

## QUESTIONNAIRE FOR INDIVIDUAL MEN

MAN'S INFORMATION PANEL		MI
<i>This questionnaire is to be administered to all men age 15-49 in households selected for male interview (see Household Information Panel HH7A and Household Listing Form HL7A). A separate questionnaire should be used for each eligible man</i>		
MI1. Cluster number: _____	MI2. Household number: _____	
MI3. Man's name: Name _____	MI4. Man's line number: _____	
MI5. Interviewer name and number: Name _____	MI6. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this man:

WE ARE FROM DEPARTMENT OF STATISTICS AND MINISTRY OF HEATH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

*If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:*

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to MI10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete MI7. Discuss this result with your supervisor.

MI7. Result of man's interview	Completed .....	01
	Not at home .....	02
	Refused .....	03
	Partly completed .....	04
	Incapacitated .....	05
	Other (specify) _____	96

MI8. Field edited by (Name and number): Name _____	MI9. Data entry clerk (Name and number): Name _____
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MI10. Record the time.	Hour and minutes ..... : .....	
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MAN'S BACKGROUND	MB
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MB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month.....98  Year ..... DK year.....9998	
MB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? Compare and correct MB1 and/or MB2 if inconsistent</i>	Age (in completed years) .....	
MB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL	Yes ..... 1 No ..... 2	2⇒MB7
MB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool.....0 Primary.....1 Lower Secondary.....2 Upper Secondary.....3 Post secondary non tertiary.....4 Tertiary Education .....5	0⇒MB7
MB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>Grade: Primary 11-15 Lower Sec 21-24                      Upper Sec 31-33 Post secondary non tertiary 41-43    Tertiary Edu 51-57 98 DK If less than 1 grade at this level, enter "00"</i>	Grade .....	
MB6. Check MB4: <input type="checkbox"/> Lower secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with MB7		
MB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?  <i>Sample sentences for literacy test:</i> 1. The child is reading a book. 2. The rain came late this year. 3. Parents must care for their children. 4. Farming is hard work.	Cannot read at all..... 1 Able to read only parts of sentence..... 2 Able to read whole sentence..... 3  No sentence in required language _____ 4 <i>(specify language)</i>  Blind / mute, visually / speech impaired ..... 5	

<p>MT1. Check MB7:</p> <p><input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3</p>		
<p>MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1                  At least once a week ..... 2                  Less than once a week ..... 3                  Not at all ..... 4</p>	
<p>MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1                  At least once a week ..... 2                  Less than once a week ..... 3                  Not at all ..... 4</p>	
<p>MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1                  At least once a week ..... 2                  Less than once a week ..... 3                  Not at all ..... 4</p>	
<p>MT5. Check MB2: Age of respondent 15-24 years?</p> <p><input type="checkbox"/> Yes, age 15-24 ⇒ Continue with MT6</p> <p><input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module</p>		
<p>MT6. HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>2⇒MT9</p>
<p>MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>2⇒MT9</p>
<p>MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day ..... 1                  At least once a week ..... 2                  Less than once a week ..... 3                  Not at all ..... 4</p>	
<p>MT9. HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>2⇒Next Module</p>
<p>MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>	<p>Yes ..... 1                  No ..... 2</p>	<p>2⇒ Next Module</p>
<p>MT11. 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?</p>	<p>Almost every day ..... 1                  At least once a week ..... 2                  Less than once a week ..... 3                  Not at all ..... 4</p>	

<b>CONTRACEPTION</b>		<b>MC</b>
MC0. 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.		
Have you ever heard of (METHOD)?		
MC0A. <b>FEMALE STERILIZATION?</b> PROBE: WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.	Yes ..... 1 No ..... 2	
MC0B. <b>MALE STERILIZATION?</b> PROBE: MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.	Yes ..... 1 No ..... 2	
MC0C. <b>IUD?</b> PROBE: WOMEN CAN HAVE A LOOP OR COIL PLACED INSIDE THEM BY A DOCTOR OR A NURSE.	Yes ..... 1 No ..... 2	
MC0D. <b>INJECTABLES?</b> 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	
MC0E. <b>IMPLANTS?</b> 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	
MC0F. <b>PILL?</b> PROBE: WOMEN CAN TAKE A PILL EVERY DAY TO AVOID BECOMING PREGNANT.	Yes ..... 1 No ..... 2	
MC0G. <b>CONDOM?</b> PROBE: MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.	Yes ..... 1 No ..... 2	
MC0H. <b>FEMALE CONDOM?</b> PROBE: WOMEN CAN PLACE A SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE	Yes ..... 1 No ..... 2	
MC0I. <b>RHYTHM METHOD?</b> PROBE: EVERY MONTH THAT A WOMAN IS SEXUALLY ACTIVE SHE CAN AVOID PREGNANCY BY NOT HAVING SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH SHE IS MOST LIKELY TO GET PREGNANT.	Yes ..... 1 No ..... 2	
MC0J. <b>WITHDRAWAL?</b> PROBE: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.	Yes ..... 1 No ..... 2	
MC0K. HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?	Yes ..... 1  _____ (Specify)  _____ (Specify)  No ..... 2	

<p>MC1. IN THE LAST FEW MONTHS HAVE YOU; HEARD ABOUT FAMILY PLANNING ON THE RADIO SEEN ANYTHING ABOUT FAMILY PLANNING ON THE TV READ ABOUT FAMILY PLANNING IN THE NEWSPAPER OR MAGAZINE</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Radio.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Newspaper or Magazine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Radio.....	1	2	TV.....	1	2	Newspaper or Magazine.....	1	2	
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TV.....	1	2												
Newspaper or Magazine.....	1	2												
<p>MC2. IN THE LAST FEW MONTHS, HAVE YOU DISCUSSED FAMILY PLANNING WITH A HEALTH WORKER OR HEALTH PROFESSIONAL?</p>	<p>Yes ..... 1 No..... 2</p>													
<p>MC3. 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 RELATION?</p>	<p>Yes ..... 1 No..... 2 DK..... 8</p>	<p>2⇒MC5 8⇒MC5</p>												
<p>MC4. IS THIS TIME JUST BEFORE HER PERIOD BEGINS, RIGHT AFTER HER PERIOD HAS ENDED, OR HALFWAY BETWEEN TWO PERIODS?</p>	<p>Just before her period begins.....1 During her period.....2 Right after her period has ended.....3 Halfway between two periods.....4 Other _____ 6 (Specify)</p>													
<p>MC5. I WILL READ YOU SOME STATEMENTS ABOUT CONTRACEPTION. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH EACH ONE  (I) CONTRACEPTION IS A WOMAN’S BUSINESS AND A MAN SHOULD NOT HAVE TO WORRY ABOUT IT (II) WOMAN WHO USE CONTRACEPTION MAY BECOME PROMISCUOUS</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;">Agree</th> <th style="width: 15%; text-align: center;">Disagree</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Contraception is a Woman’s business</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>Woman may become Promiscuous</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>		Agree	Disagree	DK	Contraception is a Woman’s business	1	2	8	Woman may become Promiscuous	1	2	8	
	Agree	Disagree	DK											
Contraception is a Woman’s business	1	2	8											
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<p>MC6. Check MC0G,</p> <p><input type="checkbox"/> If yes to know male condom ⇒ Go toMC7</p> <p><input type="checkbox"/> If no to know male condom ⇒ Go to next module</p>														
<p>MC7. DO YOU KNOW A PLACE WHERE A PERSON CAN GET CONDOM?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒ Next Module</p>												

<p>MC8. WHERE IS THAT?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public Sector</p> <p>Government Hospital.....A</p> <p>Health Center .....B</p> <p>Lao Youth Center LYC.....C</p> <p>Outreach team .....D</p> <p>Village Health Volunteer VHV .....E</p> <p>Other public sector.....F</p> <p>_____</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 medical sector.....L</p> <p>_____</p> <p>(Specify)</p> <p>Other source</p> <p>Shop.....M</p> <p>Friends/Relatives.....O</p> <p>Other _____...X</p> <p>(Specify)</p>	
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**ATTITUDES TOWARD DOMESTIC VIOLENCE**

**MV**

MV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling .....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children .....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him .....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex .....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food .....	1	2	8

MARRIAGE AND SEXUAL ACTIVITY		MS
MS1. 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	1⇒MS4 2⇒MS4
MS2. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a woman ..... 2 No ..... 3	3⇒ MS9
MS3. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	1⇒ MS6 2⇒ MS6 3⇒ MS6
MS4. IS YOUR (WIFE/PARTNER) LIVING WITH YOU NOW OR IS SHE STAYING ELSEWHERE?	Living with him ..... 1 Staying elsewhere ..... 2	
MS5. RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD LISTING QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	Name _____ Line number ..... _ _	
MS6. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	
MS7. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Month ..... _ _ DK month ..... 98 Year ..... _ _ _ _ DK year ..... 9998	Year⇒ MS9
MS8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years ..... _ _	
<b>MS9. CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY</b>		
MS10. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had sexual intercourse ..... 00 Age in years ..... _ _ first time when started living with (first) wife/partner ..... 95	00⇒ Next Module
MS11. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2  DK / Don't remember ..... 8	
MS12. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?  <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago ..... 1 _ _ Weeks ago ..... 2 _ _ Months ago ..... 3 _ _ Years ago ..... 4 _ _	4⇒Next Module



<p>MS13. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>MS14. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse.</i></p> <p><i>If girlfriend:</i></p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>if "Yes" circle "2"</i> <i>if "No" circle "3"</i></p>	<p>Wife ..... 1 Live-in partner ..... 2 Girlfriend not living with respondent ..... 3 Casual acquaintance ..... 4 Prostitute ..... 5 Other (specify) _____ 6</p>	<p>3⇒MS16 4⇒MS16 5⇒MS16 6⇒MS16</p>
<p>MS15. Check MS1</p> <p><input type="checkbox"/> <i>If currently married or living with a woman ⇒ Go to Next Module</i></p> <p><input type="checkbox"/> <i>If no, not in union ⇒ Continue with MS16</i></p>		
<p>MS16. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of partner ..... _____</p> <p>DK ..... 98</p>	

HIV/AIDS		MH																
MH1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1 No ..... 2 DK ..... 8	2⇒Go to MH27B																
MH2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No ..... 2 DK ..... 8																	
MH3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No ..... 2 DK ..... 8																	
MH4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No ..... 2 DK ..... 8																	
MH5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No ..... 2 DK ..... 8																	
MH6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK ..... 8																	
MH7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK ..... 8																	
MH8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<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>During pregnancy .....</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>During delivery .....</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>By breastfeeding.....</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	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding.....	1	2	8	
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During delivery .....	1	2	8															
By breastfeeding.....	1	2	8															
MH9. IN YOUR OPINION, IF A MALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8																	
MH10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8																	
MH11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8																	
MH12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8																	

MH12A. 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?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8	
MH12B. IS A WIFE JUSTIFIED IN REFUSING TO HAVE SEX WITH HER HUSBAND WHEN SHE KNOWS HE HAS SEX WITH OTHER WOMEN?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8	
<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY</b>		
MH24. 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	2⇒MH27
MH25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago..... 2 2 or more years ago..... 3	
MH26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No ..... 2 DK..... 8	
MH26A. WHERE WAS THE TEST DONE?  <i>Any other place?</i>  <i>Probe to identify the type of source. If unable to determine if public or private sector, write the name of the place.</i>  _____ <i>Name of place(s)</i>	Public Sector Govt. Hospital ..... 11 Health center ..... 12 Lao Youth Clinic..... 13 Outreach team ..... 14 Village Health Volunteer VHV ..... 15 Other Public Sector _____ 16 (Specify)  Private Medical Sector Private hospital/Clinic ..... 21 Pharmacy..... 22 Private Doctor ..... 23 Mobile Clinic..... 24 Field Worker..... 25  Other Private Medical Sector _____ 26 (Specify)  Other Source Shop..... 31 Friend/Relative..... 33 Other _____ 96 (Specify)	GO TO MH27B FOR ALL RESPONS ES
MH27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes..... 1 No ..... 2	2⇒MH27B

<p>MH27A. WHERE IS THAT?</p> <p><i>Any other place?</i></p> <p><i>Probe to identify the type of source. If unable to determine if public or private sector, write the name of the place.</i></p> <hr/> <p><i>Name of place(s)</i></p>	<p>Public Sector</p> <p>Govt. Hospital ..... A</p> <p>Health center ..... B</p> <p>Lao Youth Clinic..... C</p> <p>Outreach team ..... D</p> <p>Village Health Volunteer VHV..... E</p> <p>Other Public Sector _____ H (Specify)</p> <p>Private Medical Sector</p> <p>Private hospital/Clinic ..... I</p> <p>Pharmacy..... J</p> <p>Private Doctor ..... K</p> <p>Mobile Clinic..... L</p> <p>Field Worker..... M</p> <p>Other Private Medical Sector _____ O (Specify)</p> <p>Other Source</p> <p>Shop..... P</p> <p>Friend/Relative..... Q</p> <p>Other _____ R (Specify)</p>	
<p>MH27B. HAVE YOU HEARD ABOUT OTHER INFECTIONS THAT CAN BE TRANSMITTED THROUGH SEXUAL CONTACT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>MH27C. Check MS10: Never had sexual intercourse (MS10)?</p> <p><input type="checkbox"/> Never had sexual intercourse ⇒ Go to M111</p> <p><input type="checkbox"/> Has had sexual intercourse ⇒ Continue with MH27D</p>		
<p>MH27D. MH 27B: Heard about sexually transmitted infection (MH27B)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with MH27E</p> <p><input type="checkbox"/> No ⇒ Go to MH27F</p>		
<p>MH27E. 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>DK ..... 8</p>	
<p>MH27F. SOMETIMES MEN EXPERIENCE AN ABNORMAL DISCHARGE FROM THEIR PENIS.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD AN ABNORMAL DISCHARGE FROM YOUR PENIS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p>MH27G. SOMETIMES MEN HAVE SORE OR ULCER.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A SORE OR ULCER NEAR YOUR PENIS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	

<p>MH27H. Check MH27E, MH27F, and MH27G:</p> <p><input type="checkbox"/> Has not had any infection or DK ⇒ Go to MI11</p> <p><input type="checkbox"/> Has had an infection (any "Yes") ⇒ Continue with MH27I</p>		
<p>MH27I. THE LAST TIME YOU HAD (PROBLEM FROM MH27E/MH27F/MH27G), DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>2⇒MI11</p>
<p>MH27J. WHERE DID YOU GO?</p> <p><i>Probe to identify the type of source. If unable to determine if public or private sector, write the name of the place.</i></p> <hr/> <p><i>Name of place(s)</i></p>	<p>Public Sector</p> <p>Govt. Hospital ..... 11</p> <p>Health Center..... 12</p> <p>Lao Youth Center LYC..... 13</p> <p>Outreach Team ..... 14</p> <p>Village Health Volunteer VHV..... 15</p> <p>Other Public Sector _____ 16</p> <p style="text-align: center;">(Specify)</p> <p>Private Medical Sector</p> <p>Private hospital/Clinic ..... 21</p> <p>Pharmacy..... 22</p> <p>Private Doctor ..... 23</p> <p>Mobile Clinic..... 24</p> <p>Field Worker..... 25</p> <p>Other Private Medical Sector _____ 26</p> <p style="text-align: center;">(Specify)</p> <p>Other Source</p> <p>Shop..... 31</p> <p>Friend/Relative..... 33</p> <p>Other _____ 96</p> <p style="text-align: center;">(Specify)</p>	

<p>MI11. Record the time.</p>	<p>Hour and minutes ..... : ..</p>	
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<p>MI12. Check Household Listing Form, column HL7A.</p> <p>Is there any other men aged 15 - 49 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Interview another eligible man with <i>QUESTIONNAIRE FOR INDIVIDUAL MEN</i>.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him for his cooperation.</p> <p style="text-align: center;"><i>Check for the presence of any other eligible man or children under-5 in the household.</i></p>
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