

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
819A	CHECK 514: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> 3	HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>	-0820															
819B	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?	YES1 NO2 DON'T KNOW8																
819C	Sometimes, women experience an abnormal vaginal discharge. During the last 12 months, have you had a bad-smelling unusual discharge from your vagina?	YES1 NO2 DON'T KNOW8																
819D	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES1 NO2 DON'T KNOW8																
819E	CHECK 819B, 819C, AND 819D: HAS HAD AN INFECTION <input type="checkbox"/> 3	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	-0820															
819F	The last time you had (PROBLEM(S) FROM 819B/819C/819D), did you seek any kind of advice or treatment?	YES1 NO2	-0819H															
819G	The last time you had (PROBLEM(S) FROM 819B/819C/819D), did you do any of the following? Did you.... 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?	<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	
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819H	When you had (PROBLEM(S) FROM 819B/819C/819D), did you tell the person with whom you were having sex?	YES1 NO2 SOME/NOT AT ALL3 DID NOT HAVE A PARTNER4	-0820															
819I	When you had (PROBLEM(S) FROM 819B/819C/819D), did you do anything to avoid infecting your sexual partner(s)?	YES1 NO2 PARTNER(S) ALREADY INFECTED.....3	1-0820															
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 border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM.....	1	2				
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820	In many communities, girls are introduced to womanhood by participating in some ceremonies and undergoing specific procedures. I want to discuss with you the circumcision of girls. In this community, is female circumcision practiced?	YES1 NO2																
821	Are you circumcised?	YES1 NO2																
822	CHECK 214 AND 217: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> 3	HAS NO LIVING DAUGHTER <input type="checkbox"/>	-0901															
823	Has your eldest daughter been circumcised?	YES1 NO2 NOT SURE.....8	-0901															
824	Do you plan to have your eldest daughter circumcised?	YES1 NO2 NOT SURE.....8																