

2014 GHANA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

MINISTRY OF HEALTH, GHANA

GHANA STATISTICAL SERVICE

IDENTIFICATION																												
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER STRUCTURE NUMBER HOUSEHOLD NUMBER REGION DISTRICT URBAN/RURAL (URBAN = 1; RURAL = 2) NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																											
INTERVIEWER VISITS																												
	1	2	3	FINAL VISIT																								
DATE _____ INTERVIEWER'S NAME _____ RESULT* _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td>4</td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>									2	0	1	4												
2	0	1	4																									
NEXT VISIT: DATE _____ TIME _____	_____ _____	_____ _____	_____ _____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </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: <input checked="" type="checkbox"/> 1 LANGUAGE OF INTERVIEW: <input type="checkbox"/> LANGUAGE OF RESPONDENT: <input type="checkbox"/> TRANSLATOR USED: (YES = 1, NO = 2) <input type="checkbox"/>																												
LANGUAGE OF QUESTIONNAIRE: English																												
LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6, OTHER = 7 (SPECIFY)																												
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____	OFFICE EDITOR _____	KEYED BY _____																									

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with Ghana Statistical Service and the Ministry of Health. We are conducting a survey about health all over Ghana. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? 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 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															
101A	<p>During the interview I would like to measure your blood pressure. This will be done three times during the interview. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart.</p> <p>The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures.</p> <p>Would you allow me to proceed to take your blood pressure measurement at this time?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES 1 RESPONDENT DOES NOT AGREE 2 → 102 ↓</p>																	
101B	<p>Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements.</p> <p>Have you done any of the following within the past 30 minutes:</p> <p>a) Eaten anything?</p> <p>b) Had coffee, tea, cola or other drink that has caffeine?</p> <p>c) Smoked any tobacco product?</p> <p>d) Conducted any vigorous physical activity or exercises?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SMOKED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>EXERCISES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK .	1	2	SMOKED	1	2	EXERCISES	1	2	
	YES	NO																
EATEN	1	2																
HAD CAFFEINATED DRINK .	1	2																
SMOKED	1	2																
EXERCISES	1	2																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101C	May I begin the process of measuring your blood pressure? BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/> <input type="text"/>	
101D	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.	MODEL 767 SMALL: 16 CM – 23 CM 1 MEDIUM: 24 CM – 35 CM 2 LARGE: 36 CM – 41 CM 3 MODEL 789 EXTRA LARGE: 42 CM – 60 CM 4	
101E	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.102 IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	
102	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	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, middle/JSS/JHS, secondary/SSS/SHS, or higher?	PRIMARY 1 MIDDLE 2 JSS/JHS 3 SECONDARY 4 SSS/SHS 5 HIGHER 6	
106	What is the highest (grade) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
106A	CHECK 103: AGE 24 OR YOUNGER <input type="checkbox"/> AGE 25 OR OLDER <input type="checkbox"/>		↓ → 107
106B	At what age did you enroll in primary school?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106C	Are you currently attending school at any level?	YES 1 NO 2	→ 107

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106D	Why did you stop attending school?	HAD TO WORK 01 MOVED 02 NO MONEY TO COVER COSTS 03 HAD BAD GRADES 04 HEALTH REASONS 05 GOT MARRIED/ FAMILY REASONS .. 06 COMPLETED DESIRED LEVEL 07 NO DESIRE TO CONTINUE 08 OTHER _____ 96 SPECIFY	
107	CHECK 105: PRIMARY/MIDDLE/ <input type="checkbox"/> JSS/JHS ↓ SECONDARY/ <input type="checkbox"/> SSS/SHS OR HIGHER	→ 110	110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 111	111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	What is your religion?	CATHOLIC 01 ANGLICAN 02 METHODIST 03 PRESBYTERIAN 04 PENTECOSTAL/CHARISMATIC 05 OTHER CHRISTIAN 06 ISLAM 07 TRADITIONAL/SPIRITUALIST 08 NO RELIGION 09 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	To which ethnic group do you belong?	AKAN 01 GA/DANGME 02 EWE 03 GUAN 04 MOLE-DAGBANI 05 GRUSSI 06 GRUMA 07 MANDE 08 OTHER _____ 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

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 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS AT HOME <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
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 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS ELSEWHERE <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
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 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GIRLS DEAD <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <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>									
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"/>		→ 212 → 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 <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>									
212	How old were you when your (first) child was born?	AGE IN YEARS <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>									
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>		→ 301								
214	How old is your (youngest) child?	AGE IN YEARS <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>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/> IS AGE 0-2 YEARS		→ 301
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 8	→ 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	→ 220
219A	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	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing 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	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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Male condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Lactational Amenorrhea Method (LAM).	YES 1 NO 2	
10	Rhythm (Calendar) Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine?	<p style="text-align: right;">YES NO</p> RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES 1 NO 2	
304	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 when she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 306
305	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	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<p style="text-align: right;">DIS- AGREE AGREE DK</p> CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMEN MAY BECOME PROMISCUOUS ... 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 311
308	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 311

309	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC . . . A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST/CHPS C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER/OUTREACH/ PEER EDUCATOR F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PRIVATE DOCTOR I</p> <p>PHARMACY J</p> <p>CHEMICAL/DRUG STORE K</p> <p>FP/PPAG CLINIC L</p> <p>MATERNITY HOME M</p> <p>OTHER PRIVATE MEDICAL _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET O</p> <p>CHURCH P</p> <p>COMMUNITY VOLUNTEER Q</p> <p>FRIEND/RELATIVE R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
310	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	CHECK 301 (08): KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
312	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 401
313	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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)	
314	If you wanted to, could you yourself get a female 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
401A	Was bridewealth negotiated in your current union?	YES 1 NO 2	→ 401C
401B	Why was the bridewealth not negotiated?	FAMILY DID NOT AGREE A BRIDEWEALTH NOT NEGOTIABLE B HUSBAND NOT GIVEN OPPORTUNITY TO NEGOTIATE C FAMILY TIES D I DID NOT AGREE E NO NEED F PRESTIGE G DETECTED WIFE WAS PREGNANT H OTHER _____ X (SPECIFY)	→ 404
401C	What is the status of the bridewealth in your current union?	PAID IN FULL 1 PARTLY PAID 2 NOT PAID AT ALL 3 OTHER _____ 6 (SPECIFY)	→ 404
401D	Why was the bridewealth not completely paid?	IT WAS EXPENSIVE A AGREED TO PAY IN INSTALMENTS B INTENTIONALLY C DETECTED WIFE WAS PREGNA D FINANCIAL CONSTRAINT E PART OF BRIDEWEALTH USED FOR OTHER PURPOSES F FAMILY TIES G CUSTOMARY DEMANDS H OTHER _____ X (SPECIFY)	→ 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 other wives or do you live with other women as if married?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	→ 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>a) Please tell me the name of (your wife/the 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>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p>	<p>408 How old was (NAME) on her last birthday?</p> <p>NAME LINE NUMBER AGE</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
408	ASK 408 FOR EACH PERSON.		
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?	<p>ONLY ONCE 1</p> <p>MORE THAN ONCE 2</p>	→ 411A
411	In what month and year did you start living with your (wife/partner)?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 413
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?		
412	How old were you when you first started living with her?	AGE <input type="text"/> <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 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 INTERCOURSE00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 500
415	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.		
416	When was the last 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"/>	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		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"/>	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"/>
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←
419	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
420	What was your relationship to this 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 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDEN' 3 CASUAL ACQUAINTANCE 4 CLIENT/PROSTITUTE . 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDEN' 3 CASUAL ACQUAINTANCE 4 CLIENT/PROSTITUTE . 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDEN' 3 CASUAL ACQUAINTANCE 4 CLIENT/PROSTITUTE . 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE <input type="checkbox"/> ↓	MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ↓	MARRIED ONLY ONCE <input type="checkbox"/> ↓
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) ← <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) ← <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) ← <input type="checkbox"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS <input type="text"/> <input type="text"/> AGO .. 1 WEEKS <input type="text"/> <input type="text"/> AGO .. 2 MONTHS <input type="text"/> <input type="text"/> AGO .. 3 YEARS <input type="text"/> <input type="text"/> AGO .. 4	DAYS <input type="text"/> <input type="text"/> AGO .. 1 WEEKS <input type="text"/> <input type="text"/> AGO .. 2 MONTHS <input type="text"/> <input type="text"/> AGO .. 3 YEARS <input type="text"/> <input type="text"/> AGO .. 4	DAYS <input type="text"/> <input type="text"/> AGO .. 1 WEEKS <input type="text"/> <input type="text"/> AGO .. 2 MONTHS <input type="text"/> <input type="text"/> AGO .. 3 YEARS <input type="text"/> <input type="text"/> AGO .. 4
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
425	How old is this person?	AGE OF PARTNER . <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> DONT KNOW 98
426	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 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	
427	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 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC . . . 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 21</p> <p>PRIVATE DOCTOR 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 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>	
438	<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>→ 500</p>
439	<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>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>FEMALE CONDOM G</p> <p>DIAPHRAGM H</p> <p>FOAM/JELLY I</p> <p>LAM J</p> <p>RHYTHM METHOD K</p> <p>WITHDRAWAL L</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
500	CHECK 101A: AGREED TO MEASUREMENT <input type="checkbox"/> DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>		→ 501
500A	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
500B	May I measure your blood pressure at this time? INTERVIEWR SIGNATURE _____ DATE _____	YES, RESPONDENT AGREES 1 NO, RESPONDENT DOES NOT AGREE 2	→ 501
500C	TAKE THE BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.501 IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 509
503	Is your (wife/partner)/Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509
505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 509

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	CHECK 407: ONE WIFE/ PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/>	→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> a) How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT <input type="checkbox"/> b) 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"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	
509	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> a) 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? b) 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.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→ 601 → 601
510	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 if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	

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	→ 607				
604	What is your occupation, that is, what kind of work do you mainly do?	<table border="1" style="display: inline-table; vertical-align: top; margin-right: 20px;"> <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> _____ _____ _____					
605	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					
606	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					
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612				
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610				
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)					
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)					
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		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	
	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																								

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	→ 723																
702	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 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 get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </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																
709	CHECK 708: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 710A																
710	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																	
710A	Have you heard about special antiretroviral drugs (e.g. ARV, Nevirapine, zidovudine, lamivudine) 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																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	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	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 FAMILY PLANNING CLINIC 15 MOBILE CLINIC 16 FIELDWORKER/OUTREACH/ PEER EDUCATOR 17 OTHER PUBLIC 18 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER 22 PHARMACY 23 CHEMICAL/DRUG STORE 24 FP/PPAG CLINIC 25 MATERNITY HOME 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 OTHER 96 _____ (SPECIFY)	→ 718

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 718
717	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 STAND-ALONE VCT CENTER D FAMILY PLANNING CLINIC E MOBILE CLINIC F FIELDWORKER/OUTREACH/ PEER EDUCATOR G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I STAND-ALONE VCT CENTER J PHARMACY K CHEMICAL/DRUG STORE L FP/PPAG CLINIC M MATERNITY HOME N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) OTHER SOURCE HOME P CORRECTIONAL FACILITY Q OTHER _____ X (SPECIFY)	
718	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	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	
720	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	
721	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	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HEARD ABOUT AIDS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ </div> </div> a) Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
724	CHECK 414: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> → </div> </div>		732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> → </div> </div>		727
726	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	
727	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	
728	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES 1 NO 2	732
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 STAND-ALONE VCT CENTER ... D FAMILY PLANNING CLINIC E MOBILE CLINIC F FIELDWORKER/OUTREACH/ PEER EDUCATOR G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I STAND-ALONE VCT CENTER ... J PHARMACY K CHEMICAL/DRUG STORE L FP/PPAG CLINIC M MATERNITY HOME N OTHER PRIVATE MEDICAL _____ O (SPECIFY) OTHER SOURCE HOME P CORRECTIONAL FACILITY Q OTHER _____ X (SPECIFY)	
732	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	
733	Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) ... 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL 2 OTHER 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/ PROFESSIONAL 2 CIRCUMCISION DONE AT HOME ... 3 RITUAL SITE 4 OTHER HOME/PLACE 5 DON'T KNOW 8	
805	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 90 OR MORE, 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	→ 808
806	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 90 OR MORE, 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	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes?	YES 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
810	Do you currently smoke or use any (other) type of tobacco?	YES 1 NO 2	→ 812
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
812	Are you covered by any health insurance?	YES 1 NO 2	→ 813																												
812A	Are you registered with the National Health Insurance Scheme (NHIS)?	YES 1 NO 2	→ 819 → 816																												
813	What type of health insurance are you (covered/registered) by? 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)																													
814	Does your insurance cover any of the following maternity benefits: a) Antenatal health care? b) Childbirth health care in a health facility? c) Postnatal health care for the mother? d) Postnatal health care for the child? e) Cash benefits during maternity leave? f) Other?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILDBIRTH</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PNC MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PNC CHILD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CASH BENEFITS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL	1	2	8	CHILDBIRTH	1	2	8	PNC MOTHER	1	2	8	PNC CHILD	1	2	8	CASH BENEFITS	1	2	8	OTHER	1	2	8	
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PNC CHILD	1	2	8																												
CASH BENEFITS	1	2	8																												
OTHER	1	2	8																												
815	CHECK 813: CODE 'A' FOR NHIS <u>NOT</u> CIRCLED <input type="checkbox"/> ↓	CODE 'A' FOR NHIS CIRCLED <input type="checkbox"/> →	→ 817																												
816	Why have you not 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 DON'T UNDERSTANDS SCHEME ... F DON'T KNOW WHERE TO REGISTER . G NO EASY ACCESS TO A HEALTH FACILITY H DO NOT LIKE THE ATTITUDE OF STAFF IN AHEALTH FACILITY ... I THOSE WITH INSURANCE ARE GIVEN SUBSTANDARD SERVICES AND MEDICINE J OTHER _____ X (SPECIFY)	→ 828																												
817	Did you pay your NHIS membership yourself?	YES, PAID MYSELF 1 YES, PAID BY A RELATIVE/FRIEND . . . 2 YES, PAID BY EMPLOYER/SSNIT ... 3 NO, EXEMPT AS ELDERLY 4 NO, EXEMPT AS PENSIONER 5 NO, EXEMPT AS INDIGENT 7 NO, OTHER _____ 6 (SPECIFY)																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
818	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	→ 820		
819	Why do you not 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)	→ 823 → 821 → 823		
820	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			→ 823
821	Do you plan to renew the NHIS card?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	→ 823 → 823		
822	Why do you not 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 POOR 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)			
823	Do you have to pay out of pocket for drugs and services?	YES 1 NO 2 DON'T KNOW/NOT SURE 8			
824	Are there any services that you need from a health provider that are not covered by NHIS?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	→ 826		
825	What are these services? Anything else? RECORD ALL MENTIONED.	FAMILY PLANNING A LABORATORY INVESTIGATIONS B ANTENATAL CARE C POSTNATAL CARE D CARE FOR NEWBORN FOR UP TO 3 MONTHS E OTHER _____ X (SPECIFY)			
826	In your opinion, do NHIS card holders get better, the same, or worse service than others?	BETTER 1 SAME 2 WORSE 3 DON'T KNOW/NOT SURE 8			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
827	In your opinion, did you receive good service last time you were treated at a clinic or hospital? IF NO, PROBE: "What was the main problem?"	YES 1 NO, WAITING TIMES TOO LONG 2 NO, STAFF NOT POLITE 3 NO, DID NOT RECEIVE ENOUGH INFORMATION ABOUT ILLNESS AND TREATMENT 4 OTHER _____ 6 (SPECIFY)	
828	Are you aware of any programme that help pregnant women accessing health services?	YES 1 NO 2	→ 830
829	Which ones? RECORD ALL MENTIONED.	FREE NHIS PREMIUM FOR PREGNANT WOMEN A OTHER _____ X (SPECIFY)	
830	Are you aware of any programme that help children under age 18 accessing health services?	YES 1 NO 2	→ 832
831	Which ones? RECORD ALL MENTIONED.	FREE NHIS PREMIUM FOR CHILDREN UNDER THE AGE OF 18 . . . A OTHER _____ X (SPECIFY)	
832	Next questions are about common health problems in Ghana. Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 836
833	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	
834	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
835	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	
836	These next questions are about blood pressure. Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	→ 839

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
837	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8																													
838	To lower your hypertension or high blood pressure, are you now: a) Taking prescribed medicine? b) Controlling your weight or losing weight? c) Cutting down on salt in your diet? d) Exercising? e) Cutting down on alcohol? f) Stopping smoking?	<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;">N/A</th> </tr> </thead> <tbody> <tr> <td>TAKE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CONTROL WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN SALT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>EXERCISE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN ALCOHOL ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>STOP SMOKING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	N/A	TAKE MEDICINE	1	2	3	CONTROL WEIGHT	1	2	3	CUT DOWN SALT	1	2	3	EXERCISE	1	2	3	CUT DOWN ALCOHOL ...	1	2	3	STOP SMOKING	1	2	3	
	YES	NO	N/A																												
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EXERCISE	1	2	3																												
CUT DOWN ALCOHOL ...	1	2	3																												
STOP SMOKING	1	2	3																												
839	Have you ever heard about iodized salt?	YES 1 NO 2	→ 842																												
840	Can you mention benefits for consuming iodized salt? PROBE: Any other benefits? RECORD ALL MENTIONED.	IMPROVE INTELLIGENCE A PROVIDES ENERGY B PREVENTS STILL BIRTH C PREVENTS MENTAL RETARDATION .. D PREVENTS MISCARRIAGES E PREVENTS GOITER F OTHER _____ X (SPECIFY) DON'T KNOW Z																													
841	How can you tell iodized salt from non-iodized salt? RECORD ALL MENTIONED.	TESTING SALT A IODIZED SALT LOGO B FINE POWDERED SALT C OTHER _____ X (SPECIFY) DON'T KNOW Z																													
842	During the last 7 days, on how many days did you eat fruits, for example, mangoes, pawpaw, banana, orange, avocados, tomatoes, passion fruit, etc?	NUMBER OF DAYS <input style="width: 40px; height: 20px;" type="text"/> NONE 0 DON'T KNOW/NOT SURE 8																													
844	During the last 7 days, on how many days did you eat vegetables, for example carrots, cabbage, dark green, leafy vegetables (e.g. kontomire), pumpkin, squash, etc?	NUMBER OF DAYS <input style="width: 40px; height: 20px;" type="text"/> NONE 0 DON'T KNOW/NOT SURE 8																													
846	In the last 6 months, did you visit a health facility?	YES 1 NO 2	→ 859																												
847	What type of facility did you visit during your most recent visit? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____	PUBLIC/GOVERNMENT 1 PRIVATE 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																													
	(NAME OF PLACE)																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
848	What type of service did you receive during this most recent visit?	<p>OUTPATIENT</p> <p>FAMILY PLANNING 01</p> <p>ANC/DELIVERY/PNC 02</p> <p>NEWBORN CARE 03</p> <p>MALARIA 04</p> <p>FEVER 05</p> <p>DIARRHOEA 06</p> <p>HIV/AIDS/STI 07</p> <p>HIGH BLOOD PRESSURE 08</p> <p>EAR/NOSE/THROAT INFECTION... 09</p> <p>DIABETES 10</p> <p>EYE INFECTION 11</p> <p>CHECKUP/PREVENTIVE CARE ... 12</p> <p>ACCIDENT/INJURY 13</p> <p>OTHER OUTPT. _____ 14</p> <p style="text-align: center;">(SPECIFY)</p> <p>INPATIENT</p> <p>PREGNANCY/DELIVERY 15</p> <p>CHILD ILLNESS 16</p> <p>HER OWN ILLNESS 17</p> <p>ACCIDENT/INJURY 18</p> <p>OTHER INPT. _____ 19</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	
849	How did you pay for the service during this most recent visit?	<p>CASH 1</p> <p>NATIONAL HEALTH INSURANCE ... 2</p> <p>OTHER INSURANCE 3</p> <p>COMBINATION OF ANY OF THE ABOVE 4</p> <p>OTHER _____ 6</p> <p style="text-align: center;">(SPECIFY)</p>	
850	Now I want to ask you about the ease of getting care. In your opinion, was it very easy, easy, fairly easy, difficult, or very difficult to see the health provider?	<p>VERY EASY 1</p> <p>EASY 2</p> <p>FAIRLY EASY 3</p> <p>DIFFICULT 4</p> <p>VERY DIFFICULT 5</p>	
851	Is the location of the health facility very convenient, convenient, fairly convenient, not convenient, or very inconvenient for you?	<p>VERY CONVENIENT 1</p> <p>CONVENIENT 2</p> <p>FAIRLY CONVENIENT 3</p> <p>NOT CONVENIENT 4</p> <p>VERY INCONVENIENT 5</p>	
852	Are the hours the health facility open during the day very good, good, fair, poor, or very poor for you?	<p>VERY GOOD 1</p> <p>GOOD 2</p> <p>FAIR 3</p> <p>POOR 4</p> <p>VERY POOR 5</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
853	<p>Now I want to talk about waiting time at the health facility.</p> <p>Were you very satisfied, satisfied, fairly satisfied, not satisfied, or very dissatisfied about:</p> <p>a) Time to wait for your turn?</p> <p>b) Time spent in consulting/examination room?</p> <p>c) Time to wait for tests to be performed?</p> <p>d) Time to wait for test results?</p> <p>e) Time at pharmacy/dispensary?</p>	<p>VERY SATISFIED = 1 SATISFIED = 2 FAIRLY SATISFIED = 3 NOT SATISFIED = 4 VERY DISSATISFIED = 5 NOT APPLICABLE = 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p>	
854	<p>Were you very satisfied, satisfied, fairly satisfied, not satisfied, or very dissatisfied with the staff at the health facility when they:</p> <p>a) Listened to you?</p> <p>b) Explained what you wanted to you?</p> <p>c) Gave advice and information on options for treatment?</p>	<p>VERY SATISFIED = 1 SATISFIED = 2 FAIRLY SATISFIED = 3 NOT SATISFIED = 4 VERY DISSATISFIED = 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>	
855	<p>In your opinion, did the health provider spend enough time with you?</p>	<p>YES 1 NO 2</p>	
856	<p>Did the health provider seek your consent before providing treatment?</p>	<p>YES 1 NO 2</p>	
857	<p>Was the health provider friendly to you?</p>	<p>YES 1 NO 2</p>	
858	<p>Now I want to ask you about the condition of the health facility.</p> <p>Were you very satisfied, satisfied, fairly satisfied, not satisfied, or very dissatisfied with:</p> <p>a) The cleanliness of the facility?</p> <p>b) Ease of finding where to go?</p> <p>c) Comfort and safety while waiting?</p> <p>d) Privacy during examination?</p> <p>e) Confidentiality and protection of personal information?</p>	<p>VERY SATISFIED = 1 SATISFIED = 2 FAIRLY SATISFIED = 3 NOT SATISFIED = 4 VERY DISSATISFIED = 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
859	CHECK 101A: AGREED TO MEASUREMENT <input type="checkbox"/> DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>	→ 901	
860	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
861	May I measure your blood pressure at this time? INTERVIEWR SIGNATURE _____ DATE _____	YES, RESPONDENT AGREES 1 NO, RESPONDENT DOES NOT AGREE 2	→ 901
862	TAKE THE BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.901 IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	

SECTION 9. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
901	CHECK Q500C AND Q862: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q500C AND Q862</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE MEASURES NOT RECORDED IN BOTH Q500C AND Q862</p> <input type="checkbox"/> </div> </div>		→ 907							
902	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q500C AND Q862.									
903	BLOOD PRESSURE MEASUREMENTS FROM Q500C	<p>SYSTOLIC</p> <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> </table>				<p> DIASTOLIC</p> <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> </table>				
904	BLOOD PRESSURE MEASUREMENTS FROM Q862	<p>SYSTOLIC</p> <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> </table>				<p> DIASTOLIC</p> <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> </table>				
905	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES.	<p>SUM SYSTOLIC</p> <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> </table>				<p>SUM DIASTOLIC</p> <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> </table>				
906	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY DIVIDING THE SUM IN Q905 BY 2.	<p>AVERAGE SYSTOLIC</p> <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> </table>				<p>AVERAGE DIASTOLIC</p> <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> </table>				→ 911
907	CHECK Q862: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q862</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q862</p> <input type="checkbox"/> </div> </div>		→ 910							
908	CHECK Q500C: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q500C</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q500C</p> <input type="checkbox"/> </div> </div>		→ 910							
909	CHECK Q101E: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q101E</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q101E</p> <input type="checkbox"/> </div> </div>		→ 913							
910	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<p>SYSTOLIC</p> <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> </table>				<p> DIASTOLIC</p> <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> </table>				

911

USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE **ROW** IN WHICH THE VALUE FOR THE **SYSTOLIC** BLOOD PRESSURE FROM Q906 OR Q910 IS FOUND.

THEN CIRCLE THE **COLUMN** IN WHICH THE VALUE FOR THE **DIASTOLIC** BLOOD FROM Q906 OR Q910 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q912.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100-109	110-119	≥ 120
≤129	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
≥ 210	6	6	6	6	6	6

912

RECORD THE NUMBER YOU CIRCLED IN Q911 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS HE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE <u>WITHIN</u> :
1	NORMAL	24 MONTHS
2	AT THE HIGH END OF THE NORMAL RANGE	12 MONTHS
3	ABOVE NORMAL RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	VERY HIGH	7 DAYS
6	EXTREMELY HIGH	TODAY

913

Thank you for taking the time to answer these questions.
RECORD THE TIME.

HOUR

MINUTES

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: _____