

GHANA DEMOGRAPHIC AND HEALTH SURVEY
HUSBAND'S QUESTIONNAIRE

GHANA STATISTICAL SERVICE

IDENTIFICATION	
PLACE NAME _____	
CLUSTER NUMBER.....	[][][][]
HOUSEHOLD NUMBER.....	[][]
NAME OF HOUSEHOLD HEAD _____	
LINE NUMBER OF HUSBAND.....	[][]
LINE NUMBER OF WIFE INTERVIEWED.....	[][]
LINE NUMBER OF WIFE INTERVIEWED.....	[][]
LINE NUMBER OF WIFE INTERVIEWED.....	[][]
LINE NUMBER OF WIFE INTERVIEWED.....	[][]
LINE NUMBER OF WIFE INTERVIEWED.....	[][]

	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">MONTH</td> <td style="width: 50%; text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;">[][]</td> <td style="text-align: center;">[][]</td> </tr> </table>	MONTH	YEAR	[][]	[][]
MONTH	YEAR							
[][]	[][]							
INTERVIEWER'S NAME	_____	_____	_____	[][]				
RESULT**	_____	_____	_____	[]				
NEXT VISIT: DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS []				
<p>**RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NOT AT HOME</p> <p>3 POSTPONED</p> <p>4 REFUSED</p> <p>5 PARTLY COMPLETED</p> <p>6 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>								
NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY [][]				

SECTION H1 RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
H100	RECORD THE TIME.	HOUR..... MINUTES.....	<input type="text"/> <input type="text"/>
H101	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a village, in a town, or in a city?	VILLAGE.....1 TOWN.....2 CITY.....3	
H102	How long have you been living continuously in _____ (NAME OF VILLAGE, TOWN, CITY)?	ALWAYS.....95 VISITOR.....96 YEARS.....	<input type="text"/> <input type="text"/>
H103	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H104	How old were you at your last birthday? COMPARE AND CORRECT H103 AND/OR H104 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	<input type="text"/> <input type="text"/>
H105	What is your ethnic group ?	_____ _____ _____	
H106	How many wives/partners do you currently have?	NUMBER.....	<input type="text"/> <input type="text"/>
H107	Have you ever attended school?	YES.....1 NO.....2	H111

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
H108	What was the highest level of school you attended: primary, middle, secondary, or postsecondary?	PRIMARY.....1 MIDDLE.....2 POSTMIDDLE.....3 SECONDARY.....4 POSTSECONDARY.....5	
H109	What was the highest (GRADE, FORM, YEAR) you completed at that level?	GRADE..... <input type="text"/>	
H110	CHECK H108: PRIMARY <input type="checkbox"/> MIDDLE OR HIGHER <input type="checkbox"/>		H112
H111	Can you read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
H112	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
H113	What kind of work do you mainly do ?	_____ <input type="text"/> _____ <input type="text"/> _____ <input type="text"/>	
H114	CHECK H113: DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> WORKS IN AGRICULTURE <input type="checkbox"/>		H116
H115	Do you work most of the time, part of the time, seasonally or irregularly?	MOST.....1 PART.....2 SEASONALLY.....3 IRREGULARLY.....4	H201
H116	Do you work mainly on your own or family land, or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2	H201
H117	Do you work mainly for money or do you work for a share of the crops?	MONEY.....1 A SHARE OF CROPS.....2	

SECTION H2: CONTRACEPTION

H201 Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about? CIRCLE CODE 1 IN H202 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN H202 ASK H203-H305 BEFORE PROCEEDING TO THE NEXT METHOD.

	H202 Have you ever heard of (METHOD)? READ DESCRIPTION.	H203 Have you and your wife/partner ever used (METHOD)?	H204 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	H205 In your opinion, what is the main problem, if any, with using (METHOD)? (CODES BELOW)
01 PILL 'Women can take a pill every day.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02 IUD 'Women can have a loop or coil placed inside them by a doctor or a nurse.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03 INJECTIONS 'Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04 DIAPHRAGM/FOAM/JELLY 'Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05 CONDOM 'Men can use a rubber sheath during sexual intercourse.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06 FEMALE STERILIZATION 'Women can have an operation to avoid having any more children.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07 MALE STERILIZATION 'Men can have an operation to avoid having any more children.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
08 PERIODIC ABSTINENCE 'Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	Where would you go to obtain advice on periodic abstinence? <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/>
09 WITHDRAWAL 'Men can be careful and pull out before climax.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10 ANY OTHER METHODS? 'Apart from the ones we have mentioned, have you heard of any other ways or methods that women or men can use to avoid pregnancy? (SPECIFY) _____	YES/SPONT.....1→ NO.....3	YES.....1 NO.....2	<p style="text-align: center;">CODES FOR H204</p> <ul style="list-style-type: none"> 01 GOVERNMENT HOSPITAL 02 GOVERNMENT HEALTH CNTR 03 PPAG CLINIC 04 PRIVATE MATERNITY HOME 05 FIELD WORKER 06 PRIVATE DOCTOR/CLINIC 07 GOVT MATERNITY HOME 08 PHARMACY/CHEM SELLER 09 CHRISTIAN COUNCIL 10 FRIENDS/RELATIVES 11 OTHER(SPECIFY) 12 NOWHERE 98 DOES NOT KNOW 	<p style="text-align: center;">CODES FOR H205</p> <ul style="list-style-type: none"> 02 NOT EFFECTIVE 03 PARTNER DISAPPROVES 04 HEALTH CONCERNS 05 DIFFICULT TO GET 06 COSTS TOO MUCH 07 INCONVENIENT TO USE 11 OTHER (SPECIFY) 12 NONE 98 DK

H206 CHECK H203: NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)

→ SKIP TO H209

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
H207	Have you and your wife(s)/partner(s) ever used anything or tried to delay or avoid having a child? MARK APPROPRIATE BOX WITH AN 'X'.	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	H212
H208	What have you used or done? CORRECT H202-H203 AND OBTAIN INFORMATION FOR H204 TO H206 AS NECESSARY.		
H209	How many living children, if any, did you already have when you first did something or used a method to avoid having a child? IF NONE ENTER '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
H210	Are you and your wife(s)/partner(s) currently doing something or using any method to avoid having a child?	YES.....1 NO.....2	H212
H211	Which method(s) are you using? CIRCLE ALL MENTIONED	PILL.....1 IUD.....1 INJECTIONS.....1 DIAPHRAGM/JELLY.....1 CONDOM.....1 FEMALE STERILIZATION.....1 MALE STERILIZATION.....1 PERIODIC ABSTINENCE.....1 WITHDRAWAL.....1 FOAMING TABLETS.....1 OTHER.....1 (SPECIFY)	H216
H212	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	H214 H216
H213	Why not?	PARTNER DISAPPROVES.....1 HEALTH CONCERNS.....2 RELIGIOUS REASONS.....3 WANTS CHILDREN.....4 OTHER.....5 (SPECIFY) DK.....8	H216
H214	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 FOAMING TABLET.....10 OTHER.....11 (SPECIFY) UNSURE.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
H215	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1 NO.....2 DK.....8	
H216	Where would you go to get information about family planning?	GOVT.HOSPITAL/HEALTH CENTER....1 PPAG CLINIC.....2 PRIVATE DOCTOR/CLINIC.....3 PHARMACY/CHEMICAL SELLER.....4 CHRISTIAN COUNCIL.....5 FRIENDS/RELATIVES.....6 COMMUNITY LEADERS.....7 OTHERS.....8 DK.....9	
H217	Is it acceptable to you that family planning information is provided on radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	
H218	How often have you talked to your wife(s)/partner(s) about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 THREE OR MORE.....3	
H219	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2	
H220	How many own sons do you have? And how many own daughters do you have? IF NONE ENTER '00'.	SONS..... <input type="text"/> <input type="text"/> DAUGHTERS..... <input type="text"/> <input type="text"/>	
H221	Now I have some questions about the future. Would you like to have a (another) child or would you prefer not to have any (more) children?	HAVE ANOTHER.....1 NO MORE.....2 UNDECIDED OR DK.....3	H223
H222	How long would you want to wait from now before the birth of a (another) child?	TIME TO WAIT: MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DK.....998	
H223	If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER _____ (SPECIFY)	
H224	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

SECTION H3. LANGUAGE INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
H301	WHAT IS THE RESPONDENT'S OWN LANGUAGE ?	TWI1 GA.....2 EWE.....3 NZEMA.....4 HAUSA.....5 DAGBANI.....6 ENGLISH.....7 OTHER.....8 (SPECIFY)	
H302	IN WHAT LANGUAGE DID YOU CONDUCT THE INTERVIEW ?	TWI1 GA.....2 EWE.....3 NZEMA.....4 HAUSA.....5 DAGBANI.....6 ENGLISH.....7 OTHER.....8 (SPECIFY)	
H303	FOR HOW MUCH OF THE INTERVIEW DID YOU DEPEND ON A THIRD PERSON TO INTERPRET FOR YOU ?	NONE OF THE INTERVIEW.....1 SOME OF THE INTERVIEW.....2 MOST OF THE INTERVIEW.....3 ALL OF THE INTERVIEW.....4 OTHER.....5 (SPECIFY)	

INTERVIEWER'S OBSERVATIONS:

Name of Interviewer: _____ Date: _____

SUPERVISOR'S OBSERVATIONS:

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS:

Name of Editor: _____ Date: _____