

SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY 2003 MAN'S QUESTIONNAIRE

IDENTIFICATION				
PROVINCE* _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DISTRICT _____				<div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
EA NUMBER				<div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
EA TYPE (URBAN FORMAL=1; URBAN INFORMAL=2; RURAL FORMAL=3; TRIBAL AREA=4)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
SADHS CLUSTER NUMBER				<div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
STAND NUMBER				<div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
HOUSEHOLD NUMBER				<div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF MAN _____				<div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> YEAR <div style="display: flex; align-items: center; gap: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> </div>
INTERVIEWER'S NAME				INT.CODE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>
RESULT**				RESULT <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>
NEXT VISIT: DATE				TOTAL NO. OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>
TIME				
** RESULT CODES: <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>				
LANGUAGE				
LANGUAGE OF QUESTIONNAIRE: ENGLISH LANGUAGE OF INTERVIEW *** _____ HOME LANGUAGE OF RESPONDENT*** _____ WAS A TRANSLATOR USED? (YES=1, NO=2)..... *** LANGUAGE CODES: 01 ENGLISH 04 isiZULU 07 SePEDI 10 XITSONGA 02 AFRIKAANS 05 SeSOTHO 08 SiSWATI 11 isiNDEBELE 03 isiXHOSA 06 SeTSWANA 09 TshiVENDA 12 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				<div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		
DATE _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>		DATE _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>
				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>
				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>

*PROVINCE: WESTERN CAPE=1; EASTERN CAPE=2; NORTHERN CAPE=3; FREE STATE=4; KWAZULU-NATAL=5; NORTHWEST=6; GAUTENG=7; MPUMALANGA=8; LIMPOPO=9

SECTION 1: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, on a farm or in rural areas, or an informal settlement?	CITY.....1 TOWN.....2 RURAL/FARM3 INFORMAL SETTLEMENT4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS.....95 VISITOR96	→105
104	Just before you moved here, did you live in a city, in a town, or in the rural area/farm?	CITY.....1 TOWN.....2 RURAL/FARM3	
105	In what month and year were you born?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DOES NOT KNOW YEAR.....9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
107	Have you ever attended school?	YES.....1 NO2	→113
108	What is the highest standard or grade you completed?	LESS THAN 1 YEAR COMPLETED.....00 SUB A/GRADE 101 SUB B/GRADE 202 STANDARD 1/GRADE 303 STANDARD 2/GRADE 404 STANDARD 3/GRADE 505 STANDARD 4/GRADE 606 STANDARD 5/GRADE 707 STANDARD 6/GRADE 808 STANDARD 7/GRADE 909 STANDARD 8/GRADE 1010 STANDARD 9/GRADE 1111 STANDARD 10/GRADE 1212 FURTHER STUDIES INCOMPLETE.....13 DIPLOMA/OTHER POSTSCHL COMPL. 14 FURTHER DEGREE COMPLETE.....15	
109	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→112
110	Are you currently attending school?	YES.....1 NO2	→112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What was the main reason you stopped attending school?	GOT MARRIED01 CARE FOR YOUNGER CHILDREN.....02 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....03 COULD NOT PAY SCHOOL FEES04 NEEDED TO EARN MONEY.....05 GRADUATED06 DID NOT PASS ENTRANCE EXAMS.....07 DID NOT LIKE SCHOOL08 SCHOOL NOT ACCESSIBLE/TOO FAR09 OTHER.....96 (SPECIFY) DO NOT KNOW.....98	
112	CHECK 108: COMPLETED STD 4/ GRADE 6 OR LOWER <input type="checkbox"/> COMPLETED STD 5/ GRADE 7 OR HIGHER <input type="checkbox"/>		→114
113	Now I would like you to read this sentence to me. SHOW SENTENCES TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL.....1 CAN ONLY READ PART OF SENTENCE.....2 CAN READ WHOLE SENTENCE3 NO CARD WITH REQUIRED LANGUAGE.....4 (SPECIFY)	
114	Are you currently working?	YES.....1 NO2	→116
115	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	
116	Now I would like to ask about any children you have had. I am interested in the children that are biologically yours as well as the children for whom you take social and financial responsibility even if they are not biologically yours, regardless of whether they are living with you, living somewhere else, or have died. Have you ever biologically or socially fathered any children?	YES.....1 NO2 DON'T KNOW.....8	→118
117	How many children have you fathered according to the definition I provided in the previous question? How many of these are your biological children? IF NONE, WRITE '00'. IF RESPONDENT DOESN'T KNOW, ASK HIM TO ESTIMATE.	TOTAL <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> BIOLOGICAL CHILDREN..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
118	Which population group do you consider yourself?	BLACK/AFRICAN1 COLOURED2 WHITE3 ASIAN/INDIAN.....4 OTHER6 (SPECIFY)	

SENTENCES FOR LITERACY TEST (Q. 113)

ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

AFRIKAANS

1. Die kind lees 'n boek.
2. Die reën het hierdie jaar laat gekom.
3. Ouers moet vir hulle kinders sorg.
4. Boerdery is harde werk

SECTION 2. CONTRACEPTION

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 201 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 201, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 201, ASK 202.

201	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	202	Have you ever used (METHOD)?
01	FEMALE STERILISATION/TIE THE TUBES Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES 1 NO 2	
06	IMPLANTS, NORPLANT Women can have several 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	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	DIAPHRAGM, FOAM OR JELLY Women can place a sponge, a suppository, a diaphragm, jelly, or cream in their vagina before intercourse.	YES 1 NO 2	
10	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2	YES 1 NO 2
11	RHYTHM, CALENDAR METHOD 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	YES 1 NO 2 DON'T KNOW 8
12	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2
13	EMERGENCY CONTRACEPTION Women can take pills up to three days (72 HOURS) after unprotected sexual intercourse to avoid becoming pregnant.	YES 1 NO 2	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 (SPECIFY) (SPECIFY) NO 2	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
203	Just to double check, have you or any of your partners ever used a method to avoid pregnancy?	YES.....1 NO2 DOES NOT KNOW.....8	→206
204	I would like to ask you about the first time that you or your partner did something or used a method to avoid pregnancy. How many living children did you have at that time, if any?	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
205	How old were you when you first used something to avoid pregnancy?	AGE AT FIRST USE..... <input type="text"/> <input type="text"/>	
206	I will now read you some statements about female contraception. Please tell me if you agree or disagree with each one. a) Female contraception is women's business and a man should not have to worry about it. b) Women who use female contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to get sterilized. d) A woman who uses female contraception risks being sterile	<p><u>AGREE</u> <u>DISAGREE</u> <u>DK</u></p> <p>a) 1 2 8</p> <p>b) 1 2 8</p> <p>c) 1 2 8</p> <p>d) 1 2 8</p>	

SECTION 3. MARRIAGE, SEXUAL ACTIVITY AND CONTRACEPTIVE USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Are you currently married or living with a partner? NOTE TO INTERVIEWER: 'MARRIED' MEANS HAVING GOTTEN MARRIED THROUGH TRADITIONAL, CIVIL AND/OR RELIGIOUS CEREMONY.	YES, CURRENTLY MARRIED TO A WOMAN.....1 YES, LIVING WITH A WOMAN2 YES, MARRIED/LIVING WITH A MAN3 NO, NOT IN UNION4	→304 →310 →305
302	Do you have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <input type="text"/> <input type="text"/>	
303	Are there any other women with whom you live as if married?	YES 1 NO 2	→308
304	Are you living with one (other) woman or more than one (other) woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF <input type="text"/> <input type="text"/> LIVE-IN PARTNERS	→308
305	Do you currently have regular, occasional, or no sexual partners?	REGULAR PARTNER(S) ONLY1 OCCASIONAL PARTNER(S) ONLY2 REGULAR AND OCCASIONAL PARTNERS.....3 NO SEXUAL PARTNER4	
306	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY.....1 YES, LIVED WITH A WOMAN ONLY2 YES, BOTH3 NO4	→310 →310
307	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED1 DIVORCED/SEPARATED2 DIVORCED/COHABITING.....3	→310

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 302 AND 304 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, ENTER '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. (IF RESPONDENT HAS MORE THAN TEN WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S)).</p> <p>CHECK: 302 AND 304</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>SUM OF 302 AND 304 = 01</p> <p>↓</p> <p>Please tell me the name of your wife/partner.</p> </div> <div style="text-align: center;"> <p>SUM OF 302 AND 304 > 01</p> <p>↓</p> <p>Please tell me the name of each wife/partner that you live with, starting with the one you lived with first.</p> </div> </div> <p>WIFE/PARTNER NUMBER</p> <div style="display: flex;"> <div style="flex: 1;"> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p> <p>8 _____</p> <p>9 _____</p> <p>10 _____</p> </div> <div style="flex: 1; text-align: center;"> <p>LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE</p> <div style="display: flex; flex-direction: column; align-items: center;"> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> </div> </div> </div>		
310	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some health issues.</p> <p>How old were you when you first had intercourse?</p>	<p>NEVER.....00</p> <p>AGE IN YEARS <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER95</p>	→334
311	<p>CHECK 106:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>15-24 YEARS OLD</p> <p>↓</p> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="text-align: center;"> <p>25-49 YEARS OLD</p> <p>↓</p> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div>		→314
312	<p>The first time you had sexual intercourse, did you or your partner use any contraception/protection?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	→314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>What kind of contraception/ protection was used that first time you had sex?</p> <p>IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILIZATION01</p> <p>MALE STERILIZATION02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES05</p> <p>IMPLANTS06</p> <p>MALE CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAGM/FOAM/JELLY09</p> <p>LACTATIONAL AMEN. METHOD11</p> <p>RHYTHM, CALENDAR METHOD12</p> <p>WITHDRAWAL13</p> <p>HERBS/REMEDIES10</p> <p>OTHER96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>	
314	<p>When did you last have sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.</p> <p>IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p>	<p>→ 334</p>
315	<p>The last time you had sexual intercourse, did you or your partner use any contraception/ protection?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	<p>→ 317</p> <p>→ 320</p>
316	<p>What method of contraception/ protection was used the last time you had sex?</p> <p>IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILIZATION01</p> <p>MALE STERILIZATION02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES05</p> <p>IMPLANTS06</p> <p>MALE CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAGM/FOAM/JELLY09</p> <p>LACTATIONAL AMEN. METHOD11</p> <p>RHYTHM, CALENDAR METHOD12</p> <p>WITHDRAWAL13</p> <p>HERBS/REMEDIES10</p> <p>OTHER96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>	<p>→ 318</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	<p>What is the reason a method was not used?</p> <p>RECORD ALL MENTIONED.</p> <p>UNPROMPTED</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE A</p> <p>CONTRACEPTION WOMEN'S BUSINESS B</p> <p>FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY C</p> <p>COUPLE SUBFECUND/INFECUND ... D</p> <p>WIFE/PARTNER WAS PREGNANT E</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC F</p> <p>WIFE/PARTNER WAS BREASTFEEDING G</p> <p>WANTED (MORE) CHILDREN H</p> <p>OPPOSITION TO USE RESPONDENT OPPOSED I</p> <p>WIFE/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COST TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>→ 320</p>
318	<p>CHECK 316:</p> <p>MALE CONDOM USED <input type="checkbox"/> OTHER METHOD USED <input type="checkbox"/></p>		→ 320
319	<p>What was the main reason you used a condom on that occasion?</p>	<p>WANTED TO PREVENT DISEASE 1</p> <p>WANTED TO PREVENT PREGNANCY ... 2</p> <p>WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3</p> <p>DID NOT TRUST PARTNER/THOUGHT SHE HAD OTHER PARTNERS 4</p> <p>PARTNER REQUESTED/INSISTED 5</p> <p>OTHER 6 (SPECIFY)</p>	
320	<p>What is your relationship to the person with whom you last had sexual intercourse?</p> <p>IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:</p> <p>Was your girlfriend/fiancé living with you when you last had sex with her?</p> <p>IF YES, CIRCLE '01'.</p> <p>IF NO, CIRCLE '02'.</p>	<p>WIFE/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>FEMALE COMMERCIAL SEX WORKER 06</p> <p>MALE COMMERCIAL SEX WORKER ... 07</p> <p>OTHER 96 (SPECIFY)</p>	
322	<p>In the last 12 months, have you had sexual intercourse with any other person?</p>	<p>YES 1</p> <p>NO 2</p>	→ 331
323	<p>The last time you had sexual intercourse with this other person (besides the person in Q. 320), did you or your partner use any contraception/ protection?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	<p>→ 325</p> <p>→ 328</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	<p>What method of contraception/ protection was used the last time you had sex?</p> <p>IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILIZATION01</p> <p>MALE STERILIZATION02</p> <p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS06</p> <p>MALE CONDOM.....07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAGM/FOAM/JELLY09</p> <p>LACTATIONAL AMEN. METHOD.....11</p> <p>RHYTHM, CALENDAR METHOD.....12</p> <p>WITHDRAWAL13</p> <p>HERBS/REMEDIES.....10</p> <p>OTHER96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>	<p>→ 326</p>
325	<p>What is the reason a method was not used?</p> <p>RECORD ALL MENTIONED.</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE A</p> <p>CONTRACEPTION WOMEN'S BUSINESS..... B</p> <p>FERTILITY-RELATED REASONS</p> <p>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY C</p> <p>COUPLE SUBFECUND/INFECUND ... D</p> <p>WIFE/PARTNER WAS PREGNANT... E</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC F</p> <p>WIFE/PARTNER WAS BREASTFEEDING..... G</p> <p>WANTED (MORE) CHILDREN H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>WIFE/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD..... M</p> <p>KNOWS NO SOURCE..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS..... P</p> <p>LACK OF ACCESS/TOO FAR..... Q</p> <p>COST TOO MUCH..... R</p> <p>INCONVENIENT TO USE..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>→ 328</p>
326	<p>CHECK 324:</p> <p>MALE CONDOM USED <input type="checkbox"/> OTHER METHOD USED <input type="checkbox"/></p>		<p>→ 328</p>
327	<p>What was the main reason you used a condom on that occasion?</p>	<p>WANTED TO PREVENT DISEASE.....1</p> <p>WANTED TO PREVENT PREGNANCY...2</p> <p>WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY.....3</p> <p>DID NOT TRUST PARTNER/THOUGHT SHE HAD OTHER PARTNERS4</p> <p>PARTNER REQUESTED/INSISTED5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
328	<p>What is your relationship to the person with whom you last had sexual intercourse?</p> <p>IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:</p> <p>Was your girlfriend/fiancé living with you when you last had sex with her?</p> <p>IF YES, CIRCLE '01'.</p> <p>IF NO, CIRCLE '02'.</p>	<p>WIFE/COHABITING PARTNER.....01</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE02</p> <p>OTHER FRIEND03</p> <p>CASUAL ACQUAINTANCE04</p> <p>RELATIVE.....05</p> <p>FEMALE COMMERCIAL SEX WORKER06</p> <p>MALE COMMERCIAL SEX WORKER ...07</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																																									
329	Other than these two people, have you had sex with any other person in the last 12 months?	<p>YES1</p> <p>NO.....2</p>	→331																																								
330	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>ANSWER SHOULD BE '03' OR MORE.</p>	<p>NUMBER OF PARTNERS..... <input type="text"/> <input type="text"/></p>																																									
331	If you needed or wanted to use a male condom, would it be easy, somewhat difficult, or very difficult/impossible for you to get one?	<p>EASY 1</p> <p>SOMEWHAT DIFFICULT..... 2</p> <p>VERY DIFFICULT/IMPOSSIBLE 3</p> <p>DON'T KNOW/UNSURE..... 8</p>																																									
332	<p>CHECK 202(07), 313, 316, 324: EVER USED A MALE CONDOM?</p> <p>HAS USED CONDOM <input type="checkbox"/> NEVER USED A CONDOM <input type="checkbox"/></p>		→334																																								
333	How old were you when you used a male condom for the first time?	<p>AGE AT FIRST USE <input type="text"/> <input type="text"/></p> <p>DON'T REMEMBER98</p>																																									
334	<p>I will now read you some statements about male condom use. Please tell me if you agree or disagree with each.</p> <p>a) Male condoms diminish a man's sexual pleasure.</p> <p>b) A male condom is very inconvenient to use.</p> <p>c) It's okay to re-use a male condom if you wash it.</p> <p>d) Male Condoms protect against disease.</p> <p>e) Buying male condoms is embarrassing.</p> <p>f) A woman has no right to tell a man to use a male condom.</p> <p>g) Male condoms contain HIV.</p> <p>h) Male condoms are a good way to protect against unwanted pregnancy</p> <p>i) People who use male condoms are not trustworthy in that they may have HIV or some other sexually transmitted infection.</p>	<table border="1"> <thead> <tr> <th></th><th>AGREE</th><th>DISAGREE</th><th>DK</th></tr> </thead> <tbody> <tr><td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		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	g)	1	2	8	h)	1	2	8	i)	1	2	8	
	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																																								
g)	1	2	8																																								
h)	1	2	8																																								
i)	1	2	8																																								

SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 301: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/NOT IN UNION <input type="checkbox"/>		→404
402	Is your wife/partner currently pregnant? IF MORE THAN ONE WIFE/PARTNER, ASK: Are any of your wives/partners currently pregnant?	YES.....1 NO2 NOT SURE3	
403	CHECK 402: WIFE/PARTNER(S) NOT PREGNANT/NOT SURE (CODE '2' OR '3') <input type="checkbox"/> YES, WIFE/PARTNER(S) PREGNANT (CODE '1') <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE2 WIFE/WIVES CANNOT GET PREGNANT/STERILIZED3 UNDECIDED/DON'T KNOW8	
404	CHECK 117: HAS HAD CHILDREN <input type="checkbox"/> HAS NEVER HAD ANY CHILDREN <input type="checkbox"/> 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? If you could choose exactly the number of children to have in your whole life, how many would that be? <u>PROBE FOR A NUMERIC RESPONSE.</u>	NONE00 NUMBER OTHER96 (SPECIFY)	
405	If you could choose the sex of your children, would you prefer to have more girl children or boy children or would sex not matter (CODE AS "EITHER")?	MORE BOYS1 MORE GIRLS2 EITHER (SEX DOES NOT MATTER).....3	
406	Do you approve, disapprove of or feel neutral about couples using a method to avoid getting pregnant?	APPROVE1 DISAPPROVE2 NEUTRAL3 DON'T KNOW/UNSURE8	
407	CHECK 301: CURRENTLY MARRIED OR LIVING TOGETHER (CODE 1 OR 2) <input type="checkbox"/> NOT MARRIED/NOT IN UNION (CODE 3 OR 4) <input type="checkbox"/>		→501
408	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN3 DON'T KNOW.....8	
409	In your relationship, would you say that using family planning methods is mainly your decision, mainly your wife's/partner's decision or do you both decide together?	MAINLY RESPONDENT.....1 MAINLY WIFE/PARTNER2 JOINT DECISION3 NEITHER PARTNER DECIDES/NOT DISCUSSED/NOT USING4 OTHER6 (SPECIFY)	

SECTION 5. HIV/AIDS AND OTHER SEXUALLY-TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about some important health issues. Have you ever heard of an illness called AIDS?	YES..... 1 NO..... 2	→515
502	Is there anything a person can do to avoid getting HIV/AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↳504
503	What can a person do? Anything else? RECORD ALL MENTIONED. UNPROMPTED RESPONSE	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	
504	Please tell me all the ways that you think HIV/AIDS can be transmitted. Any other way? RECORD ALL MENTIONED. UNPROMPTED RESPONSE	UNPROTECTED SEX..... A UNPROTECTED SEX WITH A PERSON WHO HAS HIV/AIDS..... B MOSQUITO/ OTHER INSECT BITES.... C SHARING CUPS/SPOONS/OTHER UTENSILS WITH AN HIV POSITIVE PERSON..... D FROM MOTHER TO CHILD DURING PREGNANCY..... E FROM MOTHER TO CHILD DURING DELIVERY..... F FROM MOTHER TO CHILD DURING BREASTFEEDING..... G CONTACT WITH BLOOD OR OTHER BODILY FLUIDS..... H OTHER..... X (SPECIFY) DON'T KNOW..... Z	
505A	Can people reduce their chances of getting HIV/AIDS by using a condom every time they have sex?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↳505C
505B	Can a person get HIV/AIDS from mosquito bites?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
505C	Do you think using a condom occasionally during sex is as effective, more effective or less effective in reducing the chances for getting HIV/AIDS than using a condom every time during sex?	AS EFFECTIVE..... 1 LESS EFFECTIVE..... 2 MORE EFFECTIVE..... 3 DON'T KNOW..... 8	
505D	Can people reduce their chances of getting HIV/AIDS by not having sex at all?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505E	Can people get HIV by sharing food with a person who has HIV/AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	
505F	Can people reduce their chances of getting HIV/AIDS by having just one sex partner who is not infected and who has no other partners?	YES.....1 NO.....2 DON'T KNOW.....8	
506	Is it possible for a healthy-looking person to have HIV/AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	
507	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES.....1 NO.....2	
508	At this point in time, do you think AIDS can be cured or do you think it cannot be cured?	YES, CAN BE CURED.....1 NO, CANNOT BE CURED.....2 DON'T KNOW/NOT SURE.....8	
509	Can HIV/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	
510	Are there any special drugs that a pregnant woman infected with the HIV/ AIDS can take to reduce the risk of transmission to the baby?	YES.....1 NO.....2 DOES NOT KNOW.....8	
511	Have you heard of services offered in government antenatal clinics for preventing mother-to-child HIV/AIDS transmission?	YES.....1 NO.....2 DOES NOT KNOW.....8	
512	I do not want to know the results, but have you ever been tested to see if you have HIV/AIDS?	YES.....1 NO.....2	→514
513	I do not want to know the results, but did you get the results of the test?	YES.....1 NO.....2	→515
514	Would you want to be tested for HIV/AIDS?	YES.....1 NO.....2 DK/NOT SURE/DEPENDS.....8	
515	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES.....1 NO.....2	→518
516	If a man has a sexually transmitted disease (STD), what symptoms might he have? Any others? CIRCLE ALL 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/NO ERECTION.....L OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) NO SYMPTOMS.....Y DON'T KNOW.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517	<p>If a woman has a sexually transmitted disease (STD), what symptoms might she have?</p> <p>Any others?</p> <p>CIRCLE ALL MENTIONED.</p>	ABDOMINAL PAINA GENITAL DISCHARGEB FOUL SMELLING DISCHARGE.....C BURNING PAIN ON URINATION.....D REDNESS/INFLAMMATION IN GENITAL AREA.....E SWELLING IN GENITAL AREA.....F GENITAL SORES/ULCERSG GENITAL WARTS.....H GENITAL ITCHING.....I BLOOD IN URINE.....J LOSS OF WEIGHTK HARD TO GET PREGNANT/HAVE A CHILD.....L OTHERW (SPECIFY) OTHERX (SPECIFY) NO SYMPTOMS.....Y DON'T KNOW.....Z	
518	CHECK 309: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> </div> <div> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> </div> </div>		→ 529
519	CHECK 515: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> KNOWS STD <input type="checkbox"/> </div> <div> DOES NOT KNOW STD <input type="checkbox"/> </div> </div>		→ 521
520	Now I would like to ask you some questions about your health in the last 3 months. During the last 3 months, have you had a sexually transmitted disease (STD)?	YES.....1 NO.....2 DON'T KNOW.....8	
521	Sometimes, men experience an abnormal discharge from their penis. During the last 3 months, have you had an abnormal discharge from your penis?	YES.....1 NO.....2 DON'T KNOW.....8	
522	Sometimes men have a sore or ulcer on or near their penis. During the last 3 months, have you had a sore or ulcer on or near your penis?	YES.....1 NO.....2 DON'T KNOW.....8	
523	CHECK 520/521/522: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> HAS HAD AN INFECTION <input type="checkbox"/> </div> <div> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> </div> </div>		→ 529
524	The last time you had (PROBLEM(S) FROM 520/521/522), did you seek any kind of advice or treatment?	YES.....1 NO.....2	→ 526
525	The last time you had (PROBLEM(S) FROM 520/521/522), did you do any of the following? Did you.... <div style="margin-top: 10px;"> 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? </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div>YES</div> <div>NO</div> </div> <div> CLINIC/HOSPITAL 1 2 TRADITIONAL HEALER... 1 2 SHOP/PHARMACY 1 2 FRIENDS/RELATIVES 1 2 </div>	
526	When you had (PROBLEM(S) FROM 520/521/522), did you tell the person(s) with whom you were having sex?	YES.....1 NO.....2 SOME/NOT AT ALL.....3 DID NOT HAVE A PARTNER.....4	→ 529
527	When you had (PROBLEM(S) FROM 520/521/522), did you do anything to avoid infecting your sexual partner(s)?	YES.....1 NO.....2 PARTNER(S) ALREADY INFECTED3	→ 529

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
528	What did you do to avoid infecting your partner(s)? Did you....	<u>YES</u>	<u>NO</u>	
	Use medicine?	USED MEDICINE	1 2	
	Stop having sex?	STOPPED SEX	1 2	
	Use a condom when having sex?	USED CONDOMS	1 2	
	Go together with your partner to clinic to seek advice?	WENT TO CLINIC.....	1 2	
	Ask your partner to go to the clinic to seek advice/treatment?	ASK PARTNER TO GO	1 2	
529	Some men in South Africa have been circumcised. Have you been circumcised?	YES.....	1	
		NO.....	2	

SECTION 6. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
601	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife, or both equally:	HUSB- AND	WIFE	BOTH EQUALLY	DK/ DEPENDS	
	a) Making large household purchases?	a) 1	2	3	8	
	b) Making small daily household purchases?	b) 1	2	3	8	
	c) Deciding when to visit family, friends or relatives?	c) 1	2	3	8	
	d) Deciding what to do with the money she earns for her work?	d) 1	2	3	8	
	e) Deciding how many children to have and when to have them?	e) 1	2	3	8	
	f) Deciding on family planning?	f) 1	2	3	8	
602	Sometimes a man is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified (is it O.K.) to hit, kick, beat or push his partner in the following situations...	YES	NO		DK/ DEPENDS	
	a) If she goes out without telling him?	a) 1	2		8	
	b) If she neglects the children?	b) 1	2		8	
	c) If she argues with him?	c) 1	2		8	
	d) If she refuses to have sex with him?	d) 1	2		8	
	e) If she burns the food?	e) 1	2		8	
	f) If she is sexually unfaithful/has other sex partners?	f) 1	2		8	
603	When a woman knows her partner has a sexually transmitted disease, is she justified in asking that they use a condom?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8				
604	Men and women do not always agree on everything. Please tell me if you think a woman is justified in refusing to have sex with her partner if...	YES	NO		DK/ DEPENDS	
	a) She is tired and not in the mood?	a) 1	2		8	
	b) She has recently given birth?	b) 1	2		8	
	c) She knows her partner has sex with other women?	c) 1	2		8	
	d) She knows her partner has a sexually transmitted disease?	d) 1	2		8	
605	Do you think that if a woman refuses to have sex with her partner when he wants her to, he has the right to...	YES	NO		DK/ DEPENDS	
	a) Get angry and reprimand her?	a) 1	2		8	
	b) Refuse to give her money or other means of financial support?	b) 1	2		8	
	c) Use force and have sex with her even if she does not want to?	c) 1	2		8	
	d) Have sex with another woman?	d) 1	2		8	
606	RECORD THE TIME. HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>					