

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
	HH2A: Is household selected for the male survey Yes.....1 No.....2	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Date of interview (DD/ MM / YYYY)		
HH6. Area: Urban.....1	____ / ____ / 2010 HH7. Locality ____ (see codes below)	

LOCALITY CODES: BUBUASHIE – 1 LA – 2 JAMES TOWN – 3 NIMA – 4
ACCRA NEW TOWN – 5

WE ARE FROM THE INSTITUTE OF STATISTICAL, SOCIAL AND ECONOMIC RESEARCH (ISSER) AT THE UNIVERSITY OF GHANA, LEGON. 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 45 MINUTES. 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 HH18 to record the time and then begin the interview.
☐ No, permission is not given ☐ Complete HH9. Discuss this result with your supervisor.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed.....01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time.....03 Refused.....04 Dwelling vacant / Address not a dwelling.....05 Dwelling destroyed.....06 Dwelling not found.....07 Other (specify).....96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
HH12. Number of women age 15-49 years: _____	HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
	HH15. Number of under-5 questionnaires completed: _____
<i>IF HOUSEHOLD IS NOT SELECTED FOR THE MALE INTERVIEW (HH2A=2), LEAVE HH15A AND HH15B BLANK</i>	
HH15A. Number of men aged 15-59 years _____	HH15B. Number of man's questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18.

Record the time.

Hour — —

Minutes — —

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the household listing form have been used.

		For women age 15-49		For men age 15-59		For children age 5-14		For children under age 5		For all household members		For children age 0-17 years					
HL1 Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL7A. If the household is selected for the male interview (HH2A=1); Circle line number if man is age 15-59	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No Next Line 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"			
Line	Name	Relation*	M	F	Age	15-49	15-59	Mother	Mother	Y	N	DK	Mother	Y	N	DK	Father
01		0 1	1	2	—	01	01	—	—	1	2	1 2 8	—	1	2	8	—
02		—	1	2	—	02	02	—	—	1	2	1 2 8	—	1	2	8	—
03		—	1	2	—	03	03	—	—	1	2	1 2 8	—	1	2	8	—
04		—	1	2	—	04	04	—	—	1	2	1 2 8	—	1	2	8	—
05		—	1	2	—	05	05	—	—	1	2	1 2 8	—	1	2	8	—
06		—	1	2	—	06	06	—	—	1	2	1 2 8	—	1	2	8	—
07		—	1	2	—	07	07	—	—	1	2	1 2 8	—	1	2	8	—
08		—	1	2	—	08	08	—	—	1	2	1 2 8	—	1	2	8	—
09		—	1	2	—	09	09	—	—	1	2	1 2 8	—	1	2	8	—
10		—	1	2	—	10	10	—	—	1	2	1 2 8	—	1	2	8	—

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Line	Name	Relation*	M F	Month Year	Age	15-49	15-59	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
11			1 2			11	11			1 2	1 2 8		1 2 8	
12			1 2			12	12			1 2	1 2 8		1 2 8	
13			1 2			13	13			1 2	1 2 8		1 2 8	
14			1 2			14	14			1 2	1 2 8		1 2 8	
15			1 2			15	15			1 2	1 2 8		1 2 8	

Tick here if additional questionnaire used ☐

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

Now for each man age 15-59 years, write his name and line number and other identifying information in the information panel of a separate Individual Men's Questionnaire if the household is selected for the Male Interview

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman, man and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

EDUCATION

ED

For household members age 3 and above				For household members age 3-24 years			
ED1 Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST CLASS/YEAR (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No → Next Line	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR IS/WAS (name) ATTENDING? If level=0 or 5 skip to ED7	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No → Next Line 8 DK → Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR DID (name) ATTEND? If level=0 or 5 go to next person Grade: 98 DK
Line	Name	Age	Yes No Level Grade	Yes No Level Grade	Level	Y N DK	Level
01		___	1 2			1 2 8	
02		___	1 2			1 2 8	
03		___	1 2			1 2 8	
04		___	1 2			1 2 8	
05		___	1 2			1 2 8	
06		___	1 2			1 2 8	
07		___	1 2			1 2 8	
08		___	1 2			1 2 8	
09		___	1 2			1 2 8	
10		___	1 2			1 2 8	
11		___	1 2			1 2 8	
12		___	1 2			1 2 8	
13		___	1 2			1 2 8	
14		___	1 2			1 2 8	
15		___	1 2			1 2 8	

CODES FOR EDUCATIONAL LEVEL IN ED4, ED6 AND ED8

0 Preschool	3 Secondary/SSS/SHS/TECH/VOC	8 DK
1 Primary	4 Higher	
2 Middle/JSS/JHS	5 Islamic Education (Makaranta)	

WATER AND SANITATION		W
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling.....11 11»WS6 Piped into compound, yard or plot.....12 12»WS6 Piped to neighbour.....13 13»WS6 Public tap / standpipe.....14 14»WS3 Tube Well, Borehole.....21 21»WS3 Dug well Protected well.....31 31»WS3 Unprotected well.....32 32»WS3 Protected spring.....41 41»WS3 Unprotected spring.....42 42»WS3 Rainwater collection.....51 51»WS3 Tanker-truck.....61 61»WS3 Cart with small tank / drum.....71 71»WS3 Surface water River/ stream81 81»WS3 Dam, lake, pond, canal, irrigation channel).....82 82»WS3 Bottled water.....91 Sachet water92 Other (specify).....96 96»WS3	
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling.....11 11»WS6 Piped into compound, yard or plot.....12 12»WS6 Piped to neighbour.....13 13»WS6 Public tap / standpipe.....14 Tube Well, Borehole.....21 Dug well Protected well.....31 Unprotected well.....32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank / drum.....71 Surface water River/ stream81 Dam, lake, pond, canal, irrigation channel).....82 Other (specify).....96	
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling.....1 1»WS6 In own yard / plot.....2 2»WS6 Elsewhere.....3	
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes.....__ __ __ DK.....998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? Probe: IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years).....11 Adult man (age 15+ years).....12 Female child (under 15).....13 Male child (under 15).....14 Children (both sexes)15 Adult women and child(ren)16 Adult men and child(ren)17 DK.....98	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes.....1 No.....2 DK.....8	2 ► WS8 8 ► WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? Probe: ANYTHING ELSE? Record all items mentioned	Boil.....A Add bleach / chlorine.....B Strain it through a cloth.....C Use water filter (ceramic, sand, composite, etc.).....D Solar disinfection.....E Let it stand and settle.....F Add camphor/naphthalene.....G Add water tabletH Other (specify).....X DK.....Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? If "flush" or "pour flush", probe: WHERE DOES IT FLUSH TO? If necessary, ask permission to observe the facility.	Flush / Pour flush Flush to piped sewer system.....11 Flush to septic tank.....12 Flush to pit (latrine).....13 Flush to somewhere else14 Flush, don't know where.....15 Pit latrine Ventilated Improved Pit latrine (VIP).....21 Pit latrine with slab.....22 Pit latrine without slab / Open pit.....23 Composting toilet.....31 Bucket.....41 Hanging toilet, Hanging latrine.....51 No facility, Bush, Field, Beach.....95 Other (specify).....96	95 ► Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes.....1 No.....2	2 ► Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public).....1 Public facility.....2	2 ► Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ____ Ten or more households.....10 DK.....98	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Catholic.....11 Protestant.....12 Pentecostal/Charismatic.....13 Deeper Life.....14 Jehovah Witness.....15 SDA16 Moslem.....21 Traditional.....31 Spiritualist.....32 Other religion (specify)..... 96 No Religion97	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? Refer to Manual to get the correct Classification	Akan.....11 Ga/Dangme.....12 Ewe.....13 Guan.....14 Gurma15 Mole Dagbani.....21 Grusi.....22 Mande.....23 Non-Ghanaian.....24 Other ethnic group (specify).....96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms — —	
HC3. Main material of the dwelling floor. Record observation.	Natural Floor Earth/sand/mud/mud bricks.....11 Rudimentary floor Wood planks.....21 Palm / Bamboo.....22 Stone.....23 Finished floor Parquet or polished wood.....31 Vinyl/Asphalt strips32 Ceramic tiles/marble tiles/porcelain.....33 Cement/Concrete.....34 Carpet (woollen/synthetic).....35 Carpet (Linoleum/Rubber Carpet)36 Terrazzo.....37 Burnt Bricks.....38 Other (specify).....96	

HC4. Main material of the roof. Record observation.	Natural Roof No Roof.....11 Thatch / Palm leaf/Raffia.....12 Sod.....13 Rudimentary Roof Palm/Bamboo.....22 Wood planks.....23 Cardboard/Polythene sheets.....24 Mud/mud bricks/earth25 Finished Roof Metal Sheet or slate/asbestos.....31 Parquet/Polished Wood.....32 Calamine / Cement fibre.....33 Ceramic tiles.....34 Cement.....35 Roofing shingles.....36 Other (specify).....96	
HC5. Main material of the exterior walls. Record observation	Natural Wall No walls.....11 Cane / Palm / Trunks.....12 Dirt.....13 Rudimentary Wall Bamboo with mud.....21 Stone with mud.....22 Uncovered adobe.....23 Plywood.....24 Cardboard.....25 Reused wood.....26 Finished Wall Cement (plastered).....31 Stone with lime / cement.....32 Bricks.....33 Cement blocks/concrete (not plastered).....34 Covered adobe.....35 Wood planks / shingles.....36 Other (specify).....96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity01 Liquefied Petroleum Gas (LPG).....02 Biogas.....04 Kerosene.....05 Charcoal.....07 Wood/ Firewood.....08 Straw / Shrubs / Grass.....09 Animal waste.....10 Agricultural crop residue/sawdust.....11 No food cooked in household.....95 Other (specify).....96	01 ►► HC8 02 ►► HC8 04 ►► HC8 05 ►► HC8 95 ►► HC8
HC7A. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?	Open fire.....1 Open stove/coal pot.....2 Closed stove.....3 Other (specify)6	

<p>HC7.</p> <p>IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p> In a separate room used as kitchen.....1</p> <p> Elsewhere in the house.....2</p> <p>In a separate building.....3</p> <p>Outdoors4</p> <p>Other (specify).....6</p>																																								
<p>HC8.</p> <p>DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A BLACK AND WHITE TELEVISION?</p> <p>[C1] A COLOUR TELEVISION?</p> <p>[D] LAND/FIXED TELEPHONE?</p> <p>[E] A REFRIGERATOR/FREEZER?</p> <p>[F] WASHING MACHINE?</p> <p>[G] A LAPTOP COMPUTER?</p> <p>[H] A DESKTOP COMPUTER?</p> <p>[I] A VIDEO DECK?</p> <p>[J] A DVD/VCD PLAYER?</p> <p>[K] A SEWING MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A. Electricity.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Radio.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Black and white television.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>C1. Colour Television.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Land/Fixed Telephone.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Refrigerator/freezer.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Washing Machine1</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. Laptop Computer.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. Desktop Computer.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. Video Deck.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. DVD/VCD Player.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. Sewing Machine.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	A. Electricity.....1	1	2	B. Radio.....1	1	2	C. Black and white television.....1	1	2	C1. Colour Television.....1	1	2	D. Land/Fixed Telephone.....1	1	2	E. Refrigerator/freezer.....1	1	2	F. Washing Machine1	1	2	G. Laptop Computer.....1	1	2	H. Desktop Computer.....1	1	2	I. Video Deck.....1	1	2	J. DVD/VCD Player.....1	1	2	K. Sewing Machine.....1	1	2	
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<p>HC9.</p> <p>DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A CANOE/BOAT WITH A MOTOR?</p> <p>[H] A CANOE/BOAT WITHOUT A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A. A watch.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Mobile Telephone.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Bicycle1</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Motorcycle or Scooter.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Animal drawn-cart.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Car / Truck.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. Canoe/Boat with motor.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. Canoe/Boat without a motor.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	A. A watch.....1	1	2	B. Mobile Telephone.....1	1	2	C. Bicycle1	1	2	D. Motorcycle or Scooter.....1	1	2	E. Animal drawn-cart.....1	1	2	F. Car / Truck.....1	1	2	G. Canoe/Boat with motor.....1	1	2	H. Canoe/Boat without a motor.....1	1	2													
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<p>HC10.</p> <p>WHAT IS THE OCCUPANCY STATUS OF YOUR HOUSEHOLD IN THIS DWELLING?</p>	<p>Own.....11</p> <p>Rent.....12</p> <p>Squatting.....13</p> <p>Caretaker.....14</p> <p>Mortgaged.....15</p> <p>Family House (without rent).....16</p> <p>Other (specify)96</p>																																								
<p>HC11.</p> <p>DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1</p> <p>No.....2</p>	2»HC12A																																							
<p>HC12.</p> <p>HOW MANY (HECTARES POLES/ACRES/ PLOT) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, circle '8' for unit</i></p>	<table border="0"> <thead> <tr> <th></th> <th>Unit</th> <th>Size</th> </tr> </thead> <tbody> <tr> <td>Hectares.....1</td> <td>1</td> <td>—</td> </tr> <tr> <td>Poles.....2</td> <td>2</td> <td>—</td> </tr> <tr> <td>Acres3</td> <td>3</td> <td>—</td> </tr> <tr> <td>Plot.....4</td> <td>4</td> <td>—</td> </tr> <tr> <td>Other6</td> <td>6</td> <td>—</td> </tr> <tr> <td>DK8</td> <td>8</td> <td>—</td> </tr> </tbody> </table>		Unit	Size	Hectares.....1	1	—	Poles.....2	2	—	Acres3	3	—	Plot.....4	4	—	Other6	6	—	DK8	8	—																			
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HC12A. OTHER THAN THE PLOT DESCRIBED IN HC11 ABOVE, DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT CAN BE USED FOR RESIDENTIAL AND/OR COMMERCIAL PURPOSES?	Yes.....1 No.....2	2»HC13																					
HC12B. HOW MANY (HECTARES POLES/ ACRES/PLOT) RESIDENTIAL AND/OR COMMERCIAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record '00'. If 95 or more, record '95'. If unknown, circle '8' for unit</i>	<table border="0"> <tr> <td></td> <td>Unit</td> <td>Size</td> </tr> <tr> <td>Hectares.....1</td> <td>—</td> <td>—</td> </tr> <tr> <td>Poles.....2</td> <td>—</td> <td>—</td> </tr> <tr> <td>Acres.....3</td> <td>—</td> <td>—</td> </tr> <tr> <td>Plot.....4</td> <td>—</td> <td>—</td> </tr> <tr> <td>Other.....6</td> <td>—</td> <td>—</td> </tr> <tr> <td>DK.....8</td> <td></td> <td></td> </tr> </table>		Unit	Size	Hectares.....1	—	—	Poles.....2	—	—	Acres.....3	—	—	Plot.....4	—	—	Other.....6	—	—	DK.....8			
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Poles.....2	—	—																					
Acres.....3	—	—																					
Plot.....4	—	—																					
Other.....6	—	—																					
DK.....8																							
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes.....1 No.....2	2»HC15																					
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? [G] RABBITS? [H] DUCKS? <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	Cattle, milk cows, or bulls..... Horses, donkeys, or mules..... Goats..... Sheep..... Chickens/Roosters..... Pigs..... Rabbits..... Ducks.....																						
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes.....1 No.....2																						
HC16. OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD RECEIVED ANY IN-TRANSFERS (KIND OR CASH) FROM NON- HOUSEHOLD RESIDENT RELATIVES?	Yes.....1 No.....2 Don't Know.....8																						
HC17. OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD RECEIVED ANY FORM OF SUPPORT (KIND OR CASH) FROM GOVERNMENT OR OTHER ORGANIZATION?	Yes.....1 No.....2 Don't Know.....8	2»HC19 8»HC19																					
HC18. FROM WHICH SOURCE DID THE MEMBER(S) RECEIVE THIS FORM OF SUPPORT? <i>CIRCLE ALL THAT APPLY</i>	LEAP.....A District Assembly.....B NGO.....C Religious/Social group.....D Other (specify).....X DK.....Z																						
HC19 OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD SENT ANY OUT-TRANSFERS (KIND OR CASH) TO NON- HOUSEHOLD RESIDENT RELATIVES?	Yes.....1 No.....2 Don't Know.....8																						

INSECTICIDE TREATED NETS		TN	
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No.....2	2»HC13	
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets.....		
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).			
	1st Net	2nd Net	3rd Net
TN4. Mosquito net observed?	Observed1 Not observed 2	Observed1 Not observed 2	Observed1 Not observed 2
TN5. Observe or ask the brand/ type of mosquito net <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/ brands to respondent.</i>	Long-lasting treated nets Olyset.....11 Permanet.....12 Interceptor.....13 Netprotect.....14 Duranet.....15 Icon Life.....17 Other (specify).....16 DK brand.....18 Pre-treated nets Dawa.....21 Dawa Plus.....22 MOH treated net.....23 Other (specify).....26 DK brand.....28 Other net Calico net.....31 Locally Sewn net.....32 Net from second hand Clothing.....33 Other (specify).....36 DK brand / type.....98	Long-lasting treated nets Olyset.....11 Permanet.....12 Interceptor.....13 Netprotect.....14 Duranet.....15 Icon Life.....17 Other (specify).....16 DK brand.....18 Pre-treated nets Dawa.....21 Dawa Plus.....22 MOH treated net.....23 Other (specify).....26 DK brand.....28 Other net Calico net.....31 Locally Sewn net.....32 Net from second hand Clothing.....33 Other (specify).....36 DK brand / type.....98	Long-lasting treated nets Olyset.....11 Permanet.....12 Interceptor.....13 Netprotect.....14 Duranet.....15 Icon Life.....17 Other (specify).....16 DK brand.....18 Pre-treated nets Dawa.....21 Dawa Plus.....22 MOH treated net.....23 Other (specify).....26 DK brand.....28 Other net Calico net.....31 Locally Sewn net.....32 Net from second hand Clothing.....33 Other (specify).....36 DK brand / type.....98
TN5A. WHERE DID YOU GET THIS NET?	Public Sector Govt. Hospital/Clinic.....11 Govt. Health Centre.....12 Govt. Health Post/CHPS...13 Fieldworker/Outreach /Peer Education.....14 Campaign.....15 Other public.....16 Private Medical Sector Private Hosp/Clinic.....21 Pharmacy/Chemical/ Drug store/shop.....22 Other private medical.....26 Other Source NGO.....31 Shop/Market.....32 Street Vendor.....33 Other Institution.....34 Other.....36 Don't know.....98	Public Sector Govt. Hospital/Clinic.....11 Govt. Health Centre.....12 Govt. Health Post/CHPS...13 Fieldworker/Outreach /Peer Education.....14 Campaign.....15 Other public.....16 Private Medical Sector Private Hosp/Clinic.....21 Pharmacy/Chemical/ Drug store/shop.....22 Other private medical.....26 Other Source NGO.....31 Shop/Market.....32 Street Vendor.....33 Other Institution.....34 Other.....36 Don't know.....98	Public Sector Govt. Hospital/Clinic.....11 Govt. Health Centre.....12 Govt. Health Post/CHPS...13 Fieldworker/Outreach /Peer Education.....14 Campaign.....15 Other public.....16 Private Medical Sector Private Hosp/Clinic.....21 Pharmacy/Chemical/ Drug store/shop.....22 Other private medical.....26 Other Source NGO.....31 Shop/Market.....32 Street Vendor.....33 Other Institution.....34 Other.....36 Don't know.....98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THIS NET? <i>If less than one month, record "00"</i>	Months ago ____ More than 36 mo. ago.....95 DK / Not sure.....98	Months ago ____ More than 36 mo. ago.....95 DK / Not sure.....98	Months ago ____ More than 36 mo. ago.....95 DK / Not sure.....98

<p>TN6A. HOW MUCH DID IT COST YOU TO ACQUIRE THIS NET (GH¢)</p> <p><i>If received free of charge, record "00.0"</i></p>	<p>_____ . _____ Cedis p</p> <p>DK99.8</p>	<p>_____ . _____ Cedis p</p> <p>DK99.8</p>	<p>_____ . _____ Cedis p</p> <p>DK99.8</p>
<p>TN7. Check TN5 for type of net</p>	<p><input type="checkbox"/> Long-lasting (11-18) ⇒ TN11</p> <p><input type="checkbox"/> Pre-treated (21-28) ⇒ TN9</p> <p><input type="checkbox"/> Else ⇒ Continue</p>	<p><input type="checkbox"/> Long-lasting (11-18) ⇒ TN11</p> <p><input type="checkbox"/> Pre-treated (21-28) ⇒ TN9</p> <p><input type="checkbox"/> Else ⇒ Continue</p>	<p><input type="checkbox"/> Long-lasting (11-18) ⇒ TN11</p> <p><input type="checkbox"/> Pre-treated (21-28) ⇒ TN9</p> <p><input type="checkbox"/> Else ⇒ Continue</p>
<p>TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK / Not sure 8</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK / Not sure 8</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK / Not sure 8</p>
<p>TN9. SINCE YOU GOT THE NET, HAS IT EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>..... ⇒ TN11</p> <p>DK / Not sure 8</p> <p>..... ⇒ TN11</p>	<p>Yes..... 1</p> <p>No 2</p> <p>..... ⇒ TN11</p> <p>DK / Not sure 8</p> <p>..... ⇒ TN11</p>	<p>Yes..... 1</p> <p>No 2</p> <p>..... ⇒ TN11</p> <p>DK / Not sure 8</p> <p>..... ⇒ TN11</p>
<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? IF LESS THAN ONE MONTH, RECORD "00"</p>	<p>Months ago ____</p> <p>More than 24 mo. ago... 95</p> <p>DK / Not sure 98</p>	<p>Months ago ____</p> <p>More than 24 mo. ago... 95</p> <p>DK / Not sure 98</p>	<p>Months ago ____</p> <p>More than 24 mo. ago... 95</p> <p>DK / Not sure 98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>..... ⇒ TN13</p> <p>DK / Not sure 8</p> <p>..... ⇒ TN13</p>	<p>Yes..... 1</p> <p>No 2</p> <p>..... ⇒ TN13</p> <p>DK / Not sure 8</p> <p>..... ⇒ TN13</p>	<p>Yes..... 1</p> <p>No 2</p> <p>..... ⇒ TN13</p> <p>DK / Not sure 8</p> <p>..... ⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p>RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD LISTING FORM</p> <p>IF SOMEONE NOT IN THE HOUSEHOLD LIST SLEPT UNDER THE MOSQUITO NET, RECORD "00"</p>	<p>Name</p> <p>Line number ____</p> <p>Name</p> <p>Line number ____</p> <p>Name</p> <p>Line number ____</p> <p>Name</p> <p>Line number ____</p>	<p>Name</p> <p>Line number ____</p> <p>Name</p> <p>Line number ____</p> <p>Name</p> <p>Line number ____</p> <p>Name</p> <p>Line number ____</p>	<p>Name</p> <p>Line number ____</p> <p>Name</p> <p>Line number ____</p> <p>Name</p> <p>Line number ____</p> <p>Name</p> <p>Line number ____</p>
<p>TN13.</p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i></p>
			<p><i>Tick here if additional questionnaire used</i> <input type="checkbox"/></p>

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes.....1 No.....2 DK.....8	2»Next Module 8»Next Module
IR2. WHO SPRAYED THE INTERIOR WALLS OF YOUR DWELLING? <i>Circle all that apply.</i>	Government worker / program.....A Private company.....B Non-governmental organization.....C Other (specify).....X DK.....Z	

CHILD LABOUR

CL

To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line numb er	CL2. Name and Age	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?	CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?	CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? <i>Include work for a business run by the child, alone or with one or more partners.</i>	CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?	CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?	CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?			
Line	Name	Age	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	
01		—	1	2	3	1	2	1	2	2	1	2
02		—	1	2	3	1	2	1	2	2	1	2
03		—	1	2	3	1	2	1	2	2	1	2
04		—	1	2	3	1	2	1	2	2	1	2
05		—	1	2	3	1	2	1	2	2	1	2
06		—	1	2	3	1	2	1	2	2	1	2
07		—	1	2	3	1	2	1	2	2	1	2
08		—	1	2	3	1	2	1	2	2	1	2
09		—	1	2	3	1	2	1	2	2	1	2
10		—	1	2	3	1	2	1	2	2	1	2
11		—	1	2	3	1	2	1	2	2	1	2
12		—	1	2	3	1	2	1	2	2	1	2
13		—	1	2	3	1	2	1	2	2	1	2
14		—	1	2	3	1	2	1	2	2	1	2
15		—	1	2	3	1	2	1	2	2	1	2

CHILD DISCIPLINE
CD
TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	__		1	2	__
2	__		1	2	__
3	__		1	2	__
4	__		1	2	__
5	__		1	2	__
6	__		1	2	__
7	__		1	2	__
8	__		1	2	__
CD6.	Total children age 2-14 years				__

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child.....

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number _____	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u> .		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes1 No2	
CD11A. IGNORED/REFUSED TO COMMUNICATE TO <i>(name)</i> .	Yes1 No2	
CD12. EXPLAINED WHY <i>(name)</i> 'S BEHAVIOR WAS WRONG.	Yes1 No2	
CD13. SHOOK HIM/HER.	Yes1 No2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes1 No2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes1 No2	
CD16. SPANKED, HIT, PUSHED OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes1 No2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, COMB, HAIRBRUSH, CAIN, STICK OR OTHER HARD OBJECT.	Yes1 No2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes1 No2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes1 No2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes1 No2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes1 No2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes1 No2 Don't know / No opinion8	

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed 1 Not observed Not in dwelling / plot / yard 2 No permission to see 3 Other reason 6	2 ⇒ HW4 3 ⇒ HW4 6 ⇒ HW4
HW2. <i>Observe presence of water at the specific place for handwashing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available 1 Water is not available 2	
HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i> <i>Circle all that apply.</i> <i>Skip to Next Module if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i>	Washing Soap (e.g. Key soap) A Toilet Soap (e.g. Lux) B Detergent (Powder / Liquid / Paste) C Ash / Mud / Sand D None Y	A ⇒ Next Module B ⇒ Next Module C ⇒ Next Module D ⇒ Next Module
HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes 1 No 2	2 ⇒ Next Module
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Record observation. Circle all that apply.</i>	Washing Soap (eg. Key soap) A Toilet Soap (eg. Lux) B Detergent (Powder / Liquid / Paste) C Ash / Mud / Sand D Not able / Does not want to show Y	

SALT IODIZATION**SI**

SI1. WE WOULD LIKE TO CHECK WHETHER THE
SALT USED IN YOUR HOUSEHOLD IS IODIZED.
MAY I HAVE A SAMPLE OF THE SALT USED TO
COOK MEALS IN YOUR HOUSEHOLD?

*Once you have tested the salt, circle number
that corresponds to test outcome.*

Not iodized 0 PPM 1
More than 0 PPM & less than 15 PPM 2
15 PPM or more 3

No salt in the house 6

Salt not tested 7

HH19. Record the time.	Hour and minutes ____ : ____	
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HH20. Does any eligible woman age 15-49 reside in the household?

Check Household Listing Form, column HL7 for any eligible woman.

You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR INDIVIDUAL WOMEN*
to administer the questionnaire to the first eligible woman.

☐ No ⇒ Continue.

HH21. Does any child under the age of 5 reside in the household?

Check Household Listing Form, column HL9 for any eligible child under age 5.

You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE*
to administer the questionnaire to mother or caretaker of the first eligible child.

☐ No ⇒ Continue.

HH22. [IF THIS HOUSEHOLD WAS SELECTED FOR THE MALE QUESTIONNAIRE] Does any eligible man age 15-59 reside in the household?

Check Household Listing Form, column HL7A for any eligible man.

You should have a questionnaire with the Information Panel filled in for each eligible man.

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR INDIVIDUAL MEN*
to administer the questionnaire to the first eligible man.

☐ No ⇒ End the interview by thanking the respondent for his/her cooperation.
Gather together all questionnaires for this household and complete HH8 TO HH15B on
the cover page.

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / 2010	

Repeat greeting if not already read to this woman:

WE ARE FROM THE INSTITUTE OF STATISTICAL, SOCIAL AND ECONOMIC RESEARCH (ISSER) AT THE UNIVERSITY OF GHANA, LEGON. 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 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

THIS SURVEY IS TO ASSIST POLICY MAKERS AND PRACTITIONERS AND PROVIDE KNOWLEDGE ON HEALTH AND HOUSEHOLD WELL-BEING

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 45 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 WM10 to record the time and then begin the interview.
- ☐ *No, permission is not given* ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (specify) _____	96

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
---	--

WB9. WHAT KIND OF WORK DID YOU MAINLY DO?	Professional/Technical/Managerial.....01 Administrative/Clerical.....02 Sales/Vending.....03 Service.....04 Agricultural.....05 Production.....06 Other (Specify).....96	
WB10. DO YOU DO THIS WORK FOR A MEMBER OF YOUR FAMILY, FOR SOMEONE ELSE, OR ARE YOU SELF-EMPLOYED?	For a family member..... 1 For someone else..... 2 Self-employed..... 3	
WB11. DO YOU USUALLY WORK THROUGHOUT THE YEAR, OR DO YOU WORK SEASONALLY, OR ONLY ONCE IN A WHILE?	Throughout the year 1 Seasonally 2 Once a while..... 3	
WB12. DO YOU EARN/ARE YOU PAID IN CASH OR KIND FOR THIS WORK OR YOU ARE NOT PAID AT ALL?	Cash only..... 1 Cash and kind..... 2 Kind only 3 Not paid 4	4⇒NEXT MODULE
WB13. ON AVERAGE, HOW MUCH DO YOU EARN FROM DOING THIS WORK IN A TYPICAL MONTH (GH¢)?	Less than 100 1 Between 100 and 300..... 2 Between 300 and 500..... 3 500 or more 4 Don't know/Cannot Quantify..... 8	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY MT

MT1. Check WB7:

- ☐ Question left blank (Respondent has Secondary or Higher education) ⇒ Continue with MT2
- ☐ Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2
- ☐ Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3

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?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
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?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

MT5. Check WB2: Age of respondent between 15 and 24?

- ☐ Age 25-49 ⇒ Go to Next Module
- ☐ Age 15-24 ⇒ Continue with MT6

MT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MT9
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?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒ Next Module
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?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes..... 1 No 2	2⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day DK day 98 Month DK month 98 Year DK year 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes..... 1 No 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home..... Daughters at home	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes..... 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere Daughters elsewhere	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes..... 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead..... Girls dead	
CM10. Sum answers to CM5, CM7, and CM9.	Sum	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ Yes. Check below:

☐ No live births ⇒ Go to ILLNESS SYMPTOMS Module (Page 17 of 34)

☐ One or more live births ⇒ Continue with CM12

☐ No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12

CM12. OF THESE (*total number in CM10*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

Month and year must be recorded.

Date of last birth

Day 98

DK day 98

Month.....

Year

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2008**

☐ No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module (Page 17 of 34).

☐ One or more live births in last 2 years. ⇒ Ask for the name of the child

Name of child

If child has died, take special care when referring to this child by name in the following modules.

Continue with the DESIRE FOR LAST BIRTH module.

DESIRE FOR LAST BIRTH

DB

*This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Check child mortality module CM13 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.*

DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 ____ Years 2 ____ DK 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Other (specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes 1 No 2 DK 8	2⇒MN9 8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times DK 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9														

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes 1 No 2 DK 8	2⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times DK 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago	
MN12. Check MN1 for presence of antenatal care during this pregnancy: <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13 <input type="checkbox"/> No antenatal care received ⇒ Go to MN17		
MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO <u>PREVENT</u> YOU FROM GETTING MALARIA?	Yes 1 No 2 DK..... 8	2⇒MN17 8⇒MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i>	SP / Fansidar A Chloroquine B Other (specify) X DK..... Z	
MN15. Check MN14 for medicine taken: <input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16 <input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN17		
MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times DK..... 98	
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative / Friend H Other (specify) X No one Y	

<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</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>Home</p> <p>Your home 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Govt. hospital/Polyclinic..... 21</p> <p>Govt. clinic / health centre 22</p> <p>Govt. health post 23</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (specify) 36</p> <p>Other (specify) 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small..... 5</p> <p>DK 8</p>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID (name) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kg) ____ . ____ . ____</p> <p>From recall 2 (kg) ____ . ____ . ____</p> <p>DK 99.98</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours 1 ____</p> <p>Days 2 ____</p> <p>Don't know / remember 998</p>	

MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒ Next Module
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) A Plain water B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Fruit juice F Infant formula G Tea / Infusions H Honey I Other (<i>specify</i>) X	

POST-NATAL HEALTH CHECKS

PN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Check child mortality module CM13 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

PN1. Check MN18: Was the child delivered in a health facility?

☐ Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2

☐ No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6

PN2. NOW I WOULD LIKE TO ASK YOU SOME
QUESTIONS ABOUT WHAT HAPPENED IN THE
HOURS AND DAYS AFTER THE BIRTH OF (name).

YOU HAVE SAID THAT YOU GAVE BIRTH IN
(name or type of facility in MN18). HOW LONG
DID YOU STAY THERE AFTER THE DELIVERY?

If less than one hour, record '00' for Hours
If less than one day, record hours.
If less than one week, record days.
Otherwise, record weeks.

Hours 1 ____
Days 2 ____
Weeks 3 ____
Don't know / remember 998

PN3. I WOULD LIKE TO TALK TO YOU ABOUT
CHECKS ON (name)'S HEALTH AFTER DELIVERY
– FOR EXAMPLE, SOMEONE EXAMINING
(name), CHECKING THE CORD, OR SEEING IF
(name) IS OK.

BEFORE YOU LEFT THE (name or type of
facility in MN18), DID ANYONE CHECK ON
(name)'S HEALTH?

Yes 1
No 2

PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH
– HEMEAN, SOMEONE ASSESSING YOUR
HEALTH, FOR EXAMPLE ASKING QUESTIONS
ABOUT YOUR HEALTH OR EXAMINING YOU.

DID ANYONE CHECK ON YOUR HEALTH BEFORE
YOU LEFT (name or type of facility in MN18)?

Yes 1
No 2

PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT
WHAT HAPPENED AFTER YOU LEFT (name or
type of facility in MN18).

DID ANYONE CHECK ON (name)'S HEALTH
AFTER YOU LEFT (name or type of facility in
MN18)?

Yes 1
No 2
1⇒PN11
2⇒PN16

PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?

- ☐ Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒ Continue with PN7
- ☐ No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN10

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes1 No2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes1 No2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes1 No2</p>	<p>1⇒ PN11 2⇒ PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes1 No2</p>	<p>2⇒ PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once1 More than once2</p>	<p>1⇒ PN12A 2⇒ PN12B</p>

<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one hour, record '00' for Hours If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours.....1 __ __</p> <p>Days2 __ __</p> <p>Weeks3 __ __</p> <p>Don't know / remember998</p>	
<p>PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>Doctor..... A</p> <p>Nurse / Midwife..... B</p> <p>Auxiliary midwife..... C</p> <p>Other person</p> <p>Traditional birth attendant..... F</p> <p>Community health worker..... G</p> <p>Relative / Friend H</p> <p>Other (specify) X</p>	
<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</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>Home</p> <p>Your home11</p> <p>Other home12</p> <p>Public sector</p> <p>Govt. hospital/Polyclinic21</p> <p>Govt. clinic / health centre22</p> <p>Govt. health post23</p> <p>Other public (specify)26</p> <p>Private medical sector</p> <p>Private hospital.....31</p> <p>Private clinic32</p> <p>Private maternity home33</p> <p>Other private medical (specify)36</p> <p>Other (specify)96</p>	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes1</p> <p>No.....2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>

<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once 1</p> <p>More than once 2</p>	<p>1⇒PN21A</p> <p>2⇒PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one hour, record '00' for Hours</i> <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>Hours 1 ____</p> <p>Days 2 ____</p> <p>Weeks 3 ____</p> <p>Don't know / remember 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>Doctor A</p> <p>Nurse / Midwife B</p> <p>Auxiliary midwife C</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative / Friend H</p> <p>Other (specify) X</p>	

PN23. WHERE DID THIS CHECK TAKE PLACE?

Probe to identify the type of source.

If unable to determine whether public or private, write the name of the place.

(Name of place)

Home	
Your home	11
Other home	12
Public sector	
Govt. hospital/Polyclinic	21
Govt. clinic / health centre	22
Govt. health post	23
Other public (<i>specify</i>)	26
Private medical sector	
Private hospital	31
Private clinic	32
Private maternity home	33
Other private medical (<i>specify</i>)	36
Other (<i>specify</i>)	96

ILLNESS SYMPTOMS

IS

IS1. Check Household Listing, column HL9

Is the respondent the mother or caretaker of any child under age 5?

☐ Yes ⇒ Continue with IS2.

☐ No ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:

ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions

Child not able to drink or breastfeed A
 Child becomes sicker B
 Child develops a fever C
 Child has fast breathing D
 Child has difficult breathing E
 Child has blood in stool F
 Child is drinking poorly G
 Child has diarrhoea H
 Child incessant crying for no reason I

Other (*specify*) X

Other (*specify*) Y

Other (*specify*) Z

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. FARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK..... 8</p>	1⇒Next Module
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒Next Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization.....A</p> <p>Male sterilization.....B</p> <p>IUDC</p> <p>InjectablesD</p> <p>ImplantsE</p> <p>PillF</p> <p>Male condomG</p> <p>Female condom.....H</p> <p>DiaphragmI</p> <p>Foam / JellyJ</p> <p>Lactational amenorrhoea method (LAM).....K</p> <p>Periodic abstinence / Rhythm.....L</p> <p>Withdrawal.....M</p> <p>Not Sexually Active.....N</p> <p>Other (<i>specify</i>) X</p>	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None 2 Undecided / Don't know 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using "Female sterilization"? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None 2 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months 1 ____ Years 2 ____ Soon / Now 993 Says she cannot get pregnant 994 After marriage 995 Other 996 Don't know 998	994⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1 ⇒ UN13</p> <p>8 ⇒ UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex A</p> <p>Menopausal B</p> <p>Never menstruated C</p> <p>Hysterectomy (surgical removal of uterus) D</p> <p>Has been trying to get pregnant for 2 years or more without result E</p> <p>Postpartum amenorrheic F</p> <p>Breastfeeding G</p> <p>Too old H</p> <p>Fatalistic I</p> <p>Other (specify) X</p> <p>Don't know Z</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago 1 __ __</p> <p>Weeks ago 2 __ __</p> <p>Months ago 3 __ __</p> <p>Years ago 4 __ __</p> <p>In menopause /</p> <p>Has had hysterectomy 994</p> <p>Before last birth 995</p> <p>Never menstruated 996</p>	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes..... 1 No 2	1⇒FG3
FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes..... 1 No 2	2⇒Next Module
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes..... 1 No 2	2⇒FG9
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes..... 1 No 2 DK..... 8	1⇒FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes..... 1 No 2 DK..... 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED? <i>If necessary, probe: WAS IT SEALED?</i>	Yes..... 1 No 2 DK..... 8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>If the respondent does not know the exact age, probe to get an estimate</i>	Age at circumcision..... ____ DK / Don't remember / Not sure..... 98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor 11 Nurse/Midwife 12 Other health professional (<i>specify</i>) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (<i>specify</i>) 26 DK..... 98	
FG9. <i>Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here</i>	Total number of living daughters..... ____	
FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (<i>total number in FG9</i>) LIVING DAUGHTERS. IS THIS CORRECT? <input type="checkbox"/> Yes <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22 <input type="checkbox"/> No ⇒ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes		

FG11. *Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.*

The total number of daughters in FG12 should be equal to the number in FG9

If more than 4 daughters, use additional questionnaires

If more than 4 daughters, use additional questionnaires

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12. Name of daughter	_____	_____	_____	_____
FG13. HOW OLD IS (<i>name</i>)?	Age ____	Age ____	Age..... ____	Age ____
FG14. Is (<i>name</i>) younger than 15 years of age?	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes..... 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>
FG15. Is (<i>name</i>) CIRCUMCISED?	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes..... 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>
FG16. HOW OLD WAS (<i>name</i>) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i>	Age ____ DK.....98	Age ____ DK98	Age..... ____ DK 98	Age____ DK.....98
FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (<i>name</i>) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 ⇒ FG19 No 2 DK 8	Yes 1 ⇒ FG19 No 2 DK 8	Yes..... 1 ⇒ FG19 No 2 DK 8	Yes 1 ⇒ FG19 No 2 DK 8
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No 2 DK.....8	Yes 1 No 2 DK 8	Yes..... 1 No 2 DK 8	Yes 1 No 2 DK.....8

FG19. WAS HER GENITAL AREA SEWN CLOSED? <i>If necessary, probe:</i> WAS IT SEALED?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98
FG21.	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22</i>
<i>Tick here if additional questionnaire used</i> <input type="checkbox"/>				
FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued 1 Discontinued 2 Depends 3 DK 8			

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1. 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:

[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/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years..... _ _ DK..... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes 1 No 2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number..... _ _ DK..... 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month..... _ _ DK month..... 98 Year _ _ _ _ DK year..... 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years..... _ _	

SEXUAL BEHAVIOUR
SB

Check for the presence of others. Before continuing, ensure privacy.

<p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse..... 00</p> <p>Age in years _ _</p> <p>First time when started living with (first) husband/partner..... 95</p>	<p>⇒ SB2</p> <p>⇒ SB2</p>
<p>SB1A. DO YOU INTEND TO WAIT UNTIL YOU GET MARRIED TO HAVE SEXUAL INTERCOURSE FOR THE FIRST TIME?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Not Sure..... 3</p>	<p>1⇒ SB16</p> <p>2⇒ SB16</p> <p>3⇒ SB16</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><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></p>	<p>Days ago..... 1 _ _</p> <p>Weeks ago 2 _ _</p> <p>Months ago 3 _ _</p> <p>Years ago..... 4 _ _</p>	<p>4⇒ SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>SB5. 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 'boyfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband..... 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Ex-Boyfriend 4</p> <p>Casual acquaintance 5</p> <p>Other (specify)..... 6</p>	<p>3⇒ SB7</p> <p>4⇒ SB7</p> <p>5⇒ SB7</p> <p>6⇒ SB7</p>
<p>SB6. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</p>		
<p>SB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner..... _ _</p> <p>DK..... 98</p>	
<p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒ SB15</p>
<p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p>	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband..... 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend..... 3</p> <p>Ex-Boyfriend 4</p> <p>Casual acquaintance 5</p> <p>Other (<i>specify</i>)..... 6</p>	<p>3⇒SB12</p> <p>4⇒SB12</p> <p>5⇒SB12</p> <p>6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner..... _ _</p> <p>DK 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒SB15
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners _ _</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners..... _ _</p> <p>DK 98</p>	
<p>SB16. DO YOU KNOW OF A PLACE WHERE A PERSON CAN GET MALE CONDOMS?</p>	<p>Yes 1</p> <p>No 2</p>	⇒NEXT MODULE

<p>SB17. WHERE IS THAT?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC.....A</p> <p>GOVT. HEALTH CENTER.....B</p> <p>GOVT. HEALTH POST/CHPS.....C</p> <p>FAMILY PLANNING CLINIC.....D</p> <p>MOBILE CLINIC.....E</p> <p>FIELD WORKER/OUTREACH/PEER EDUCATOR...F</p> <p>OTHER PUBLIC (SPECIFY).....G</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....H</p> <p>PRIVATE DOCTOR.....I</p> <p>PHARMACY.....J</p> <p>CHEMICAL/DRUG STORE.....K</p> <p>FP/PPAG CLINIC.....L</p> <p>MATERNITY HOME.....M</p> <p>OTHER PRIVATE MEDICAL.....N</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET.....O</p> <p>CHURCH.....P</p> <p>COMMUNITY VOLUNTEER.....Q</p> <p>FRIEND/RELATIVE.....R</p> <p>OTHER (SPECIFY).....X</p>	
<p>SB18. 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>	

NATIONAL HEALTH INSURANCE		WH
WH0. Check WB2 <input type="checkbox"/> Respondent Less than 18 years ⇒ Go to Next Module. <input type="checkbox"/> Respondent 18 years or older ⇒ Go to WH1.		
WH1. DO YOU HAVE ANY HEALTH INSURANCE OR ARE YOU A MEMBER OF A MUTUAL HEALTH ORGANIZATION	Yes..... 1 No 2	2⇒WH10
WH2. WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE? RECORD ALL MENTIONED	National/District Health Insurance (NHIS) ..A Health Insurance through EmployerB Mutual Health Organization/ Community Based Health InsuranceC Other privately purchased commercial Health Insurance.....D Other (specify)_____X	
WH3. Check WH2: <input type="checkbox"/> NHIS <u>NOT</u> CHECKED. ⇒ Go to WH10.		
WH4. HOW WAS YOUR MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself 1 Premium paid by a relative or friend 2 Premium paid by employers/SSNIT..... 3 Exempt as indigent 4 Other (specify) _____ 6	
WH5. DO YOU HOLD A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD? <i>If person has valid insurance card, request to see it. Check to make sure it is valid for this year</i>	Yes, card seen 1 Yes, card not seen 2 No 3	1⇒WH9 2⇒WH9
WH6. WHY DO YOU NOT HAVE A VALID NHIS CARD?	Registered, but not fully paid Yes..... 1 Registered/Renewed, card not received..... 2 Registered, in waiting period Yes 3 Not renewed registration 4 Lost NHIS card 5 Other (specify)_____ 6	1⇒WH9 2⇒WH9 3⇒WH9 5⇒WH9 6⇒WH9
WH7. DO YOU PLAN TO RENEW THE NHIS REGISTRATION?	Yes..... 1 No 2 Don't know/ Not sure 8	1⇒WH9 8⇒WH9

<p>WH8. WHY DO YOU NOT WANT TO RENEW THE NHIS REGISTRATION?</p>	<p>Have not been sick A</p> <p>Premium too Expensive B</p> <p>Still pay out of pocket..... C</p> <p>Worse quality care with card D</p> <p>Waiting time for card too long E</p> <p>Desired services not covered F</p> <p>Use clinics/ traditional services not covered G</p> <p>Other X</p>	
<p>WH9. IN YOUR OPINION, DO NHIS CARD HOLDERS GET BETTER/SAME/WORSE SERVICES WHEN THEY ATTEND HEALTH CARE FACILITIES</p>	<p>Better 1</p> <p>Same 2</p> <p>Worse 3</p> <p>Never used 4</p> <p>Don't know 8</p>	<p>FOR ALL RESPONSES: ⇒ NEXT MODULE</p>
<p>WH10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION WITH THE NHIS?</p>	<p>Not heard of NHIS A</p> <p>Premium too Expensive B</p> <p>Do not trust NHIS..... C</p> <p>Do not know where to register..... D</p> <p>Registration office too far..... E</p> <p>Do not need health insurance..... F</p> <p>NHIS does not cover the services I need .. G</p> <p>NHIS does not cover the facilities I use H</p> <p>Other X</p>	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1	2⇒WM11
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	No 2	
HA2. 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	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8	
HA4. 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	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		
[A] DURING PREGNANCY?	Yes No DK During pregnancy 1 2 8	
[B] DURING DELIVERY?	During delivery 1 2 8	
[C] BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8	
HA10. 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	
HA11. 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	
HA12. 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	

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p>																						
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test.....	1	2	8	
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Offered a test.....	1	2	8																			
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒HA19</p> <p>8⇒HA19</p>																				
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA19. Check MN17: Birth delivered by health professional (A, B or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>																						
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HA24</p>																				
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p>																					
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒HA25</p>																				

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago..... 2 2 or more years ago 3	1⇒WM11 2⇒WM11 3⇒WM11
HA24. 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⇒HA27
HA25. 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	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	1⇒WM11 2⇒WM11 8⇒WM11
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

WM11. Record the time.	Hour and minutes __ : __	
------------------------	--------------------------------	--

WM12. Check Household Listing Form, column HL9.

Is the respondent the mother or caretaker of any child age 0-4 living in this household?

- ☐ Yes ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.
- ☐ No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman, men or children under-5 in the household. IF none, check for the presence of any eligible male 15-59 year in the household.

MAN'S INFORMATION PANEL		MM
<i>This questionnaire is to be administered to all men age 15 through 59 (see column HL7A of Household Listing Form). Fill in one form for each eligible man.</i>		
MM1. Cluster number: _____	MM2. Household number: _____	
MM3. Man's name: Name _____	MM4. Man's line number: _____	
MM5. Interviewer name and number: Name _____	MM6. Day / Month / Year of interview: _____ / _____ / 2010	

Repeat greeting if not already read to this man:

WE ARE FROM THE INSTITUTE OF STATISTICAL, SOCIAL AND ECONOMIC RESEARCH (ISSER) AT THE UNIVERSITY OF GHANA, LEGON. 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.

THIS SURVEY IS TO ASSIST POLICY MAKERS AND PRACTITIONERS AND PROVIDE KNOWLEDGE ON HEALTH AND HOUSEHOLD WELL-BEING

MAY I START NOW?

- ☐ Yes, permission is given ⇒ Go to MM10 to record the time and then begin the interview.
- ☐ No, permission is not given ⇒ Complete MM7. Discuss this result with your supervisor.

MM7. Result of man's interview	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (specify)	96

MM8. Field edited by (Name and number): Name _____	MM9. Data entry clerk (Name and number): Name _____
MM10. Record the time.	Hour and minutes :

MB8. WHAT IS YOUR RELIGION?	Catholic11 Protestant.....12 Pentecostal/Charismatic.....13 Deeper Life.....14 Jehovah Witness15 SDA16 Moslem.....21 Traditional.....31 Spiritualist.....32 No Religion.....33 Other (<i>specify</i>) _____ 96	
MB9. TO WHAT ETHNIC GROUP DO YOU BELONG?	Akan.....11 Ga/Dangme.....12 Ewe.....13 Guan.....14 Grum15 Mole Dagbani21 Grusi.....22 Mande.....23 Non-Ghanaian.....24 Other ethnic group (<i>specify</i>) _____ 96	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		AC
<p>AC1. Check MB7:</p> <p><input type="checkbox"/> Question left blank (Respondent has Secondary or Higher education) ⇒ Continue with AC2</p> <p><input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with AC2</p> <p><input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to AC3</p>		
AC2. 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?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
AC3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
AC4. 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?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
<p>AC5. Check WB2: Age of respondent between 15 and 24?</p> <p><input type="checkbox"/> Age 25-59 ⇒ Go to Next Module</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with AC6</p>		
AC6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒AC9
AC7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒AC9
AC8. 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?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
AC9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒Next Module
AC10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒ Next Module
AC11. 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?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

MARRIAGE/UNION		MU
MU1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married..... 1 Yes, cohabiting with a woman 2 No, not in union..... 3	2⇒MU2 3⇒MU4
MU1A. WHAT TYPE OF MARRIAGE?	Consensual union 01 Customary marriage only 02 Customary and religious 03 Civil marriage only 04 Customary and civil..... 05 Customary, religious and civil 06 Betrothed (incl. customary not completed).07 Other (specify)..... 96 DK..... 98	
MU2. WITH HOW MANY WOMEN DO YOU CURRENTLY LIVE (MARRIED OR AS MARRIED)?	Number of women _ _	
<i>If only one wife</i> MU3. HOW OLD IS YOUR WIFE/PARTNER? <i>Probe: HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY?</i> <i>If has more than one wife</i> MU3A. HOW OLD IS YOUR YOUNGEST WIFE/PARTNER? <i>Probe: HOW OLD WAS YOUR YOUNGEST WIFE/PARTNER ON HER LAST BIRTHDAY?</i>	Age in years _ _ DK..... 98	⇒MU7 ⇒MU7
MU4. 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⇒Next Module
MU5. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowhood 1 Divorcee..... 2 Separation..... 3	
MU6. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once 2	
MU7. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month _ _ DK month 98 Year _ _ _ _ DK year 9998	
MU8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years _ _	

ATTITUDES TOWARDS CONTRACEPTION		MR
MR1. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU OR (ANY OF) YOUR WIFE(S)/PARTNER(S) CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID HER GETTING PREGNANT?	Yes 1 No 2 DK 8	2⇒MR2 8⇒MR2
MR1A. WHAT ARE YOU / ANY OF YOUR WIFE(S)/PARTNER(S) DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization..... A Male sterilization..... B IUD C Injectables D Implants E Pill F Male condom G Female condom H Diaphragm I Foam / Jelly J Lactational amenorrhoea method (LAM)..... K Periodic abstinence / Rhythm..... L Withdrawal..... M Other (<i>specify</i>) X	NEXT MODULE
MR2. WOULD YOU YOURSELF USE OR WOULD YOU ALLOW (ANY OF) YOUR WIFE(S)/PARTNER(S) TO USE ANY SUCH METHODS?	Yes 1 No 2 DK / not sure / depends 8	1⇒NEXT MODULE 8⇒NEXT MODULE
MR3. WHY NOT? ANY OTHER REASON? <i>Record all reasons mentioned.</i>	Religious beliefs A Partner refuses..... B Can't afford / expensive C Side effects D Not sexually active E Do not wish to avoid pregnancy F Encourages promiscuity G Other (<i>specify</i>) X	

ATTITUDES TOWARDS DOMESTIC VIOLENCE

MD

MD1. 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:

[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 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

SEXUAL BEHAVIOUR		MS
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
<p>MS1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse..... 00</p> <p>Age in years _ _</p> <p>First time when started living with (first) wife/partner 95</p> <p>DK..... 98</p>	00⇒Next Module
<p>MS2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	2⇒MS3 8⇒MS3
<p>MS2A. WHAT WAS THE MAIN REASON WHY YOU USED THE CONDOM</p>	<p>To prevent STD/HIV..... 1</p> <p>To prevent pregnancy 2</p> <p>To prevent both STD/HIV and pregnancy... 3</p> <p>Partner requested/insisted 4</p> <p>Other (<i>specify</i>)..... 6</p>	
<p>MS3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><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></p>	<p>Days ago..... 1 _ _</p> <p>Weeks ago 2 _ _</p> <p>Months ago 3 _ _</p> <p>Years ago..... 4 _ _</p>	4⇒MS15
<p>MS4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒MS5
<p>MS4A. WHAT WAS THE MAIN REASON WHY YOU USED THE CONDOM</p>	<p>To prevent STD/HIV..... 1</p> <p>To prevent pregnancy 2</p> <p>To prevent both STD/HIV and pregnancy... 3</p> <p>Partner requested/insisted 4</p> <p>Other (<i>specify</i>)..... 5</p>	
<p>MS5. 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', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '02'. If 'no', circle '03'.</i></p>	<p>Spouse..... 01</p> <p>Cohabiting partner/concubine 02</p> <p>Girlfriend/fiancée..... 03</p> <p>Ex-girlfriend/fiancée 04</p> <p>Casual acquaintance 05</p> <p>Commercial sex worker 06</p> <p>Other (<i>specify</i>)..... 96</p>	
<p>MS6. Check MU1:</p> <p><input type="checkbox"/> Currently married or living with a woman (MU1 = 1 or 2) ⇒ Go to MS8</p> <p><input type="checkbox"/> Not married / Not in union (MU1 = 3) ⇒ Continue with MS7</p>		

MS7. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner _ _ DK 98	
MS8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MS15
MS9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	
MS10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? IF PERSON IS 'GIRLFRIEND' OR 'FIANCÉE', ASK: WERE YOU LIVING TOGETHER AS IF MARRIED? IF "YES", CIRCLE '02', IF "NO" CIRCLE '03'	Spouse 01 Cohabiting partner/concubine 02 Girlfriend/fiancée 03 Ex-Girlfriend/fiancée 04 Casual Acquaintance 05 Commercial Sex Worker 06 Other (<i>Specify</i>) 96	
MS11. <i>Check MU1 and MU10:</i> <input type="checkbox"/> <i>Currently married or living with a woman (MU1 = 1 or 2)</i> AND <i>Married only once or lived with a woman only once (MA10 = 1) ⇒ Go to MS13</i> <input type="checkbox"/> <i>Else ⇒ Continue with MS12</i>		
MS12. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner _ _ DK 98	
MS13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	
MS14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners _ _	
MS14A. WAS A CONDOM USED EVERY TIME YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Yes 1 No 2	
MS14B. HAVE YOU EVER HAD SEX WITH A COMMERCIAL SEX WORKER?	Yes 1 No 2	2⇒MS15
MS14C. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH A COMMERCIAL SEX WORKER? <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 _ _	

MS15. IN TOTAL, WITH HOW MANY DIFFERENT
PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE
IN YOUR LIFETIME?

*If a non-numeric answer is given, probe to get
an estimate.*

If number of partners is 95 or more, write '95'.

Number of lifetime partners..... _ _

DK..... 98

NATIONAL HEALTH INSURANCE		NH
NH0. Check MB2 <input type="checkbox"/> Respondent Less than 18 years ⇒ Go to Next Module. <input type="checkbox"/> Respondent 18 years or older ⇒ Go to NH1.		
NH1. DO YOU HAVE ANY HEALTH INSURANCE OR ARE YOU A MEMBER OF A MUTUAL HEALTH ORGANIZATION	Yes1 No2	2⇒NH10
NH2. WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE? RECORD ALL MENTIONED	National/District Health Insurance (NHIS) ..A Health Insurance through Employer B Mutual Health Organization/ Community Based Health Insurance C Other privately purchased commercial Health Insurance D Other (specify) X	
NH3. Check NH2: <input type="checkbox"/> NHIS NOT CHECKED. ⇒ Go to NH10.		
NH4. HOW WAS YOUR MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself1 Premium paid by a relative or friend2 Premium paid by employers/SSNIT3 Exempt as indigent4 Other (specify) 6	
NH5. DO YOU HOLD A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD? If person has valid insurance card, request to see it. Check to make sure it is valid for this year	Yes, card seen1 Yes, card not seen2 No3	1⇒NH9 2⇒NH9
NH6. WHY DO YOU NOT HAVE A VALID NHIS CARD?	Registered, but not fully paid Yes.....1 Registered/Renewed, card not received2 Registered, in waiting period Yes.....3 Not renewed registration4 Lost NHIS card5 Other (specify) 6	1⇒NH9 2⇒NH9 3⇒NH9 5⇒NH9 6⇒NH9
NH7. DO YOU PLAN TO RENEW THE NHIS REGISTRATION?	Yes1 No2 Don't know/ Not sure8	1⇒NH9 8⇒NH9

NH8. WHY DO YOU NOT WANT TO RENEW THE NHIS REGISTRATION?	Have not been sick A Premium too Expensive B Still pay out of pocket C Worse quality care with card D Waiting time for card too long..... E Desired services not covered F Use clinics/ traditional services not covered G Other X	
NH9. IN YOUR OPINION, DO NHIS CARD HOLDERS GET BETTER/SAME/WORSE SERVICES WHEN THEY ATTEND HEALTH CARE FACILITIES	Better 1 Same 2 Worse 3 Never used 4 Don't know..... 8	FOR ALL RESPONSES: ⇒ NEXT MODULE
NH10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION WITH THE NHIS?	Not heard of NHIS A Premium too Expensive B Do not trust NHIS C Do not know where to register..... D Registration office too far E Do not need health insurance F NHIS does not cover the services I need ...G NHIS does not cover the facilities I use..... H Other X	

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	2⇒MM11																
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 AIDS?	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><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>During pregnancy</td><td>1</td><td>2</td><td>8</td></tr><tr><td>During delivery</td><td>1</td><td>2</td><td>8</td></tr><tr><td>By breastfeeding</td><td>1</td><td>2</td><td>8</td></tr></table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding	1	2	8															
MH9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE 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 OTHER PEOPLE TO KNOW ABOUT IT?	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. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ORAL SEX?	Yes 1 No 2 DK/Not sure/Depends 8	
MH12B. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ANAL SEX?	Yes 1 No 2 DK/Not sure/Depends 8	
MH12C. IN YOUR OPINION, CAN HIV/AIDS BE CURED?	Yes 1 No 2 DK 8	2⇒MH13 8⇒MH13
MH12D. IN YOUR OPINION, CAN A MAN INFECTED WITH HIV/AIDS BE CURED BY HAVING SEX WITH A VIRGIN WOMAN?	Yes 1 No 2 DK 8	
MH13. 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⇒MH18
MH14. I DON'T WANT TO KNOW THE RESULTS BUT, 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	
MH15. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test 1 Offered and accepted 2 Required 3	
MH16. WHERE DID YOU GO FOR THE TEST? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (NAME OF PLACE)	Public sector Govt. hospital 11 Govt. health centre 12 Govt. clinic/PHU 13 Govt. VCT Centre 14 Other public (<i>specify</i>) 16 Private Medical Sector Private hospital 21 Private clinic 22 Other private medical (<i>specify</i>) 26 Other sources NGO VCT Centre 31 Mission hospital 32 Other (<i>specify</i>) 96 DK 98	
MH17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	} MM11
MH18. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

MM11. *Record the time.*

Hour and minutes.....__ : __

MM12. *End the interview with this respondent by thanking him for his cooperation.
Check for the presence of any other eligible man in the household.*

UNDER-FIVE CHILD INFORMATION PANEL		UF
This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / ____	

Repeat greeting if not already read to this respondent:

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

WE ARE FROM INSTITUTE OF STATISTICAL, SOCIAL AND ECONOMIC RESEARCH AT THE UNIVERSITY OF GHANA, LEGON. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (name)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 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 UF12 to record the time and then begin the interview.
- ☐ No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5	Completed 01
Codes refer to mother/caretaker.	Not at home 02
	Refused 03
	Partly completed 04
	Incapacitated 05
	Other (specify) _____ 96

UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
--	---

UF12. Record the time.	Hour and minutes..... : ..	
------------------------	----------------------------	--

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day _ _</p> <p>DK day.....98</p> <p>Month _ _</p> <p>Year..... _ _ _ _</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) _</p>	

BIRTH REGISTRATION		BR
BR0 HAS (NAME'S) BIRTH BEEN REGISTERED WITH THE BIRTHS AND DEATHS REGISTRY?	Yes 1 No 2 DK..... 8	2⇒BR2B 8⇒BR3
BR1. DOES (NAME) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen..... 1 Yes, not seen..... 2 No 3 DK..... 8	
BR2A. WAS (NAME'S) BIRTH REGISTERED WITHIN THE FIRST YEAR OF BIRTH?	Yes 1 No 2 DK..... 8	1⇒BR4 2⇒BR4 8⇒BR4
BR2B. WHAT IS THE MAIN REASON WHY (NAME'S) BIRTH IS NOT REGISTERED?	Costs too much..... 1 Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Do not know where to register..... 5 Other (<i>specify</i>) 6 DK..... 8	5⇒BR4
BR3. DO YOU KNOW WHERE TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2	
BR4. HOW MUCH DID IT COST YOU, OR HOW MUCH DO YOU THINK IT WOULD COST TO REGISTER YOUR CHILD WITH THE BIRTH AND DEATH REGISTRY IF THE CHILD IS UNDER 1 YEAR OLD?	Free 1 Less than GH¢5 2 Between GH¢5 and GH¢10 3 More than GH¢10 4 DK..... 8	

EARLY CHILDHOOD DEVELOPMENT		EC																
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None.....00 Number of children's books.....0 ____ Ten or more books10																	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	<table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>Homemade toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
	Y	N	DK															
Homemade toys	1	2	8															
Toys from a shop.....	1	2	8															
Household objects or outside objects	1	2	8															
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i> : [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? If 'none' enter '0'. If 'don't know' enter '8'	Number of days left alone for more than an hour.....____ Number of days left with other child for more than an hour____																	
EC4. Check AG2: Age of child <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5 <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module																		
EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION	Yes1																	

PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	No2 DK8	2⇒EC7 8⇒EC7																																									
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	Number of hours.....__ __																																										
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p> <table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</td> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[B] TOLD STORIES TO (name)?</td> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</td> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</td> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[E] PLAYED WITH (name)?</td> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</td> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	Read books	A	B	X	Y	[B] TOLD STORIES TO (name)?	Told stories	A	B	X	Y	[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	Sang songs	A	B	X	Y	[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y	[E] PLAYED WITH (name)?	Played with	A	B	X	Y	[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	Named/counted	A	B	X	Y		
	Mother	Father	Other	No one																																							
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1 No2 DK8</p>																																										
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	<p>Yes1 No2 DK8</p>																																										
EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	<p>Yes1 No2 DK8</p>																																										
EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	<p>Yes1 No2 DK8</p>																																										

EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes1 No.....2 DK8	
EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes1 No.....2 DK8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes1 No.....2 DK8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No.....2 DK8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No.....2 DK8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes1 No.....2 DK8	

BREASTFEEDING		BF
BF1. HAS (NAME) EVER BEEN BREASTFED?	Yes1 No2	2⇒BF3
BF2. IS (NAME) STILL BEING BREASTFED?	Yes1 No2	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (name) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (name) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	
BF4. DID (name) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (name) DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID (name) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (name) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF8. DID (name) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	
BF9. DID (name) DRINK ANY LIGHT SOUP YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	
BF10. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	
BF11. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	

BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	
BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times__ __	
BF15. DID (<i>name</i>) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	
BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID</u> <u>(SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times__ __	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE</u> <u>WITH A NIPPLE?</u>	Yes1 No2 DK8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> HAD DIARRHOEA?	Yes1 No.....2 DK8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH <i>(name)</i> WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less1 Somewhat less2 About the same3 More4 Nothing to drink5 DK8	
CA3. DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less1 Somewhat less2 About the same3 More4 Stopped food5 Never gave food6 DK8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS <i>(name)</i> GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SACHET ORS? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? [C] COCONUT WATER? [D] RICE WATER? [E] MASHED KENKEY?	<div style="text-align: right;">Y N DK</div> Fluid from ORS sachet.....1 2 8 Pre-packaged ORS fluid1 2 8 Coconut Water1 2 8 Rice Water1 2 8 Mashed Kenkey1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes1 No.....2 DK8	2⇒CA7 8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Zinc C</p> <p>Other (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) 6</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital/Polyclinic A</p> <p>Govt. health centre B</p> <p>Govt. health post C</p> <p>Community health worker D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician J</p> <p>Private pharmacy/Chemical shop K</p> <p>Mobile clinic L</p> <p>Herbal Centre/Clinic M</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Drug peddler S</p> <p>Other (<i>specify</i>) X</p>	

CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Antibiotic Pill / Syrup A Injection B Anti-malarials M Paracetamol / Panadol / Acetaminophen ... P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
CA14. Check AG2: Child aged under 3? <input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to Next Module		
CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OFF THE STOOLS?	Child used toilet / latrine 01 Put / Rinsed into toilet or latrine 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06 Other (<i>specify</i>) 96 DK 98	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> BEEN ILL WITH A FEVER AT ANY TIME?	Yes1 No2 DK8	2⇒Next Module 8⇒Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID <i>(name)</i> HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes1 No2 DK8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes1 No2 DK8	2⇒ML8 8⇒ML8
ML4. WAS <i>(name)</i> TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes1 No2 DK8	2⇒ML8 8⇒ML8
ML5. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes1 No2 DK8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS <i>(name)</i> GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (Name)	Anti-malarials: SP / Fansidar A Chloroquine B Amodiaquine C Quinine D Combination with Artemisinin E Efpac Junior F Camoquine G Other anti-malarial (specify) H Antibiotic drugs Pill / Syrup I Injection J Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin Q Ibuprofen R Other (specify) X DK Z	
ML7. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes1 No2 DK8	1⇒ML9 2⇒ML10 8⇒ML10
ML8. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes1 No2 DK8	2⇒ML10 8⇒ML10

<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p>(Name)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar..... A</p> <p>Chloroquine B</p> <p>Amodiaquine C</p> <p>Quinine D</p> <p>Combination with Artemisinin E</p> <p>Efpac Junior F</p> <p>Camoquine G</p> <p>Other anti-malarial (<i>specify</i>) H</p> <p>Antibiotic drugs</p> <p>Pill / Syrup I</p> <p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen . P</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with ML11</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</i></p>	<p>Same day0</p> <p>Next day1</p> <p>2 days after the fever2</p> <p>3 days after the fever3</p> <p>4 or more days after the fever4</p> <p>DK8</p>	

IMMUNIZATION		IM																																																									
If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.																																																											
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?	Yes, seen1 Yes, not seen2 No card.....3	1⇒IM3 2⇒IM6																																																									
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?	Yes1 No.....2	1⇒IM6 2⇒IM6																																																									
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	<table border="1"> <thead> <tr> <th colspan="4">Date of Immunization</th> </tr> <tr> <th>Day</th> <th>Month</th> <th colspan="2">Year</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>BCG</td><td></td><td></td></tr> <tr><td>POLIO AT BIRTH</td><td>OPV0</td><td></td><td></td></tr> <tr><td>POLIO 1</td><td>OPV1</td><td></td><td></td></tr> <tr><td>POLIO 2</td><td>OPV2</td><td></td><td></td></tr> <tr><td>POLIO 3</td><td>OPV3</td><td></td><td></td></tr> <tr><td>DPT/HEP. B/INFL1</td><td>DPTH1</td><td></td><td></td></tr> <tr><td>DPT/HEP. B/INFL2</td><td>DPTH2</td><td></td><td></td></tr> <tr><td>DPT/HEP. B/INFL3</td><td>DPTH3</td><td></td><td></td></tr> <tr><td>MEASLES</td><td>MEASLES</td><td></td><td></td></tr> <tr><td>YELLOW FEVER</td><td>YF</td><td></td><td></td></tr> <tr><td>VITAMIN A (1) (MOST RECENT)</td><td>VITA1</td><td></td><td></td></tr> <tr><td>VITAMIN A (2) (2ND MOST RECENT)</td><td>VITA2</td><td></td><td></td></tr> </tbody> </table>			Date of Immunization				Day	Month	Year		BCG	BCG			POLIO AT BIRTH	OPV0			POLIO 1	OPV1			POLIO 2	OPV2			POLIO 3	OPV3			DPT/HEP. B/INFL1	DPTH1			DPT/HEP. B/INFL2	DPTH2			DPT/HEP. B/INFL3	DPTH3			MEASLES	MEASLES			YELLOW FEVER	YF			VITAMIN A (1) (MOST RECENT)	VITA1			VITAMIN A (2) (2 ND MOST RECENT)	VITA2		
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IM4. Check IM3. Are all vaccines (BCG to Vitamin A) recorded? <input type="checkbox"/> Yes⇒ Go to IM19 <input type="checkbox"/> No ⇒ Continue with IM5																																																											

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p>Record ‘Yes’ only if respondent mentions vaccines shown in the table above.</p>	<p>Yes 1 (Probe for vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. Then skip to IM18)</p> <p>No.....2 DK8</p>	<p>2⇒IM19 8⇒IM19</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes 1 No.....2 DK8</p>	<p>2⇒IM19 8⇒IM19</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1 No.....2 DK8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes 1 No.....2 DK8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks 1 Later 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT/HEP. B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes 1 No.....2 DK8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1 No.....2 DK8</p>	
<p>IM17. HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER?</p> <p><i>Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine</i></p>	<p>Yes 1 No.....2 DK8</p>	
<p>IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6</p>	<p>Yes 1</p>	

MONTHS? <i>Show common types of ampules / capsules / syrups</i>	No.....2 DK8	
IM19. Please tell me if <i>(name)</i> has participated in any of the following campaigns over the course of the year:		
	Y N DK	
[A] POLIO IMMUNIZATION PHASE I (MARCH 2010)	POLIO IMMUNIZATION PHASE I.....1 2 8	
[B] POLIO IMMUNIZATION PHASE II (APRIL 2010)	POLIO IMMUNIZATION PHASE II.....1 2 8	
[C] MEASLES VACCINATION (NOV. 3-6)	MEASLES VACCINATION (Nov 3-6).1 2 8	

UF13. <i>Record the time.</i>	Hour and minutes : ..	
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UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

- ☐ *Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*
- ☐ *No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child*

Check to see if there are other woman's, or under-5 questionnaires to be administered in this household. Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY
AN

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.

AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement</i>	Either or both measured 1 Child not present 2 Child or caretaker refused 3 Other (<i>specify</i>) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. <i>Child's weight</i>	Kilograms (kg) Weight not measured99.9	
AN4. <i>Child's length or height</i> Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down 1 Height (cm) Standing up 2 Length / Height not measured999.9	

AN6. Is there another child in the household who is eligible for measurement?

☐ Yes ⇒ Record measurements for next child.

☐ No ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.