

**SECTION 5. MARRIAGE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	→512
502	Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?	MARRIED.....1 CONSENSUAL UNION.....2 WIDOWED.....3 DIVORCED.....4 SEPARATED.....5	→507
503	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→507
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	→507
506	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	In what month and year did you start living with your (first) husband/partner?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98	
510	CHECK 508 AND 509:		
	YEAR AND AGE GIVEN?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	→513
	↓		

NO.

QUESTIONS AND FILTERS

CODING CATEGORIES

SKIP  
TO

511 CHECK CONSISTENCY OF 508 AND 509:

YEAR OF BIRTH (105)

PLUS +

AGE AT MARRIAGE (509)

=

CALCULATED  
YEAR OF MARRIAGE

IF NECESSARY, CALCULATE  
YEAR OF BIRTH

CURRENT YEAR  9  3

MINUS -

CURRENT AGE (106)

=

CALCULATED  
YEAR OF BIRTH

IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508) ?

YES

→(SKIP TO 513)

NO

→PROBE AND CORRECT 508 AND 509.

512 IF NEVER IN UNION:  
Have you ever had sexual intercourse?

YES.....1

NO.....2→517

513 Now I would like to talk to you about some aspects of  
your sexual life in order to get a better understanding  
of family planning and fertility.How many times did you have sexual intercourse in the  
last four weeks?TIMES.....  514 How many times in a month do you usually have  
sexual intercourse?TIMES.....  

515 When was the last time you had sexual intercourse?

DAYS AGO.....1  WEEKS AGO.....2  MONTHS AGO.....3  YEARS AGO.....4  

BEFORE LAST BIRTH.....996

516 How old were you when you first had sexual intercourse?

AGE.....  

FIRST TIME WHEN MARRIED.....96

517 PRESENCE OF OTHERS AT THIS POINT.

	YES	NO
CHILDREN UNDER 10.....	1	2
HUSBAND.....	1	2
OTHER MALES.....	1	2
OTHER FEMALES.....	1	2

**SECTION 6A. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	<b>CHECK 312:</b> NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		->607
602	<b>CHECK 502:</b> CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/ NOT LIVING TOGETHER <input type="checkbox"/>		->614
603	<b>CHECK 223:</b> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v 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 CANNOT GET PREGNANT.....3 UNDECIDED OR DK .....8	->610
604	<b>CHECK 223:</b> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v How long would you like to wait from now before the birth of (a/another) child? (RECORD IN MONTHS IF LESS THAN 2 YEARS)	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> NOW .....994 CANNOT GET PREGNANT .....995 OTHER _____ 996 (SPECIFY) DK.....998	->610
605	<b>CHECK 216 AND 223:</b> HAS LIVING CHILD(REN) OR PREGNANT?      YES <input type="checkbox"/> NO <input type="checkbox"/>		->610
606	<b>CHECK 223:</b> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v How old would you like your youngest child to be when your next child is born?	AGE OF CHILD YEARS..... <input type="text"/> <input type="text"/> DK .....98	->610
607	Given your present circumstances, if you had to do it over again, do you think (you/your husband/partner) would make the same decision to have an operation not to have any more children?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
608	Do you regret that (you/your husband/partner) had the operation not to have any (more) children?	YES.....1 NO.....2	→614				
609	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD...1 PARTNER WANTS ANOTHER CHILD.....2 BOTH PARTNERS WANT ANOTHER CHILD .3 SIDE EFFECTS.....4 OTHER REASON.....6 (SPECIFY)	→614				
610	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8					
611	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3					
612	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2					
613	Do you think your husband/partner wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8					
614	How long should a couple wait before starting sexual intercourse after the birth of a baby?  (RECORD IN MONTHS IF LESS THAN 2 YEARS)	MONTHS.....1 YEARS.....2 OTHER.....996 (SPECIFY)	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
615	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2					
616	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2	→617				
616B	Who do you think should decide on which method to use?	SELF.....01 SPOUSE.....02 BOTH OF US.....03 HEALTH PROFESSIONAL.....04 RELATIVE.....05 FRIEND.....06 OTHER.....96 (SPECIFY)					
617	CHECK 216:  HAS LIVING CHILD(REN) <input type="checkbox"/> v 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?  NO LIVING CHILDREN <input type="checkbox"/> v If you could choose exactly the number of children to have in your whole life, how many would that be?  RECORD ONE NUMBER OR OTHER ANSWER. IF "NONE" CIRCLE 96 AND RECORD RESPONSE..	NUMBER..... <table border="1"><tr><td></td><td></td></tr></table>  OTHER ANSWER.....96 (SPECIFY)			→619		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
618	<p>How many of those children would be sons? And how many would be daughters?</p>	<p style="text-align: center;">BOYS      GIRLS      EITHER</p> <p>NUMBER    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/></p> <p>UP TO GOD.....999995</p> <p>OTHER ANSWER.....999996</p>	
619	<p>What do you think is the best number of months or years between the birth of one child and the birth of the next child?</p> <p>RECORD MONTHS IF LESS THAN 2 YEARS</p>	<p>MONTHS.....1    <input type="text"/> <input type="text"/></p> <p>YEARS.....2    <input type="text"/> <input type="text"/></p> <p>OTHER.....996 (SPECIFY)</p>	

**SECTION 68. MATERNAL MORTALITY**

Now I would like to ask you some questions about all female children born to your mother.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
620	How many daughters did your mother ever give birth to including yourself and those who are now dead?	DAUGHTERS ..... <input type="text"/> IF 01, SKIP TO 701
621	How many of these daughters born to your mother ever reached age 15? <b>CHECK THAT FEMALE RESPONDENT INCLUDES HERSELF AS ONE OF THE DAUGHTERS.</b>	REACHED AGE 15..... <input type="text"/> IF 01, SKIP TO 701
622	How many of these daughters who reached age 15 are alive now?	ALIVE ..... <input type="text"/>
623	How many of these daughters who reached age 15 are dead? <b>CHECK THAT SUM OF Q622 AND Q623 IS EQUAL TO Q621.</b>	DEAD ..... <input type="text"/> IF 00, SKIP TO 701
624	How many of these dead daughters died during pregnancy?	DURING PREGNANCY ..... <input type="text"/>
625	How many of these dead daughters died during childbirth?	DURING CHILDBIRTH..... <input type="text"/>
626	How many of these dead daughters died during the six weeks after the end of a pregnancy?	AFTER PREGNANCY ..... <input type="text"/>
627	<b>SUM ANSWERS TO Q624, Q625 AND Q626.</b>	<b>SUM MATERNAL DEATHS.....</b> <input type="text"/>

**SECTION 7A. HUSBAND'S BACKGROUND AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p><b>CHECK 501:</b></p> <p>EVER MARRIED OR LIVED TOGETHER <input type="checkbox"/></p> <p>NEVER MARRIED/ NEVER LIVED TOGETHER <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		708
702	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES.....1</p> <p>NO.....2</p>	705
703	<p>What was the highest level of school he attended: primary, middle/jss, secondary or higher?</p>	<p>PRIMARY .....1</p> <p>MIDDLE/JSS.....2</p> <p>SSS/COMM/VOC/TECH .....3</p> <p>POST SEC./NURSING/POLYTECH.....4</p> <p>HIGHER .....5</p> <p>DK.....8</p>	705
704	<p>What was the highest (grade/form/year) he completed at that level?</p>	<p>GRADE..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p>	
705	<p>What kind of work does (did) your (last) husband/partner mainly do?</p> <p>IF DK, RECORD RESPONSE AND SKIP TO 708</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	TO BE CODED BY EDITOR
706	<p><b>CHECK 705:</b></p> <p>MAINLY WORKS (WORKED) IN FARMING <input type="checkbox"/></p> <p>DOES (DID) NOT WORK MAINLY IN FARMING <input type="checkbox"/></p>		708
707	<p>(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?</p>	<p>HIS/FAMILY LAND.....1</p> <p>RENTED LAND.....2</p> <p>SOMEONE ELSE'S LAND.....3</p>	
708	<p>Apart from your own housework, are you currently working?</p>	<p>YES.....1</p> <p>NO.....2</p>	710
709	<p>As you know, some women take up jobs for which they are paid in cash or in kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>Are you currently doing any of these things or any other work?</p>	<p>YES.....1</p> <p>NO.....2</p>	721
710	<p>What is your occupation, that is, what kind of work do you do?</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	TO BE CODED BY EDITOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
711	In your current work, do you work for a member of your family, for someone else, or are you self-employed? PROBE: FOR GOVERNMENT WORKER	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3 FOR GOVERNMENT .....4		
712	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2		
713	Do you do this work at home or away from home?	HOME.....1 AWAY.....2		
714	CHECK 215/216/218: HAS WOMAN A CHILD BORN SINCE JAN. 1988 AND LIVING AT HOME?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	>721
715	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	>721	
716	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBOURS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 CRECHE/NURSERY.....08 OTHER.....96 (SPECIFY)		



**SECTION 7B. AIDS KNOWLEDGE AND OTHER SEXUALLY TRANSMITTED DISEASES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
721	Now I have a few questions about a very important topic. Have you heard of an illness called AIDS?	YES.....1 NO.....2	729
722	From which sources of information or persons have you heard about AIDS in the last month?  CIRCLE ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS.....C HEALTH WORKERS.....D MOSQUES/CHURCHES.....E FRIENDS/RELATIVES.....F SCHOOLS.....G SLOGANS/MUSIC.....H PAMPHLETS/POSTERS.....I COMMUNITY MEETINGS.....J OTHER.....K (SPECIFY) NONE.....L	
723	How is AIDS transmitted?  CIRCLE ALL MENTIONED.	NEEDLES/BLADES/SKIN WOUND.....A MOTHER TO CHILD.....B SEXUAL INTERCOURSE.....C TRANSFUSION OF INFECTED BLOOD...D OTHER.....E (SPECIFY) DON'T KNOW.....F	
724	Do you think that you can get AIDS from  shaking hands with someone who has AIDS? hugging someone who has AIDS? kissing someone who has AIDS? sexual intercourse with someone with AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? stepping on the saliva, urine or stool of someone who has AIDS? mosquito, flea or bedbug bites? not using a condom?	YES NO HANDSHAKING.....1 2 HUGGING.....1 2 KISSING.....1 2 SEXUAL INTERCOURSE.....1 2 SHARING CLOTHES.....1 2 SHARING EATING UTENSILS.....1 2 STEPPING ON URINE/STOOL....1 2 MOSQUITO/FLEA/BEDBUG BITES.1 2 NOT USING A CONDOM.....1 2	
725	Is it possible for a healthy looking person to have the AIDS virus?	YES.....1 NO.....2 DK.....8	
726	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	YES.....1 NO.....2 DK.....8	
727	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE FREE MEDICAL TREATMENT..1 HELP RELATIVES PROVIDE CARE....2 ISOLATE/QUARANTINE.....3 SHOULD NOT BE INVOLVED.....4 OTHER.....6 (SPECIFY)	
728	If your relative is suffering from AIDS, who would you prefer to care for him/her?	RELATIVES.....1 FRIENDS.....2 GOVERNMENT ORGANISATION.....3 RELIGIOUS ORG/MISSION.....4 NOBODY/ABANDON.....5 OTHER.....6 (SPECIFY)	

Now I would like to talk to you about other diseases apart from AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
729	Have you heard of other diseases apart from AIDS which could be transmitted through sexual intercourse?	YES.....1 NO.....2	→737
730	Name the diseases. Any other? CIRCLE AS MANY AS MENTIONED.	GONORRHEA.....A SYPHILIS.....B HERPES.....C HEPATITIS.....D OTHER.....E (SPECIFY)	
731	CHECK 730 FOR DISEASES MENTIONED AND ASK Q 732 - Q 736 WHERE APPROPRIATE.		
732	Where can one go to treat gonorrhoea?  CIRCLE ALL MENTIONED	PUBLIC SECTOR  GOV'T. HOSP./CLINIC.....A GOV'T. HEALTH CENTRE.....B GOV'T. HEALTH POST.....C MOBILE CLINIC.....D C'MMTY HEALTH WORKER.....E  MEDICAL PRIVATE SECTOR  PRIVATE HOSPITAL.....F PHARMACY/DRUGGIST/CHEMIST.....G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I C'MMTY HEALTH WORKER.....J  OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L SPIRITUALIST.....M OTHER.....N (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
733	<p>Where can one go to treat syphilis?</p> <p><b>CIRCLE ALL MENTIONED</b></p>	<p><b>PUBLIC SECTOR</b></p> <p>GOV'T. HOSP./CLINIC.....A  GOV'T. HEALTH CENTRE.....B  GOV'T. HEALTH POST.....C  MOBILE CLINIC.....D  C'MMTY HEALTH WORKER.....E</p> <p><b>MEDICAL PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL.....F  PHARMACY/DRUGGIST/CHEMIST.....G  PRIVATE DOCTOR/CLINIC.....H  MOBILE CLINIC.....I  C'MMTY HEALTH WORKER.....J</p> <p><b>OTHER PRIVATE SECTOR</b></p> <p>SHOP.....K  TRADITIONAL PRACTITIONER.....L  SPIRITUALIST.....M  OTHER _____ N  (SPECIFY)</p>
734	<p>Where can one go to treat herpes?</p> <p><b>CIRCLE ALL MENTIONED</b></p>	<p><b>PUBLIC SECTOR</b></p> <p>GOV'T. HOSP./CLINIC.....A  GOV'T. HEALTH CENTRE.....B  GOV'T. HEALTH POST.....C  MOBILE CLINIC.....D  C'MMTY HEALTH WORKER.....E</p> <p><b>MEDICAL PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL.....F  PHARMACY/DRUGGIST/CHEMIST.....G  PRIVATE DOCTOR/CLINIC.....H  MOBILE CLINIC.....I  C'MMTY HEALTH WORKER.....J</p> <p><b>OTHER PRIVATE SECTOR</b></p> <p>SHOP.....K  TRADITIONAL PRACTITIONER.....L  SPIRITUALIST.....M  OTHER _____ N  (SPECIFY)</p>

735

Where can one go to treat hepatitis?

CIRCLE ALL MENTIONED

**PUBLIC SECTOR**

- GOV'T. HOSP./CLINIC.....A
- GOV'T. HEALTH CENTRE.....B
- GOV'T. HEALTH POST.....C
- MOBILE CLINIC.....D
- C'MMTY HEALTH WORKER.....E

**MEDICAL PRIVATE SECTOR**

- PRIVATE HOSPITAL.....F
- PHARMACY/DRUGGIST/CHEMIST.....G
- PRIVATE DOCTOR/CLINIC.....H
- MOBILE CLINIC.....I
- C'MMTY HEALTH WORKER.....J

**OTHER PRIVATE SECTOR**

- SHOP.....K
- TRADITIONAL PRACTITIONER.....L
- SPIRITUALIST.....M
- OTHER \_\_\_\_\_ N

(SPECIFY)

736

Where can one go to treat .....?  
 (NAME OF DISEASE RECORDED ON THE "OTHER SPECIFY"  
 LINE OF Q 730).

CIRCLE ALL MENTIONED

**PUBLIC SECTOR**

- GOV'T. HOSP./CLINIC.....A
- GOV'T. HEALTH CENTRE.....B
- GOV'T. HEALTH POST.....C
- MOBILE CLINIC.....D
- C'MMTY HEALTH WORKER.....E

**MEDICAL PRIVATE SECTOR**

- PRIVATE HOSPITAL.....F
- PHARMACY/DRUGGIST/CHEMIST.....G
- PRIVATE DOCTOR/CLINIC.....H
- MOBILE CLINIC.....I
- C'MMTY HEALTH WORKER.....J

**OTHER PRIVATE SECTOR**

- SHOP.....K
- TRADITIONAL PRACTITIONER.....L
- SPIRITUALIST.....M
- OTHER \_\_\_\_\_ N

(SPECIFY)

737

RECORD THE TIME

HOUR.....


MINUTES.....

**SECTION 8. LANGUAGE INFORMATION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	WHAT IS THE RESPONDENT'S OWN LANGUAGE?	TWI.....01 FANTI .....02 GA-ADANGBE.....03 EWE .....04 NZEMA .....05 DAGBANI .....06 HAUSA .....07 ENGLISH .....08 OTHER .....96 (SPECIFY)	
802	IN WHAT LANGUAGE DID YOU CONDUCT THE INTERVIEW?	TWI.....01 FANTI .....02 GA-ADANGBE.....03 EWE.....04 NZEMA.....05 DAGBANI.....06 HAUSA.....07 ENGLISH.....08 OTHER .....96 (SPECIFY)	
803	FOR HOW MUCH OF THE INTERVIEW DID YOU DEPEND ON A THIRD PERSON TO INTERPRET FOR YOU?	NONE OF THE INTERVIEW .....1 A SMALL PORTION .....2 MOST OF THE INTERVIEW .....3 ALL OF THE INTERVIEW .....4	→901
804	IF AN INTERPRETER WAS USED, INDICATE THE SEX AND APPROXIMATE AGE OF THE INTERPRETER.	ADULT FEMALE .....1 TEENAGE FEMALE .....2 ADULT MALE .....3 TEENAGE MALE .....4 CHILD .....5	

**SECTION 9. HEIGHT, WEIGHT AND ARM CIRCUMFERENCE**

901	<b>CHECK 222:</b>	<input type="checkbox"/> <b>ONE OR MORE BIRTHS SINCE JAN. 1990</b>	<input type="checkbox"/> <b>NO BIRTHS SINCE JAN. 1990</b>	<input type="checkbox"/> <b>END</b>
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**INTERVIEWER:** IN 902 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1990 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1990. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1990 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1990, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD	4 SECOND-TO-YOUNGEST LIVING CHILD
902 LINE NO. FROM Q.212		<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>
903 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
904 DATE OF BIRTH  FROM Q.105 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
905 BCG SCAR ON TOP OF SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
906 HEIGHT (in centimeters)	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>
907 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
908 WEIGHT (in kilograms)	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>
909 LEFT UPPER ARM CIRCUMFERENCE (in MM)	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>
910 DATE WEIGHED AND MEASURED	DAY..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
911 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)
912 NAME OF MEASURER:	<input style="width:40px; height:20px;" type="text"/>	NAME OF ASSISTANT:	<input style="width:40px; height:20px;" type="text"/>	

**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: \_\_\_\_\_

**REPUBLIC OF GHANA**  
**GHANA DEMOGRAPHIC AND HEALTH SURVEY -1993.**  
**MALE QUESTIONNAIRE (ENGLISH)**

IDENTIFICATION													
PLACE NAME _____	<table border="1" style="border-collapse: collapse; margin: auto;"> <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> <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> <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>												
NAME OF HOUSEHOLD HEAD _____													
E A NUMBER .....													
STRUCTURE NUMBER.....													
HOUSEHOLD NUMBER .....													
REGION.....													
URBAN/RURAL (urban=1, rural=2).....	<table border="1" style="border-collapse: collapse; margin: auto;"> <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> <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>												
NAME AND LINE NUMBER OF RESPONDENT _____ (copy from household schedule)	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
NAME AND LINE NUMBER OF WIFE _____	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
NAME AND LINE NUMBER OF SECOND WIFE _____	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
NAME AND LINE NUMBER OF THIRD WIFE _____	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
ENTER '98', IF NOT MARRIED AND '99' IF PARTNER IS NOT A MEMBER OF HOUSEHOLD													
<b>FOR OFFICE USE</b> LARGE CITY/MEDIUM CITY/SMALL CITY/TOWN/VILLAGE..... (large city=1, medium city=2, small city=3, town=4, village=5) Large city 1,000,000 and over      Town 5,000 - 49,999 Medium city 500,000 - 999,999      Village < 5,000 Small city 50,000 - 499,999	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>												

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY MONTH YEAR									
INTERVIEWER'S NAME	_____	_____	_____	NAME									
RESULT *	_____	_____	_____	RESULT									
NEXT VISIT: DATE TIME	_____	_____	<table border="1" style="border-collapse: collapse; width: 30px; height: 30px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>										TOTAL NUMBER OF VISITS
* RESULT CODES: 1 COMPLETED      4 REFUSED      7 OTHER _____ 2 NOT AT HOME      5 PARTLY COMPLETED      (SPECIFY) 3 POSTPONED      6 INCAPACITATED													

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY		
NAME	_____	_____	_____	_____		
DATE	_____	_____	_____	<table border="1" style="border-collapse: collapse; width: 30px; height: 30px;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table>		



SECTION M1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
M102	First I would like to ask some questions about your background. For most of the time until you were 12 years old, did you live in a city, in a town or in a village?	CITY .....1 TOWN .....2 VILLAGE .....3	
M103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN A YEAR, CODE "00"	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96	->M105
M104	Just before you moved here, did you live in a city, town or village?	CITY .....1 TOWN .....2 VILLAGE.....3	
M105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
M106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
M107	Have you ever attended school?	YES.....1 NO.....2	->M111
M108	What was the highest level of school you attended: primary, middle/jss, secondary, or higher?	PRIMARY..... 1 MIDDLE/JSS..... 2 SSS/COMM/VOC/TECH..... 3 POST SEC./NURSING/POLYTECH..... 4 HIGHER..... 5	
M109	What was the highest (GRADE/FORM/YEAR) you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M110	<b>CHECK 108:</b> PRIMARY OR MIDDLE/JSS <input type="checkbox"/> SECONDARY/SSS OR HIGHER <input type="checkbox"/>		M112
M111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→M113
M112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
M113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
M114	Do you usually watch television at least once a week?	YES.....1 NO.....2	
M115	What is your religious denomination?	CATHOLIC ..... 01 ANGLICAN ..... 02 METHODIST ..... 03 PRESBYTERIAN ..... 04 PENTECOSTAL ..... 05 SPIRITUALIST ..... 06 OTHER CHRISTIAN ..... 07 MOSLEM ..... 08 TRADITIONAL ..... 09 NO RELIGION ..... 10 OTHER ..... 96	
M116	To which ethnic group do you belong?	ASANTE ..... 01 AKWAPIM ..... 02 FANTI ..... 03 OTHER AKAN ..... 04 GA-ADANGBE ..... 05 EWE ..... 06 GUAN ..... 07 MOLE-DAGBANI ..... 08 GRUSSI ..... 09 GURMA ..... 10 HAUSA ..... 11 OTHER ..... 96	
M117	What kind of work do you mainly do?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TO BE CODED BY EDITOR
M118	<b>CHECK M117:</b> WORKS IN FARMING <input type="checkbox"/> DOES NOT WORK IN FARMING <input type="checkbox"/>		→M121
M119	Do you work mainly on your own land or family land, or do you rent land, or do you work on someone else's land?	OWN/FAMILY LAND.....1 RENT LAND.....2 SOMEONE ELSE'S LAND.....3	→121
M120	Do you work mainly for money or do you work for a share of the crops?	MONEY.....1 A SHARE OF CROPS.....2	
M121	<b>CHECK Q.4 IN THE HOUSEHOLD SCHEDULE:</b> THE RESPONDENT IS NOT A USUAL RESIDENT OF THE HH <input type="checkbox"/> THE RESPONDENT IS A USUAL RESIDENT OF THE HH <input type="checkbox"/>		→M201

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
M122	<p>Now I would like to ask about the place where you usually live.</p> <p>Do you usually live in a city, town or village?</p>	<p>CITY .....1 TOWN .....2 VILLAGE.....3</p>																			
M123	<p>In which region is that located?</p> <p>IF USUAL RESIDENCE IS OUTSIDE GHANA, RECORD COUNTRY OF RESIDENCE:</p> <p>----- (COUNTRY)</p>	<p>WESTERN .....01 CENTRAL.....02 GREATER ACCRA .....03 VOLTA .....04 EASTERN .....05 ASHANTI .....06 BRONG-AHAFO .....07 NORTHERN .....08 UPPER WEST .....09 UPPER EAST .....10  OUTSIDE GHANA .....11</p>																			
M124	<p>Does the household in which you usually live have:</p> <p>Electricity? A functioning radio? A functioning television? A functioning refrigerator? A functioning video?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>VIDEO.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	VIDEO.....	1	2	
	YES	NO																			
ELECTRICITY.....	1	2																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
REFRIGERATOR.....	1	2																			
VIDEO.....	1	2																			
M125	<p>How many rooms in your household are used for sleeping?</p>	<p>ROOMS..... <input type="text"/> <input type="text"/></p>																			
M126	<p>Could you describe the main material of the floor of your home?</p>	<p>NATURAL FLOOR EARTH/SAND/MUD.....11 MUD MIXED WITH DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 LINOLEUM.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 TERRAZZO.....36 OTHER _____ 96 (SPECIFY)</p>																			
M127	<p>Does any member of your household own:</p> <p>A bicycle? A motorcycle? A motor vehicle? A tractor? A cart/horse?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTOR VEHICLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRACTOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CART/HORSE .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	MOTOR VEHICLE.....	1	2	TRACTOR.....	1	2	CART/HORSE .....	1	2	
	YES	NO																			
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MOTOR VEHICLE.....	1	2																			
TRACTOR.....	1	2																			
CART/HORSE .....	1	2																			

Now I would like to ask about all the births you have fathered during your life time.

SECTION M2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
M201	Do you have any sons or daughters that you have fathered who are now living with you?	YES.....1 NO.....2	→M203				
M202	How many of your sons live with you? And how many of your daughters live with you? IF NONE ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
M203	Do you have any of your own sons or daughters that are alive but are not living with you?	YES.....1 NO.....2	→M205				
M204	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 ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
M205	Have you ever had a son or daughter born alive to you but who later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→M207				
M206	In all, how many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
M207	SUM ANSWERS TO M202, M204, AND M206, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
M208	CHECK M207: Just to make sure that I have this right: you have had in TOTAL ___ children born alive to you during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT M201-M207 AS NECESSARY						
M209	Between the first day of a woman's period and the first day of her next period, is there a certain time when she has a greater chance of becoming pregnant?	YES.....1 NO.....2 DK.....3	→M301				
M210	During which time between the first day of a woman's period and the first day of her next period does she have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER _____ 6 (SPECIFY) DK.....8					

SECTION M3: CONTRACEPTION

M301 Now I would like to talk about the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN M302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN M302, ASK M303 AND M304 BEFORE PROCEEDING TO THE NEXT METHOD.

	M302 Have you ever heard of (METHOD)?  READ DESCRIPTION OF EACH METHOD.	M303 Have you (or your wife/partner) ever used (METHOD)?	M304 Do you know where a person could go to get (METHOD)?
01] PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04] DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05] CONDOM Men can use a rubber sheath during sexual intercourse. The rubber sheath is used to avoid pregnancy, to prevent transmission of diseases such as AIDS, or for cleanliness.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has (any of) your partner(s) ever had an operation to avoid having any more children?  YES.....1 NO.....2	YES.....1 NO.....2
07] INPLANT Women can have a NORPLANT implant inserted under the skin of their upper arm.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
08] MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children?  YES.....1 NO.....2	YES.....1 NO.....2
09] RHYTHM, PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use periodic abstinence?  YES.....1 NO.....2

SECTION M3 CONTINUED

M301

CIRCLE CODE 1 IN M302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN M302, ASK M303 AND M304 BEFORE PROCEEDING TO THE NEXT METHOD.

M302 Have you ever heard of (METHOD)?

READ DESCRIPTION OF EACH METHOD.

M303 Have you (or your wife/partner) ever used (METHOD)?

M304 Do you know where a person could go to get (METHOD)?

10] WITHDRAWAL Men can be careful and pull out before climax.

YES/SPONT.....1  
YES/PROBED.....2  
NO.....3

YES.....1  
NO.....2

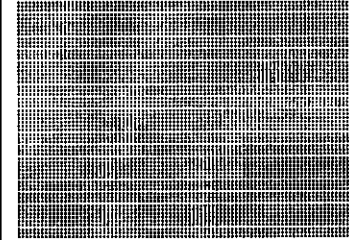


11] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?

1 \_\_\_\_\_  
(SPECIFY)

YES.....1  
NO.....3

YES.....1  
NO.....2



2 \_\_\_\_\_  
(SPECIFY)

YES.....1  
NO.....2

M305 CHECK M303: NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)

→ SKIP TO M308

M306 Have you (or your wife/partner) ever used anything or tried in any way to delay or avoid having a child?

YES.....   
NO.....  → M322

M307 What have you used or done?  
CORRECT M303-M305 (AND M302 IF NECESSARY).

( ENTER WHAT WAS DONE )

M308 Now I would like to ask you about the time when you first did something or used a method to avoid getting your wife or partner pregnant?  
How many living children did you have at that time, if any?  
IF NONE, RECORD '00'.

NUMBER OF CHILDREN.....

M309 CHECK M303:

MAN NOT STERILIZED

MAN STERILIZED

→ M311A

M310 Are you (or your wife/partner) currently doing something or using any method to delay or avoid having a child?

YES.....1  
NO.....2 → M316

M311 Which method are you using?

M311A CIRCLE '08' FOR MALE STERILIZATION.

- PILL.....01
  - IUD.....02
  - INJECTIONS.....03
  - DIAPHRAGM/FOAM/JELLY.....04
  - CONDOM.....05
  - FEMALE STERILIZATION.....06
  - INPLANT.....07
  - MALE STERILIZATION.....08
  - PERIODIC ABSTINENCE.....09
  - WITHDRAWAL.....10
  - OTHER.....96 → M316
- (SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
M312	<p>CHECK M311</p> <p>SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p> <p>Where did the sterilization take place? _____</p> <p>Where did you (or your wife/partner) obtain (METHOD) last time? _____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/POLYCLINIC.....11</p> <p>GOVERNMENT HEALTH CENTRE.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>VILLAGE H. POST/FIELD WORKER..15</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL.....21</p> <p>PHARMACY/CHEMIST/DRUG STORE ..22</p> <p>PRIVATE CLINIC/DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>VILLAGE H. POST/FIELD WORKER..25</p> <p>PPAG/FAMILY PLANNING CLINIC...26</p> <p>MATERNITY HOME.....27</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER.....96</p> <p>DON'T KNOW.....98</p>	<p>→M315</p> <p>→M315</p> <p>→M315</p>						
M313	<p>How long does it take to travel from your home to this place?</p> <p>IF LESS THAN 2 HOURS, RECORD TIME IN MINUTES. OTHERWISE, RECORD TIME IN HOURS.</p>	<p>MINUTES.....1</p> <p>HOURS.....2</p> <p>DK.....9998</p>	<table border="1" data-bbox="1214 619 1313 703"> <tr><td></td><td></td><td></td></tr> <tr><td>0</td><td></td><td></td></tr> </table>				0		
0									
M314	<p>Is it convenient or inconvenient to get there?</p>	<p>CONVENIENT.....1</p> <p>INCONVENIENT.....2</p>							
M315	<p>CHECK M310/M311:</p> <p>NOT CURRENTLY USING CONDOM <input type="checkbox"/> USING CONDOM <input type="checkbox"/></p>		<p>→M317</p>						
M316	<p>Have you used a condom in the last four weeks?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→M321</p>						
M317	<p>What is the brand name of the condom you last used?</p>	<p>BRAND _____</p> <p>DK.....98</p>							
M318	<p>How much did a single condom cost you the last time you bought one?</p>	<p>COST.....</p> <p>PARTNER OBTAINED IT.....995</p> <p>FREE.....996</p> <p>DK.....998</p>							
M319	<p>Do you use more condoms now than a year ago, about the same number, or fewer?</p>	<p>MORE.....1</p> <p>SAME NUMBER.....2</p> <p>FEWER.....3</p>	<p>→M321</p>						
M320	<p>What is the main reason why you use more condoms now than a year ago?</p>	<p>FEAR OF GETTING AIDS.....1</p> <p>FEAR OF GETTING OTHER STD.....2</p> <p>FAMILY PLANNING.....3</p> <p>LESS EXPENSIVE NOW.....4</p> <p>MORE AVAILABLE NOW.....5</p> <p>OTHER.....6</p> <p>(SPECIFY)</p> <p>DK.....8</p>							
M321	<p>CHECK M310:</p> <p>NOT CURRENTLY USING A METHOD <input type="checkbox"/> USING A METHOD <input type="checkbox"/></p>		<p>→M332</p>						
M322	<p>Do you intend to use a method to delay or avoid having a child at any time in the future?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>→M324</p> <p>→M332</p>						





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																				
M329	Where is that? IF MORE THAN ONE ASK FOR THE NEAREST  _____ (NAME OF SOURCE)	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC.....11 GOVERNMENT HEALTH CENTRE.....12 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 VILLAGE H. POST/FIELD WORKER..15 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PHARMACY/CHEMIST/DRUG STORE...22 PRIVATE CLINIC/DOCTOR.....23 MOBILE CLINIC.....24 VILLAGE H. POST/FIELD WORKER..25 PPAG/FAMILY PLANNING CLINIC...26 MATERNITY HOME.....27 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS /RELATIVES .....33 OTHER.....96 DON'T KNOW.....98	}-M332 }-M332 }-M332																																				
M330	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS RECORD TIME IN MINUTES. OTHERWISE, RECORD TIME IN HOURS.	MINUTES.....1 HOURS.....2 DK.....9998 <table border="1" data-bbox="1197 651 1296 745" style="display: inline-table; vertical-align: middle;"> <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="text-align: center;">0</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table>				0																																	
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M331	Is it convenient or inconvenient to get there?	CONVENIENT.....1 INCONVENIENT.....2																																					
M332	In the last month, have you heard or seen a message about family planning:  on the radio? on television? in a newspaper? on poster/billboard? from community health nurse? from family planning worker? from friends/relatives?	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER/BILLBOARD.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY HEALTH NURSE.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY PLANNING WORKER.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FRIENDS/RELATIVES .....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO.....1	1	2	TELEVISION.....1	1	2	NEWSPAPER.....1	1	2	POSTER/BILLBOARD.....1	1	2	COMMUNITY HEALTH NURSE.....1	1	2	FAMILY PLANNING WORKER.....1	1	2	FRIENDS/RELATIVES .....1	1	2													
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FRIENDS/RELATIVES .....1	1	2																																					
M333	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8																																					
M334	CHECK M302: KNOWS CONDOM <input type="checkbox"/> DOES NOT KNOW CONDOM <input type="checkbox"/>		}-M401																																				
M335	Do you agree or disagree with the following statements: READ AND OBTAIN A RESPONSE FOR EACH STATEMENT.  Condoms are used primarily with casual partners. Condoms reduce risk of sexually transmitted diseases. Most women don't like men to use condoms. Using condoms shows responsibility. Condoms are used primarily for family planning purposes. Condoms are embarrassing to obtain. A condom can be used more than once. Condoms make sex less enjoyable.	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DISAGREE</th> <th style="text-align: center;">UNDECIDED</th> </tr> </thead> <tbody> <tr> <td>Condoms are used primarily with casual partners.</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>Condoms reduce risk of sexually transmitted diseases.</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>Most women don't like men to use condoms.</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>Using condoms shows responsibility.</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>Condoms are used primarily for family planning purposes.</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>Condoms are embarrassing to obtain.</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>A condom can be used more than once.</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>Condoms make sex less enjoyable.</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>		AGREE	DISAGREE	UNDECIDED	Condoms are used primarily with casual partners.	1	2	8	Condoms reduce risk of sexually transmitted diseases.	1	2	8	Most women don't like men to use condoms.	1	2	8	Using condoms shows responsibility.	1	2	8	Condoms are used primarily for family planning purposes.	1	2	8	Condoms are embarrassing to obtain.	1	2	8	A condom can be used more than once.	1	2	8	Condoms make sex less enjoyable.	1	2	8	
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SECTION M4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
M401	Have you ever been married or lived with a woman?	YES.....1 NO.....2	→M405															
M402	Are you now married or living with a partner, or are you now widowed, or divorced or separated?	MARRIED.....1 CONSENSUAL UNION.....2 WIDOWED.....3 DIVORCED.....4 SEPARATED.....5	→M404															
M403	How many wives/partners do you currently have?	NUMBER..... <input type="text"/>																
M404	How old were you when you started living with your (first) wife or partner?	AGE..... <input type="text"/>	→M406															
M405	<b>IF NEVER MARRIED OR LIVED WITH A WOMAN:</b> Have you ever had sexual intercourse?	YES.....1 NO.....2	→M413															
M406	Now I would like to talk to you about some aspects of your sexual life in order to get a better understanding of family planning and fertility.  How many times did you have sexual intercourse in the last four weeks?	TIMES..... <input type="text"/>																
M407	How many times in a month do you usually have sexual intercourse?	TIMES..... <input type="text"/>																
M408	<b>CHECK M406:</b>  HAD SEXUAL INTERCOURSE ONE OR MORE TIMES IN LAST FOUR WEEKS <input type="checkbox"/> ZERO TIMES <input type="checkbox"/>		→M411															
M409	With how many different women have you had sex in the last four weeks?	NUMBER OF WOMEN..... <input type="text"/>																
M410	Did you use a condom with any of these women?	YES.....1 NO.....2																
M411	When was the last time you had sexual intercourse?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4																
M412	How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> FIRST TIME WHEN MARRIED.....96																
M413	<b>PRESENCE OF OTHERS AT THIS POINT.</b>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WIFE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	WIFE.....	1	2	OTHER FEMALES.....	1	2	OTHER MALES.....	1	2	
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SECTION M5. AIDS KNOWLEDGE AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
M501	Now I have a few questions about a very important topic. Have you heard of an illness called AIDS?	YES.....1 NO.....2	→M509																														
M502	From which sources of information or persons have you heard about AIDS in the last month?  CIRCLE ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS.....C HEALTH WORKERS.....D MOSQUES/CHURCHES.....E FRIENDS/RELATIVES.....F SCHOOLS.....G SLOGANS/MUSIC.....H PAMPHLETS/POSTERS.....I COMMUNITY MEETINGS.....J OTHER.....K (SPECIFY) NONE.....L																															
M503	How is AIDS transmitted?  CIRCLE ALL MENTIONED.	NEEDLES/BLADES/SKIN WOUND.....A MOTHER TO CHILD.....B SEXUAL INTERCOURSE.....C TRANSFUSION OF INFECTED BLOOD...D OTHER.....E (SPECIFY) DON'T KNOW.....F																															
M504	Do you think that you can get AIDS from  shaking hands with someone who has AIDS? hugging someone who has AIDS? kissing someone who has AIDS? sexual intercourse with someone who has AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? stepping on the urine or stool of someone who has AIDS? mosquito, flea or bedbug bites? not using condom?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HANDSHAKING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUGGING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>KISSING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SEXUAL INTERCOURSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHARING CLOTHES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHARING EATING UTENSILS....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STEPPING ON URINE/STOOL....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOSQUITO/FLEA/BEDBUG BITES.</td> <td>1</td> <td>2</td> </tr> <tr> <td>NOT USING A CONDOM.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	HANDSHAKING.....	1	2	HUGGING.....	1	2	KISSING.....	1	2	SEXUAL INTERCOURSE.....	1	2	SHARING CLOTHES.....	1	2	SHARING EATING UTENSILS....	1	2	STEPPING ON URINE/STOOL....	1	2	MOSQUITO/FLEA/BEDBUG BITES.	1	2	NOT USING A CONDOM.....	1	2	
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NOT USING A CONDOM.....	1	2																															
M505	Is it possible for a healthy looking person to have the AIDS virus?	YES.....1 NO.....2 DK.....8																															
M506	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	YES.....1 NO.....2 DK.....8																															
M507	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE FREE MEDICAL TREATMENT..1 HELP RELATIVES PROVIDE CARE....2 ISOLATE/QUARANTINE.....3 GOVT. SHOULD NOT BE INVOLVED ...4 OTHER.....6 (SPECIFY)																															
M508	If your relative is suffering from AIDS, who would you prefer to care for him/her?	RELATIVES.....1 FRIENDS.....2 GOVERNMENT ORGANISATION.....3 RELIGIOUS ORG./MISSION.....4 NOBODY/ABANDON.....5 OTHER.....6 (SPECIFY)																															

Now I would like to talk to you about other diseases apart from AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
509	Have you heard of other diseases apart from AIDS which could be transmitted through sexual intercourse?	YES.....1 NO.....2	→601
510	Name the diseases. Any other? CIRCLE AS MANY AS MENTIONED.	GONORRHEA.....A SYPHILIS.....B HERPES.....C HEPATITIS.....D OTHER.....E (SPECIFY)	
511	CHECK 510 FOR DISEASES MENTIONED AND ASK Q 512 - Q 516 WHERE APPROPRIATE.		
512	Where can one go to treat gonorrhoea? CIRCLE ALL MENTIONED	PUBLIC SECTOR GOV'T. HOSP./CLINIC.....A GOV'T. HEALTH CENTRE.....B GOV'T. HEALTH POST.....C MOBILE CLINIC.....D C'MMTY HEALTH WORKER.....E  MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....F PHARMACY/DRUGGIST/CHEMIST.....G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I C'MMTY HEALTH WORKER.....J  OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L SPIRITUALIST.....M OTHER.....N (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
513	<p>Where can one go to treat syphilis?</p> <p>CIRCLE ALL MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOV'T. HOSP./CLINIC.....A  GOV'T. HEALTH CENTRE.....B  GOV'T. HEALTH POST.....C  MOBILE CLINIC.....D  C'MMTY HEALTH WORKER.....E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL.....F  PHARMACY/DRUGGIST/CHEMIST.....G  PRIVATE DOCTOR/CLINIC.....H  MOBILE CLINIC.....I  C'MMTY HEALTH WORKER.....J</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....K  TRADITIONAL PRACTITIONER.....L  SPIRITUALIST.....M  OTHER.....N  (SPECIFY)</p>
514	<p>Where can one go to treat herpes?</p> <p>CIRCLE ALL MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOV'T. HOSP./CLINIC.....A  GOV'T. HEALTH CENTRE.....B  GOV'T. HEALTH POST.....C  MOBILE CLINIC.....D  C'MMTY HEALTH WORKER.....E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL.....F  PHARMACY/DRUGGIST/CHEMIST.....G  PRIVATE DOCTOR/CLINIC.....H  MOBILE CLINIC.....I  C'MMTY HEALTH WORKER.....J</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....K  TRADITIONAL PRACTITIONER.....L  SPIRITUALIST.....M  OTHER.....N  (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
515	<p>Where can one go to treat hepatitis?</p> <p>CIRCLE ALL MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOV'T. HOSP./CLINIC.....A  GOV'T. HEALTH CENTRE.....B  GOV'T. HEALTH POST.....C  MOBILE CLINIC.....D  C'MMTY HEALTH WORKER.....E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL.....F  PHARMACY/DRUGGIST/CHEMIST....G  PRIVATE DOCTOR/CLINIC.....H  MOBILE CLINIC.....I  C'MMTY HEALTH WORKER.....J</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....K  TRADITIONAL PRACTITIONER.....L  SPIRITUALIST.....M  OTHER _____ N  (SPECIFY)</p>
516	<p>Where can one go to treat .....?  (NAME OF DISEASE RECORDED ON THE "OTHER SPECIFY"  LINE OF Q 510).</p> <p>CIRCLE ALL MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOV'T. HOSP./CLINIC.....A  GOV'T. HEALTH CENTRE.....B  GOV'T. HEALTH POST.....C  MOBILE CLINIC.....D  C'MMTY HEALTH WORKER.....E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL.....F  PHARMACY/DRUGGIST/CHEMIST....G  PRIVATE DOCTOR/CLINIC.....H  MOBILE CLINIC.....I  C'MMTY HEALTH WORKER.....J</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....K  TRADITIONAL PRACTITIONER.....L  SPIRITUALIST.....M  OTHER _____ N  (SPECIFY)</p>

SECTION M6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M601	<p>CHECK M311:</p> <p>SHE/HE NOT STERILIZED <input type="checkbox"/>      HE OR SHE STERILIZED <input type="checkbox"/></p>		->M605
M602	<p>CHECK M401 AND M402:</p> <p>CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/>      NOT MARRIED/NOT LIVING TOGETHER <input type="checkbox"/></p>		->M609
M603	<p>Now I have some questions about the future.</p> <p>Would you like to have a (another) child or would you prefer not to have any more children?</p>	<p>HAVE A (ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>WIFE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED OR DK.....8</p>	->M608
M604	<p>How long would you like to wait from now before the birth of a (another) child?</p> <p>(RECORD IN MONTHS IF LESS THAN 2 YEARS)</p>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>NOW.....995</p> <p>OTHER.....996</p> <p>(SPECIFY)</p> <p>DK.....998</p>	->M608
M605	<p>Given your present circumstances, if you had to do it over again, do you think you would make the same decision to have an operation not to have any more children?</p>	<p>YES.....1</p> <p>NO.....2</p>	
M606	<p>Do you regret that you (your wife) had the operation in order not to have any (more) children?</p>	<p>YES.....1</p> <p>NO.....2</p>	->M609
M607	<p>Why do you regret it?</p>	<p>RESPONDENT WANTS ANOTHER CHILD..1</p> <p>PARTNER WANTS ANOTHER CHILD....2</p> <p>COUPLE WANT ANOTHER CHILD.....3</p> <p>SIDE EFFECTS.....4</p> <p>OTHER REASON.....6</p> <p>(SPECIFY)</p>	->M609
M608	<p>Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES.....1</p> <p>DISAPPROVES.....2</p> <p>DK.....8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M609	<p>How long should a couple wait before starting sexual intercourse after the birth of a baby?</p> <p>(RECORD IN MONTHS IF LESS THAN 2 YEARS)</p>	<p>MONTHS.....1 <input type="checkbox"/><input type="checkbox"/></p> <p>YEARS.....2 <input type="checkbox"/><input type="checkbox"/></p> <p>OTHER _____ 996 (SPECIFY)</p>	
M610	<p>Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?</p>	<p>WAIT.....1</p> <p>DOESN'T MATTER.....2</p>	
M611	<p>In general, do you approve or disapprove of couples using a method to avoid pregnancy?</p>	<p>APPROVE.....1</p> <p>DISAPPROVE.....2</p>	→M612
M611B	<p>Who do you think should decide on which method to use?</p>	<p>SELF.....01</p> <p>SPOUSE.....02</p> <p>BOTH OF US.....03</p> <p>HEALTH PROFESSIONAL.....04</p> <p>RELATIVE.....05</p> <p>FRIEND.....06</p> <p>OTHER _____ 96 (SPECIFY)</p>	
M612	<p><b>CHECK M202 AND M204:</b></p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>V 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?</p> <p>V If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><b>RECORD ONLY ONE NUMBER OR OTHER ANSWER. IF "NONE" CIRCLE 96 AND RECORD RESPONSE</b></p>	<p>NUMBER..... <input type="checkbox"/><input type="checkbox"/></p> <p>OTHER ANSWER _____ 96 (SPECIFY)</p>	→M614
M613	<p>How many of those children would be sons?</p> <p>And how many would be daughters?</p>	<p>BOYS      GIRLS      EITHER</p> <p>NUMBER <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/></p> <p>UP TO GOD.....999995</p> <p>OTHER ANSWER _____ 999996</p>	
M614	<p>What do you think is the best number of months or years between the birth of one child and the birth of the next child?</p> <p>RECORD MONTHS IF LESS THAN 2 YEARS</p>	<p>MONTHS.....1 <input type="checkbox"/><input type="checkbox"/></p> <p>YEARS.....2 <input type="checkbox"/><input type="checkbox"/></p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW.....998</p>	
M615	<p>RECORD THE TIME</p>	<p>HOURS..... <input type="checkbox"/><input type="checkbox"/></p> <p>MINUTES..... <input type="checkbox"/><input type="checkbox"/></p>	



SECTION M7. LANGUAGE INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M701	WHAT IS THE RESPONDENT'S OWN LANGUAGE?	TWI .....01 FANTI .....02 GA-ADANGBE.....03 EWE .....04 NZEMA.....05 DAGBANI.....06 HAUSA.....07 ENGLISH.....08  OTHER _____ 96 (SPECIFY)	
M702	IN WHAT LANGUAGE DID YOU CONDUCT THE INTERVIEW?	TWI .....01 FANTI .....02 GA-ADANGBE.....03 EWE .....04 NZEMA.....05 DAGBANI.....06 HAUSA.....07 ENGLISH.....08 OTHER _____ 96 (SPECIFY)	
M703	FOR HOW MUCH OF THE INTERVIEW DID YOU DEPEND ON A THIRD PERSON TO INTERPRET FOR YOU?	NONE OF THE INTERVIEW.....1 SOME OF THE INTERVIEW.....2 MOST OF THE INTERVIEW.....3 ALL OF THE INTERVIEW.. .....4	→END
M704	IF AN INTERPRETER WAS USED, INDICATE THE SEX AND APPROXIMATE AGE OF INTERPRETER.	ADULT FEMALE.....1 TEENAGE FEMALE.....2 ADULT MALE.....3 TEENAGE MALE.....4 CHILD .....5	

**INTERVIEWER'S OBSERVATIONS**  
(To be filled in after completing interview)

Comments About Respondent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments on Specific Questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR'S OBSERVATIONS**

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Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

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Name of Field Editor: \_\_\_\_\_ Date: \_\_\_\_\_





