Annex F – Questionnaires

Questionnaires

The four questionnaires employed in MICS 2006 are presented on the following pages in the following order:

Household Questionnaire
Woman's Questionnaire
Under five Questionnaire
Man's Questionnaire

household questionnaire

Good ………….! My name is ………………………… and I am here on behalf of the Ghana Statistical Service and Ministry of Health. We are working on a nationwide survey concerned with family health and education. We would very much appreciate your participation in this survey. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with the household head and all mothers or others who take care of children in the household.

May I start now? *IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW.*

IDENTIFICATION PANEL	HH

HH1. LOCALITY NAME   CLUSTER NUMBER:
_____

HH2. HOUSEHOLD NUMBER:

HH3. INTERVIEWER NAME   NUMBER:
_____

HH4. SUPERVISOR NAME   NUMBER:
_____

HH5. DAY/MONTH/YEAR OF INTERVIEW   **2 0 0 6**

HH6. AREA:
  URBAN 1
  RURAL 2

HH7. REGION

HH7A. DISTRICT

HH 8. NAME OF HEAD OF HOUSEHOLD:
_____

AFTER ALL QUESTIONNAIRES FOR THE HOUSEHOLD HAVE BEEN COMPLETED, FILL IN THE FOLLOWING INFORMATION.

HH9. RESULT OF HOUSEHOLD INTERVIEW:

  COMPLETED 1
  NOT AT HOME 2
  REFUSED 3
  HOUSEHOLD NOT FOUND/STRUCTURE
    DESTROYED 4

  OTHER (*specify*) _____ 6

HH10. RESPONDENT TO HOUSEHOLD QUESTIONNAIRE:

  NAME: _____

  LINE NO:

HH11. TOTAL NUMBER OF HOUSEHOLD MEMBERS:

HH12. NO. OF WOMEN ELIGBLE FOR INTERVIEW:

HH13. NO. OF WOMEN QUESTIONNAIRES COMPLETED:

HH14. NO. OF CHILDREN UNDER AGE 5:

HH15. NO. OF UNDER 5 QUESTIONNAIRES COMPLETED:

HH15A. HOUSEHOLD SELECTED FOR MAN'S INTERVIEW: *(CIRCLE)*
  YES=1   NO=2
    ⇩

HH15B. NUMBER OF MEN ELIGIBLE FOR INTERVIEW:

HH15C. NUMBER OF MEN QUESTIONNAIRES COMPLETED:

INTERVIEWER/SUPERVISOR NOTES: *USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC..*

HH16. DATA ENTRY CLERK:

MODULE 1: HOUSEHOLD LISTING FORM   HL

First, please tell me the name of each person who usually lives here or spent the last night in this household, 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 HEAD OF HOUSEHOLD (HL3), AND THEIR SEX (HL4). THEN ASK: **Are there any others who live here, even if they are not at home now? (These may include children currently in school or at work).** *IF YES, COMPLETE LISTING. THEN, ASK QUESTIONS STARTING WITH HL5 FOR EACH PERSON AT A TIME. ADD A CONTINUATION SHEET IT THERE ARE MORE THAN 15 HOUSEHOLD MEMBERS. TICK HERE IF CONTINUATION SHEET USED ☐*

					ELIGIBLE FOR:			
					WOMEN'S INTERVIEW	MEN'S INTERVIEW	WORKING CHILDREN	UNDER-5 INTERVIEW
HL1.	HL2. *Name*	*HL3. What is the relation-ship of (NAME) to the head of the house-hold?	HL4. Is (NAME) male or female? 1 MALE 2 FEM.	HL5. How old is (NAME)? How old was (NAME) on his/her last birthday? *RECORD IN COMPLETED YEARS* 98=DK	HL6. *CIRCLE LINE NO. IF WOMAN IS AGE 15-49*	HL6A. *CHECK 15A: IF HOUSEHOLD SELECTED FOR MAN'S INTERVIEW: CIRCLE LINE NO. IF MAN IS AGE 15-49*	HL7. FOR EACH CHILD AGE 5-14: Who is the mother or primary caretaker of this child? RECORD LINE NO. OF MOTHER/ CARE-TAKER	HL8. *FOR EACH CHILD UNDER 5:* Who is the mother or primary caretaker of this child? *RECORD LINE NO. OF MOTHER/ CARETAKER*
LINE	NAME	REL.	M F	AGE	15-49	15-49	MOTHER/C ARETAKER	MOTHER/ CARETAKER
01			1 2		01	01		
02			1 2		02	02		
03			1 2		03	03		
04			1 2		04	04		
05			1 2		05	05		
06			1 2		06	06		
07			1 2		07	07		
08			1 2		08	08		
09			1 2		09	09		
10			1 2		10	10		
11			1 2		11	11		
12			1 2		12	12		
13			1 2		13	13		
14			1 2		14	14		
15			1 2		15	15		

Are there any other persons living here – even if they are not members of your family or do not have parents living in this household? Including children at work or at school? *IF YES, INSERT CHILD'S NAME AND COMPLETE FORM. THEN, COMPLETE THE TOTALS BELOW.*

			WOMEN 15-49	MEN 15-49	CHILDREN 5-14	UNDER 5S
TOTALS						

NOW FOR EACH WOMAN AGE 15-49 YEARS, WRITE HER NAME AND LINE NUMBER AND OTHER IDENTIFYING INFORMATION IN THE INFORMATION PANEL OF THE WOMEN'S QUESTIONNAIRE. 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 THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE. IN SELECTED HOUSEHOLD FOR EACH MAN AGE 15-49 YEARS, WRITE HIS NAME AND LINE NUMBER AND OTHER IDENTIFYING INFORMATION IN THE INFORMATION PANEL OF THE MEN'S QUESTIONNAIRE. YOU SHOULD NOW HAVE A SEPARATE QUESTIONNAIRE FOR EACH ELIGIBLE WOMAN AND EACH CHILD UNDER FIVE IN THE HOUSEHOLD AND MALE WHERE APPROPRIATE.

CHECK: HL5=CHILD(REN) 0-17 YEARS ⇨ CONTINUE				
CHECK: HL5=NO CHILD 0-17 YEARS ⇨ ED1				

FOR CHILDREN AGE 0-17 YEARS	
ASK HL9 – HL12	

HL1.
 	
LINE NO.
	HL9.
	
	Is (NAME'S) biological mother alive?
	
	1 YES
	2 NO⇨ HL11
	8 DK⇨ HL11
		HL10.
		IF ALIVE:
		Does (NAME'S) biological mother live in this household?
		
		IF YES: What is her name?
		
		RECORD LINE NO. OF MOTHER OR
		CODE 00 FOR 'NO'
			HL11.
			
			Is (NAME'S) biological father alive?
			
			1 YES
			2 NO↰
			  NEXT MEMBER
			8 DK↰
			  NEXT MEMBER
				HL12.
				IF ALIVE:
				Does (NAME'S) biological father live in this household?
				
				IF YES: What is his name?
				
				RECORD LINE NO. OF FATHER OR
				00 FOR 'NO'

LINE	MOTHER Y N DK	MOTHER'S LINE NO.	FATHER Y N DK	FATHER'S LINE NO.
01	1 2 8	___ ___	1 2 8	___ ___
02	1 2 8	___ ___	1 2 8	___ ___
03	1 2 8	___ ___	1 2 8	___ ___
04	1 2 8	___ ___	1 2 8	___ ___
05	1 2 8	___ ___	1 2 8	___ ___
06	1 2 8	___ ___	1 2 8	___ ___
07	1 2 8	___ ___	1 2 8	___ ___
08	1 2 8	___ ___	1 2 8	___ ___
09	1 2 8	___ ___	1 2 8	___ ___
10	1 2 8	___ ___	1 2 8	___ ___
11	1 2 8	___ ___	1 2 8	___ ___
12	1 2 8	___ ___	1 2 8	___ ___
13	1 2 8	___ ___	1 2 8	___ ___
14	1 2 8	___ ___	1 2 8	___ ___
15	1 2 8	___ ___	1 2 8	___ ___

*CODES FOR HL3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = Head
02 = Wife or Husband/
         Cohabiting partner
03 = Son or Daughter
04 = Son or Daughter-In-Law
05 = Grandchild

06 = Parent
07 = Parent-In-Law
08 = Brother or Sister
09 = Brother or Sister-In-Law
10 = Co Wife

11 = Other Relative (specify)
12 = Adopted/Foster/Stepchild
13 = Not Related
98 = Don't Know

MODULE 2: EDUCATION			ED

ASK QUESTIONS FOR HOUSEHOLD MEMBERS AGE 3 YEARS AND ABOVE

ED1. *LINE NO.*	ED1A. Name	ED2. Has (NAME) ever attended school or pre-school? 1 YES 2 NO ↳ NEXT MEMBER	ED3. What is the highest level of school (NAME) attended? What is the highest grade (NAME) completed at this level? **LEVEL:** 00 = PRE-SCHOOL 10 = PRIMARY 20 = MIDDLE/JSS 30 = SECONDARY/SSS 40 = VOC./COMM/TECH 50 = POST SEC (NURSING/TEACHER TR. 60 = TERTIARY 96 = OTHER (*specify*) 98 = DK **GRADE:** 98 = DK *IF LESS THAN 1 GRADE, ENTER 00.*

LINE	COPY NAMES FROM HL2	SCHOOL YES NO	LEVEL		GRADE
01		1 2			
02		1 2			
03		1 2			
04		1 2			
05		1 2			
06		1 2			
07		1 2			
08		1 2			
09		1 2			
10		1 2			
11		1 2			
12		1 2			
13		1 2			
14		1 2			
15		1 2			

FOR HOUSEHOLD MEMBERS **AGE 3-24 YEARS**

ED1.
 	
LINE NO.
 	
PLEACE CIRCLE MEMBER ID.
	ED4.
	During the *(2005-2006)* school year, did (NAME) attend school or pre-school at any time?
	
	1 YES
	2 NO⇨ ED7
		ED5.
		Since last *(day of the week)*, how many days did (NAME) attend school?
		
		INSERT NUMBER OF DAYS IN SPACE BELOW.
			ED6.
			During this/that school year, which level and grade is/was (NAME) attending?
			
			LEVEL:
			00 = PRE-SCHOOL
			10 = PRIMARY
			20 = MIDDLE/JSS
			30 = SECONDARY/SSS
			40 = VOC./COMM/TECH
			50 = POST SEC
			60 = TERTIARY
			96 = OTHER (*specify*)
			98 = DK
			
			GRADE:
			98 = DK
							ED7.
							Did (NAME) attend school or pre-school at any time during the previous school year, that is *(2004-2005)*?
							
							1 YES
							2 NO↰
							   NEXT MEMBER
							8 DK↰
							   NEXT MEMBER
								ED8.
								During that previous school year, which level and grade did (NAME) attend?
								
								LEVEL:
								00 = PRE-SCHOOL
								10 = PRIMARY
								20 = MIDDLE/JSS
								30 = SECONDARY/SSS
								40 = VOC./COMM/TECH
								50 = POST SEC
								60 = TERTIARY
								96 = OTHER (*specify*)
								98 = DK
								
								GRADE:
								98 = DK			

LINE	SCHOOL YES NO	DAYS	LEVEL		GRADE		SCHOOL Y N DK	LEVEL		GRADE	
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				

MODULE 3: WATER AND SANITATION		WS
WS1. What is the main source of drinking water for members of your household?	**PIPED WATER** Piped into dwelling.................................11 Piped into yard or plot ....12 Public tap/standpipe ....13 Borehole...21 **DUG WELL** Protected well ....31 Unprotected well...................................32 Spring...41 Rainwater collection ....42 Tanker-truck ....51 Cart with small tank/drum ....61 **SURFACE WATER** River/stream...71 Dam/lake/pond/canal/ irrigation channel) ....72 Sachet water ....81 Bottled water ....91 Other (*specify*) _____96	11⇨WS5 12⇨WS5
WS2. What is the main source of water used by your household for other purposes such as cooking and handwashing?	**PIPED WATER** Piped into dwelling.................................11 Piped into yard or plot ....12 Public tap/standpipe ....13 Borehole...21 **DUG WELL** Protected well ....31 Unprotected well...................................32 Spring...41 Rainwater collection ....42 Tanker-truck ....51 Cart with small tank/drum ....61 **SURFACE WATER** River/stream...71 Dam/lake/pond/canal/ irrigation channel ....72 Sachet water ....81 Bottled water ....91 Other (*specify*) _____96	11⇨WS5 12⇨WS5
WS3. How long does it take to go there, get water, and come back?	No. of minutes .... ☐☐☐ Water on premises ....995 DK 998	995⇨WS5
WS4. Who usually goes to this source to fetch the water for your household? *PROBE:* Is this person under age 15? What sex? *CIRCLE CODE THAT BEST DESCRIBES THIS PERSON.*	Adult woman...11 Adult man ....12 Female (under 15) ....13 Male (under 15) ....14 Children (both sexes) ....15 Adult woman + child(ren).........................16 Adult man + child(ren) ....17 Other (*specify*) ....96 DK 98	

WS5. Do you treat your water in any way to make it safer to drink?	Yes .... 1 No... 2 DK 8	2⇨WS7 8⇨WS7
WS6. What do you usually do to the water to make it safer to drink? Anything else? *RECORD ALL ITEMS MENTIONED.*	Boil ....A Add bleach/chlorine/alloy ....B Strain it through a cloth............................C Use water filter (ceramic, sand, composite, etc.)...................................D Solar disinfection ....E Let it stand and settle ....F Other (*specify*) _____ X DK .... Z	
WS7. 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 Ventilated Improved Pit latrine (VIP)........21 Pit latrine with slab ....22 Pit latrine without slab/open pit.................23 Bucket..41 No facilities (bush/beach, etc) ....95 Other (*specify*) _____96	 95⇨ WS10 96⇨ WS10
WS8. Do you share this facility with other households?	Yes .... 1 No... 2	 2⇨ WS10
WS9. How many households in total use this toilet facility?	No. of households (if less than 10) **0** Ten or more households ....10 DK 98	
WS10. How does your household dispose of refuse (solid waste)?	Collected...11 Dump into public container ....21 Public dump...22 Dump elsewhere ....23 Burned by household ....31 Buried by household ....32 Other (*specify*) _____96	
WS10A. How does your household dispose of liquid waste?	Through the sewerage system .... 1 Thrown into gutter.................................... 2 Thrown onto compound............................ 3 Thrown onto outside compound................ 4 Other (*specify*) _____6	

MODULE 4: HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religious affiliation of the head of this household?	Catholic..11 Protestant...12 Pentecostal/Charismatic..........................13 Deeper Life...14 Jehovah Witness ....15 SDA ....16 Moslem ....21 Traditional ....31 Spiritualist ....32 No Religion..41 Other (*specify*) _____96 DK 98	
HC1B. What is the mother tongue/native language of the head of this household?	Asante ....11 Fanti ....12 Akuapem ....13 Sefwi...14 Brong...15 Nzema ....16 Ga ....21 Dangme ....22 Ewe ....31 Guan..41 Buli ....51 Mamprusi ....52 Frafra/Gruni ....53 Kassene ....54 Dagbani ....55 Wali/Dagari..56 Sissala ....57 Other language (*specify*) _____96 DK 98	
HC1C. To which ethnic group does the head of this household belong?	Akan ....11 Ga/Dangme ....12 Ewe ....13 Guan..14 Gruma..15 Mole Dagbani ....21 Grusi ....22 Mande..23 Other ethnic group (*specify*) _____96 DK 98	
HC2. How many rooms in this household are used for sleeping?	No. of rooms.................................. ☐☐	

HC3. Main material of the dwelling floor: *RECORD OBSERVATION.*	Earth/mud/mud bricks............................11 Wood...21 Stone...31 Burnt bricks...32 Cement/concrete...................................41 Vinyl tiles ....42 Ceramic/marble tiles/porcelain..............43 Terrazzo ....44 Other (*specify*) _____ 96	
HC4. Main material of the roof. *RECORD OBSERVATION.*	Thatch/palm leaf/raffia ....11 Bamboo...12 Mud/mud bricks/earth ....21 Wood...31 Corrugated metal sheet.........................41 Slate/asbestos ....42 Cement/concrete...................................51 Roofing tiles ....61 Other (*specify*) _____ 96	
HC5. Main material of the walls. *(RECORD OBSERVATION)*	Palm leaves/thatch (grass)/raffia...........11 Mud/mud brick/earth..............................21 Bamboo...31 Wood ....32 Metal sheet or slate/asbestos ....41 Landcrete..51 Burnt bricks...61 Cement blocks/concrete........................71 Stone...72 Other (*specify*) _____ 96	
HC6. What type of fuel does your household mainly use for cooking?	Electricity..11 Liquefied Petroleum Gas (LPG) ....21 Biogas...22 Kerosene...23 Charcoal..31 Wood ....32 Crop residue/sawdust............................41 Animal waste...51 None, no cooking...................................61 Other (*specify*) _____ 96	11⇨HC8 21⇨HC8 22⇨HC8 61⇨HC9
HC7. In this household, is food cooked on an open fire, an open stove or a closed stove? *PROBE FOR TYPE.*	Open fire .... 1 Open stove/coal pot .... 2 Closed stove.. 3 Other (*specify*) _____ 6	
HC8. Is the cooking usually done in the house, in a separate building, or outdoors?	In the house... 1 In a separate building............................. 2 Outdoors .... 3 Other (*specify*) _____ 6	

		Yes	No	
HC9. Does your household have:				
Electricity?	Electricity...1		2	
Radio?	Radio 1		2	
Television?	Television 1		2	
Computer	Computer 1		2	
Clock	Clock..1		2	
Mobile telephone?	Mobile Telephone 1		2	
Fixed land line?	Fixed land line 1		2	
Refrigerator?	Refrigerator 1		2	
Video deck?	Video deck 1		2	
Freezer	Freezer 1		2	
DVD/VCD?	DVD/VCD..1		2	
Wood furniture?	Wood furniture 1		2	

		Yes	No	
HC10. Does any member of your household own:				
Bicycle?	Bicycle 1		2	
Motorcycle or scooter?	Motorcycle/Scooter 1		2	
Animal-drawn cart?	Animal drawn-cart 1		2	
Car or truck?	Car/Truck 1		2	
Canoe/Boat without a motor?	Canoe/Boat without a motor............1		2	
Canoe/Boat with a motor?	Canoe/Boat with a motor 1		2	

HC11. Does any member of this household own any land that can be used for agriculture?	Yes 1	
	No.. 2	2⇨HC13

HC12. How many hectares/acres/plots of agricultural land do members of this household own? IF MORE THAN 97, RECORD 97 IN RESPECTIVE BOXES.	Hectares... 1 ☐☐ Acres .... 2 ☐☐ Plots .... 3 ☐☐ DK 998	

HC13. Does this household own any livestock, herds, farm animals or poultry?	Yes 1	
	No.. 2	2⇨ HC15H

HC14. How many of the following animals does this household have? Cattle? Horses, Donkeys, or Mules? Goats? Sheep? Pig? Other farm animal (*specify*) Chickens? Other poultry? (*specify*) Other? *(specify)* IF NONE, RECORD '0000'. IF MORE THAN 9997, RECORD '9997'. IF UNKNOWN, RECORD ' '9998'.	Cattle.............................. ☐☐☐☐ Horses, Donkeys, or Mules. ☐☐☐☐ Goats .... ☐☐☐☐ Sheep.............................. ☐☐☐☐ Pigs .... ☐☐☐☐ Other farm animal........ ☐☐☐☐ Chickens........................ ☐☐☐☐ Other poultry................. ☐☐☐☐ Other (specify) .... ☐☐☐☐	

HC15H. Dwelling located in or near: OBSERVE, AND CIRCLE ALL ITEMS THAT DESCRIBE THE LOCATION OF DWELLING.	Landslide area...A Flood-prone area ....B River bank ....C Steep hill ....D Garbage heap/pile ....E Industrial pollution area ....F Railway line ....G Power plant ....H Flyover..I Public toilet ....J Poultry farm ....K Piggery/Pen...L Mining/Quarrying .... M Along the coast line..................................N None of the above.....................................Y	
HC15I. Condition of dwelling: RECORD OBSERVATION. RECORD ALL THAT APPLY.	Cracks/openings in walls ....A No windows ....B Windows with broken glass/no glass ....C Visible holes in the roof ....D Incomplete roof..E Insecure door .... F No netting...G None of the above.....................................Y	

HC15J. Dwelling surroundings:
 	
RECORD OBSERVATION.
 	
RECORD ALL THAT APPLY.
	Very narrow passage between houses
	   instead of road ....A
	Too many power cables connecting to
	   neighborhood's main distribution post ....B
	Choked drain C
	Stagnant water ....D
	Bushy surrounding ....E
	None of the above.....................................Y	

MODULE 5: INSECTICIDE TREATED MOSQUITO NETS		TN
TN1. Does your household have any mosquito net that can be used while sleeping?	Yes .... 1 No... 2	2⇨ NEXT MODULE
TN2. How many mosquito nets does your household have? *IF 7 OR MORE NETS, RECORD '7'.*	Number of nets .... ☐	

TN3. Is the net (are any of the nets) any of the following brands:
 	
READ EACH BRAND NAME, SHOW PICTURE CARD, AND CIRCLE CODES FOR YES OR NO FOR EACH BRAND. IF POSSIBLE, OBSERVE THE NET TO VERIFY BRAND.
 	
LONG-LASTING TREATED NETS:
TN3L1. Olyset?
TN3L2. Permanet
 	
PRE-TREATED NETS:
TN3P1. Dawa?
TN3P2. Dawa Plus?
 	
OTHER NETS:
TN3O1. MOH Treated net?
TN3O2. Calico net?
TN3O3. Second-hand net?
 	
TN3O4. Other (*specify*)?
 	
TN3O4. DK brand
	Y N DK
	Long-lasting treated nets:
	   Olyset..1 2 8
	   Permanet 1 2 8
	
	Pre-treated nets:
	   Dawa..1 2 8
	   Dawa Plus 1 2 8
	
	Other nets:
	   MOH Treated net.........................1 2 8
	   Calico net....................................1 2 8
	   Second-hand net 1 2 8
	
	   Other *(specify)*_____ 1 2 8
	
	 DK brand 1 2 8	

TN3A. Where did you get the (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) mosquito net?
 	
ASK QUESTION IN RELATION TO THE MOST EFFECTIVE MOSQUITO NET AVAILABLE IN THE HOUSEHOLD (CHECK TN3). IF THERE IS MORE THAN ONE NET IN THE SAME CATEGORY, ASK QUESTION REFERRING TO THE MOST RECENTLY OBTAINED NET.
	Public sector
	   Govt. hospital/clinic............................11
	   Govt. health centre 12
	   Govt. health post 13
	   Village health worker/CBA...................14
	   Mobile/outreach clinic 15
	   Other public *(specify)*............................16
	
	Private medical sector
	   Private hospital/clinic 21
	   Private physician 22
	   Private pharmacy 23
	   Mobile clinic 24
	   Other private
	   medical *(specify)* 26
	
	Other source
	   Relative or friend................................31
	   Chemical shop 32
	   Traditional practitioner 33
	
	Other *(specify)*.......................................96
	DK 98	

TN3в. How much did you pay for the (*NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3*) mosquito net? ASK QUESTION IN RELATION TO THE MOST RECENT MOSQUITO NET AVAILABLE IN THE HOUSEHOLD (CHECK TN3). IF THERE IS MORE THAN ONE NET IN THE SAME CATEGORY, ASK QUESTION REFERRING TO THE MOST RECENTLY OBTAINED NET.	Cedis .... ☐☐☐☐☐☐ Free .... 999996 DK 999998	

TN4. ***CHECK TN3*** *FOR BRAND OF NET(S). GO THROUGH THE ABOVE LIST IN ORDER UNTIL **ONE** BOX IS CHECKED AND FOLLOW INSTRUCTIONS :*

1. ☐ LONG-LASTING TREATED NET (OLYSET OR PERMANET) MENTIONED?⇨ GO TO NEXT MODULE

2. ☐ PRE-TREATED NET (DAWA OR DAWA PLUS) MENTIONED?⇨ GO TO TN6

3. ☐ OTHER NET (MOH TREATED, CALICO OR SECOND-HAND, OR OTHER (SPECIFY) MENTIONED?⇨ CONTINUE WITH TN5

TN5. When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes .... 1 No.. 2 DK/not sure 8	
TN6. How many months ago was the (most recent) net obtained? *IF LESS THAN 1 MONTH AGO, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS OBTAINED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago .... ☐☐ More than 24 months ago ....95 Not sure 98	
TN7. Since you got the net(s) has it (have any of these nets) ever been soaked or dipped in a liquid to kill/repel mosquitoes?	Yes .... 1 No.. 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
TN8. How long ago was the most recent soaking/dipping done? *IF LESS THAN 1 MONTH, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago .... ☐☐ More than 24 months ago ....95 Not sure 98	

MODULE 6: WORKING CHILDREN								CL

TO BE ADMINISTERED TO MOTHER/CARETAKER OF EACH CHILD 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 no. COPY FROM HL1 CIRCLE LINE NO. OF APPLICA- BLE CHILD	CL2. NAME COPY FROM HL2 ON A RESPECTIVE LINE	CL3. During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: for pay in cash or kind? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ TO CL5	CL4. IF YES: 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? INCLUDE ALL HOURS AT ALL JOBS. IF LESS THAN 1 HOUR, RECORD '00' RECORD RESPONSE THEN ⇨ CL.6	CL5. At any time during the past year, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: for pay in cash or kind? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. During the past week, did (NAME) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children? 1 YES 2 NO ⇨ TO CL8	CL7. IF YES: Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores?	CL8. During the past week, did (NAME) do any other family work (on the farm or in a business or selling goods in the street, road side or market?) 1 YES 2 NO ↘ NEXT MEMBER	CL9. IF YES: Since last (DAY OF THE WEEK), about how many hours did he/she do this work?
LINE NO.	NAME	PD UNPD NO	NO. HOURS	PD UP N	Y N	NO. HOURS	Y N	NO. HOURS
01		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
02		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
03		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
04		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
05		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
06		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
07		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
08		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
09		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
10		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
11		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
12		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
13		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
14		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___

| 15 | | 1 | 2 | 3 | ___ ___ | 1 2 3 | 1 2 | ___ ___ | 1 2 | ___ ___ |

MODULE 7: CHILD DISCIPLINE

table 1: childREN AgED 2-14 YEARS ELIGIBLE for child Discipline questions

REVIEW THE HOUSEHOLD LISTING AND LIST EACH OF THE CHILDREN AGED 2-14 YEARS BELOW IN ORDER ACCORDING TO THEIR LINE NUMBER (HL1). DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 2-14 YEARS. RECORD THE LINE NUMBER, NAME, SEX, AGE, AND THE LINE NUMBER OF THE MOTHER OR CARETAKER FOR EACH CHILD. THEN RECORD THE TOTAL NUMBER OF CHILDREN AGED 2-14 IN THE BOX PROVIDED (CD7).

CD1. Rank no.	CD2. Line No. from HL1.		CD3. Name from HL2.	CD4. Sex from HL4.	CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.	
	LINE NO.		NAME	SEX	CHILD'S AGE	LINE NO.	
01							
02							
03							
04							
05							
06							
07							
08							
CD7.	TOTAL CHILDREN AGED 2-14 YEARS						

IF THERE IS ONLY ONE CHILD AGE 2-14 YEARS IN THE HOUSEHOLD, THEN SKIP TABLE 2 AND GO TO CD11.

table 2: selection of random child for child Discipline questions

USE THIS TABLE 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. LOOK FOR THE LAST DIGIT OF THE HOUSEHOLD NUMBER 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 CD7 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 ABOUT WHOM THE QUESTIONS WILL BE ASKED. RECORD THE RANK NUMBER IN CD9 BELOW. FINALLY, RECORD THE LINE NUMBER AND NAME OF THE SELECTED CHILD IN CD11 ON THE NEXT PAGE. THEN, FIND THE MOTHER OR PRIMARY CARETAKER OF THAT CHILD, AND ASK THE QUESTIONS, BEGINNING WITH CD12.

CD8. Last digit of the household number	TOTAL NUMBER OF CHILDREN (2-14) IN THE HOUSEHOLD							
	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

CD9. *RECORD THE RANK NUMBER OF THE SELECTED CHILD*	RANK NUMBER OF CHILD ……………… ☐☐

MODULE 7: CHILD DISCIPLINE (cont'd.)		**CD**
*IDENTIFY ELIGIBLE CHILD **AGED 2 TO 14 YEARS** IN THE HOUSEHOLD USING THE TABLES ON THE PRECEDING PAGE, ACCORDING TO YOUR INSTRUCTIONS. ASK TO INTERVIEW THE MOTHER OR PRIMARY CARETAKER OF THE SELECTED CHILD (IDENTIFIED BY THE LINE NUMBER IN CD6).*		
CD11. *WRITE NAME AND LINE NO. OF THE CHILD SELECTED FOR THE MODULE FROM CD3 AND CD2, BASED ON THE RANK NUMBER IN CD9.*	NAME: _____ LINE NUMBER: .... ☐☐	
CD12. All 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 you or anyone else in your household has used this method with (*NAME*) in the past month.		
CD12A. Took away privileges, forbade something (*NAME*) liked or did not allow him/her to leave house).	Yes .... 1 No... 2	
CD12B. Counselling/Explained why something (the behavior) was wrong.	Yes .... 1 No... 2	
CD12C. Shook him/her.	Yes .... 1 No... 2	
CD12D. Shouted, yelled at or screamed at him/her.	Yes .... 1 No... 2	
CD12E. Gave him/her something else to do.	Yes .... 1 No... 2	
CD12F. Spanked, hit or slapped him/her on the bottom with bare hand.	Yes .... 1 No... 2	
CD12G. Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	Yes .... 1 No... 2	
CD12H. Called him/her dumb, lazy, or another name, etc.	Yes .... 1 No... 2	
CD12I. Hit or slapped him/her on the face, head or ears.	Yes .... 1 No... 2	
CD12J. Hit or slapped him/her on the hand, arm, or leg.	Yes .... 1 No... 2	
CD12K. Beat him/her up with an implement (hit over and over as hard as one could).	Yes .... 1 No... 2	
CD13. Do you believe that in order to bring up (raise, educate) (*NAME*) properly, you need to physically punish him/her?	Yes .... 1 No... 2 Don't know/No opinion............................. 8	

MODULE 8: DISABILITY — DA

TO BE ADMINISTERED TO CARETAKERS OF ALL CHILDREN AGED 2 TO 9 YEARS LIVING IN THE HOUSEHOLD. FOR HOUSEHOLD MEMBERS BELOW AGE 2 OR ABOVE AGE 9, LEAVE ROWS BLANK

I would like to ask you if any child in this household aged 2 to 9 years has any of the health conditions I am going to mention to you.

DA1. Line no.	DA2. CHILD'S NAME	DA3. Compared with other children, does or did (NAME) have any serious delay in sitting, standing, or walking?	DA4. Compared with other children, does (NAME) have difficulty seeing, either in the daytime or at night?	DA5. Does (NAME) appear to have difficulty hearing? (uses hearing aid, hears with difficulty, completely deaf?)	DA6. When you tell (NAME) to do something, does he/she seem to understand what you are saying?	DA7. Does (NAME) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?	DA8. Does (NAME) sometimes have fits, become rigid, or lose consc-iousness?	DA9. Does (NAME) learn to do things like other children his/her age?	DA10. Does (NAME) speak at all (can he/she make him or herself understood in words; can say any recognizable words)?	DA11. 3-9 YEARS: Is (NAME's) speech in any way different from normal (not clear enough to be understood by people other than the immediate family)? ⇨ **DA13**	DA12. AGE 2-ONLY: Can (NAME) name at least one object (for example, an animal, a toy, a cup, a spoon)?	DA13. Compared with other children of the same age, does (NAME) appear in any way mentally backward, dull or slow?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
13		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
14		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
15		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

MODULE 9: SALT IODIZATION		SI
SI1. We would like to check whether the salt used in your household is iodized. May I see a sample of the salt used to cook the main meal eaten by members of your household last night? *ONCE YOU HAVE EXAMINED THE SALT, CIRCLE NUMBER THAT CORRESPONDS TO TEST OUTCOME.*	Not iodized 0 PPM ....1 Less than 15 PPM ....2 15 PPM or more ....3 No salt in home ....4 Salt not tested 5	

SI2. *DOES ANY ELIGIBLE WOMAN AGE 15-49 RESIDE IN THE HOUSEHOLD?*
CHECK HOUSEHOLD LISTING, COLUMN HL6. 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.*

SI2A. *CHECK HOUSEHOLD LISTING, COLUMN HL6A. IF HOUSEHOLD IS SELECTED FOR MAN'S INTERVIEW, DOES ANY ELIGIBLE MAN AGE 15-49 RESIDE IN THE HOUSEHOLD? 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.* ⇨ *CONTINUE.*

SI3. *DOES ANY CHILD UNDER THE AGE OF 5 RESIDE IN THE HOUSEHOLD?*
CHECK HOUSEHOLD LISTING, COLUMN HL8. 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.* ⇨ *END THE INTERVIEW BY THANKING THE RESPONDENT FOR HIS/HER COOPERATION.*

GATHER TOGETHER ALL QUESTIONNAIRES FOR THIS HOUSEHOLD AND TALLY THE NUMBER OF INTERVIEWS COMPLETED ON THE COVER PAGE.

individual women questionnaire

<table>
<tr><td colspan="2">IDENTIFICATION PANEL</td><td align="right">WM</td></tr>
<tr><td colspan="3"><i>THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15 THROUGH 49 (SEE COLUMN HL6 OF HH LISTING).</i>
<i>FILL IN ONE FORM FOR EACH ELIGIBLE WOMAN</i>
<i>FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND THE NAME AND LINE NUMBER OF THE WOMAN IN THE SPACE BELOW.</i>
<i>FILL IN YOUR NAME, NUMBER AND THE DATE.</i></td></tr>
<tr><td>WM1. CLUSTER NUMBER:</td><td colspan="2">WM2. HOUSEHOLD NUMBER:</td></tr>
<tr><td>WM3. WOMAN'S NAME:</td><td colspan="2">WM4. WOMAN'S LINE NUMBER:</td></tr>
<tr><td>WM5. INTERVIEWER NAME AND NUMBER:</td><td colspan="2">WM6. DAY/MONTH/YEAR OF INTERVIEW: 2 0 0 6</td></tr>
<tr><td>WM7. RESULT OF WOMEN'S INTERVIEW</td><td colspan="2">COMPLETED 1
NOT AT HOME 2
REFUSED..3
PARTLY COMPLETED...4
INCAPACITATED 5

OTHER (<i>specify</i>) _____ 6</td></tr>
</table>

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

Good ………….! My name is ………………………… and I am here on behalf of the Ghana Statistical Service and Ministry of Health. We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE WOMAN DOES NOT AGREE TO CONTINUE, THANK HER, COMPLETE WM7, AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

<table>
<tr><td>WM8. In what month and year were you born?</td><td>DATE OF BIRTH:
Month...

DK month 98

Year ....
DK year .... 9998</td><td></td></tr>
<tr><td>WM9. How old were you at your last birthday?</td><td>AGE (IN COMPLETED YEARS)...............</td><td></td></tr>
<tr><td>WM10. Have you ever attended school?</td><td>Yes...1
No ....2</td><td>2⇨WM14</td></tr>
</table>

WM11. What is the highest level of school you attended: primary, secondary, or higher?	Primary 10	
	Middle/JSS.. 20	
	Secondary/SSS...................................... 30	
	Voc./Comm./Tech. 40	
	Post Sec 50	
	Tertiary 60	
	Other (specify)...................................... 96	
	DK... 98	
WM12. What is the highest grade you completed at that level?	Grade .... ☐☐	

WM13. *CHECK WM11:*

☐ *SECONDARY/VOC./TECH./COMM. OR HIGHER.* ⇨ *GO TO WM15*

☐ *PRIMARY/MIDDLE/JSS.* ⇨ *CONTINUE WITH WM14*

WM14. Now I would like you to read this sentence to me.
 	
SHOW SENTENCES TO RESPONDENT.
 	
IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
Can you read part of the sentence to me?
 	
EXAMPLE SENTENCES FOR LITERACY TEST:
 	
1.   The child is reading a book.
2.   The rains came late this year.
3.   Parents must care for their children.
4.   Farming is hard work.
	Cannot read at all 1
	
	Able to read only parts of sentence............2
	
	Able to read whole sentence 3
	
	No sentence in
	   required language _____ 4
	                    (specify language)
	
	Blind/mute, visually/speech impaired 5	

WM15. What is your religion?	Catholic .... 11 Protestant .... 12 Pentecostal/Charismatic .... 13 Deeper Life .... 14 Jehovah Witness .... 15 SDA.. 16 Moslem... 21 Traditional .... 31 Spiritualist.. 32 No Religion .... 41 Other (*specify*) _____ 96	
WM16. To which ethnic group do you belong?	Akan... 11 Ga/Dangme .... 12 Ewe .... 13 Guan .... 14 Gruma .... 15 Mole Dagbani .... 21 Grusi .... 22 Mande .... 23 Other ethnic group (*specify*) _____ 96	

MODULE 1: INFANT/CHILD MORTALITY		CM
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15-49. *ALL QUESTIONS REFER ONLY TO __LIVE__ BIRTHS.*		
CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? *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?	Yes..1 No 2	2⇨ MARRIAGE /UNION MODULE
CM2A. 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. *SKIP TO CM3 ONLY IF YEAR OF FIRST BIRTH IS GIVEN. OTHERWISE, CONTINUE WITH CM2B.*	Date of first birth Day .... ☐☐ DK day ....98 Month .... ☐☐ DK month...98 Year .... ☐☐☐☐ DK year 9998	⇨CM3 ⇩CM2B
CM2B. How many years ago did you have your first birth?	Completed years since first birth...... ☐☐	
CM3. Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes..1 No 2	2⇨CM5
CM4. How many sons live with you? How many daughters live with you? (IF NONE, WRITE 00)	Sons at home .... ☐☐ Daughters at home .... ☐☐	
CM5. 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⇨CM7
CM6. How many sons are alive but do not live with you? How many daughters are alive but do not live with you? (IF NONE, WRITE 00)	Sons elsewhere............................. ☐☐ Daughters elsewhere .... ☐☐	
CM7. Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	Yes..1 No 2	2⇨CM9
CM8. How many boys have died? How many girls have died?	Boys dead.................................... ☐☐ Girls dead..................................... ☐☐	
CM9. *SUM ANSWERS TO CM4, CM6, AND CM8.*	Sum.. ☐☐	
CM10. Just to make sure that I have this right, you have had in total (*TOTAL NUMBER*) births during your life. Is this correct? ☐ *YES. ⇨ GO TO CM11* ☐ *NO. ⇨ CHECK RESPONSES AND MAKE CORRECTIONS BEFORE PROCEEDING TO CM11*		

CM11. Of these (*TOTAL NUMBER*) births you have had, when did you deliver the last one (even if he or she has died)? *IF DAY IS NOT KNOWN, ENTER '98' IN SPACE FOR DAY.*	**Date of last birth:** Day .... ☐☐ DK day .... 98 Month .... ☐☐ DK month.. 98 Year .... ☐☐☐☐ DK year 9998	
CM12. *CHECK CM11: DID THE WOMAN'S LAST BIRTH OCCUR WITHIN THE LAST 2 YEARS, THAT IS, SINCE (DAY AND MONTH OF INTERVIEW IN 2004)?* *IF CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES.* ☐ *NO LIVE BIRTH IN LAST 2 YEARS. ⇨ GO TO* <u>MARRIAGE/UNION</u> *MODULE.* ☐ *YES, LIVE BIRTH IN LAST 2 YEARS. ⇨ CONTINUE WITH CM13* *NAME OF CHILD_____*		
CM13. At the time you became pregnant with (*NAME*), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then...1 Later...2 No more..3	

MODULE 2: TETANUS TOXOID (TT)		TT
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW.		
TT1. Do you have a card or other document with your own immunizations listed? *IF A CARD IS PRESENTED, USE IT TO ASSIST WITH ANSWERS TO THE FOLLOWING QUESTIONS.*	Yes (card seen) ....1 Yes (card not seen) ....2 No ....3 DK...8	
TT2. When you were pregnant with your last child, did you receive any injection to prevent him or her from getting tetanus, that is convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?	Yes...1 No ....2 DK...8	 2⇨TT5 8⇨TT5
TT3. *IF YES:* How many times did you receive this anti-tetanus injection during your last pregnancy?	No. of times................................... ☐☐ DK...98	 98⇨TT5
TT4. *HOW MANY TT DOSES DURING LAST PREGNANCY WERE REPORTED IN TT3?* ☐ *AT LEAST TWO TT INJECTIONS DURING LAST PREGNANCY. ⇨ GO TO NEXT MODULE* ☐ *FEWER THAN TWO TT INJECTIONS DURING LAST PREGNANCY. ⇨ CONTINUE WITH TT5*		
TT5. Did you receive any tetanus toxoid injection at any time before your last pregnancy?	Yes...1 No ....2 DK...8	 2⇨NEXT MODULE 8⇨NEXT MODULE
TT6. How many times did you receive it?	No. of times................................... ☐☐	
TT7. In what month and year did you receive the last anti-tetanus injection before that last pregnancy? *SKIP TO NEXT MODULE ONLY IF YEAR OF INJECTION IS GIVEN. OTHERWISE, CONTINUE WITH TT8.*	Month .... ☐☐ DK month...98 Year .... ☐☐☐☐ DK year 9998	 ⇨NEXT MODULE ⇩TT8
TT8. How many years ago did you receive the last anti-tetanus injection before that last pregnancy?	Years ago .... ☐☐	

MODULE 3: MATERNAL AND NEWBORN HEALTH		MN

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 CM12 AND RECORD NAME OF LAST-BORN CHILD HERE _____.
USE THIS CHILD'S NAME IN THE FOLLOWING QUESTIONS, WHERE INDICATED.

MN1. In the first two months after your last birth [*THE BIRTH OF NAME*], did you receive a Vitamin A dose like this? *SHOW 200,000 IU CAPSULES.*	Yes..1 No ....2 DK...8	

MN2. Did you see anyone for antenatal care for this pregnancy?
 	
IF YES: Whom did you see? Anyone else?
 	
PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.
	Health professional:
	   Doctor .... A
	   Nurse/midwife..................................... B
	   Auxiliary midwife C
	Other person
	  Trained Traditional birth attendant......... E
	  Untrained Traditional birth attendant ....F
	   Community health worker ....G
	   Relative/friend.....................................H
	
	Other (*specify*)_____ X
	No one..Y
		Y⇨MN7

MN2AA. How many months pregnant were you when you first received antenatal care for this pregnancy?	Months .... ☐☐ Don't Know 98	
MN2BB. How many times did you receive antenatal care during this pregnancy?	Number of times .... ☐☐ Don't Know 98	

MN3. As part of your antenatal care, were any of the following done at least once?
 	
                             Yes   No
MN3A. Were you weighed?
MN3B. Was your blood pressure measured?
MN3C. Did you give a urine sample?
MN3D. Was your blood sample taken?
	
	                           Yes No
	Weight 1 2
	Blood pressure..............................1 2
	Urine sample.................................1 2
	Blood sample 1 2	

MN4. During any of the antenatal visits for the pregnancy, were you given any information or counseled about HIV/AIDS virus?	Yes..1 No ....2 DK...8	
MN5. I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	Yes..1 No ....2 DK...8	2⇨MN6A 8⇨MN6A
MN5A. When was the last time you were tested?	Less than 12 months ....1 12-23 months ....2 2 years or more 3	

MN6. I don't want to know the results, but did you get the results of the test?	Yes...1 No ....2 DK...8	
MN6A. During this pregnancy, did you take any medicine in order to prevent you from getting malaria?	Yes...1 No ....2 DK...8	2⇨MN6H 8⇨MN6H
MN6B. Which medicines did you take to prevent malaria? *CIRCLE ALL MEDICINES TAKEN. IF TYPE OF MEDICINE IS NOT DETERMINED, SHOW TYPICAL ANTI-MALARIA TO RESPONDENT.*	SP/Fansidar .... A Chloroquine .... B Other (*specify*)_____ X DK...Z	
MN6C. *CHECK MN6B FOR MEDICINE TAKEN:* ☐ *SP/FANSIDAR TAKEN.⇨ CONTINUE WITH MN6CA* ☐ *SP/FANSIDAR NOT TAKEN.⇨ GO TO MN6H*		
MN6CA. How many months were you pregnant when you first took SP/Fansidar?	Up to 3 months ....1 3 – 8 months ....2 After 8 months 3	
MN6D. How many times did you take SP/Fansidar during this pregnancy to prevent malaria?	Number of times .... ☐☐	
MN6E. Was it taken in presence of health worker?	Yes...1 No 2	
MN6F. Did you experience any side effects?	Yes...1 No 2	2⇨MN6H
MN6G. What kind of side effects did you experience?	Skin rashes .... A Swellings of face, hands, feet, etc............. B Itching... C Yellow colouration of urine/eyes .... D Other (*specify*) _____ X	
MN6H. During pregnancy did you sleep in treated net?	Yes...1 No 2	

MN7. Who assisted with the delivery of your last child (*NAME*)?
 	
Anyone else?
 	
PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.
	Health professional:
	    Doctor .... A
	    Nurse/midwife.. B
	    Auxiliary midwife C
	Other person
	    Trained Traditional birth attendant .... E
	    Untrained Traditional birth attendant.......F
	    Community health worker .... G
	    Relative/friend...................................... H
	
	Other (*specify*)_____ X
	No one.. Y	

MN8. Where did you give birth to (*NAME*)?
 	
IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
 	
_____
(*NAME OF PLACE*)
	Home
	    Your home.. 11
	    Other home 12
	
	Public sector
	    Govt. hospital/polyclinic 21
	    Govt. clinic/health centre 22
	    Other public (*specify*) _____ 26
	
	Private Medical Sector
	    Private hospital 31
	    Private clinic....................................... 32
	    Private maternity home........................ 33
	    Other private
	        (*specify*) _____ 36
	
	Other (*specify*)_____ 96	

MN9. In your opinion when your last child (*NAME*) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large ....1 Larger than average ....2 Average..3 Smaller than average...............................4 Very small..5 DK...8	
MN10. Was (*NAME*) weighed at birth?	Yes...1 No ....2 DK...8	2⇨MN12 8⇨MN12
MN11. How much did (*NAME*) weigh? *RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.*	From card .... 1 (kgs) ☐☐•☐☐ From recall.............. 2 (kgs) ☐•☐☐ DK...99998	
MN12. Did you ever breastfeed (*NAME*)?	Yes...1 No 2	2⇨ NEXT MODULE
MN13. How long after birth did you first put (*NAME*) to the breast? *IF LESS THAN 1 HOUR, RECORD '00' HOURS.* *IF LESS THAN 24 HOURS, RECORD HOURS.* *OTHERWISE, RECORD DAYS.*	Immediately .... 000 Hours ....1 ☐☐ *or* Days....................................2 ☐☐ Don't know/remember 998	

MODULE 4: 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⇨MA3
MA2. How old was your husband/partner on his last birthday?	Age in years .... ☐☐ DK... 98	
MA2A. Besides yourself, does your husband/partner have any other wives?	Yes...1 No 2	 2⇨MA5
MA2B. How many other wives does he have?	Number... ☐☐ DK... 98	⇨MA5 98⇨MA5
MA3. Have you ever been married or lived together with a man?	Yes, formerly married...............................1 Yes, formerly lived with a man ....2 No 3	 3⇨NEXT MODULE
MA4. What is your marital status now: are you widowed, divorced or separated?	Widowed...1 Divorced ....2 Separated...3	
MA5. Have you been married or lived with a man only once or more than once?	Only once ....1 More than once 2	
MA6. In what month and year did you <u>first</u> marry or start living with a man as if married?	Month .... ☐☐ DK month... 98 Year .... ☐☐☐☐ DK year 9998	
MA7. *CHECK MA6:* ☐ *BOTH MONTH AND YEAR OF MARRIAGE/UNION KNOWN?* ⇨ *GO TO NEXT MODULE* ☐ *EITHER MONTH OR YEAR OF MARRIAGE/UNION NOT KNOWN?* ⇨ *CONTINUE WITH MA8*		
MA8. How old were you when you started living with your first husband/partner?	Age in years .... ☐☐	

MODULE 5: SECURITY OF TENURE FOR THE WOMEN		ST
ST1. Do you feel secure from eviction from this dwelling?	Yes...1 No .... 2 DK...8	1⇨NEXT MODULE 8⇨NEXT MODULE
ST1A. What is your reason for being insecure?	Husband is sole provider ....11 Marriage not registered/recognised...........12 No where to go ....13 Can't afford accommodation ....14 Not working ....15 No source of income 16 Emotional distress...................................17 Other (*specify*)......................................96	

MODULE 6: CONTRACEPTION		CP
CP1. I would like to talk with you about another subject – family planning – and your reproductive health. Are you pregnant now?	Yes, currently pregnant ....1 No ....2 Unsure or DK 8	1⇨ CP4B
CP2. Some people use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes..1 No 2	 2⇨ NEXT MODULE
CP3. Which method are you using? *DO NOT PROMPT.* *IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE EACH ONE.*	Female sterilization...................................A Male sterilization......................................B Pill...C IUD...D Injections ....E Implants...F Male condom ....G Female condom ....H Diaphragm ....I Foam/jelly ....J Lactational amenorrhoea method (LAM)....................................K Periodic abstinence ....L Withdrawal ....M Other (*specify*)_____ X	
CP4A. Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? CP4B. *IF CURRENTLY PREGNANT:* 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 (a/another) child..............................1 No more/none ....2 Says she cannot get pregnant ....3 Undecided/don't know..............................8	 2⇨CP4D 3⇨NEXT MODULE 8⇨CP4D
CP4C. 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⇨NEXT MODULE
CP4D. **CHECK CP1:** ☐ *CURRENTLY PREGNANT?* ⇨ *GO TO NEXT MODULE* ☐ *NOT CURRENTLY PREGNANT OR UNSURE?* ⇨ *CONTINUE WITH CP4E*		
CP4E. Do you think you are physically able to get pregnant at this time?	Yes...1 No..2 DK..8	

MODULE 7: FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. Have you ever heard of female circumcision?	Yes...1 No 2	1⇨FG3
FG2. In a number of 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⇨FG8
FG4. Now I would like to ask you what was done to you at this 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 (or 'sealed')?	Yes...1 No ....2 DK...8	

FG7. Who circumcised you?	Traditional persons
	   Traditional 'circumciser' 11
	   Trained TBA 12
	 Untrained TBA 13
	   Other
	      traditional (*specify*)_____ 16
	
	Health professional
	   Doctor 21
	   Nurse/midwife 22
	   Other health
	      professional (*specify*)_____ 26
	
	DK...98	

FG8. *THE FOLLOWING QUESTIONS APPLY ONLY TO WOMEN WHO HAVE AT LEAST ONE LIVING DAUGHTER.*
CHECK CM4 AND CM6, CHILD MORTALITY MODULE: WOMAN HAS LIVING DAUGHTER?

☐ *YES.* ⇨ *CONTINUE WITH FG9*

☐ *NO.* ⇨ *GO TO FG16*

FG9. Have any of your daughters been circumcised? IF YES, how many?	Number of daughters circumcised: . ☐☐ No daughters circumcised 00	00⇨FG16
FG10. To which of your daughters did this happen most recently? *RECORD THE DAUGHTER'S NAME.*	Name of daughter: _____	
FG11. Now I would like to ask you what was done to (NAME) at that time. Was any flesh removed from the genital area?	Yes...1 No ....2 DK...8	1⇨FG13
FG12. Was the genital area just nicked without removing any flesh?	Yes...1 No ....2 DK...8	

FG13. Was the genital area sewn closed (or 'sealed')?	Yes..1 No ....2 DK...8	
FG14. How old was (*NAME*) when this occurred? *IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.*	Daughter's age at circumcision....... ☐☐ DK... 98	

FG15. Who did the circumcision?	Traditional persons
	    Traditional 'circumciser' 11
	    Trained TBA 12
	  Untrained TBA 13
	    Other
	        traditional (*specify*)_____ 16
	
	Health professional
	    Doctor 21
	    Nurse/midwife 22
	    Other health
	        professional (*specify*)_____ 26
	
	DK... 98	

FG16. Do you think this practice should be continued or should it be discontinued?	Continued ....1 Discontinued ....2 Depends ....3 DK...8	2⇨FG16B 8⇨ NEXT MODULE
FG16A. What is your reason why it should be continued?	Religious ....1 Traditional ....2 Other (*specify*) _____ 6	1⇨ NEXT MODULE 2⇨ NEXT MODULE 6⇨ NEXT MODULE
FG16B. What is your reason to discontinue?	Religious .... A Traditional .... B Infertility.. C Infection .... D Difficulty in labour .... E Other (*specify*)..X	

MODULE 8: ATTITUDE TOWARDS 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:		Yes	No	DK
DV1A. If she goes out with out telling him?	Goes out without telling............ 1	2	8	
DV1B. If she neglects the children?	Neglects children 1	2	8	
DV1C. If she argues with him?	Argues 1	2	8	
DV1D. If she refuses sex with him?	Refuses sex 1	2	8	
DV1E. If she burns the food?	Burns food 1	2	8	
DV1F. If she insults him?	Insults.................................... 1	2	8	
DV1G. If she refuses to give him food?	Refuses to give food................ 1	2	8	
DV1H. If there is another partner?	Another partner 1	2	8	
DV1H. Other (specify)	Other (specify) _____ 1	2	8	

MODULE 9: SEXUAL BEHAVIOUR (WOMEN AGE 15-49)		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
SB1. Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. The information you supply will remain strictly confidential. How old were you when you first had sexual intercourse (if ever)?	Never had intercourse..............................00 Age in years at first sex.................. ☐☐ First time when started living with (first) husband/partner....................................95	00⇨NEXT MODULE
SB2. When was the last time you had sexual intercourse? *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.*	Days ago ....1 ☐☐ Weeks ago.................................2 ☐☐ Months ago................................3 ☐☐ Years ago ....4 ☐☐	4⇨NEXT MODULE
SB3. The last time you had sexual intercourse was a condom used?	Yes...1 No 2	2⇨SB4
SB3A. What was the main reason why you use the condom?	To prevent STD/HIV ....1 To prevent pregnancy ....2 To prevent both STD/HIV and pregnancy...3 Did not trust partner/felt partner had other partners ....4 Partner requested/insisted ....5 Other (*specify*)_____ 6 DK..8	
SB4. What is your relationship to the man with whom you last had sexual intercourse? *IF MAN IS 'BOYFRIEND' OR 'FIANCÉE', ASK:* Was your boyfriend/fiancée living with you when you last had sex? *IF 'YES', CIRCLE 1 .IF 'NO', CIRCLE 2.*	Spouse / cohabiting partner.......................1 Man is boyfriend / fiancée ....2 Other friend...3 Casual acquaintance ....4 Commercial sex worker.............................5 Other (*specify*)_____ 6	1⇨SB6
SB5. How old is this person? *IF RESPONSE IS DK, PROBE:* About how old is this person?	Age of sexual partner..................... ☐☐ DK...98	
SB6. Have you had sex with any other man in the last 12 months?	Yes..1 No 2	2⇨NEXT MODULE

SB7. The last time you had sexual intercourse with this other man, was a condom used?	Yes..1 No 2	
SB8. What is your relationship to this man? *IF MAN IS 'BOYFRIEND' OR 'FIANCÉE', ASK:* Was your boyfriend/fiancée living with you when you last had sex? *IF 'YES', CIRCLE 1. IF 'NO', CIRCLE 2.*	Spouse / cohabiting partner........................1 Man is boyfriend / fiancée ....2 Other friend..3 Casual acquaintance ....4 Commercial sex worker..............................5 Other (*specify*)_____ 6	1⇨SB10
SB9. How old is this person? *IF RESPONSE IS DK, PROBE:* About how old is this person?	Age of sexual partner.................... ☐☐ DK..98	
SB10. Other than these two men, have you had sex with any other man in the last 12 months?	Yes..1 No 2	2⇨NEXT MODULE
SB11. In total, with how many different men have you had sex in the last 12 months?	No. of partners .... ☐☐	

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MODULE 10: HIV/AIDS (WOMEN AGE 15-49)		HA
HA1. Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes...1 No 2	 2⇨ END INTERVIEW
HA2. Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes...1 No ....2 DK..8	
HA3. Can people get infected with the AIDS virus because of witchcraft or other supernatural means?	Yes...1 No ....2 DK..8	
HA4. Can people reduce their chance(s) 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 reduce their chance(s) of getting infected with the AIDS virus by not having sex at all?	Yes...1 No ....2 DK..8	
HA7. Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes...1 No ....2 DK..8	
HA7A. Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	Yes...1 No ....2 DK..8	
HA8. Is it possible for a healthy-looking person to have the AIDS virus?	Yes...1 No ....2 DK..8	
HA9. Can the AIDS virus be transmitted from a mother to a baby: HA9A. During pregnancy? HA9B. During delivery? HA9C. By breastfeeding?	Yes No DK During pregnancy ....1 2 8 During delivery ....1 2 8 By breastfeeding 1 2 8	
HA10. 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	
HA10A. If a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in school?	Yes...1 No ....2 DK/not sure/depends 8	

HA11. 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	
HA12. If a member of your family became infected with the AIDS virus, would you want it to remain a secret?	Yes..1 No ....2 DK/not sure/depends 8	
HA13. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?	Yes..1 No ....2 DK/not sure/depends 8	
HA14. *CHECK MN5: TESTED FOR HIV DURING ANTENATAL CARE?* □ *YES.* ⇨ *GO TO HA18A* □ *NO.* ⇨ *CONTINUE WITH HA15*		
HA15. I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes..1 No 2	2⇨HA18
HA15A. When was the last time you were tested?	Less than 12 months ....1 12-23 months ....2 2 years or more 3	
HA16. I do not want you to tell me the results of the test, but have you been told the results?	Yes..1 No 2	
HA17. Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test ....1 Offered and accepted ....2 Required 3	2⇨ END INTERVIEW
HA18. At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?	Yes..1 No 2	2⇨ END INTERVIEW
HA18A. *IF TESTED FOR HIV DURING ANTENATAL CARE:* Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have the AIDS virus?	Yes..1 No 2	

FOLLOW INSTRUCTIONS IN YOUR INTERVIEWER'S MANUAL.

children under five questionnaire

<table>
<tr><td colspan="2">IDENTIFICATION PANEL</td><td>UF</td></tr>
</table>

THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL MOTHERS OR CARETAKERS (SEE HOUSEHOLD LISTING, COLUMN HL8) WHO CARE FOR A CHILD THAT LIVES WITH THEM AND IS UNDER THE AGE OF 5 YEARS (SEE HOUSEHOLD LISTING, COLUMN HL5).
A SEPARATE QUESTIONNAIRE SHOULD BE USED FOR EACH ELIGIBLE CHILD.
FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND NAMES AND LINE NUMBERS OF THE CHILD AND THE MOTHER/CARETAKER IN THE SPACE BELOW. INSERT YOUR OWN NAME AND NUMBER, AND THE DATE.

UF1. CLUSTER NUMBER:	UF2. HOUSEHOLD NUMBER:
UF3. CHILD'S NAME:	UF4. CHILD'S LINE NUMBER:
UF5. MOTHER'S/CARETAKER'S NAME:	UF6. MOTHER'S/CARETAKER'S LINE NUMBER:
UF7. INTERVIEWER'S NAME AND NUMBER:	UF8. DAY/MONTH/YEAR OF INTERVIEW: 2 0 0 6

UF9. RESULT OF INTERVIEW FOR CHILDREN UNDER 5 (*CODES REFER TO MOTHER/CARETAKER.*)	COMPLETED 1
	NOT AT HOME 2
	REFUSED 3
	PARTLY COMPLETED 4
	INCAPACITATED 5
	OTHER (specify) _____ 6

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:
Good ....! My name is .... and I am here on behalf of the Ghana Statistical Service and Ministry of Health. We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE RESPONDENT DOES NOT AGREE TO CONTINUE, THANK HIM/HER AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (*NAME*). In what month and year was (*NAME*) born? *PROBE:* What is his/her birthday? *IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY.*	Date of birth: Day .... DK day ....98 Month.................................... DK month ....98 Year .... DK year 9998	
UF11. How old was (*NAME*) at his/her last birthday? *RECORD AGE IN COMPLETED YEARS.*	Age in completed years............	

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MODULE 1: BIRTH REGISTRATION AND EARLY LEARNING		BR
BR1. Has (*NAME'S*) birth been registered with the Births and Deaths Registry?	Yes...1 No ....2 DK..8	2⇨BR3
BR2. Does (*NAME*) have a birth certificate? May I see it?	Yes, seen...1 Yes, not seen ....2 No ....3 DK..8	1⇨BR5 2⇨BR5
BR3. Why is (*NAME*) birth 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 (*specify*)_____ 6 DK..8	5⇨BR5
BR4. Do you know where to register your child's birth?	Yes...1 No 2	
BR5. *CHECK AGE OF CHILD IN UF11: CHILD IS 3 OR 4 YEARS OLD?* ☐ *YES.* ⇨ *CONTINUE WITH BR6* ☐ *NO.* ⇨ *GO TO BR8*		
BR6. Does (*NAME*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes...1 No ....2 DK..8	2⇨BR8 8⇨BR8
BR7. Within the last seven days, about how many hours did (*NAME*) attend?	No. of hours .... ☐☐	

BR8. 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*): *IF YES, ASK:* who engaged in this activity with the child - the mother, the child's father or another adult member of the household (including the caretaker/respondent)? *CIRCLE ALL THAT APPLY.*		Mother	Father	Other	No one
BR8A. Read books or look at picture books with (*NAME*)?	Books	A	B	X	Y
BR8B. Tell stories to/with (*NAME*)?	Stories	A	B	X	Y
BR8C. Sing songs to/with (*NAME*)?	Songs	A	B	X	Y
BR8D. Take (*NAME*) outside the home, compound, yard or enclosure?	Take outside	A	B	X	Y
BR8E. Play with (*NAME*)?	Play with	A	B	X	Y
BR8F. Spend time with (*NAME*) naming, counting, and/or drawing things?	Spend time with	A	B	X	Y

MODULE 2: CHILDHOOD EDUCATION		CE
QUESTION CE1 IS TO BE ADMINISTERED ONLY ONCE TO EACH CARETAKER		
CE1. How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books *IF 'NONE' ENTER 0*	Number of non-children's books .... 0 ☐ Ten or more non-children's books 10	
CE2. How many children's books or picture books do you have for (*NAME*)? *IF 'NONE' ENTER 0*	Number of children's books .... 0 ☐ Ten or more books 10	
CE3. I am interested in learning about the things that (*NAME*) plays with when he/she is at home. What does (*NAME*) play with? Does he/she play with Household objects, such as bowls, plates, cups or pots? Objects and materials found outside the living quarters, such as sticks, rocks, animals, shells, or leaves? Homemade toys, such as dolls, cars and other toys made at home? Toys purchased from a store? *IF THE RESPONDENT SAYS "YES" TO ANY OF THE PROMPTED CATEGORIES, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE* *CODE Y IF CHILD DOES NOT PLAY WITH ANY OF THE ITEMS MENTIONED.*	Household objects (bowls, plates, cups, pots) .... A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) ...... B Homemade toys (dolls, cars and other toys made at home) C Toys purchased from a store .... D No playthings mentioned.......................... Y	
CE4. 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 with others. since last (*DAY OF THE WEEK*) how many times was (*NAME*) left in the care of another child (that is, someone less than 10 years old)? *IF 'NONE' ENTER 00*	Number of times .... ☐☐	
CE5. In the past week, how many times was (*NAME*) left alone? *IF 'NONE' ENTER 00*	Number of times .... ☐☐	

MODULE 3: VITAMIN A – CHILDREN 6 MONTHS AND OLDER		VA
VA1. Has (*NAME*) ever received a vitamin A capsule (supplement) like this one? *SHOW CAPSULES:* *100,000 IU FOR THOSE 6-11 MONTHS OLD, (BLUE)* *200,000 IU FOR THOSE 12-59 MONTHS OLD. (RED).*	Yes...1 No ....2 DK...8	2⇨NEXT MODULE 8⇨NEXT MODULE
VA2. How many months ago did (*NAME*) take the last dose?	Months ago................................... ☐☐ DK... 98	
VA3. Where did (*NAME*) get this last dose?	On routine visit to health facility/CHPS ......1 Sick child visit to health facility ....2 National Immunization Day campaign ....3 Child health week ....4 Outreach clinics...5 Other (*specify*)_____ 6 DK...8	
VA3A. How many times did (*NAME*) receive capsule(s) in the last 12 months?	Number of times .... ☐	

MODULE 4: BREASTFEEDING		BF
BF1. Has (*NAME*) ever been breastfed?	Yes..1 No 2	2⇨BF3
BF2. Is (*NAME*) still being breastfed?	Yes..1 No ....2 DK...8	1⇨BF3 8⇨BF3
BF2A. For how many months did you breastfeed (*NAME)*?	Months .... ☐☐ DK...98	
BF2B. Was (*NAME*) breastfed yesterday?	Yes..1 No 2	
BF3. Since this time yesterday, did he/she receive any of the following: *READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.* BF3A. Vitamin, mineral supplements (Abidec, Minadex, etc)? BF3B. Plain water? BF3C. Sweetened, flavoured water or fruit juice or tea or infusion? BF3D. ORS? BF3E. Infant formula (e.g. SMA, Lactogen)? BF3F. Tinned, powdered or fresh milk? BF3G. Any other liquids (e.g. coconut water)? BF3H. Solid or semi-solid (mushy) food?	Y N DK A. Vitamin supplements .... 1 2 8 B. Plain water .... 1 2 8 C. Sweetened water or juice............ 1 2 8 D. ORS .... 1 2 8 E. Infant formula............................. 1 2 8 F. Milk.. 1 2 8 G. Other liquids .... 1 2 8 H. Solid or semi-solid food 1 2 8	
BF4. *CHECK BF3H: CHILD RECEIVED SOLID OR SEMI-SOLID (MUSHY) FOOD?* ☐ *YES.* ⇨ *CONTINUE WITH BF5* ☐ *NO OR DK.* ⇨ *GO TO NEXT MODULE*		
BF5. Since this time yesterday, how many times did (*NAME*) eat solid, semisolid, or soft foods other than liquids? *IF 7 OR MORE TIMES, RECORD '7'.*	No. of times.. ☐ Don't know... 8	

MODULE 5: CARE OF ILLNESS		CA
CA1. Has (*NAME*) had diarrhoea in the last two weeks, that is, since (*DAY OF THE WEEK*) of the week before last? *DIARRHOEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER, OR AS THREE OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL.*	Yes..1 No ....2 DK...8	2⇨CA5 8⇨CA5
CA2. During this last episode of diarrhoea, did (*NAME*) drink any of the following: *READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.* CA2A. A fluid made from a special packet called (*ORS*)? CA2B. Government -recommended homemade fluid (sugar-salt solution)?	<div align=right>Yes No DK</div> A. Fluid from ORS packet................ 1 2 8 B. Recommended homemade fluid .. 1 2 8	
CA3. During (*NAME's*) illness, did he/she drink much less, about the same, or more than usual?	Much less or none ....1 About the same (or somewhat less)...........2 More ....3 DK...8	
CA4. During (*NAME's*) illness, did he/she eat less, about the same, or more food than usual? *IF "LESS", PROBE:* much less or a little less?	None ....1 Much less ....2 Somewhat less..3 About the same ....4 More ....5 DK...8	
CA4A. *Check CA2A: ORS packet used?* ☐ *Yes.⇨ Continue with CA4B* ☐ *No.⇨ Go to CA5*		

CA4B. Where did you get the *(ORS PACKET FROM CA2A)?*	Public sector
	    Govt. hospital/polyclinic 11
	    Govt. health centre.......................... 12
	    Govt. health post............................. 13
	    Village health worker 14
	    Mobile/outreach clinic 15
	    Other public (*specify*)....................... 16
	Private medical sector
	    Private hospital/clinic 21
	    Private physician 22
	    Private pharmacy 23
	    Mobile clinic 24
	    Other private
	        medical (*specify*) _____ 26
	Other source
	    Relative or friend............................ 31
	    Shop 32
	    Traditional practitioner 33
	Other (*specify*)...................................... 96
	DK.. 98	

CA4C. How much did you pay for the *(ORS PACKET FROM CA2A)?*	Cedis .... ⬜⬜⬜⬜⬜⬜ Free...999996 DK...999998	
CA5. Has (*NAME*) had an illness with a cough at any time in the last two weeks, that is, since (*DAY OF THE WEEK*) of the week before last?	Yes..1 No ....2 DK...8	2⇨CA12 8⇨CA12
CA6. When (*NAME*) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes..1 No ....2 DK...8	2⇨CA12 8⇨CA12
CA7. Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest......................................1 Blocked nose ....2 Both...3 Other (*specify*)_____ 6 DK...8	2⇨CA12 6⇨CA12
CA8. Did you seek advice or treatment for the illness outside the home?	Yes..1 No ....2 DK...8	2⇨CA10 8⇨CA10

CA9. From where did you seek care?
 	
Anywhere else?
 	
CIRCLE ALL PROVIDERS MENTIONED,
BUT DO NOT PROMPT WITH ANY SUGGESTIONS.
 	
IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
 	
_____
(*NAME OF PLACE*)
	Public sector
	   Govt. hospital/polyclinic .... A
	   Govt. health centre............................... B
	   Govt. health post.................................. C
	   Village health worker............................ D
	   Mobile/outreach clinic........................... E
	   Other public (*specify*) _____H
	
	Private medical sector
	   Private hospital/clinic.............................I
	   Private physician...................................J
	   Private pharmacy .... K
	   Mobile clinic L
	   Other private
	      medical (*specify*) _____O
	
	Other source
	   Relative or friend................................. P
	   Chemical shop .... Q
	   Traditional practitioner .... R
	 Drug peddlers .... S
	
	Other (*specify*)_____ X	

CA10. Was (*NAME*) given medicine to treat this illness?	Yes..1 No ....2 DK...8	2⇨CA12 8⇨CA12
CA11. What medicine was (*NAME*) given? *CIRCLE ALL MEDICINES GIVEN.*	Antibiotic... A Paracetamol/Panadol/Acetaminophen ...... P Aspirin .... Q Ibuprofen .... R Other (*specify*)_____ X DK...Z	

CA11A. *CHECK CA11: ANTIBIOTIC GIVEN?*		
☐ *YES. ⇨ CONTINUE WITH CA11B* ☐ *NO. ⇨ GO TO CA12*		

CA11B. Where did you get the antibiotic?	Public sector
	    Govt. hospital/polyclinic 11
	    Govt. health centre 12
	    Govt. health post 13
	    Village health worker......................... 14
	    Mobile/outreach clinic........................ 15
	    Other public (*specify*)_____ 16
	
	Private medical sector
	    Private hospital/clinic 21
	    Private physician 22
	    Private pharmacy 23
	    Mobile clinic 24
	    Other private
	        medical (*specify*) _____ 26
	
	Other source
	    Relative or friend 31
	    Chemical shop 32
	    Traditional practitioner 33
	    Drug peddlers 34
	
	    Other (*specify*) _____ 96
	DK.. 98	

CA11C. How much did you pay for the antibiotic?	Cedis .... ☐☐☐☐☐ Free...999996 DK...999998	
CA12. *CHECK UF11: CHILD AGED UNDER 3?*		
☐ *YES. ⇨ CONTINUE WITH CA13* ☐ *NO. ⇨ GO TO CA14*		
CA13. The last time *(NAME)* passed stools, what was done to dispose of the stools?	Child used toilet/latrine............................ 11 Put/rinsed into toilet or latrine.................. 12 Put/rinsed into drain or ditch.................... 13 Thrown into garbage (solid waste) .... 14 Buried.. 15 Left in the open .... 16 Other (*specify*)_____ 96 DK... 98	

ASK THE FOLLOWING QUESTION (CA14) ONLY ONCE FOR EACH MOTHER/CARETAKER. CA14. 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? *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 Other (*specify*)_____ X Other (*specify*)_____ Y Other (*specify*)_____ Z

MODULE 6: MALARIA FOR UNDER-FIVES		ML
ML1. In the last two weeks, that is, since (*DAY OF THE WEEK*) of the week before last, has (*NAME*) been ill with a fever?	Yes..1 No ....2 DK...8	2⇨ML10 8⇨ML10
ML2. Was (*NAME*) seen at a health facility during this illness?	Yes..1 No ....2 DK...8	2⇨ML6 8⇨ML6
ML3. Did (*NAME*) take a medicine for fever or malaria that was provided or prescribed at the health facility?	Yes..1 No ....2 DK...8	2⇨ML5 8⇨ML5

ML4. What medicine did (*NAME*) take that was provided or prescribed at the health facility?
 	
CIRCLE ALL MEDICINES MENTIONED.
	Anti-malarials:
	  SP/Fansidar....................................... A
	  Chloroquine .... B
	  Amodiaquine/camoquine C
	  Quinine .... D
	  Artemisinin-based combinations .... E
	  Other anti-malarial
	      (*specify*) _____ H
	
	Other medications:
	  Paracetamol/Panadol/Acetaminophen ... P
	  Aspirin.. Q
	  Ibuprofen .... R
	
	Other (*specify*)_____ X
	DK...Z	

ML5. Was (*NAME*) given medicine for the fever or malaria before being taken to the health facility?	Yes..1 No ....2 DK...8	1⇨ML7 2⇨ML8 8⇨ML8
ML6. Was (*NAME*) given medicine for fever or malaria during this illness?	Yes..1 No ....2 DK...8	2⇨ML8 8⇨ML8

ML7. What medicine was (*NAME*) given?
 	
CIRCLE ALL MEDICINES GIVEN. ASK TO SEE THE MEDICATION IF TYPE IS NOT KNOWN. IF TYPE OF MEDICATION IS STILL NOT DETERMINED, SHOW TYPICAL ANTI-MALARIALS TO RESPONDENT.
	Anti-malarials:
	  SP/Fansidar....................................... A
	  Chloroquine .... B
	  Amodiaquine/camoquine C
	  Quinine .... D
	  Artemisinin-based combinations .... E
	  Other anti-malarial
	      (*specify*)_____ H
	
	Other medications:
	  Paracetamol/Panadol/Acetaminophen ... P
	  Aspirin.. Q
	  Ibuprofen .... R
	
	Other (*specify*)_____ X
	DK...Z	

ML8. *CHECK ML4 AND ML7: ANTI-MALARIAL MENTIONED (CODES A - H)?* ☐ *YES.* ⇨ *CONTINUE WITH ML9* ☐ *NO.* ⇨ *GO TO ML10*		
ML9. How long after the fever started did	Same day 0	

(*NAME*) first take (*NAME OF ANTI-MALARIAL FROM ML4 or ML7*)? *IF MULTIPLE ANTI-MALARIALS MENTIONED IN ML4 OR ML7, NAME ALL ANTI-MALARIAL MEDICINES MENTIONED.* *RECORD THE CODE FOR THE DAY ON WHICH THE FIRST ANTI-MALARIAL WAS GIVEN.*	Next day ....1 2 days after the fever ....2 3 days after the fever ....3 4 or more days after the fever...................4 DK..8	

ML9A. Where did you get the (*NAME OF ANTI-MALARIAL FROM ML4 or ML7*)?
 	
 IF MORE THAN ONE ANTI-MALARIAL IS MENTIONE D IN ML4 OR ML7, REFER TO THE FIRST ANTI-MALARIAL GIVEN FOR THE FEVER (THE ANTI-MALARIAL GIVEN ON THE DAY RECORDED IN ML9).
	Public sector
	    Govt. hospital 11
	    Govt. health centre 12
	    Govt. health post 13
	    Village health worker......................... 14
	    Mobile/outreach clinic........................ 15
	    Other public (*specify*)_____ 16
	
	 Private medical sector
	    Private hospital/clinic 21
	    Private physician 22
	    Private pharmacy 23
	    Mobile clinic 24
	    Other private
	      medical (*specify*) _____ 26
	
	 Other source
	    Relative or friend 31
	    Chemical shop 32
	    Traditional practitioner 33
	    Drug peddlers 34
	
	    Other (*specify*) _____ 96
	 DK.. 98	

ML9B. How much did you pay for the (*NAME OF ANTI-MALARIAL FROM ML4 or ML7*)? *REFER TO THE SAME ANTI-MALARIAL A S IN ML9A ABOVE*	Cedis .... ⬚⬚⬚⬚⬚⬚ Free...999996 DK..999998	
ML10. Did (*NAME*) sleep under a mosquito net last night?	Yes...1 No ....2 DK..8	2⇨ NEXT MODULE 8⇨ NEXT MODULE
ML11. How long ago did your household obtain the mosquito net? *IF LESS THAN 1 MONTH, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago................................... ⬚⬚ More than 24 months ago .... 95 Not sure... 98	

ML12. What brand is this net?
 	
IF THE RESPONDENT DOES NOT KNOW THE BRAND OF THE NET, SHOW PICTORIALS, OR IF POSSIBLE, OBSERVE THE NET.
 	
LONG LASTING TREATED NETS:
Olyset
 	
Permanet
 	
PRE-TREATED NETS:
Dawa
 	
Dawa Plus
 	
OTHER NETS:
MOH Treated net
 	
Calico net
 	
Second-hand net
 	
Other *(specify)*
 	
DK brand
	Long lasting treated net:
	   Olyset 11
	
	   Permanet 12
	
	Pre-treated net:
	   Dawa 21
	
	   Dawa Plus 22
	
	Other net:
	   MOH Treated net 31
	
	   Calico net 32
	
	   Second-hand net 36
	
	Other *(specify)*.. *96*
	
	DK brand 98
		11⇨NEXT MODULE
		12⇨NEXT MODULE
		
		21⇨ML14
		
		22⇨ML14

ML13. When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes...1 No ....2 DK/not sure 8	
ML14. Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes or bugs?	Yes...1 No ....2 DK...8	2⇨ NEXT MODULE 8⇨ NEXT MODULE
ML15. How long ago was the net last soaked or dipped? *IF LESS THAN 1 MONTH, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago................................... ☐☐ More than 24 months ago .... 95 DK.. 98	

MODULE 7: IMMUNIZATION				IM

IF AN IMMUNIZATION CARD IS AVAILABLE, COPY THE DATES IN IM2-IM8 FOR EACH TYPE OF IMMUNIZATION OR VITAMIN A DOSE RECORDED ON THE CARD. IM10-IM18 ARE FOR RECORDING VACCINATIONS THAT ARE NOT RECORDED ON THE CARD. IM10-IM18 WILL ONLY BE ASKED WHEN A CARD IS NOT AVAILABLE.

IM1. Is there a vaccination card for (*NAME*)?	Yes, seen..1 Yes, not seen ....2 No 3		2⇨IM10 3⇨IM10

(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.	Date of Immunization			
	DAY	MONTH	YEAR	
IM2. BCG — BCG				
IM3A. Polio at birth — OPV0				
IM3B. Polio 1 — OPV1				
IM3C. Polio 2 — OPV2				
IM3D. Polio 3 — OPV3				
IM4A. DPT1 — DPT1				
IM4B. DPT2 — DPT2				
IM4C. DPT3 — DPT3				
IM5A. HepB1Hib (or DPTHepB1Hib) — (DPT)HH1				
IM5B. HepB2Hib (or DPTHepB2Hib) — (DPT)HH2				
IM5C. HepB3Hib (or DPTHepB3Hib) — (DPT)HH3				
IM6. Measles (or MMR) — Measles				
IM7. Yellow Fever — YF				
IM8A. Vitamin A (1) — VitA1				
IM8B. Vitamin A (2) — VitA2				

IM9. In addition to the vaccinations and vitamin A capsules shown on this card, did (*NAME*) receive any other vaccinations – including vaccinations received in campaigns or immunization days? *RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, OPV 0-3, DPT 1-3, HEPATITIS B 1-3, MEASLES, YELLOW FEVER VACCINE(S), OR VITAMIN A SUPPLEMENTS.*	Yes..1 (*PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN ON IM2 TO IM8B.*) No ....2 DK...8	1⇨IM19 2⇨IM19 8⇨IM19
IM10. Has (*NAME*) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?	Yes..1 No ....2 DK...8	2⇨IM19 8⇨IM19

IM11. Has (*NAME*) ever been given a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar?	Yes..1 No ....2 DK...8	
IM12. Has (*NAME*) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?	Yes..1 No ....2 DK...8	2⇨IM15 8⇨IM15
IM13. How old was he/she when the first dose was given – just after birth (within two weeks) or later?	Just after birth (within two weeks) ....1 Later 2	
IM14. How many times has he/she been given these drops?	No. of times................................. ☐☐	
IM15. Has (*NAME*) ever been given "DPT or [DPT]HH vaccination injections" – that is, an injection in the thigh – to prevent him/her from getting tetanus, whooping cough, diphtheria? (sometimes given at the same time as polio)	Yes..1 No ....2 DK...8	2⇨IM17 8⇨IM17
IM16. How many times?	No. of times................................. ☐☐	
IM17. Has (*NAME*) ever been given "Measles vaccination injections" – that is, a shot in the arm at the age of **9** months or older - to prevent him/her from getting measles?	Yes..1 No ....2 DK...8	
IM18. Has (*NAME*) ever been given "Yellow Fever vaccination injections" – that is, a shot in the arm at the age of **9** months or older - to prevent him/her from getting yellow fever? (sometimes given at the same time as measles)	Yes..1 No ....2 DK...8	
IM19. Please tell me if (*NAME*) has benefited from any of the following campaigns, national immunization in the last year and/or vitamin A or child health week: IM19A. National Immunization last year *IM19B.* Vitamin A campaign *IM19C.* Child health week	Y N DK National Immunization .... 1 2 8 Vitamin A .... 1 2 8 Child health.................................... 1 2 8	

IM20. *DOES ANOTHER ELIGIBLE CHILD RESIDE IN THE HOUSEHOLD FOR WHOM THIS RESPONDENT IS MOTHER/CARETAKER?* *CHECK HOUSEHOLD LISTING, COLUMN HL8*.

☐ *YES.* ⇨ *END THE CURRENT QUESTIONNAIRE AND THEN*
GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE TO ADMINISTER THE QUESTIONNAIRE FOR THE NEXT ELIGIBLE CHILD.

☐ *NO.* ⇨ *END THE INTERVIEW WITH THIS RESPONDENT BY THANKING HIM/HER FOR HIS/HER COOPERATION.*

IF THIS IS THE LAST ELIGIBLE CHILD IN THE HOUSEHOLD, GO ON TO ANTHROPOMETRY MODULE.

MODULE 8: 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. Child's weight.	Kilograms (kg) .... ☐☐.☐	

AN2. Child's length or height.
 	
CHECK AGE OF CHILD IN UF11:
 	
☐ *CHILD UNDER 2 YEARS OLD.* ⇨ *MEASURE LENGTH (LYING DOWN).*
 	
☐ *CHILD AGE 2 OR MORE YEARS.* ⇨ *MEASURE HEIGHT (STANDING UP).*
	Length (cm)
	    Lying down ....1 ☐☐☐.☐
	
	Height (cm)
	    Standing up .... 2 ☐☐☐.☐	

AN3. Measurer's identification code.	Measurer code .... ☐☐	
AN4. Result of measurement.	Measured.................................... 1 Not present .... 2 ☐ Refused..................................... 3 Other (*specify*)_____ 6	

AN5. *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.

individual mEn questionnaire

<table>
<tr><td colspan="2">IDENTIFICATION PANEL</td><td align="right">MM</td></tr>
<tr><td colspan="3"><i>THIS MODULE IS TO BE ADMINISTERED TO ALL MEN AGE 15 THROUGH 49 (SEE COLUMN HL7 OF HH LISTING).</i>
<i>FILL IN ONE FORM FOR EACH ELIGIBLE MAN</i>
<i>FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND THE NAME AND LINE NUMBER OF THE MAN IN THE SPACE BELOW. FILL IN YOUR NAME, NUMBER AND THE DATE.</i></td></tr>
</table>

MM1. CLUSTER NUMBER: ☐☐☐	MM2. HOUSEHOLD NUMBER: ☐☐
MM3. MAN'S NAME: _____	MM4. MAN'S LINE NUMBER: ☐☐
MM5. INTERVIEWER NAME AND NUMBER: _____ ☐☐	MM6. DAY/MONTH/YEAR OF INTERVIEW: ☐☐ ☐☐ **2 0 0 6**

MM7. RESULT OF MEN'S INTERVIEW	COMPLETED 1
	NOT AT HOME 2
	REFUSED 3
	PARTLY COMPLETED 4
	INCAPACITATED 5
	OTHER (*specify*) _____ 6

REPEAT GREETING IF NOT ALREADY READ TO THIS MAN:

Good ………….! My name is ………………………… and I am here on behalf of the Ghana Statistical Service and Ministry of Health. We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 15 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE MAN DOES NOT AGREE TO CONTINUE, THANK HIM, COMPLETE MM7, AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

MM8. In what month and year were you born?	DATE OF BIRTH: Month... ☐☐ DK month .... 98 Year .... ☐☐☐☐ DK year 9998	
MM9. How old were you at your last birthday?	AGE (IN COMPLETED YEARS) .... ☐☐	
MM10. Have you ever attended school?	Yes .... 1 No 2	2⇨MM14

MM11. What is the highest level of school you attended: primary, secondary, or higher?	Primary .... 10 Middle/JSS.. 20 Secondary/SSS................................... 30 Voc/Comm/Tech.................................. 40 Post Sec .... 50 Tertiary .... 60 Other (*specify*)................................... 96 DK... 98	
MM12. What is the highest grade you completed at that level?	Grade .... ☐☐	

MM14. Now I would like you to read this sentence to me.
 	
SHOW SENTENCES TO RESPONDENT.
IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
Can you read part of the sentence to me?
 	
EXAMPLE SENTENCES FOR LITERACY TEST:
 	
1.   The child is reading a book.
2.   The rains came late this year.
3.   Parents must care for their children.
4.   Farming is hard work.
	Cannot read at all 1
	Able to read only parts of sentence...........2
	Able to read whole sentence 3
	No sentence in
	    required language _____ 4
	                         (specify language)
	Blind/mute, visually/speech impaired 5	

MM14A Have you ever participated in a literacy programme or any other programme that involves learning to read or write (non-formal education)?	Yes...1 No 2	
MM15. What is your religion?	Catholic .... 11 Protestant .... 12 Pentecostal/Charismatic .... 13 Deeper Life .... 14 Jehovah Witness .... 15 SDA... 16 Moslem.. 21 Traditional .... 31 Spiritualist .... 32 No Religion .... 41 Other (*specify*) _____ 96	
MM16. To which ethnic group do you belong?	Akan.. 11 Ga/Dangme .... 12 Ewe .... 13 Guan .... 14 Gruma .... 15 Mole Dagbani .... 21 Grusi .... 22 Mande .... 23 Other ethnic group (*specify*) _____ 96	

MODULE 1: REPRODUCTION		RM
THIS MODULE IS TO BE ADMINISTERED TO ALL MEN AGE 15-49. *ALL QUESTIONS REFER ONLY TO LIVE BIRTHS.*		
RM1. Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	Yes...1 No 2	2⇨NEXT MODULE

RM2A. When was your first child born? I mean the very first time you have a child, even if the child is no longer living, or whose mother is a woman other than your current partner?	Date of first birth:
	  Month... ☐☐
	  DK month 98
	
	  Year .... ☐☐☐☐
	  DK year 9998	

RM2B. How many years ago was your first child born?	Years ago .... ☐☐	
RM3. Do you have any sons or daughters that you have fathered who are now living with you?	Yes...1 No 2	2⇨RM5
RM4. How many sons live with you? How many daughters live with you? IF NONE, WRITE '00'.	Sons at home .... ☐☐ Daughters at home .... ☐☐	
RM5. Do you have any sons or daughters you have fathered who are alive but do not live with you?	Yes...1 No 2	2⇨RM7
RM6. How many sons are alive but do not live with you? How many daughters are alive but do not live with you? IF NONE, WRITE '00'.	Sons elsewhere............................. ☐☐ Daughters elsewhere .... ☐☐	
RM7. Have you ever fathered a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	Yes...1 No 2	2⇨RM9
RM8. How many boys have died? How many girls have died?	Boys dead....................................... ☐☐ Girls dead .... ☐☐	
RM9. *SUM ANSWERS TO RM4, RM6, AND RM8.*	Sum... ☐☐	
RM10. Just to make sure that I have this right, you have fathered (*TOTAL NUMBER*) of children during your life. Is this correct? ☐ *Yes.* ⇨ *GO TO RM11* ☐ *No.* ⇨ *CHECK RESPONSES AND MAKE CORRECTIONS BEFORE PROCEEDING TO RM11*		

RM11. **CHECK RM9**		
☐ *HAS NOT HAD ANY CHILDREN ⇨ GO TO NEXT MODULE* ☐ *HAS HAD ONLY ONE CHILD ⇨ GO TO NEXT MODULE* ☐ *HAS HAD MORE THAN ONE CHILD ⇨ GO TO RM12*		
RM12. Do the children that you have fathered all have the same biological mother?	Yes...1 No 2	1⇨NEXT MODULE
RM13. In all how many women have you fathered children with?	Number of women .... ☐☐	

MODULE 2: MARRIAGE/UNION		MA
MA1. Are you currently married or living together with a woman?	Yes, currently married ....1 Yes, living with a woman ....2 No, not in union 3	2⇨MA4 3⇨MA6
MA2. Do you have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01' IF MORE THAN ONE, ASK: How many wives do you currently have?	Number.. ☐☐	
MA3. Are there any other women with whom you live as if married?	Yes...1 No 2	2⇨MA5
MA4. Are you living with one (OTHER) woman or more than one (OTHER) woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if you were married?	Number of live-in partners .... ☐☐	
MA5. Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?	Regular partner(s) only ....1 Occasional partner(s) only ....2 Regular and occasional partner ....3 No other partner 4	- + ¦ ⇨MA9 ¦ - +
MA6. Do you currently have regular, occasional, or no sexual partners?	Regular partner(s) only ....1 Occasional partner(s) only ....2 Regular and occasional partner ....3 No sexual partner 4	
MA7. Have you ever been married or lived with a woman?	Yes, used to be married...........................1 Yes, lived with a woman..........................2 Yes, both ....3 No 4	2⇨NEXT MODULE 4⇨NEXT MODULE
MA8. What is your marital status now: are you widowed, divorced, or separated?	Widowed...1 Divorced ....2 Separated...3	- + ¦ ⇨NEXT - + MODULE
WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN MA 2 AND MA4 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, ENTER '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. (IF RESPONDENT HAS MORE THAN FIVE WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).		
MA9 CHECK MA2 AND MA4 IF SUM OF MA2 AND MA4 = 01, ASK: Please tell me the name of your wife/partner.	IF SUM OF MA2 AND Ma4 > 01, ASK: Please tell me the name of each wife/partner that you live with as if married, starting with the one you lived with first.	WIFE= 1 PARTNER = 2
NAME 1_____ 2_____ 3_____ 4_____	LINE NUMBER IN HH. QUEST	

5

MODULE 3: SEXUAL BEHAVIOUR		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
SB1. Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. The information you supply will remain strictly confidential. How old were you when you first had sexual intercourse (if ever)?	Never had intercourse.............................00 Age in years at first sex................... ☐☐ First time when started living with (first) wife/partner 95	00⇨NEXT MODULE
SB2. When was the last time you had sexual intercourse? *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.*	Days ago ....1 ☐☐ Weeks ago.................................2 ☐☐ Months ago................................3 ☐☐ Years ago ....4 ☐☐	4⇨NEXT MODULE
SB3. The last time you had sexual intercourse was a condom used?	Yes..1 No 2	2⇨SB4
SB3A. What was the main reason why you used the condom?	To prevent STD/HIV ....1 To prevent pregnancy ....2 To prevent both STD/HIV and pregnancy...3 Did not trust partner/felt partner had other partners ....4 Partner requested/insisted ....5 Other (*specify*)_____ 6 DK...8	
SB4. What is your relationship to the woman with whom you last had sexual intercourse? *IF WOMAN IS 'GIRLFRIEND' OR 'FIANCÉE', ASK:* Was your girlfriend/fiancée living with you when you last had sex? *IF 'YES', CIRCLE 1. IF 'NO', CIRCLE 2.*	Spouse / cohabiting partner.......................1 Woman is girlfriend / fiancée ....2 Other friend..3 Casual acquaintance ....4 Commercial sex worker.............................5 Other (*specify*)_____ 6	1⇨SB6
SB5. How old is this person? *IF RESPONSE IS DK, PROBE:* About how old is this person?	Age of sexual partner.................... ☐☐ DK..98	
SB6. Have you had sex with any other woman in the last 12 months?	Yes..1 No 2	2⇨NEXT MODULE
SB7. The last time you had sexual intercourse with this other woman, was a condom used?	Yes..1 No 2	2⇨SB8

SB7A. What was the main reason why you use the condom?	To prevent STD/HIV ....1 To prevent pregnancy ....2 To prevent both STD/HIV and pregnancy..3 Did not trust partner/felt partner had other partners ....4 Partner requested/insisted ....5 Other (*specify*)_____ 6 DK..8	
SB8. What is your relationship to this woman? *IF WOMAN IS 'GIRLFRIEND' OR 'FIANCÉE', ASK:* Was your girlfriend/fiancé living with you when you last had sex? *IF 'YES', CIRCLE 1. IF 'NO', CIRCLE 2.*	Spouse / cohabiting partner.......................1 Woman is girlfriend / fiancée ....2 Other friend..3 Casual acquaintance ....4 Commercial sex worker.............................5 Other (*specify*)_____ 6	1⇨SB10
SB9. How old is this person? *IF RESPONSE IS DK, PROBE:* About how old is this person?	Age of sexual partner..................... ☐☐ DK..98	
SB10. Other than these two women, have you had sex with any other woman in the last 12 months?	Yes..1 No 2	2⇨NEXT MODULE
SB11. In total, with how many different women have you had sex in the last 12 months?	No. of partners .... ☐☐	
SB11A. Was a condom used every time you had sexual intercourse in the last 12 months?	Yes..1 No 2	
SB11B. Do you think that (*ANY OF*) your sexual partner(s) has (have) other sexual partners?	Yes..1 No ....2 DK..8	
SB12. Have you ever had sex with a commercial sex worker?	Yes..1 No 2	2⇨NEXT MODULE
SB 13. How long ago was the last time you had sex with a commercial sex worker?	Days ago ....1 ☐☐ Weeks ago...................................2 ☐☐ Months ago.................................3 ☐☐ Years ago ....4 ☐☐	4⇨NEXT MODULE
SB14. The last time that you paid for sex, was a condom used?	Yes..1 No 2	

MODULE 4: HIV/AIDS		
HA1. Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes ....1 No 2	2⇨ NEXT MODULE
HA2. Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes ....1 No ....2 DK 8	
HA3. Can people get infected with 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 reduce their chance of getting infected with the AIDS virus by not having sex at all?	Yes ....1 No ....2 DK 8	
HA7. Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes ....1 No ....2 DK 8	
HA7A. Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	Yes ....1 No ....2 DK 8	
HA8. Is it possible for a healthy-looking person to have the AIDS virus?	Yes ....1 No ....2 DK 8	
HA9. Can the AIDS virus be transmitted from a mother to a baby? HA9A. During pregnancy? HA9B. During delivery? HA9C. By breastfeeding?	Yes No DK During pregnancy ....1 2 8 During delivery ....1 2 8 By breastfeeding......................1 2 8	
HA10. 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	
HA10A. If a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in school?	Yes ....1 No ....2 DK/not sure/depends 8	
HA11. 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	
HA12. If a member of your family became infected with the AIDS virus, would you want it to remain a secret?	Yes ....1 No ....2 DK/not sure/depends 8	
HA13. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?	Yes ....1 No ....2 DK/not sure/depends 8	

HA14. I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes 1	
	No 2	2⇨HA18

HA14A. When was the last time you were tested?	Less than 12 months ....1 12-23 months ....2 2 years or more 3	
HA15. I do not want you to tell me the results of the test, but have you been told the results?	Yes...1 No 2	
HA16. 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	

HA17. Where did you go for the test?
 	
IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
 	
_____
(Name of place)
	Public sector
	    Govt. hospital/polyclinic....................11
	    Govt. health centre 12
	    Govt. health post 13
	    Village health worker 14
	    Mobile/outreach clinic 15
	    Other public (*specify*).......................16
	Private medical sector
	    Private hospital/clinic 21
	    Private physician 22
	    Private pharmacy 23
	    Mobile clinic 24
	    Other private
	        medical (*specify*) _____ 26
	Other source
	    Relative or friend 31
	    Shop 32
	    Traditional practitioner 33
	Other (*specify*)..96
	DK 98	

HA18. At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?	Yes...1 No 2	

MODULE 5: SEXUALLY TRANSMITTED INFECTIONS		
ST1. CHECK HA1: (Apart from AIDS), have you heard about other infections that can be transmitted through sexual contact?	Yes ....1 No 2	2⇨ ST4
ST2. If a man has a sexually transmitted disease, what signs or symptoms might he have? Any others? *RECORD ALL SYMPTOMS MENTIONED.*	Abdominal pain..A Genital discharge/dripping ....B Foul smelling discharge.............................C Burning pain on urination ....D Redness/inflammation in genital area ....E Swelling in genital area ....F Genital sores/ulcers ....G Genital warts ....H Genital itching .... Blood in urine..J Loss of weight ....K Impotence ....L Other (specify) _____W Other (specify) _____ X No symptoms ....Y Don't know ....Z	
ST3. If a woman has a sexually transmitted disease, what signs or symptoms might she have? Any others? *RECORD ALL SYMPTOMS MENTIONED.*	Abdominal pain..A Genital discharge/dripping ....B Foul smelling discharge.............................C Burning pain on urination ....D Redness/inflammation in genital area ....E Swelling in genital area ....F Genital sores/ulcers ....G Genital warts ....H Genital itching .... Blood in urine..J Loss of weight ....K Hard to get pregnant/have a child ....L Other (specify) _____W Other (specify) _____ X No symptoms ....Y Don't know ....Z	

ST4. **CHECK SB1:** EVER HAD SEX? ☐ YES. ⇨ GO TO ST5. ☐ NO ⇨ GO TO NEXT MODULE		
ST5. **CHECK ST1:** HAS HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT? ☐ YES. ⇨ GO TO ST6. ☐ NO. ⇨ GO TO ST7.		
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
ST6. Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	Yes ....1 No ....2 Don't know 8	
ST7. Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	Yes ....1 No ....2 Don't know 8	
ST8. Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	Yes ....1 No ....2 Don't know 8	
ST9. **CHECK ST8:** HAS HAD AN INFECTION OR A SYMPTOM OF SEXUALLY TRANSMITTED DISEASE?? ☐ YES. ⇨ GO TO ST10. ☐ NO. ⇨ GO TO NEXT MODULE		
ST10. The last time you had (problem(s) from (ST6/ST7/ST8), did you seek any kind of advice or treatment?	Yes ....1 No 2	2⇨ NEXT MODULE

ST11. Where did you go?
 	
 Any other place?
 	
 RECORD ALL SOURCES MENTIONED.
 	
 PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	Public sector
	   Govt. hospital/polyclinic .... A
	   Govt. health centre............................... B
	   Govt. health post C
	   Village health worker .... D
	   Mobile/outreach clinic .... E
	   Other public (*specify*) _____ H
	
	 Private medical sector
	   Private hospital/clinic.............................
	   Private physician .... J
	   Private pharmacy .... K
	   Mobile clinic L
	   Other private
	     medical (*specify*) _____ O
	
	 Other source
	   Relative or friend................................. P
	   Chemical shop .... Q
	   Traditional practitioner .... R	

	Drug peddlers .... S Other (*specify*) _____ X

MODULE 6: ATTITUDES TOWARD DOMESTIC VIOLENCE

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:		Yes	No	D
DV1A. If she goes out without telling him?	Goes out without telling............	1	2	
DV1B. If she neglects the children?	Neglects children	1	2	
DV1C. If she argues with him?	Argues	1	2	
DV1D. If she refuses sex with him?	Refuses sex	1	2	
DV1E. If she burns the food?	Burns food	1	2	
DV1F. If she insults him?	Insults	1	2	
DV1G. If she refuses to give him food?	Refuses to give food	1	2	
DV1H. If there is another partner?	Another partner	1	2	
DV1I. Other *(specify)*	Other *(specify)* _____	1	2	