

GHANA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

MINISTRY OF HEALTH, GHANA

GHANA STATISTICAL SERVICE

IDENTIFICATION																																		
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ EA NUMBER STRUCTURE NUMBER HOUSEHOLD NUMBER REGION DISTRICT URBAN/RURAL (URBAN = 1; RURAL = 2) CITY/LARGE TOWN/SMALL TOWN/VILLAGE (CITY=1, LARGE TOWN=2, SMALL TOWN=3, VILLAGE=4) NAME AND LINE NUMBER OF MAN _____ MAN SELECTED FOR DV INTERVIEW (YES = 1; NO = 2) CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. IF BOX IS MARKED 'DV' RECORD 1. MAKE SURE LINE NUMBER CORRESPONDS TO THE MAN'S LINE NUMBER SELECTED FOR DV.	<table border="1" style="margin: auto; 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></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																	
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DATE	_____	_____	_____	DAY <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></tr></table> MONTH <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></tr></table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">8</td></tr></table> INT. NUMBER <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></tr></table>					2	0	0	8																						
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INTERVIEWER'S NAME	_____	_____	_____	RESULT																														
RESULT*	_____	_____	_____	RESULT																														
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS																														
TIME	_____	_____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																														
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																																		
LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> LANGUAGE OF RESPONDENT: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>					1																													
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LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6, OTHER = 7 (SPECIFY) _____																																		
TRANSLATOR USED: (YES = 1, NO = 2) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																																		
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																															
NAME _____	NAME _____	NAME _____	NAME _____																															
DATE _____	DATE _____	DATE _____	DATE _____																															

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working for Ghana Statistical Service and Ministry of Health. We are conducting a national survey to ask men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	<input type="checkbox"/> → 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	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 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 112
109	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	
110	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY OR MIDDLE/JSS <input type="checkbox"/> SECONDARY/SSS OR HIGHER <input type="checkbox"/>		<input type="checkbox"/> → 115

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204
203	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"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206
205	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"/>	
206	Have you ever fathered a son or a daughter 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 DON'T KNOW 8	<input type="checkbox"/> → 208
207	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"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		<input type="checkbox"/> → 212 <input type="checkbox"/> → 301
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>		<input type="checkbox"/> → 301
214	How many years old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> → 301

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COSTS TOO MUCH 01 FACILITY NOT OPEN 02 TOO FAR/NO TRANSPORTATION ... 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER AT FACILITY . 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 HE DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK NECESSARY 09 FAMILY/HUSBAND DID NOT ALLOW 10 NOT CUSTOMARY 11 S/HE DID NOT KNOW WHERE TO GO .. 12 HE COULD NOT ACCOMPANY HER .. 13 INCONVENIENT SERVICE HOUR 14 LONG WAITING TIME 15 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
221	When a child has diarrhea, how much fluid should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	<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.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, 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 METHODS 02, 07, 11, AND 12, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>	302 Have you ever used (METHOD)?	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>	
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>	<p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>	
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 NO 2</p>	
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>	
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2</p>	
07	<p>MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2</p>	
09	<p>DIAPHRAGM Women can place a thin flexible disk in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2</p>	
10	<p>FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2</p>	
11	<p>RHYTHM METHOD (CALENDAR) Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
12	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
13	<p>LACTATIONAL AMENORRHEA METHOD (LAM)</p>	<p>YES 1 NO 2</p>	
14	<p>EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.</p>	<p>YES 1 NO 2</p>	
15	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2</p>	<p>YES 1 NO 2 YES 1 NO 2</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2	
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2	
304A	In the last few months, have you discussed the practice of family planning with your wife/ cohabiting partner?	YES 1 NO 2	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) Having too many children may be dangerous for a woman d) It is better not to have more children than we can afford e) Children in smaller families are more likely to succeed	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS 1 2 8 DANGEROUS F/WOMAN 1 2 8 CHILDREN NOT AFFORD 1 2 8 CHILDREN SUCCEED 1 2 8	
309	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
310	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 401
311	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC . . . A GOVT. HEALTH CENTER B GOVT. HEALTH POST/CHPS C FAMILY PLANNING CLINIC D MOBILE CLINIC E FIELDWORKER/OUTREACH/ PEER EDUCATOR F OTHER PUBLIC G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PRIVATE DOCTOR I PHARMACY J CHEMICAL/DRUG STORE K FP/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MEDICAL N (SPECIFY) OTHER SOURCE SHOP/MARKET O CHURCH P COMMUNITY VOLUNTEER Q FRIEND/RELATIVE R OTHER X (SPECIFY)	
312	If you wanted to, could you yourself get a condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have more than one wife or woman you live with as if married?	YES 1 NO 2	→ 407															
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your current wives and/or of each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>408 How old was (NAME) on her last birthday?</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	
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409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A															
411 411A	<p>In what month and year did you start living with your (wife/partner)?</p> <p>Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 413															
412	How old were you when you first started living with her?	AGE <input type="text"/>																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 417 → 417
415	CHECK 107: AGE 15-24 <input type="checkbox"/>	AGE 25-59 <input type="checkbox"/>	→ 501
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→ 501
417	CHECK 107: AGE 15-24 <input type="checkbox"/>	AGE 25-59 <input type="checkbox"/>	→ 419
418	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
419	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																				
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 422																																							
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																								
422	The last time you had sexual intercourse (with this second/third person), was a male condom used?	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←																																				
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																				
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)																																				
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 429) ←																																				
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4																																				
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←	YES 1 (GO BACK TO 421 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←																																					
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 98																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER <input type="checkbox"/> IS PROSTITUTE NO PARTNERS <input type="checkbox"/> ARE PROSTITUTES	→ 432	
431	CHECK 424 AND 422 (ALL COLUMNS): CONDOM USED WITH <input type="checkbox"/> EVERY PROSTITUTE OTHER <input type="checkbox"/>	→ 434 → 434A	
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 434A
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 434A
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DK 8	
434A	In total, with how many different people have you had sexual intercourse in the last month? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 442 → 442	
437	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN 1 BRAND NAME (SPECIFY) <input type="text"/> <input type="text"/> DOES NOT HAVE/NOT SEEN 2	→ 439
438	Do you know the brand name of the condom used at that time? RECORD NAME OF BRAND.	BRAND NAME (SPECIFY) <input type="text"/> <input type="text"/> DON'T KNOW 98	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
440	The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?	COST <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> FREE 99.95 DON'T KNOW 99.98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST/CHPS 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC 15</p> <p>FIELDWORKER/OUTREACH/ PEER EDUCATOR 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 20</p> <p>PRIVATE DOCTOR 21</p> <p>PHARMACY 22</p> <p>CHEMICAL/DRUG STORE 23</p> <p>FP/PPAG CLINIC 24</p> <p>MATERNITY HOME 25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 31</p> <p>CHURCH 32</p> <p>COMMUNITY VOLUNTEER 33</p> <p>FRIEND/RELATIVE 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
442	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 501</p>
443	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
444	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>PILL B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>FEMALE CONDOM F</p> <p>DIAPHRAGM G</p> <p>FOAM/JELLY H</p> <p>LAM I</p> <p>RHYTHM METHOD J</p> <p>WITHDRAWAL K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE OR MORE <input type="checkbox"/> WIVES/PARTNERS	QUESTION <input type="checkbox"/> NOT ASKED	508
502	CHECK 302: MAN NOT <input type="checkbox"/> STERILIZED	MAN <input type="checkbox"/> STERILIZED	508
503	(Is your wife (partner)/Are any of your wives (partners) currently pregnant?)	YES 1 NO 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER <input type="checkbox"/> PREGNANT OR DON'T KNOW 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?	WIFE(WIVES)/ <input type="checkbox"/> PARTNER(S) PREGNANT Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE INFECUND 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8
505	CHECK 407: ONE WIFE/ PARTNER <input type="checkbox"/>	MORE THAN <input type="checkbox"/> ONE WIFE/ PARTNER	507
506	CHECK 503: WIFE/PARTNER <input type="checkbox"/> NOT PREGNANT OR DON'T KNOW How long would you like to wait from now before the birth of (a/another) child?	WIFE/PARTNER <input type="checkbox"/> PREGNANT After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>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?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
509	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES 1 NO 2	→604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→613
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
608	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	
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
610	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> QUESTION NOT ASKED <input type="checkbox"/>		→613
611	CHECK 609: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→613
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 OTHER 6 SPECIFY _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
613	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making major household purchases?</p> <p>b) making purchases for daily household needs?</p> <p>c) deciding about visits to the wife's family or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have?</p>	HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	
		a) 1	2	3	8	
		b) 1	2	3	8	
		c) 1	2	3	8	
		d) 1	2	3	8	
		e) 1	2	3	8	
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.</p>			DIS- AGREE	DK	
		CHILDBEARING WOMAN'S CONCERN	1	2	8	
		DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8	
615	<p>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:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>			YES	NO	DK
		GOES OUT	1	2	8	
		NEGL. CHILDREN	1	2	8	
		ARGUES	1	2	8	
		REFUSES SEX	1	2	8	
		BURNS FOOD	1	2	8	
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go ahead and have sex with another woman?</p>	YES	NO	DON'T KNOW/ DEPENDS		
		a) 1	2	8		
		b) 1	2	8		
		c) 1	2	8		
		d) 1	2	8		

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 733																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
709	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<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> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG.</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>DURING DELIVERY ...</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>BREASTFEEDING ...</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>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
710	CHECK 709: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 712																
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
712	Have you heard about special antiretroviral drugs (USE LOCAL NAME) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8																	
712A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
713	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 718																
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
715	The last time you had the test, 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																	
716	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC ... 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST/CHPS 13</p> <p>STAND-ALONE VCT CENTER ... 14</p> <p>FAMILY PLANNING CLINIC 15</p> <p>MOBILE CLINIC 16</p> <p>FIELDWORKER/OUTREACH/ PEER EDUCATOR 17</p> <p>OTHER PUBLIC _____ 18</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>STAND-ALONE VCT CENTER ... 22</p> <p>PHARMACY 23</p> <p>CHEMICAL/DRUG STORE 24</p> <p>FP/PPAG CLINIC 25</p> <p>MATERNITY HOME 26</p> <p>OTHER PRIVATE MEDICAL _____ 27</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 720</p>
718	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 720</p>
719	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC ... A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST/CHPS C</p> <p>STAND-ALONE VCT CENTER ... D</p> <p>FAMILY PLANNING CLINIC E</p> <p>MOBILE CLINIC F</p> <p>FIELDWORKER/OUTREACH/ PEER EDUCATOR G</p> <p>OTHER PUBLIC _____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ H</p> <p>PRIVATE DOCTOR I</p> <p>STAND-ALONE VCT CENTER ... J</p> <p>PHARMACY K</p> <p>CHEMICAL/DRUG STORE L</p> <p>FP/PPAG CLINIC M</p> <p>MATERNITY HOME N</p> <p>OTHER PRIVATE MEDICAL _____ O</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
721	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
722	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
723	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
731	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
732	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
733	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 737
736	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	
737	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 742
741	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... A GOVT. HEALTH CENTER B GOVT. HEALTH POST/CHPS C FAMILY PLANNING CLINIC D STAND-ALONE VCT CENTER ... E FIELDWORKER/OUTREACH/ PEER EDUCATOR F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR H STAND-ALONE VCT CENTER I PHARMACY J CHEMICAL/DRUG STORE K FP/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP/MARKET O FRIEND/RELATIVE P TRADITIONAL PRACTICIONER ... Q OTHER _____ X (SPECIFY)	
742	Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	
743	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 805
802	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	
803	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
805	Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	
806	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 810
807	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 810
808	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST/CHPS 13 STAND-ALONE VCT CENTER ... 14 MOBILE CLINIC 15 FIELDWORKER/OUTREACH/ PEER EDUCATOR 16 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER ... 22 PHARMACY 23 CHEMICAL/DRUG STORE 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME 31 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
810	Do you currently smoke cigarettes?	YES 1 NO 2	→ 812
811	In the last 24 hours, how many sticks of cigarettes did you smoke?	CIGARETTES <input type="text"/>	
812	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 813A
813	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C CIGAR D OTHER _____ X (SPECIFY)	
813A	Do you consume alcoholic beverages?	YES 1 NO 2	→ 814
813B	In the last 7 days (a week) did you drink an alcoholic beverage? IF 'YES', PROBE: How many times?	ONCE 01 2-3 TIMES 02 4 TIMES OR MORE 03 NONE 04	
813C	How often do you get drunk: often, only sometimes, or never?	OFTEN 01 SOMETIMES 02 NEVER 03	
814	Do you have any health insurance or are you a member of a mutual health organization?	YES 1 NO 2	→ 821
815	What type of health insurance do you have? RECORD ALL MENTIONED.	NATIONAL /DISTRICT HEALTH INSURANCE(NHIS) A HEALTH INSURANCE THROUGH EMPLOYER B MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D OTHER _____ X (SPECIFY)	
815A	CHECK 815: CODE 'A' FOR NHIS <u>NOT</u> CIRCLED <input type="checkbox"/> CODE 'A' FOR NHIS CIRCLED <input type="checkbox"/>		→ 815C
815B	Why have you <u>not</u> registered with the National Health Insurance Scheme (NHIS)? RECORD ALL MENTIONED	NOT HEARD OF NHIS A CANNOT AFFORD PREMIUM B DO NOT TRUST C DON'T NEED HEALTH INSURANCE... D NHIS DOES NOT COVER HEALTH SERVICES I NEED E OTHER _____ X (SPECIFY)	→ 815I
815C	Did you pay your NHIS membership yourself?	YES, PAID MYSELF 01 YES, PAID BY A RELATIVE/FRIEND 02 YES, PAID BY EMPLOYER/SSNIT ... 03 NO, EXEMPT AS ELDERLY (70+) ... 04 NO, EXEMPT AS PENSIONER..... 05 NO, EXEMPT AS INDIGENT (POOR) 06 NO, OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
815D	Do you hold a valid National Health Insurance Scheme (NHIS) card? IF ANSWER IS 'YES', REQUEST TO SEE THE CARD	YES, CARD SEEN 1 YES, CARD NOT SEEN 2 NO 3	→ 815F		
815E	Why do you <u>not</u> have a valid NHIS card?	REGISTERED, NOT PAID FULLY. 1 REGISTERED, CARD NOT RECEIVED 2 REGISTERED, WAITING PERIOD 3 NOT RENEWED REGISTRATION 4 LOST NHIS CARD 5 OTHER _____ 6 (SPECIFY)	→ 815I → 815G → 815I		
815F	How many weeks did it take you to obtain your NHIS card?	NUMBER OF WEEKS <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> DON'T KNOW 98			→ 815I
815G	Do you plan to renew the NHIS card?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	→ 815I → 815I		
815H	Why do you <u>not</u> want to renew the NHIS card? Anything else? RECORD ALL MENTIONED.	HAVE NOT BEEN SICK A PREMIUM EXPENSIVE B STILL PAY OUT OF POCKET C WORSE QUALITY CARE WITH CARD D WAITING TIME FOR CARD LONG E USED SERVICES NOT COVERED F DID NOT USE ANY HEALTH SERVICES G USE CLINICS OR TRADITIONAL PRACTITIONERS WHO ARE NOT COVERED H OTHER _____ X (SPECIFY)			
815I	Do you have to pay out of pocket for drugs and services?	YES 1 NO 2 SOMETIMES 3			
815J	Are there any services that you need from a health provider that are not covered by NHIS?	YES 1 NO 2	→ 815L		
815K	What are these services? Anything else? RECORD ALL MENTIONED.	FAMILY PLANNING A LABORATORY INVESTIGATION. B CARE FOR NEWBORN FOR UP TO 3 MONTHS C PROSTATE CANCER SCREENING/TREATMENT D OTHER _____ X (SPECIFY)			
815L	In your opinion, do NHIS card holders get better/same/worse service than others?	BETTER 1 SAME 2 WORSE 3 DON'T KNOW/NOT SURE 8			
815M	In your opinion, did you receive good service last time you were treated at a clinic or hospital? IF NO, PROBE	YES 1 NO, WAITING TIMES WERE TOO LONG 2 NO, STAFF NOT POLITE. 3 NO, DID NOT RECEIVE ENOUGH INFORMATION ABOUT ILLNESS AND TREATMENT. 4 OTHER _____ 6 (SPECIFY)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	<p>I am going to ask you about the time you spent being physically active in the last 7 days. This is about the activities you do at work, as part of your house and yard work, to get from place to place, in your spare time, exercise or sport.</p> <p>Now, think about all the vigorous activities which take hard physical effort that you did in the past 7 days: activities that make you breathe much harder than normal and may include heavy lifting, digging, jogging, or fast bicycling. Think about only those physical activities that you did at least 15 minutes at a time.</p> <p>In the last 7 days, on how many days did you do vigorous physical activities that lasted for at least 15mins each time? IF 'NONE' RECORD '0'</p>	<p>NUMBER OF DAYS <input type="checkbox"/></p> <p>DON'T KNOW 8</p>	
822	<p>How many hours do you rest a day, including naps and sleep both during day and night?</p>	<p>1-3 HOURS 1 4-6 HOURS 2 7-9 HOURS 3 10 AND MORE HOURS 4 DON'T KNOW 8</p>	
823	<p>Now I would like to ask you about liquids and foods that you consume.</p> <p>How many glasses of water do you drink in one day on average? IF MORE THAN 9, RECORD '9' IF 'NONE' RECORD '0'</p>	<p>NUMBER OF GLASSES <input type="checkbox"/></p>	
824	<p>In a typical week, on how many days do you eat fruits, for example mangoes, paw paw, banana, orange, avocados, tomatoes, passion fruit, etc? IF 'NONE' RECORD '0'</p>	<p>NUMBER OF DAYS <input type="checkbox"/></p> <p>DON'T KNOW/NOT SURE 8</p>	→ 826
825	<p>On a day when you eat fruits, how many servings do you eat on average? IF 'NONE' RECORD '0'</p>	<p>NUMBER OF SERVINGS <input type="checkbox"/></p> <p>DON'T KNOW/NOT SURE 8</p>	
826	<p>In a typical week, on how many days do you eat vegetables, for example carrots, cabbage, dark green leafy vegetables (e.g. kontomire), pumpkin, squash, etc? IF 'NONE' RECORD '0'</p>	<p>NUMBER OF DAYS <input type="checkbox"/></p> <p>DON'T KNOW/NOT SURE 8</p>	→ 900
827	<p>On a day when you eat vegetables, how many servings do you eat on average? IF 'NONE' RECORD '0'</p>	<p>NUMBER OF SERVINGS <input type="checkbox"/></p> <p>DON'T KNOW/NOT SURE 8</p>	

SECTION 9: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
900	CHECK HH Q.138 AND COVER PAGE OF MAN'S QUESTIONNAIRE <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> MAN SELECTED FOR THIS SECTION ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> MAN NOT SELECTED ↓ </div> </div>		→ 935																																				
901	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓ PRIVACY NOT POSSIBLE 2 ↓		→ 934																																				
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a man's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of men in Ghana. Let me assure you that your answers are completely confidential and will not be told to anyone, no one else will know that you were asked these questions, and no one else in this household is being asked these questions.																																						
902	CHECK 401 AND 402: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> CURRENTLY MARRIED/ LIVING WITH A WOMAN ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A WOMAN (READ IN PAST TENSE) ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A WOMAN ↓ </div> </div>		→ 914																																				
903	First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) wife/partner?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) She (is/was) jealous or angry if you (talk/talked) to other women?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) She frequently (accuses/accused) you of being unfaithful?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) She (does/did) not permit you to meet your male friends?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) She (tries/tried) to limit your contact with your family?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) She (insists/insisted) on knowing where you are at all times?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) She frequently (complains/complained) that you don't provide enough money?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) She frequently (refuses/refused) to cook and (denies/denied) you food?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) She frequently (refuses/refused) or (denies/denied) to have sexual intercourse with you when you want her to?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) She (is/was) jealous or angry if you (talk/talked) to other women?	1	2	8	b) She frequently (accuses/accused) you of being unfaithful?	1	2	8	c) She (does/did) not permit you to meet your male friends?	1	2	8	d) She (tries/tried) to limit your contact with your family?	1	2	8	e) She (insists/insisted) on knowing where you are at all times?	1	2	8	f) She frequently (complains/complained) that you don't provide enough money?	1	2	8	g) She frequently (refuses/refused) to cook and (denies/denied) you food?	1	2	8	h) She frequently (refuses/refused) or (denies/denied) to have sexual intercourse with you when you want her to?	1	2	8	
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904	Now if you will permit me, I need to ask some more questions about your relationship with your (last) wife/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question. A (Does/did) your (last) wife/partner ever:	B How often did this happen during the last 12 months: often, only sometimes, or not at all?																																					
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
905	<p>A (Does/did) your (last) wife/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm?</p> <p>d) punch you with her fist or with something that could hurt you?</p> <p>e) kick you, drag you or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) kicked or pulled your external genitalia?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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906	<p>CHECK 905A (a-h):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 909</p>																																																					
907	<p>How long after you first got married to/started living with your (last) wife/partner did this/any of these things first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																					
908	<p>Did the following ever happen as a result of what your (last) wife/partner did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																					
909	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) wife/partner at times when she was not already beating or physically hurting you?</p>	<p>YES 1</p> <p>NO 2</p>	→ 912																																																				
911	<p>In the last 12 months, how often have you done this to your (last) wife/partner: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>																																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	Does (did) your (last) wife/partner drink alcohol?	YES 1 NO 2	→ 914
913	How often does (did) she get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIME! 2 NEVER 3	
914	CHECK 401 AND 402: EVER MARRIED/LIVED WITH A WOMAN <input type="checkbox"/> ↓ From the time you were 15 years old has anyone other than your (current/last) wife/partner hit, slapped, kicked, or done anything else to hurt you physically? NEVER MARRIED/ NEVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 928
915	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER WIFE/PARTNER F CURRENT GIRLFRIEND G FORMER GIRLFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N MALE FRIEND O STRANGER P OTHER X (SPECIFY)	
916	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
928	CHECK 905A (a-h) AND 914: AT LEAST ONE 'YES' <input type="checkbox"/> ↓ NOT A SINGLE 'YES' <input type="checkbox"/>		→ 932
929	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES 1 NO 2	→ 931
930	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A WIFE/PARTNER'S FAMILY B CURRENT/LAST/LATE WIFE/PARTNER C CURRENT/FORMER GIRLFRIEND D MALE FRIEND E FEMALE FRIEND F NEIGHBOR G RELIGIOUS LEADER H DOCTOR/MEDICAL PERSONNEL I POLICE J LAWYER K SOCIAL SERVICE ORGANIZATION L COMMUNITYLEADER/LOCAL ADMN M OTHER X (SPECIFY)	→ 932
931	Have you ever told any one else about this?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
932	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																	
932A	As far as you know, did your mother ever beat your father?	YES 1 NO 2 DON'T KNOW 8																	
THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																			
933	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td>YES ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <tr> <td>WIFE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALE ADULT..</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES ONCE	YES, MORE THAN ONCE	NO	WIFE	1	2	3	OTHER FEMALE ADULT..	1	2	3	MALE ADULT	1	2	3	
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934	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																		
935	RECORD THE TIME.	<table border="0"> <tr> <td>HOURS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MINUTES.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		HOURS	<input type="text"/>	<input type="text"/>	MINUTES.....	<input type="text"/>	<input type="text"/>										
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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: _____