

GHANA DEMOGRAPHIC AND HEALTH SURVEY
MEN'S QUESTIONNAIRE

IDENTIFICATION	
PLACE NAME _____	
REGION	<input type="text"/>
EA NUMBER	<input type="text"/>
STRUCTURE NUMBER	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
TYPE	<input type="text"/>
(Men's Questionnaire = 1, Women's Questionnaire = 2)	<input type="text" value="1"/>
NAME AND LINE NUMBER OF RESPONDENT _____	<input type="text"/>
(For Office Use) CITY/TOWN/VILLAGE	<input type="text"/>
(Large city = 1, medium city = 2, small city = 3, town=4, village = 5)	<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	NAME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RESULT *	_____	_____	_____	RESULT <input type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <input type="text"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED				

LANGUAGE OF QUESTIONNAIRE** <input type="text" value="1"/>	LANGUAGE OF INTERVIEW** <input type="text"/>
NATIVE LANGUAGE OF RESPONDENT** <input type="text"/>	TRANSLATOR USED YES ... 1 NO 2
**LANGUAGE CODES 1 ENGLISH 2 AKAN 3 GA 4 EWE 5 HAUSA 6 DAGBANI 7 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
DATE _____ <input type="text"/>	DATE _____ <input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION M1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M100	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
M102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
M103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR ENTER '00'.	YEARS <input type="text"/> <input type="text"/> ALWAYS (SINCE BIRTH) 95 VISITOR 96 →M105	
M104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
M105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 98	
M106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
M107	Have you ever attended school?	YES 1 NO 2 →M111	
M108	What is the highest level of school you attended: primary, middle/jss, secondary/sss, or higher?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS. 3 HIGHER 4	
M109	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
M110	CHECK M108: PRIMARY OR MIDDLE/JSS <input type="checkbox"/> SECONDARY/SSS AND HIGHER <input type="checkbox"/>		→M112
M111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3 →M113	
M112	Do you usually read a newspaper or magazine at least once a week?	YES 1 NO 2	
M113	Do you usually listen to a radio every day?	YES 1 NO 2	
M114	Do you usually watch television at least once a week?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
M115	What is your religion?	CATHOLIC 01 ANGLICAN 02 METHODIST 03 PRESBYTERIAN 04 SPIRITUALIST 05 OTHER CHRISTIAN 06 MOSLEM 07 TRADITIONAL 08 NO RELIGION 09 OTHER _____ 96 (SPECIFY)																															
M116	To which ethnic group do you belong?	ASANTE 01 AKWAPIM 02 FANTE 03 OTHER AKAN 04 GA/ADANGBE 05 EWE 06 GUAN 07 MOLE-DAGBANI 08 GRUSSI 09 GRUMA 10 HAUSA 11 OTHER _____ 96 (SPECIFY)																															
M117	What is your occupation, that is, what kind of work do you mainly do?	 <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> 																															
M118	CHECK M117: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>	 	→M120																														
M119	Do you work mainly on your own land or on family land, or do you rent land, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4																															
M120	Do you do this work for a member of your family, for someone else, or are you self-employed?	FAMILY MEMBER 1 SOMEONE ELSE 2 SELF-EMPLOYED 3																															
M121	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	→M123																														
M122	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>																															
M123	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> PER DAY . 2 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> PER WEEK 3 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> PER MONTH 4 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> PER YEAR 5 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> OTHER _____ 9999996 (SPECIFY)																															

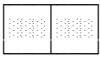

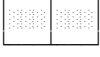
SECTION M2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M202	Do you have any sons or daughters whom you have fathered who are living with you?	YES 1 NO 2	→M204
M203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME ... <input type="text"/> <input type="text"/>	
M204	Do you have any sons or daughters whom you have fathered who are alive but do not live with you?	YES 1 NO 2	→M206
M205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
M206	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 survived only a few hours or days?	YES 1 NO 2	→M208
M207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
M208	SUM ANSWERS TO M203, M205, M207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/> <input type="text"/>	
M209	Just to make sure that I have this right: you have had in TOTAL _____ children during your life. Is that correct? YES <input type="text"/> NO <input type="text"/> → PROBE AND CORRECT M202-M207 AS NECESSARY.		
M210	CHECK M209: HAS HAD CHILDREN <input type="text"/> HAS NEVER HAD CHILDREN <input type="text"/>		→M301
M211	In what month and year was your last child born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>	
M212	CHECK M211: LAST CHILD BORN SINCE JANUARY 1993 <input type="text"/> LAST CHILD BORN BEFORE JANUARY 1993 <input type="text"/>		→M301
M213	When you were expecting your lastborn child, did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	

SECTION M3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN M301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN M301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN M301, ASK M302 AND M303.</p>				
M301	Which ways or methods have you heard about?		M302 Have you or your wife/partner ever used (METHOD)?	M303 Do you know where a person could go to get (METHOD)
01	PILL Women can take a pill every day.	YES 1 NO 2 →	YES 1 NO 2	YES 1 NO 2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 →	YES 1 NO 2	YES 1 NO 2
03	INJECTIONS Women can have an injection by a doctor, nurse or pharmacist, which stops them from becoming pregnant for several months.	YES 1 NO 2 →	YES 1 NO 2	YES 1 NO 2
04	NORPLANT Women can have several small rods placed in their upper arms by a doctor or nurse which can prevent pregnancy for several years.	YES 1 NO 2 →	YES 1 NO 2	YES 1 NO 2
05	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	YES 1 NO 2 →	YES 1 NO 2	YES 1 NO 2
06	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	YES 1 NO 2 →	YES 1 NO 2	YES 1 NO 2
07	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 →	Has your wife ever had an operation to avoid having any more children? YES 1 NO 2	YES 1 NO 2
08	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 →	Have you ever had an operation to avoid having children? YES 1 NO 2	YES 1 NO 2
09	RHYTHM, PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 →	YES 1 NO 2	Do you know where a person can go to obtain advice on how to use periodic abstinence? YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 →	YES 1 NO 2	
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 →	YES 1 NO 2	Do you know where a person can go to obtain advice on LAM? YES 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1 2 → _____ (SPECIFY) _____ (SPECIFY)	YES 1 NO 2 YES 1 NO 2	
M304	<p>CHECK M302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO M307</p>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M305	Have you or your wife/partner ever used anything or tried in any way to delay or avoid having a child?	YES 1 NO 2	→M310
M306	What have you used or done? CORRECT M302 AND M303 (AND M301 IF NECESSARY).		
M307	Now I would like to ask you about the first time that you did something or used a method to avoid having a child. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . <input type="text"/>	
M308	CHECK M302 MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→M311A
M309	Are you or your wife/partner currently doing something or using any method to delay or avoid having a child?	YES 1 NO 2	→M311
M310	What is the <u>main</u> reason you are not using a method of contraception to avoid pregnancy?	FERTILITY-RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 POSTPARTUM/BREASTFEEDING 25 WANTS (MORE) CHILDREN 26 WIFE PREGNANT 27 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NATURAL PROCESS 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→M312
M311	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 LACTATIONAL AMENORRHEA METHOD 11 OTHER _____ 96 (SPECIFY)	
M311A	CIRCLE '08' FOR MALE STERILIZATION.		
M312	Have you used a condom in the last four weeks?	YES 1 NO 2	→M401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M313	What is the brand name of the condom you last used? RECORD NAME OF BRAND. _____ (BRAND NAME)	BRAND  NO BRAND NAME 95 DON'T KNOW 98	
M314	How much did a pack of condoms cost you the last time you got them?	CEDIS  PARTNER OBTAINED IT 9991 FREE 9992 OTHER 9996 DON'T KNOW 9998	
M315	How many condoms were in the pack the last time you got them?	NUMBER  DON'T KNOW 98	
M316	Do you use more condoms now than a year ago, about the same number, or fewer?	MORE 1 SAME 2 FEWER 3	<input type="checkbox"/> → M401
M317	What is the main reason you use more condoms now than a year ago?	FEAR OF GETTING AIDS 1 FEAR OF GETTING OTHER STDS ... 2 FAMILY PLANNING 3 LESS EXPENSIVE NOW 4 MORE AVAILABLE NOW 5 INCREASED SEXUAL ACTIVITY 7 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

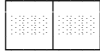
SECTION 4M. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
M401	PRESENCE OF OTHERS AT THIS POINT.	<table style="width:100%; border:none;"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN UNDER 10</td> <td align="right">..... 1</td> <td align="right">2</td> </tr> <tr> <td>WIFE/PARTNER</td> <td align="right">..... 1</td> <td align="right">2</td> </tr> <tr> <td>OTHER MALES</td> <td align="right">..... 1</td> <td align="right">2</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="right">..... 1</td> <td align="right">2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10 1	2	WIFE/PARTNER 1	2	OTHER MALES 1	2	OTHER FEMALES 1	2	
	YES	NO																
CHILDREN UNDER 10 1	2																
WIFE/PARTNER 1	2																
OTHER MALES 1	2																
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M402	Are you currently married or living with a woman?	<table style="width:100%; border:none;"> <tr> <td>YES, CURRENTLY MARRIED</td> <td align="right">..... 1</td> </tr> <tr> <td>YES, LIVING WITH A WOMAN</td> <td align="right">..... 2</td> </tr> <tr> <td>NO, NOT IN UNION</td> <td align="right">..... 3</td> </tr> </table>	YES, CURRENTLY MARRIED 1	YES, LIVING WITH A WOMAN 2	NO, NOT IN UNION 3	<p align="right">→M402B →M403</p>									
YES, CURRENTLY MARRIED 1																	
YES, LIVING WITH A WOMAN 2																	
NO, NOT IN UNION 3																	
M402A	How many wives do you have?	NUMBER <input type="text"/>																
M402B	How many women are you living with as if you are married?	NUMBER <input type="text"/>																
M402C	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE/WIVES.</p> <p>IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00'.</p> <p>THE NUMBER OF BOXES FILLED MUST EQUAL THE NUMBER OF WIVES.</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→M406															
M403	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	<table style="width:100%; border:none;"> <tr> <td>REGULAR SEXUAL PARTNER</td> <td align="right">..... 1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER</td> <td align="right">..... 2</td> </tr> <tr> <td>NO SEXUAL PARTNER</td> <td align="right">..... 3</td> </tr> </table>	REGULAR SEXUAL PARTNER 1	OCCASIONAL SEXUAL PARTNER 2	NO SEXUAL PARTNER 3										
REGULAR SEXUAL PARTNER 1																	
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M404	Have you ever been married or lived with a woman?	<table style="width:100%; border:none;"> <tr> <td>YES, FORMERLY MARRIED</td> <td align="right">..... 1</td> </tr> <tr> <td>YES, LIVED WITH A WOMAN</td> <td align="right">..... 2</td> </tr> <tr> <td>NO</td> <td align="right">..... 3</td> </tr> </table>	YES, FORMERLY MARRIED 1	YES, LIVED WITH A WOMAN 2	NO 3	<p align="right">→M406 →M410</p>									
YES, FORMERLY MARRIED 1																	
YES, LIVED WITH A WOMAN 2																	
NO 3																	
M405	What is your marital status now: are you widowed, divorced, or separated?	<table style="width:100%; border:none;"> <tr> <td>WIDOWED</td> <td align="right">..... 1</td> </tr> <tr> <td>DIVORCED</td> <td align="right">..... 2</td> </tr> <tr> <td>SEPARATED</td> <td align="right">..... 3</td> </tr> </table>	WIDOWED 1	DIVORCED 2	SEPARATED 3										
WIDOWED 1																	
DIVORCED 2																	
SEPARATED 3																	
M406	Have you been married or lived with a woman only once, or more than once?	<table style="width:100%; border:none;"> <tr> <td>ONCE</td> <td align="right">..... 1</td> </tr> <tr> <td>MORE THAN ONCE</td> <td align="right">..... 2</td> </tr> </table>	ONCE 1	MORE THAN ONCE 2												
ONCE 1																	
MORE THAN ONCE 2																	
M407	<p>CHECK M406:</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your wife/partner? </td> <td style="width:50%; vertical-align:top;"> MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first wife/partner. In what month and year did you start living with her? </td> </tr> </table>	MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your wife/partner?	MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first wife/partner. In what month and year did you start living with her?	<table style="width:100%; border:none;"> <tr> <td>MONTH</td> <td align="right">.....</td> <td><input type="text"/></td> </tr> <tr> <td>DON'T KNOW MONTH</td> <td align="right">..... 98</td> <td></td> </tr> <tr> <td>YEAR</td> <td align="right">.....</td> <td><input type="text"/> 1 <input type="text"/> 9 <input type="text"/></td> </tr> <tr> <td>DON'T KNOW YEAR</td> <td align="right">..... 9998</td> <td></td> </tr> </table>	MONTH	<input type="text"/>	DON'T KNOW MONTH 98		YEAR	<input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	DON'T KNOW YEAR 9998		→M410	
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M408	How old were you when you started living with her?	AGE <input type="text"/>																
M409	<p>CHECK M406:</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> ↓ Now we will talk about your current husband/partner. In what month and year did you start living with him? </td> <td style="width:50%; vertical-align:top;"> MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your current husband/partner. In what month and year did you start living with him? </td> </tr> </table>	MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> ↓ Now we will talk about your current husband/partner. In what month and year did you start living with him?	MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your current husband/partner. In what month and year did you start living with him?	<table style="width:100%; border:none;"> <tr> <td>MONTH</td> <td align="right">.....</td> <td><input type="text"/></td> </tr> <tr> <td>DON'T KNOW MONTH</td> <td align="right">..... 98</td> <td></td> </tr> <tr> <td>YEAR</td> <td align="right">.....</td> <td><input type="text"/> 1 <input type="text"/> 9 <input type="text"/></td> </tr> <tr> <td>DON'T KNOW YEAR</td> <td align="right">..... 9998</td> <td></td> </tr> </table>	MONTH	<input type="text"/>	DON'T KNOW MONTH 98		YEAR	<input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	DON'T KNOW YEAR 9998			
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YEAR	<input type="text"/> 1 <input type="text"/> 9 <input type="text"/>																
DON'T KNOW YEAR 9998																	
M410	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse (if ever)?</p>	<table style="width:100%; border:none;"> <tr> <td>NEVER</td> <td align="right">..... 000</td> <td></td> </tr> <tr> <td>DAYS AGO</td> <td align="right">..... 1</td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO</td> <td align="right">..... 2</td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO</td> <td align="right">..... 3</td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO</td> <td align="right">..... 4</td> <td><input type="text"/></td> </tr> </table>	NEVER 000		DAYS AGO 1	<input type="text"/>	WEEKS AGO 2	<input type="text"/>	MONTHS AGO 3	<input type="text"/>	YEARS AGO 4	<input type="text"/>	→M501
NEVER 000																	
DAYS AGO 1	<input type="text"/>																
WEEKS AGO 2	<input type="text"/>																
MONTHS AGO 3	<input type="text"/>																
YEARS AGO 4	<input type="text"/>																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M411	<p>CHECK M301:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>The last time you had sex, was a condom used? Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
M412	Do you know of a place where you can get condoms?	<p>YES 1</p> <p>NO 2</p>	→M414
M413	<p>Where is that?</p> <p>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.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL/POLYCLINIC ... A</p> <p>GVT. HEALTH CENTRE B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELD WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>CHEMIST I</p> <p>DRUG STORE J</p> <p>MOBILE CLINIC K</p> <p>FIELD WORKER L</p> <p>FP/PPAG CLINIC M</p> <p>MATERNITY HOME N</p> <p>OTHER PRIVATE _____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>CHURCH P</p> <p>SHOP Q</p> <p>FRIEND/RELATIVE R</p> <p>OTHER _____ S</p> <p>(SPECIFY)</p>	
M414	<p>CHECK M402:</p> <p>CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/></p> <p>In the last 12 months, how many different women have you had sex with, other than your (wife/wives/partner)? In the last 12 months, how many different women have you had sex with?</p>	<p>NUMBER <input type="text"/></p>	
M415	How old were you when you first had sexual intercourse?	<p>AGE <input type="text"/></p> <p>FIRST TIME WHEN MARRIED 96</p>	

SECTION M5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M501	CHECK M402: NOT IN UNION <input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>		→M503
M502	CHECK M403: REGULAR SEXUAL PARTNER <input type="checkbox"/> OCCASIONAL SEXUAL PARTNER <input type="checkbox"/> NO SEXUAL PARTNER <input type="checkbox"/>		→M505A
M503	Is your wife (or one of your wives/partner) pregnant now?	YES 1 NO 2 UNSURE 8	→M505A
M504	When she became pregnant, did you want her to become pregnant <u>then</u> , did you want her to wait until <u>later</u> , or did you <u>not want</u> this pregnancy at all?	THEN 1 LATER 2 NOT AT ALL 3	→M505B
M505	(A) WIFE/PARTNER NOT PREGNANT OR UNSURE OR NO WIFE/PARTNER <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? (B) WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child your wife is expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS HE CAN'T HAVE ANYMORE . . . 3 SAYS WIFE CAN'T GET PREGNANT . 4 UNDECIDED/DON'T KNOW 8	→M507
M506	CHECK M503: WIFE/PARTNER NOT PREGNANT OR UNSURE OR NO WIFE/PARTNER <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT <input type="checkbox"/> After the child your wife is expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS WIFE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
M507	CHECK M309: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→M512
M508	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 NO 2 DON'T KNOW 8	→M510
M509	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→M511
M510	Which method would you prefer to use?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 LACTATIONAL AMENORRHEA METHOD 11 OTHER _____ 96 (SPECIFY) UNSURE 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M510A	Where can you get/obtain advice on (METHOD MENTIONED IN M510)?	PUBLIC SECTOR GVT. HOSPITAL/POLYCLINIC .. 11 GVT. HEALTH CENTRE 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELD WORKER 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE SECTOR HOSPITAL/CLINIC 21 PHARMACY 22 CHEMIST 23 DRUG STORE 24 MOBILE CLINIC 25 FIELD WORKER 26 FP/PPAG CLINIC 27 MATERNITY HOME 28 OTHER PRIVATE 29 (SPECIFY) OTHER SOURCE CHURCH 31 SHOP 32 FRIEND/RELATIVE 33 OTHER 36 (SPECIFY)	→M512
M511	What is the main reason that you think you will never use a method?	NOT CURRENTLY MARRIED/ NO PARTNER 11 FERTILITY-RELATED REASONS INFREQUENT SEX 22 WIFE PARTNER MENOPAUSAL/ HAD WOMB REMOVED 23 SUBFECUND/INFECUND 24 WANTS MORE CHILDREN 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98	
M512	CHECK M202 AND M204: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER  OTHER 96 (SPECIFY)	→M514

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
M513	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	<p style="text-align: right;">BOYS</p> NUMBER <input type="text"/> <input type="text"/> UP TO GOD 95 OTHER _____ 96 (SPECIFY) <p style="text-align: right;">GIRLS</p> NUMBER <input type="text"/> <input type="text"/> UP TO GOD 95 OTHER _____ 96 (SPECIFY) <p style="text-align: right;">EITHER</p> NUMBER <input type="text"/> <input type="text"/> UP TO GOD 95 OTHER _____ 96 (SPECIFY)																			
M514	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 NO OPINION 3																			
M515	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">ACCEPT- ABLE</th> <th style="text-align: center;">NOT ACCEPT- ABLE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELEVISION ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DK	RADIO	1	2	8	TELEVISION ...	1	2	8							
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DK																		
RADIO	1	2	8																		
TELEVISION ...	1	2	8																		
M516	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	POSTER	1	2	LEAFLETS OR BROCHURES . . .	1	2	
	YES	NO																			
RADIO	1	2																			
TELEVISION	1	2																			
NEWSPAPER OR MAGAZINE	1	2																			
POSTER	1	2																			
LEAFLETS OR BROCHURES . . .	1	2																			
M517	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→M519																		
M518	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E SON F FATHER-IN-LAW G FRIENDS/NEIGHBORS H OTHER _____ X (SPECIFY)																			
M519	CHECK M402: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→M601																		
M520	Spouses/partners do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																			
M521	How often have you talked to your wife/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3																			
M522	Do you think your wife/ partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																			

SECTION M6. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M601	Now I have a few questions about a very important topic. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→M614
M602	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO A TELEVISION B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D SLOGANS/MUSIC E HEALTH WORKERS F CHURCHES/MOSQUES G SCHOOLS/TEACHERS H COMMUNITY MEETINGS I FRIENDS/RELATIVES J WORK PLACE K OTHER_____X (SPECIFY)	
M603	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 3	→M607
M604	What can a person do? Any other ways? RECORD ALL MENTIONED.	SAFE SEX A ABSTAIN FROM SEX B USE CONDOM C HAVE ONLY ONE SEX PARTNER D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F AVOID BLOOD TRANSFUSIONS G AVOID INJECTIONS H AVOID KISSING I AVOID MOSQUITO BITES J AVOID SHARING INFECTED BLADES K SEEK PROTECTION FROM TRADITIONAL HEALER.....M OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DON'T KNOW Z	
M605	CHECK M604: MENTIONED SAFE SEX <input type="checkbox"/> DID NOT MENTION SAFE SEX <input type="checkbox"/> → M607		
M606	What does "safe sex" mean to you?	ABSTAIN FROM SEX A USE CONDOMS B HAVE ONLY ONE SEX PARTNER C AVOID SEX WITH PROSTITUTES D AVOID SEX WITH HOMOSEXUALS E OTHER_____X (SPECIFY) DON'T KNOW Z	
M607	Is it possible for a healthy looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
M608	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
M609	Is it possible for a woman who has the AIDS virus to pass the virus to her child through breastfeeding?	YES 1 NO 2 DON'T KNOW 8	
M610	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE FREE MEDICAL TREATMENT 1 HELP RELATIVES PROVIDE CARE 2 ISOLATE/QUARANTINE 3 SHOULD NOT BE INVOLVED 4 OTHER_____6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M611	If your relative is suffering from AIDS, who would you prefer to care for him/her?	RELATIVES 1 FRIENDS 2 GOVERNMENT ORGANIZATION 3 RELIGIOUS ORGANIZATION 4 NOBODY/ABANDON 5 OTHER _____ 6 (SPECIFY)	
M612	Do you think your chances of getting AIDS are small, moderate, great, or that you have no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS AIDS 5 DON'T KNOW 8	
M613	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior? IF YES, PROBE: In what way? RECORD ALL MENTIONED.	DID NOT START SEX A STOPPED ALL SEX B STARTED USING CONDOMS C RESTRICTED SEX TO ONE PARTNER . D REDUCED NUMBER OF PARTNERS ... E STOPPED SEX WITH PROSTITUTES .. F STOPPED HOMOSEXUAL CONTACTS . G OTHER _____ X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR .. Y DON'T KNOW Z	
M614	Have you heard of other diseases apart from AIDS which could be transmitted through sexual intercourse?	YES 1 NO 2	→M618
M615	Name the diseases. Any other? CIRCLE ALL MENTIONED.	GONORRHEA A SYPHILIS B HERPES C HEPATITIS D OTHER _____ X (SPECIFY)	

M616 FOR EACH DISEASE MENTIONED IN Q.M615 ASK THE FOLLOWING QUESTION AND CIRCLE ALL THE PLACES MENTIONED:

Where can a person go to treat (NAME OF DISEASE)?

Anywhere else?

NAME OF PLACE	GONORRHEA	SYPHILIS	HERPES	HEPATITIS	OTHER
PUBLIC SECTOR					
GVT. HOSPITAL/CLINIC	A	A	A	A	A
GVT. HEALTH CENTRE	B	B	B	B	B
GVT. HEALTH POST	C	C	C	C	C
MOBILE CLINIC	D	D	D	D	D
COMM. HEALTH WORKER	E	E	E	E	E
PRIVATE SECTOR					
HOSPITAL	F	F	F	F	F
PHARMACY/CHEMIST/DRUG STORE	G	G	G	G	G
CLINIC	H	H	H	H	H
MOBILE CLINIC	I	I	I	I	I
COMM. HEALTH WORKER	J	J	J	J	J
OTHER PRIVATE SECTOR					
SHOP	K	K	K	K	K
DRUG PEDDLER	L	L	L	L	L
TRADITIONAL PRACTITIONER	M	M	M	M	M
FAITH HEALER/SPIRITUALIST	N	N	N	N	N
OTHER (SPECIFY)	X	X	X	X	X

M617	Do you think your chances of getting sexually transmitted diseases (STDs), other than AIDS, are small, moderate, great, or that you have no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS STDs 5 DON'T KNOW 8
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M618	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>				

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments
about Respondent

Comments on
Specific Questions

Any Other
Comments

SUPERVISOR'S OBSERVATIONS

Name of
Supervisor

_____ Date: _____

EDITOR'S OBSERVATIONS

Name of
Editor

_____ Date: _____