding Categories	Skip to
309	What is the main problem?	WIFE DISAPPROVES 01 LACK OF ACCESSIBILITY/TOO FAR 02 COST TOO MUCH 03 INCONVENIENT TO USE 04 HEALTH CONCERNS 05 SIDE EFFECTS 06 OTHER 96 (SPECIFY) DON'T KNOW 98	311
310	What is the main reason you do not intend to use a method?	FERTILITY- RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 WIFE MENOPAUSAL/HYSTERECTOMY 23 WIFE SUBFECUND/INFECUND 24 POSTPARTUM/BREASTFEEDING 25 WANTS (MORE) CHILDREN 26 WIFE PREGNANT 27 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD -RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 REDUCES SEXUAL PLEASURE 56 UP TO THE WOMAN TO USE 61 OTHER 96 (SPECIFY) DON' T KNOW 98	
311	Will you use one of the methods in the following 12 months?	YES 1 NO 2 DON'T KNOW 8	313
312	Do you intend to use one of the methods in the future?	YES 1 NO 2 DON'T KNOW 8	314

No.	Questions and Filters	Coding Categories	Skip to															
313	Which method you would like to use?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 (SPECIFY)																
314	<p>CHECK: Q 201</p> <p>Has living children <input type="checkbox"/> No living children <input type="checkbox"/></p> <p>If you could go back to the time when you had no children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NUMBER OF CHILDREN <input type="text"/> <input type="text"/></p> <p>IF NO, RECORD THE REASON</p> <p>_____</p> <p>_____</p>																
315	Do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE 1 DISAPPROVE 2 DON'T KNOW 8																
316	In the last month, have you heard or seen a message about family planning on: the radio? the television? newspaper or magazine? a poster or billboard?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>THE RADIO?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>THE TELEVISION?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE/BOOK?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A POSTER OR BILLBOARD?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	THE RADIO?	1	2	THE TELEVISION?	1	2	NEWSPAPER/MAGAZINE/BOOK?	1	2	A POSTER OR BILLBOARD?	1	2	
	YES	NO																
THE RADIO?	1	2																
THE TELEVISION?	1	2																
NEWSPAPER/MAGAZINE/BOOK?	1	2																
A POSTER OR BILLBOARD?	1	2																
317	In the last month have you discussed family planning with your friends, neighbors, or relatives?	YES 1 NO 2	319															
318	With whom did you discuss ? With anyone else?	HUSBAND/PARTNER A PARENT B SISTERS/BROTHERS C DAUGHTER D MOTHER - IN - LAW E FRIENDS F OTHER X (SPECIFY)																
319	Now I would like to ask your wife's/partner's attitude about family planning. Do you think your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																

No.	Questions and Filters	Coding Categories	Skip to
320	Have you and your husband/partner ever discussed the number of children you would like to have? (IF YES :) How often ?	NEVER DISCUSSED 1 ONE OR TWO TIMES 2 OFTEN 3	
321	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
322	CHECK: Q,301A AND Q, 302A KNOWS ABOUT FEMALE STERILIZATION <input type="checkbox"/>	DOES NOT KNOW ABOUT FEMALE STERILIZATION <input type="checkbox"/>	325
323	Do you approve of a woman having a sterilization operation, or do you disapprove, or doesn't it matter to you?	APPROVE 1 → DISAPPROVE 2 DOESN'T MATTER 3 →	325 325
324	Why do you disapprove?	WANTS CHILDREN 01 RELIGIOUS REASONS/TRADITION 02 NOT NATURAL (NORMAL) 03 NOT HEALTHY 04 FEAR OF SIDE EFFECTS 05 COSTS TOO MUCH 06 PARTNER DISAPPROVES 07 REDUCES SEXUAL DRIVE 08 OTHER 96 (SPECIFY) DON'T KNOW 98	
325	CHECK: Q,301A AND Q, 302A KNOWS ABOUT MALE STERILIZATION <input type="checkbox"/>	DOES NOT KNOW ABOUT MALE STERILIZATION <input type="checkbox"/>	328
326	Do you approve of a man having a vasectomy, or do you disapprove, or doesn't it matter to you?	APPROVE 1 → DISAPPROVE 2 DOESN'T MATTER 3 →	328 328
327	Why do you disapprove?	WANTS CHILDREN 01 RELIGIOUS REASONS/TRADITION 02 NOT NATURAL (NORMAL) 03 NOT HEALTHY 04 FEAR OF SIDE EFFECTS 05 COSTS TOO MUCH 06 PARTNER DISAPPROVES 07 REDUCES SEXUAL DRIVE 08 CASTRATION COMPLEX 09 OTHER 96 (SPECIFY) DON'T KNOW 98	
328	What do you think about the legislation of abortion? Do you approve or not approve?	APPROVE 1 → DISAPPROVE 2 DON'T KNOW 8 →	330 330

No.	Questions and Filters	Coding Categories	Skip to
329	If not, why do you disapprove?	NOT HEALTHY FOR MOTHER 1 REDUCES POPULATION GROWTH 2 RELIGIOUS REASON 3 REDUCES USE OF CONTRACEPTIVE 4 IMPROVED UNSAFETY SEXUAL RELATIONSHIP 5 OTHER 6 (SPECIFY) DON'T KNOW 8	
330	Is there at least one of posters, newspapers, and magazines about RH, Contraceptives and any other family planning methods in your home? RH-Reproductive health	RH A FAMILY PLANNING B CONTRACEPTIVE C OTHER X (SPECIFY) NONE Z	

SECTION 4. AIDS AND STD

No.	Questions and Filters	Coding Categories	Skip to
	Now I would like to talk to you about STD/STI?		
400	Have you ever heard of STD?	YES 1 NO 2	407
401	From which sources of information have you learned most about AIDS ? Any other sources ? RECORD ALL MENTIONED.	RADIO A TV B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D HEALTH WORKERS E MOSQUES/CHURCHES F SCHOOLS/TEACHERS G COMMUNITY MEETINGS H FRIENDS/RELATIVES I WORK PLACE J OTHER X (SPECIFY)	
402	What do you think how one could be infected by STI/STD?	SEXUAL INTERCOURSE 1 SYRINGE AND MEDICAL TOOLS 2 WHEN KISSED WITH SOMEONE 3 DOMESTIC/HOUSEHOLD ITEMS 4 OTHER 5 (SPECIFY) DON'T KNOW 8	
403A	Do you know any symptoms and signs of STD?	YES 1 NO 2	404
403B	Please tell me any symptoms and signs you know. Any other symptoms and signs? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE B BURNING PAIN ON URINATION C REDNESS IN GENITAL AREA D IRRITATING IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J SKIN INFECTION K INFERTILITY L IMPOTENCE M OTHER X (SPECIFY) NO SYMPTOMS Z	
404	Is there anything a person can do to avoid getting STD?	YES 1 NO 2 DON'T KNOW 8	406
405	What do you think what someone can do to avoid getting STD? Aside from these symptoms do you know any source to avoid getting STD? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B HAVE ONLY ONE SEX PARTNER C AVOID SEX WITH PROSTITUTES D AVOID SEX HOMOSEXUALS E AVOID BLOOD TRANSFUSIONS F USE ONLY DISPOSABLE INJECTION SYRINGE G AVOID KISSING H AVOID MOSQUITO BITES I SEEK PROTECTION FROM TRADITIONAL HEALER J OTHER X (SPECIFY) DON'T KNOW Z	

No.	Questions and Filters	Coding Categories	Skip to
406	From whom one should seek assistance when he/she infected by STD?	HEALTH WORKERS 1 HUSBAND/PARTNER 2 PARENTS 3 FRIENDS 4 SEXUAL PARTNER 5 OTHER 6 (SPECIFY) DO NOT KNOW 8	
407	Now I would like to talk to you about AIDS. Have you ever heard of an illness called AIDS ?	YES 1 NO 2	417
408	From which sources of information have you learned most about AIDS ? Any other sources ? RECORD ALL MENTIONED.	RADIO A TV B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D HEALTH WORKERS E MOSQUES/CHURCHES F SCHOOLS/TEACHERS G COMMUNITY MEETINGS H FRIENDS/RELATIVES I WORK PLACE J OTHER X (SPECIFY)	
409	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	411
410	What can a person do ? Any other ways ? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B HAVE ONLY ONE SEX PARTNER C AVOID SEX WITH PROSTITUTES D AVOID SEX HOMOSEXUALS E AVOID BLOOD TRANSFUSIONS F USE ONLY DISPOSABLE INJECTION SYRINGE G AVOID KISSING H AVOID MOSQUITO BITES I SEEK PROTECTION FROM TRADITIONAL HEALER J OTHER X (SPECIFY) DON'T KNOW Z	
411	Is it possible for a healthy-looking person to have the AIDS virus ?	YES 1 NO 2 DON'T KNOW 8	
412	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER 1 SOMETIMES 2 ALMOST ALWAYS 3 DON'T KNOW 8	
413	What do you think how you should treat to one infected by AIDS?	THE SAME AS BEFORE 1 TRY NOT TO BE INFECTED BY AIDS 2 TRY TO UNDERSTAND AND HELP 3 ISOLATE FROM COMMUNITY 4 DON'T KNOW 8	

No.	Questions and Filters	Coding Categories	Skip to								
414	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 DON'T KNOW 8									
415A	Have you had any injection within last 3 months?	YES 1 NO 2	→ 416								
415B	If yes, how many times you had injections?	ONCE 1 TWICE 2 3 TIMES AND MORE 3									
415C	What kind of injection did you have?	ANTIBIOTICS 1 VITAMIN 2 IV (INTRAVENOUS) 3 OTHER 4 (SPECIFY)									
416	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior ? IF YES, PROBE: In what way ? RECORD ALL MENTIONED.	STOPPED ALL SEX A START ED USING CONDOMS B RESTRICTED SEX TO ONE PARTNER C REDUCED NUMBER OF PARTNERS D OTHER X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR Y DON'T KNOW Z									
417	Now I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 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> → 419								
418	Did you use a condom to avoid getting AIDS and STD when you had last sexual relation?	YES 1 NO (had sexual relation with husband/partner) 2 NO 3 DON'T REMEMBER 4									
419 RECORD THE TIME		HOUR MINUTES	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								

INTERVIEWER'S COMMENTS

EDITOR'S COMMENTS
