

		HOUSEHOLD QUESTIONNAIRE GHANA 2011	
HOUSEHOLD INFORMATION PANEL		HH	
HH1. Locality Name Cluster No.: _____		HH2. Household Number: _____	
HH3. Interviewer name and number: _____		HH4. Supervisor name and number: _____	
HH5. Date of interview: (DD/ MM / YYYY) ____/____/2011		HH5A: Is the household selected for the male survey? Yes 1 No 2	
HH6. Area:	HH7. Region	HH7A. District	HH7B. Dist-type ____
Urban 1			Sub-dist ____
Rural 2			
HH7D. Structure Address:		HH7E: Contact No of HH:	

WE ARE FROM THE GHANA STATISTICAL SERVICE. WE ARE CONDUCTING A SURVEY THAT IS CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO ASK YOU A FEW QUESTIONS ON THESE AREAS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE.

MAY I START NOW?

- Yes, permission is given Go to HH10 to get signature, then HH18 to record time, then begin interview.
 No, permission is not given Complete HH9. Discuss this result with your supervisor.

After all questionnaires for the household have been completed, fill in the following information:

HH8. Name of head of household: _____	
HH9. Result of household interview:	HH10. Respondent to household questionnaire:
Completed 01	Name: _____
No household member or no competent respondent at home at time of visit 02	_____
Entire household absent for extended period of time 03	(Respondent's signature or thumbprint)
Refused 04	Line Number: ____
Dwelling vacant / Address not a dwelling 05	HH11. Total number of household
Dwelling destroyed 06	members: ____
Dwelling not found 07	
Other (specify) 96	
HH12. Number of women age 15-49 years: ____	HH13. Number of women's questionnaires completed: ____
HH14. Number of children under age 5: ____	HH15. Number of under-5 questionnaires completed: ____
IF HOUSEHOLD IS NOT SELECTED FOR THE MALE INTERVIEW (HH5A=2), LEAVE HH15A AND HH15B BLANK	
HH15A. Number of men aged 15-59 years ____	HH15B. Number of men's questionnaires completed: ____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18. HOUSEHOLD LISTING FORM																																																																																																																																																																																																																																																																																																																																																																																											
Record the time. FIRST, PLEASE TELL ME THE NAME OF EACH PERSON IN YOUR HOUSEHOLD WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4) Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN CURRENTLY IN SCHOOL OR AT WORK). If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.																																																																																																																																																																																																																																																																																																																																																																																											
Hour _____																																																																																																																																																																																																																																																																																																																																																																																											
Minutes _____																																																																																																																																																																																																																																																																																																																																																																																											
<table border="1"> <tr> <th>HL1. Line number</th> <th>HL2. Name</th> <th>HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?</th> <th>HL4. IS (name) MALE OR FEMALE?</th> <th>HL5. WHAT IS (name)'S DATE OF BIRTH?</th> <th>HL6. HOW OLD IS (name)?</th> <th>HL7. Circle line number if woman is age 15-49</th> <th>HL7A. Check if HH5A=1</th> <th>HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?</th> <th>HL9. WHO IS THE MOTHER/ PRIMARY CARETAKER OF THIS CHILD?</th> <th>HL10. DID (name) STAY HERE LAST NIGHT?</th> <th>HL11. IS (name)'S NATURAL MOTHER ALIVE?</th> <th>HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?</th> <th>HL13. IS (name)'S NATURAL FATHER ALIVE?</th> <th>HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?</th> </tr> <tr> <td></td> <td></td> <td></td> <td>1 Male 2 Female</td> <td>98 DK 9998 DK</td> <td>Record in completed years. If age is 95 or above, record '95'</td> <td></td> <td></td> <td></td> <td></td> <td>1 Yes 2 No</td> <td>1 Yes 2 No HL13 8 DK HL13</td> <td>Record line number of mother or 00 for "No"</td> <td>1 Yes 2 No Next Line 8 DK Next Line</td> <td>Record line number of father or 00 for "No"</td> </tr> <tr> <th>Line</th> <th>Name</th> <th>Relation*</th> <th>M</th> <th>F</th> <th>Month Year</th> <th>Age</th> <th>15-49</th> <th>15-59</th> <th>Mother</th> <th>Mother</th> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> <th>DK</th> <th>Mother</th> <th>Y</th> <th>N</th> <th>DK</th> <th>Father</th> </tr> <tr> <td>01</td> <td></td> <td>01</td> <td>1</td> <td>2</td> <td></td> <td></td> <td>01</td> <td>01</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>02</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>02</td> <td>02</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>03</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>03</td> <td>03</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>04</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>04</td> <td>04</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>05</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>05</td> <td>05</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>06</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>06</td> <td>06</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>07</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>07</td> <td>07</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>08</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>08</td> <td>08</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>09</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>09</td> <td>09</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>10</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>10</td> <td>10</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>11</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>11</td> <td>11</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>12</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>12</td> <td>12</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>13</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>13</td> <td>13</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>14</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>14</td> <td>14</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>15</td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td>15</td> <td>15</td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> </table>														HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line number if woman is age 15-49	HL7A. Check if HH5A=1	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER/ PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?				1 Male 2 Female	98 DK 9998 DK	Record in completed years. If age is 95 or above, record '95'					1 Yes 2 No	1 Yes 2 No HL13 8 DK HL13	Record line number of mother or 00 for "No"	1 Yes 2 No Next Line 8 DK Next Line	Record line number of father or 00 for "No"	Line	Name	Relation*	M	F	Month Year	Age	15-49	15-59	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father	01		01	1	2			01	01			1	2	1	2	8		1	2	8		02			1	2			02	02			1	2	1	2	8		1	2	8		03			1	2			03	03			1	2	1	2	8		1	2	8		04			1	2			04	04			1	2	1	2	8		1	2	8		05			1	2			05	05			1	2	1	2	8		1	2	8		06			1	2			06	06			1	2	1	2	8		1	2	8		07			1	2			07	07			1	2	1	2	8		1	2	8		08			1	2			08	08			1	2	1	2	8		1	2	8		09			1	2			09	09			1	2	1	2	8		1	2	8		10			1	2			10	10			1	2	1	2	8		1	2	8		11			1	2			11	11			1	2	1	2	8		1	2	8		12			1	2			12	12			1	2	1	2	8		1	2	8		13			1	2			13	13			1	2	1	2	8		1	2	8		14			1	2			14	14			1	2	1	2	8		1	2	8		15			1	2			15	15			1	2	1	2	8		1	2	8	
HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line number if woman is age 15-49	HL7A. Check if HH5A=1	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER/ PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?																																																																																																																																																																																																																																																																																																																																																																													
			1 Male 2 Female	98 DK 9998 DK	Record in completed years. If age is 95 or above, record '95'					1 Yes 2 No	1 Yes 2 No HL13 8 DK HL13	Record line number of mother or 00 for "No"	1 Yes 2 No Next Line 8 DK Next Line	Record line number of father or 00 for "No"																																																																																																																																																																																																																																																																																																																																																																													
Line	Name	Relation*	M	F	Month Year	Age	15-49	15-59	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father																																																																																																																																																																																																																																																																																																																																																																							
01		01	1	2			01	01			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
02			1	2			02	02			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
03			1	2			03	03			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
04			1	2			04	04			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
05			1	2			05	05			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
06			1	2			06	06			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
07			1	2			07	07			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
08			1	2			08	08			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
09			1	2			09	09			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
10			1	2			10	10			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
11			1	2			11	11			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
12			1	2			12	12			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
13			1	2			13	13			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
14			1	2			14	14			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
15			1	2			15	15			1	2	1	2	8		1	2	8																																																																																																																																																																																																																																																																																																																																																																								
Check box if additional questionnaire is used <input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																											
Probe for additional household members. Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends, physically challenged) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.																																																																																																																																																																																																																																																																																																																																																																																											
Now for each man age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire. Now for each man age 15-59 years, write his name and line number and other identifying information in the information panel of a separate Individual Men's Questionnaire if the household is selected for the Male Interview. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman, man and each child under five in the household.																																																																																																																																																																																																																																																																																																																																																																																											

* Codes for HL3: Relationship to head of household:

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband/Cohabiting partner	07 Parent-In-Law	12 Other relative (specify)
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

EDUCATION															
For household members age 3 and above															
For household members age 3-24 years															
ED1. Line number	ED2. Name and age	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?*	ED4B. WHAT IS THE HIGHEST CLASS/ YEAR (name) COMPLETED AT THIS LEVEL?*	ED5. DURING THE 2011-2012 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR IS/WAS (name) ATTENDING?*	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR DID (name) ATTEND?*							
	Copy from Household Listing Form, HL2 and HL6	1 Yes 2 NO Next Line	If level=0 skip to ED5	Class/Year: 8 DK If less than a class/year completed, enter 0.	1 Yes 2 No ED7	If level=0 skip to ED7 Class/Year 8 DK	1 Yes 2 No Next Line 8 DK Next Line	If level=0 go to next person Class/Year: 8 DK							
Line	Name	Age	Yes	No	Level*	Class/Year	Yes	No	Level*	Class/Year	Y	N	DK	Level*	Class/Year
01			1	2			1	2			1	2	8		
02			1	2			1	2			1	2	8		
03			1	2			1	2			1	2	8		
04			1	2			1	2			1	2	8		
05			1	2			1	2			1	2	8		

EDUCATION (cont'd)										ED	
06			1	2			1	2	8		
07			1	2			1	2	8		
08			1	2			1	2	8		
09			1	2			1	2	8		
10			1	2			1	2	8		
11			1	2			1	2	8		
12			1	2			1	2	8		
13			1	2			1	2	8		
14			1	2			1	2	8		
15			1	2			1	2	8		

* Codes for Educational Level: ED4A, ED6, ED8

0 Pre-school 1 Primary	2 Middle/JSS/JHS 3 Secondary/SSS/SHS	4 Voc/Comm/Tech 5 Post Secondary (Nursing/Teacher Training)	6 Tertiary 8 DK
---------------------------	---	--	--------------------

WATER AND SANITATION		WS	
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water		
	Piped into dwelling	11	11 WS6
	Piped into compound, yard or plot	12	12 WS6
	Piped to neighbour	13	13 WS6
	Public tap / standpipe	14	14 WS3
	Tube Well, Borehole	21	21 WS3
	Dug well		
	Protected well	31	31 WS3
	Unprotected well	32	32 WS3
	Protected spring	41	41 WS3
	Unprotected spring	42	42 WS3
	Rainwater collection	51	51 WS3
	Tanker-truck	61	61 WS6
	Cart with small tank / drum	71	71 WS6
	Surface water		
River/ stream	81	81 WS3	
Dam, lake, pond, canal, irrigation channel)	82	82 WS3	
Bottled water	91	91 WS3	
Sachet water	92	92 WS3	
Other (specify)	96	96 WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water		
	Piped into dwelling	11	11 WS6
	Piped into compound, yard or plot	12	12 WS6
	Piped to neighbour	13	13 WS6
	Public tap / standpipe	14	14 WS4
	Tube Well, Borehole	21	
	Dug well		
	Protected well	31	
	Unprotected well	32	
	Water from spring		
	Protected spring	41	
	Unprotected spring	42	
	Rainwater collection	51	
	Tanker-truck	61	61 WS6
	Cart with small tank / drum	71	71 WS6
Surface water			
River/ stream	81		
Dam, lake, pond, canal, irrigation channel)	82		
Other (specify)	96		
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling	1	1 WS6
	In own yard / plot	2	2 WS6
	Elsewhere	3	
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes _ _ _ _		
	DK 998		

WATER AND SANITATION (cont'd)		WS	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? Probe: IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years)	1	
	Adult man (age 15+ years)	2	
	Female child (under 15)	3	
	Male child (under 15)	4	
	DK	8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes	1	2 WS7A
	No	2	
	DK	8	8 WS7A
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? Probe: ANYTHING ELSE? Record all items mentioned.	Boil	A	
	Add bleach / chlorine	B	
	Strain it through a cloth	C	
	Use water filter (ceramic, sand, composite, etc.)	D	
	Solar disinfection	E	
	Let it stand and settle	F	
	Add camphor/naphthalene	G	
	Add water tablet	H	
	Other (specify)	X	
	DK	Z	
WS7A. Check WS1			
<input type="checkbox"/> WS1 = 11 to 14 Continue with WS7B			
<input type="checkbox"/> WS1 = 21 or 31 or 41 Go to WS7C			
<input type="checkbox"/> WS1 = other answers Go to WS8			
WS7B. DURING THE LAST MONTH, HOW OFTEN DID THE WATER FLOW THROUGH THE PIPE?	Everyday	1	1 WS8
	3 to 5 days a week	2	2 WS8
	Once a week	3	3 WS8
	Less than once a week	4	4 WS8
	Twice a month	5	5 WS8
	Less than twice a month	6	6 WS8
DK	8	8 WS8	
WS7C. WHEN WAS THE LAST TIME THE WATER FACILITY BROKE DOWN?	During last week	1	
	One month ago	2	
	Three months ago	3	
	More than 3 month ago	4	
	Never broke down	5	5 WS8
	DK	8	8 WS8
WS7D. LAST TIME THE FACILITY WATER BROKE DOWN, HOW LONG DID IT TAKE TO HAVE IT FIXED AND WORKING AGAIN?	Immediately/Few days	1	
	One week	2	
	During the same month	3	
	More than one month	4	
	Not fixed yet	5	
	DK	8	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? If "flush", probe: WHERE DOES IT FLUSH TO? If necessary, ask permission to observe the facility.	Flush		
	Flush to piped sewer system	11	
	Flush to septic tank	12	
	Flush to pit (latrine)	13	
	Flush to somewhere else	14	
	Flush, don't know where	15	
	Pit latrine		
	Ventilated Improved Pit latrine (VIP)	21	
	Pit latrine with slab	22	
	Pit latrine without slab / Open pit	23	
	Composting toilet	31	
	Bucket	41	
	Hanging toilet, Hanging latrine	51	
	Mobile Toilet	61	
	No facility, Bush, Field, Beach	95	95 Next Module
Other (specify)	96		
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes	1	
	No	2	2 Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public)	1	
	Public facility	2	2 Next Module

WATER AND SANITATION (cont'd)		WS
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10)	0__
	Ten or more households	10
	DK	98

HOUSEHOLD CHARACTERISTICS		
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Catholic	11
	Protestant	12
	Pentecostal/Charismatic	13
	Deeper Life	14
	Jehovah Witness	15
	SDA	16
	Other Christian	17
	Moslem	21
	Traditional	31
	Spiritualist	32
	Other religion (specify)	96
	No Religion 97	
HC1B. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? Refer to Manual for Ethnic classifications	Akan	11
	Ga/Dangme	12
	Ewe	13
	Guan	14
	Gruma	15
	Mole Dagbani	21
	Grusi	22
	Mande	23
	Non-Ghanaian	24
	Other ethnic group (specify)	96
	HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms
HC3. Main material of the dwelling floor. Record observation.	Natural Floor	
	Earth/sand/mud/mud bricks	11
	Rudimentary floor	
	Wood planks	21
	Palm / Bamboo	22
	Stone	23
	Finished floor	
	Parquet or polished wood	31
	Vinyl tiles/Asphalt strips	32
	Ceramic tiles/marble tiles/porcelain	33
	Cement/Concrete	34
	Terrazzo	36
	Burnt Bricks	37
	Other (specify)	96
HC4. Main material of the roof. Record observation.	Natural Roof	
	Thatch / Palm leaf/Raffia	12
	Rudimentary Roof	
	Palm/Bamboo	22
	Wood planks	23
	Cardboard/Polythene sheets	24
	Mud/mud bricks/earth	25
	Finished Roof	
	Metal Sheet	31
	Parquet/Polished Wood	32
	Ceramic tiles	34
	Cement	35
	Roofing tiles	36
	Slate/asbestos	37
	Other (specify)	96
HC5. Main material of the exterior walls. Record observation.	Natural Wall	
	Cane / Palm / Trunks	12
	Earth/mud/mud bricks	13
	Rudimentary Wall	
	Palm/Bamboo with mud	21
	Stone with mud	22
	Plywood	24
	Cardboard	25
	Re-used wood	26
	Finished Wall	
	Stone with lime / cement	32
	Burned Bricks	33
	Cement blocks/concrete.	34
	Wood planks	36
	Other (specify)	96

HOUSEHOLD CHARACTERISTICS (cont'd)			
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity	01	01 HC8
	Liquefied Petroleum Gas (LPG)	02	02 HC8
	Biogas	04	04 HC8
	Kerosene	05	05 HC8
	Charcoal	07	
	Wood/Firewood	08	
	Straw / Shrubs / Grass	09	
	Animal waste	10	
	Agricultural crop residue/sawdust	11	
	No food cooked in household	95	95 HC8
	Other (specify)	96	
HC6A. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, A COAL POT OR A CLOSED STOVE?	Open fire	1	
	Coal pot	2	
	Closed stove	3	
	Other (specify)	6	
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house		
	In a separate room used as kitchen	1	
	Elsewhere in the house	2	
	In a separate building	3	
	Outdoors	4	
	Other (specify)	6	
HC8. DOES YOUR HOUSEHOLD HAVE:		Yes	No
	[A] ELECTRICITY?	1	2
	[B] A RADIO?	1	2
	[C] A BLACK AND WHITE TELEVISION?	1	2
	[C1] A COLOUR TELEVISION?	1	2
	[D] A LAND/FIXED TELEPHONE?	1	2
	[E] A REFRIGERATOR/FREEZER?	1	2
	[F] A WASHING MACHINE?	1	2
	[G] A LAPTOP COMPUTER?	1	2
	[H] A DESKTOP COMPUTER?	1	2
	[I] A VIDEO DECK?	1	2
	[J] A DVD/VCD PLAYER?	1	2
	[K] A SEWING MACHINE?	1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No
	[A] A WATCH?	1	2
	[B] A MOBILE TELEPHONE?	1	2
	[C] A BICYCLE?	1	2
	[D] A MOTORCYCLE OR SCOOTER?	1	2
	[E] AN ANIMAL-DRAWN CART?	1	2
	[F] A CAR OR TRUCK?	1	2
	[G] A CANOE/BOAT WITH A MOTOR?	1	2
	[H] A CANOE/BOAT WITHOUT A MOTOR?	1	2
HC10. WHAT IS THE OCCUPANCY STATUS OF YOUR HOUSEHOLD IN THIS DWELLING?	Own	01	
	Rent	02	
	Squatting	03	
	Caretaker	04	
	Perching	05	
	Rent Free	06	
	Other (specify)	96	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT IS USED OR CAN BE USED FOR AGRICULTURE?	Yes	1	
	No	2	2 HC12A
HC12. HOW MANY (HECTARES/POLES/ACRES/PLOT) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? If less than 1, record '00'. If 95 or more, record '95'. If unknown, record '98' for Number. If Unit is not known, circle "998".		Unit Number	
	Hectares	1 __ __	
	Poles	2 __ __	
	Acres	3 __ __	
	Plot	4 __ __	
	Ropes	5 __ __	
DK	998 __ __		
HC12A. APART FROM THE PLOT DESCRIBED IN HC11 ABOVE, DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT IS USED OR CAN BE USED FOR RESIDENTIAL AND/OR COMMERCIAL PURPOSES?	Yes	1	
	No	2	2 HC13

INSECTICIDE TREATED NETS (cont'd)			TN			
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? If less than one month, record "00"	Months ago	___	Months ago	___	Months ago	___
	More than 24 mo. ago	95	More than 24 mo. ago	95	More than 24 mo. ago	95
	DK / Not sure	98	DK / Not sure	98	DK / Not sure	98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes	1	Yes	1	Yes	1
	No	2	No	2	No	2
		TN13		TN13		TN13
	DK / Not sure	8	DK / Not sure	8	DK / Not sure	8
		TN13		TN13		TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? Record the person's line number from the household listing form If someone not in the household list slept under the mosquito net, record "00"	Name		Name		Name	
	Line number	___	Line number	___	Line number	___
	Name		Name		Name	
	Line number	___	Line number	___	Line number	___
	Name		Name		Name	
	Line number	___	Line number	___	Line number	___
	Name		Name		Name	
	Line number	___	Line number	___	Line number	___
TN13.	Go back to TN4 for next net. If no more nets, go to TN14		Go back to TN4 for next net. If no more nets, go to TN14		Go back to TN4 for next net. If no more nets, go to TN14	
			Check box if additional questionnaire used <input type="checkbox"/>			

INSECTICIDE TREATED NETS			TN	
TN14. DURING THE LAST 12 MONTHS, HAS ANY MEMBER OF YOUR HOUSEHOLD DISPOSED OFF ANY TREATED MOSQUITO NETS?	Yes	1	2 Next Module 8 Next Module	
	No	2		
	DK	8		
TN15. NOW I WANT TO TALK ABOUT THE LAST TREATED NET THAT YOU DISPOSED OFF. HOW DID YOU DISPOSE OFF YOUR LAST TREATED MOSQUITO NET?	Burned	1		
	Buried	2		
	Garbage/refuse dump	3		
	Reused for other purposes	4		
	Other (specify)	6		
TN16. HOW LONG DID YOU USE IT BEFORE DISPOSING IT OFF?	Less than 2 years	1		
	2 to 4 years	2		
	More than 4 years	3		
TN17. WHAT WAS THE MAIN REASON FOR DISPOSING OFF THIS NET?	Torn	1		
	Could not repel mosquitoes anymore	2		
	Got a new one	3		
	Other (specify)	6		

INDOOR RESIDUAL SPRAYING			IR	
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes	1	2 Next Module 8 Next Module	
	No	2		
	DK	8		
IR2. WHO SPRAYED THE INTERIOR WALLS OF YOUR DWELLING? Circle all that apply.	Government worker / program	A		
	Private company	B		
	Non-governmental organization	C		
	Private individual	D		
	Other (specify)	X		
	DK	Z		

CHILD DISCIPLINE						CD	
Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions							
<ul style="list-style-type: none"> If there is no child aged 2-14 years in the household, skip to Next Module. List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, and age for each child. Then record the total number of children aged 2-14 in the box provided (CD6). 							
CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4	CD5. Age from HL6			
Rank	Line	Name	M	F	Age		
1	_0_7_	Kwame	1	2	_1_3_		
2	_0_8_	Kofi	1	2	_1_0_		
3	_1_0_	Adwoa	1	2	_0_8_		
4	_1_1_	Afi	1	2	_0_5_		
5	_1_6_	Fortune	1	2	_1_1_		
6	___		1	2	___		
7	___		1	2	___		
8	___		1	2	___		
CD6.	Total children age 2-14 years				_0_5_		
<ul style="list-style-type: none"> If there is only one child age 2-14 years in the household, skip table 2 and go to CD8; write down '1' and continue with CD9 							

Table 2: Selection of Random Child for Child Discipline Questions							
<ul style="list-style-type: none"> Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked. 							

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5
CD8. Record the rank number of the selected child								_5_

CHILD DISCIPLINE			CD	
CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name			
	Line number	___		
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.				
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes	1		
	No	2		
CD11A. IGNORED/REFUSED TO COMMUNICATE TO (name).	Yes	1		
	No	2		

CHILD DISCIPLINE (cont'd)		CD	
CD12. EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.	Yes No	1 2	
CD13. SHOOK HIM/HER.	Yes No	1 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes No	1 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes No	1 2	
CD16. SPANKED, HIT, PUSHED OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes No	1 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, COMB, HAIRBRUSH, CANE, STICK OR OTHER HARD OBJECT.	Yes No	1 2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes No	1 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes No	1 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes No	1 2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes No	1 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes No Don't know / No opinion	1 2 8	

HAND WASHING		HW	
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed	1	
	Not observed		
	Not in dwelling / plot / yard	2	2 HW4
	No permission to see	3	3 HW4
	Other reason	6	6 HW4
HW2. Observe presence of water at the specific place for hand washing.	Water is available	1	
Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.	Water is not available	2	
HW3. Record if soap or detergent or other traditional detergents are present at the specific place for hand washing.	Washing Soap (e.g. Key soap)	A	A HH19
Circle all that apply. Skip to Next Module if any soap or detergent code (A, B, C, D, E or X) is circled. If "None" (Y) is circled, continue with HW4.	Detergent (Powder / Liquid / Paste)	B	B HH19
	Liquid hand washing soap	C	C HH19
	Ash	D	D HH19
	Toilet Soap (e.g. Lux)	E	E HH19
	Other (specify)	X	X HH19
	None	Y	
	HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ANY OTHER TRADITIONAL DETERGENTS IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes No	1 2

HAND WASHING (continued)		HW	
HW5. CAN YOU PLEASE SHOW IT TO ME?	Washing Soap (e.g. Key soap)	A	
Record observation. Circle all that apply.	Detergent (Powder / Liquid / Paste)	B	
	Liquid handwashing soap	C	
	Toilet Soap (e.g. Lux)	E	
	Ash	D	
	Other (specify)	X	
	Not able / Does not want to show	Y	
HH19. Record the time.	Hour and minutes ___ : ___		

SALT IODIZATION		SI	
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?	Not iodized 0 PPM	1	
	More than 0 PPM & less than 15 PPM	2	
	15 PPM or more	3	
	No salt in the house	6	6 HH20
Once you have tested the salt, circle the number that corresponds to the test outcome.	Salt not tested	7	

SI1A. Has the household been selected for male questionnaire?

Check HH5A=1

Yes Collect salt sample from the household for further testing.

No Skip to HH20

SI2. HAS THE SALT SAMPLE BEEN COLLECTED FROM THIS HOUSEHOLD?	Yes No Refused	1 2 3	
--	----------------------	-------------	--

HH20. Does any eligible woman age 15-49 reside in the household?

Check Household Listing Form, column HL7 for any eligible woman. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN Administer the questionnaire to the first eligible woman.

No Continue.

HH21. Does any child under the age of 5 reside in the household?

Check Household Listing Form, column HL9 for any eligible child under age 5. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE Administer the questionnaire to mother or caretaker of the first eligible child.

No Continue.

SALT IODIZATION (cont'd)

SI

HH22. [IF THIS HOUSEHOLD WAS SELECTED FOR THE MALE QUESTIONNAIRE] Does any eligible man age 15-59 reside in the household?

Check Household Listing Form, column HL7A for any eligible man.

You should have a questionnaire with the Information Panel filled in for each eligible man.

Yes Go to QUESTIONNAIRE FOR INDIVIDUAL MEN
Administer the questionnaire to the first eligible man.

No End the interview by thanking the respondent for his/her cooperation.
Gather together all questionnaires for this household and complete HH8 TO HH15B on
the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS		WOMEN QUESTIONNAIRE GHANA 2011	
WOMAN'S INFORMATION PANEL		WM	
This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.			
WM1. Cluster Number:	WM2. Household number:		
WM3. Woman's name:	WM4. Woman's line number:		
WM5. Interviewer name and number:	WM6. Day / Month / Year of interview:		
Name of Region: _____	Name of District: _____		
Repeat greeting if not already read to this woman:		If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:	
WE ARE FROM GHANA STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.		NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.	
MAY I START NOW? <input type="checkbox"/> Yes, permission is given Go to WM10 to record the time and then begin the interview. If yes ask for all documents for her and for her children as IDs, maternity card, child's immunization card, birth certificate, antenatal card, baptismal card and any other card on which the child's records are written <input type="checkbox"/> No, permission is not given Complete WM7. Discuss this result with your supervisor.			
WM7. Result of woman's interview	Completed	01	
	Not at home	02	
	Refused	03	
	Partly completed	04	
	Incapacitated	05	
	Other (specify)	96	
WM8. Field edited by (Name and number):	WM9. Data entry clerk (Name and number):		
Name _____	Name _____		
WM10. Record the time.	Hour and minutes ____ : ____		

WOMAN'S BACKGROUND		WB	
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month ____ DK month 98 Year ____ DK year 9998		
WB2. HOW OLD ARE YOU? Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) ____		
Compare and correct WB1 and/or WB2 if inconsistent			
WB3. HAVE YOU EVER ATTENDED SCHOOL? (INCLUDING PRESCHOOL)	Yes 1 No 2	2 WB7	
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Middle/JSS/JHS 2 Secondary/SSS/SHS 3 Voc/Comm/Tech 4 Post Secondary (Nursing/Teacher Trg) 5 Tertiary 6	0 WB7	

WOMAN'S BACKGROUND (cont'd)		WB	
WB5. WHAT IS THE HIGHEST CLASS/YEAR YOU COMPLETED AT THAT LEVEL?	Class/Year ____		
If no class/year completed at that level, enter "0"			
WB6. Check WB4: <input type="checkbox"/> Secondary or Higher (WB4=3 or WB4=4 or WB4=5 or WB4=6) Go to WB8 <input type="checkbox"/> Primary /Middle/JSS/JHS (WB4=1 or WB4=2) Continue with WB7			
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all Able to read only parts of sentence Able to read whole sentence No sentence in required language (specify language) Blind / mute, visually / speech impaired	1 2 3 4 5	
WB8. WHAT IS YOUR RELIGION?	Catholic Protestant Pentecostal/Charismatic Deeper Life Jehovah Witness SDA Other Christian Moslem Traditional Spiritualist Other religion (specify) No Religion	11 12 13 14 15 16 17 21 31 32 96 97	
WB9. WHAT IS YOUR ETHNIC GROUP?	Akan Ga/Dangme Ewe Guan Gruma Mole Dagbani Grusi Mande Non-Ghanaian Other ethnic group (specify)	11 12 13 14 15 21 22 23 24 96	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT	
MT1. Check WB7: <input type="checkbox"/> Question left blank (Respondent has Secondary or Higher education) Continue with MT2 <input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) Continue with MT2 <input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) Go to MT3			
MT2. DO YOU READ A NEWSPAPER OR MAGAZINE ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY (cont'd)		MT	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4	
MT4. DO YOU WATCH TELEVISION ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4	
MT6. HAVE YOU EVER USED A COMPUTER?	Yes No	1 2	
MT7. HAVE YOU EVER USED A COMPUTER IN THE LAST 12 MONTHS?	Yes No	1 2	
MT8. DURING THE LAST ONE MONTH, DID YOU USE A COMPUTER ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes No	1 2	
MT10. HAVE YOU EVER USED THE INTERNET IN THE LAST 12 MONTHS? If necessary, probe for use from any location, with any device.	Yes No	1 2	
MT11. DURING THE LAST ONE MONTH, DID YOU USE THE INTERNET ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4	

INFANT/CHILD MORTALITY		CM	
All questions refer only to LIVE births.			
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes No	1 2	2 CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes No	1 2	2 CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? If none, record '00'.	Sons at home Daughters at home	— — — —	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes No	1 2	2 CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? If none, record '00'.	Sons elsewhere Daughters elsewhere	— — — —	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes No	1 2	2 CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? If none, record '00'.	Boys dead Girls dead	— — — —	
CM10. Sum answers to CM5, CM7, and CM9.	Sum	— —	

INFANT/CHILD MORTALITY (cont'd)	CM
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (total number in CM10) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?	
<input type="checkbox"/> Yes. Check below:	
<input type="checkbox"/> No live births Go to ILLNESS SYMPTOMS Module	
<input type="checkbox"/> One or more live births Continue with the BIRTH HISTORY module	
<input type="checkbox"/> No Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module	

BIRTH HISTORY											BH						
NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD. Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.																	
BH Line No	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN?	BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL1)	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED?	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	Y	N	Y	N			
		1 Single 2 Multiple	1 Boy 2 Girl	Probe: WHAT IS HIS/HER BIRTHDAY?	1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years	1 Yes 2 No							
Line	Name	S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													Next Line			Add Birth	Next Birth
02		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
03		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
04		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
05		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
06		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
07		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
08		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
09		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
10		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
11		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
12		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
13		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth
14		1	2	1	2			1	2		1	2		Days 1 Months 2 Years 3		1	2
													BH10			Add Birth	Next Birth

BIRTH HISTORY (cont'd)		BH
CM12. Compare number in CM10 with number of births in the Birth History above and check:		
<input type="checkbox"/> Numbers are same Continue with CM13		
<input type="checkbox"/> Numbers are different Probe and reconcile		
CM13. Check BH4 in BIRTH HISTORY: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2009		
<input type="checkbox"/> No live birth in last 2 years. Go to ILLNESS SYMPTOMS Module.		
<input type="checkbox"/> One or more live births in last 2 years. Record name of last born child and continue with CM14		
Name of child _____		
CM14: Check BH5 in BIRTH HISTORY if last child born during the last 2 years (since 2009) is alive or dead		
<input type="checkbox"/> Alive Go to Next Module.		
<input type="checkbox"/> Not Alive Continue with CM15		
CM15 WAS (NAME) REGISTERED WITH THE BIRTHS AND DEATHS REGISTRY WHEN S/HE DIED?	Yes	
	1	
	No	
	2	
	DK	
	8	

DESIRE FOR LAST BIRTH		DB
This module is to be administered to all women with a live birth in the 2 years preceding date of interview.		
Check child mortality module CM13 and record name of last-born child here _____.		
Use this child's name in the following questions, where indicated.		
DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes	1
	No	2
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later	1
	No more	2
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months	1 ___
	Years	2 ___
	DK	998

MATERNAL AND NEWBORN HEALTH		MN
This module is to be administered to all women with a live birth in the 2 years preceding date of interview.		
Check child mortality module CM13 and record name of last-born child here _____.		
Use this child's name in the following questions, where indicated.		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes	1
	No	2
		2 MN5

MATERNAL AND NEWBORN HEALTH (cont'd)		MN
MN2. WHOM DID YOU SEE?	Health professional:	
Probe:	Doctor	A
ANYONE ELSE?	Nurse / Midwife	B
	Auxiliary midwife	C
	Other person	
	Traditional birth attendant	F
	Community health worker	G
Probe for the type of person seen and circle all answers given.	Other (specify)	X
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ___	
	DK	98
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:	Yes	No
[A] WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure	1 2
[B] DID YOU GIVE A URINE SAMPLE?	Urine sample	1 2
[C] DID YOU GIVE A BLOOD SAMPLE?	Blood sample	1 2
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen)	1
	Yes (card not seen)	2
	No	3
MAY I SEE IT PLEASE?	DK	8
If a card is presented, use it to assist with answers to the following questions.		
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes	1
	No	2
	DK	8
		2 MN9
		8 MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?	Number of times ___	
	DK	8
		8 MN9
If 7 or more times, record '7'.		
MN8. How many tetanus injections during last pregnancy were reported in MN7?		
	<input type="checkbox"/> At least two tetanus injections during last pregnancy. Go to MN12	
	<input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. Continue with MN9	
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes	1
	No	2
	DK	8
		2 MN12
		8 MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Number of times ___	
	DK	8
		8 MN12
If 7 or more times, record '7'.		
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago ___	
MN12. Check MN1 for presence of antenatal care during this pregnancy:		
	<input type="checkbox"/> Yes, antenatal care received. Continue with MN13	
	<input type="checkbox"/> No antenatal care received Go to MN17	
MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes	1
	No	2
	DK	8
		2 MN17
		8 MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?	SP / Fansidar / Malafan	A
	Chloroquine	B
	Other (specify)	X
	DK	Z
Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.		
		B MN17
		X MN17
		Z MN17

MATERNAL AND NEWBORN HEALTH (cont'd)		MN	
MN15A. HOW MANY MONTHS WERE YOU PREGNANT WHEN YOU FIRST TOOK SP/FANSIDAR/MALAFAN?	Less than 3 months From 3 to 8 months More than 8 months DK 98	1 2 3	
MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/FANSIDAR?	Number of times ___ DK 98		
MN16A. DID YOU TAKE THE (number of times of MN16) DOSES IN THE PRESENCE OF A HEALTH WORKER?	Yes, all Yes, some No	1 2 3	
MN16B. DID YOU EXPERIENCE ANY SIDE EFFECTS AFTER HAVING TAKEN THE FIRST DOSE OF SP/FANSIDAR ?	Yes No	1 2	2 MN17
MN16C. WHAT SIDE EFFECTS DID YOU EXPERIENCE AFTER HAVING TAKEN THIS FIRST DOSE OF SP/FANSIDAR? Probe: ANY OTHER SIDE EFFECTS?	Skin rashes Blisters on face/ hands/ feet/etc Itching Yellow colouration of urine/ eyes Other (specify) _____	A B C D X	
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? Probe: ANYONE ELSE? Probe for the type of person assisting and circle all answers given. If respondent says no one assisted, probe to determine whether any adults were present at the delivery.	Health professional: Doctor Nurse / Midwife Auxiliary midwife Other person Traditional birth attendant Community health worker Relative / Friend Other (specify) No one	A B C F G H X Y	
MN18. WHERE DID YOU GIVE BIRTH TO (NAME)? Probe to identify the type of source. If unable to determine whether public or private, write the name of the place. (Name of place)	Home Your home Other home Public sector Govt. hospital/Polyclinic Govt. clinic / health centre Govt. health post/CHPS compound Other public (specify) Private Medical Sector Private hospital Private clinic Private maternity home Other private medical (specify) Other (specify)	11 12 21 22 23 26 31 32 33 36 96	11 MN20 12 MN20 96 MN20
MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes No	1 2	
MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large Larger than average Average Smaller than average Very small DK	1 2 3 4 5 8	
MN21. WAS (name) WEIGHED AT BIRTH?	Yes No DK	1 2 8	2 MN23 8 MN23
MN22. HOW MUCH DID (name) WEIGH? Record weight from health card, if available.	From card 1 (kg) ___ . ___ From recall... ..2 (kg) ___ . ___ DK 99998		

MATERNAL AND NEWBORN HEALTH (cont'd)		MN	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?	Yes No	1 2	
MN24. DID YOU EVER BREASTFEED (name)?	Yes No	1 2	2 Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.	Immediately 000 Hours 1 ___ Days 2 ___ Don't know / remember 998		
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes No	1 2	2 Next Module
MN27. WHAT WAS (name) GIVEN TO DRINK? Probe: ANYTHING ELSE?	Milk (other than breast milk) Plain water Sugar or glucose water Gripe water Sugar-salt-water solution Fruit juice Infant formula Tea / Infusions Honey Other (specify)	A B C D E F G H I X	

POST-NATAL HEALTH CHECKS		PN	
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.			
Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.			
PN1. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) Continue with PN2 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) Go to PN6			
PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name). YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? If less than one hour, record '00' for Hours If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.	Hours Days Weeks Don't know / remember	1 ___ 2 ___ 3 ___ 998	
PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK. BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?	Yes No	1 2	
PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU. DID ANY HEALTH CARE PROVIDER CHECK ON YOUR HEALTH WHILE YOU WERE STILL AT THE (name or type or facility in MN18)?	Yes No	1 2	

POST-NATAL HEALTH CHECKS (cont'd)		PN	
NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).	Yes	1	1 PN11
	No	2	
PN5. DID ANY HEALTH CARE PROVIDER CHECK ON (child's name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18) ?			2 PN16
<p>PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) Go to PN10</p>			
YOU HAVE ALREADY SAID THAT (person or persons in MN17) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.	Yes	1	
	No	2	
PN7. AFTER THE DELIVERY WAS OVER AND BEFORE (person or persons in MN17) LEFT YOU, DID (person or persons in MN17) CHECK ON (name)'S HEALTH?			
PN8. AND DID (person or persons in MN17) CHECK ON YOUR HEALTH BEFORE LEAVING?	Yes	1	
	No	2	
BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.			
PN9. AFTER THE (person or persons in MN17) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (name)?	Yes	1	1 PN11
	No	2	2 PN18
PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.	Yes	1	
	No	2	
AFTER (name) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?			2 PN19
PN11. DID SUCH A CHECK ON (name) HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once	1	1 PN12A
	More than once	2	2 PN12B

POST-NATAL HEALTH CHECKS (cont'd)		PN	
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?	Hours	1 ___	
PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?	Days	2 ___	
	Weeks	3 ___	
If less than one hour, record '00' for Hours If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.	Don't know / remember	998	
PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional		
Probe:	Doctor	A	
ANYONE ELSE?	Nurse / Midwife	B	
	Auxiliary midwife	C	
Probe for the type of person seen and circle all answers given.	Other person		
	Traditional birth attendant	F	
	Community health worker	G	
	Relative / Friend	H	
	Other (specify)	X	
PN14. WHERE DID THIS CHECK TAKE PLACE?	Home		
Probe to identify the type of source.	Your home	11	
	Other home	12	
If unable to determine whether public or private, write the name of the place.	Public sector		
(Name of place)	Govt. hospital/Polyclinic	21	
	Govt. clinic / health centre	22	
	Govt. health post//CHPS compound	23	
	Other public (specify)	26	
	Private medical sector		
	Private hospital	31	
	Private clinic	32	
	Private maternity home	33	
	Other private medical (specify)	36	
	Other (specify)	96	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) Go to PN17</p>			
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON YOUR HEALTH?	Yes	1	1 PN20
	No	2	2 Next Module
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) Go to PN19</p>			
PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes	1	1 PN20
	No	2	2 Next Module
PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON YOUR HEALTH?	Yes	1	
I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	No	2	2 Next Module

POST-NATAL HEALTH CHECKS (cont'd)		PN	
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once	1	1 PN21A
	More than once	2	2 PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?	Hours	1 ___	
PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? If less than one hour, record '00' for Hours If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.	Days	2 ___	
	Weeks	3 ___	
	Don't know / remember	998	
PN22. WHO CHECKED ON YOUR HEALTH AT THAT TIME? Probe: ANYONE ELSE? Probe for the type of person seen and circle all answers given.	Health professional		
	Doctor	A	
	Nurse / Midwife	B	
	Auxiliary midwife	C	
	Other person		
	Traditional birth attendant	F	
	Community health worker	G	
	Relative / Friend	H	
	Other (specify)	X	
PN23. WHERE DID THIS CHECK TAKE PLACE? Probe to identify the type of source. If unable to determine whether public or private, write the name of the place. (Name of place)	Home		
	Your home	11	
	Other home	12	
	Public sector		
	Govt. hospital/Polyclinic	21	
	Govt. clinic / health centre	22	
	Govt. health post/CHPS compound	23	
	Other public (specify)	26	
	Private medical sector		
	Private hospital	31	
	Private clinic	32	
	Private maternity home	33	
	Other private medical (specify)	36	
	Other (specify)	96	

ILLNESS SYMPTOMS		IS	
IS1. Check Household Listing, column HL9			
Is the respondent the mother or caretaker of any child under age 5?			
<input type="checkbox"/> Yes Continue with IS2.			
<input type="checkbox"/> No Go to Next Module.			
IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? Probe: ANY OTHER SYMPTOMS? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions	Child not able to drink or breastfeed	A	
	Child becomes very sick	B	
	Child develops a fever	C	
	Child has fast breathing	D	
	Child has difficulty breathing	E	
	Child has blood in stool	F	
	Child is drinking poorly	G	
	Child has diarrhoea	H	
	Child incessant crying for no reason	I	
	Child not eating well	J	
		Other (specify)	X
	Other (specify)	Y	
	Other (specify)	Z	

CONTRACEPTION		CP	
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant	1	1 Next Module
	No	2	
	Unsure or DK	8	
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU OR YOUR PARTNER CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes	1	2 Next Module 8 Next Module
	No	2	
	Don't know	8	
CP3. WHAT ARE YOU OR YOUR PARTNER DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization	A	
	Male sterilization	B	
	IUD	C	
	Injectable	D	
	Implants	E	
	Pill	F	
	Male condom	G	
	Female condom	H	
	Diaphragm	I	
	Foam / Jelly	J	
	Lactational amenorrhoea method (LAM)	K	
	Periodic abstinence / Rhythm	L	
	Withdrawal	M	
	LNG-IUS N		
Other (specify)	X		

UNMET NEED		UN	
UN1. Check CP1. Currently pregnant?			
<input type="checkbox"/> Yes, currently pregnant Continue with UN2			
<input type="checkbox"/> No, unsure or DK Go to UN5			
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes	1	1 UN4
	No	2	
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later	1	
	No more	2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child	1	1 UN7 2 UN13 8 UN13
	No more / None	2	
	Undecided / Don't know	8	
UN5. Check CP3. Currently using "Female sterilization"?			
<input type="checkbox"/> Yes Go to UN13			
<input type="checkbox"/> No Continue with UN6			
UN6. NOW I WOULD LIKE TO ASK YOU 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	2 UN9 3 UN11 8 UN9
	No more / None	2	
	Says she cannot get pregnant	3	
	Undecided / Don't know	8	

UNMET NEED (cont'd)		UN	
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months	1 ___	994 UN11
	Years	2 ___	
	Soon / Now	993	
	Says she cannot get pregnant	994	
	After marriage	995	
	Other (specify)	996	
	Don't know	998	
UN8. Check CP1. Currently pregnant?			
<input type="checkbox"/> Yes, currently pregnant Go to UN13 <input type="checkbox"/> No, unsure or DK Continue with UN9			
UN9. Check CP2. Currently using a method?			
<input type="checkbox"/> Yes Go to UN13 <input type="checkbox"/> No Continue with UN10			
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes	1	1 UN13
	No	2	
	DK	8	8 UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex	A	
	Menopausal	B	
	Never menstruated	C	
	Hysterectomy (surgical removal of uterus)	D	
	Has been trying to get pregnant for 2 years or more without result	E	
	Postpartum amenorrhoeic	F	
	Breastfeeding	G	
	Too old	H	
	Fatalistic	I	
	Other (specify)	X	
Don't know	Z		
UN12. Check UN11. "Never menstruated" mentioned?			
<input type="checkbox"/> Mentioned Go to Next Module <input type="checkbox"/> Not mentioned Continue with UN13			
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago	1 ___	
	Weeks ago	2 ___	
	Months ago	3 ___	
	Years ago	4 ___	
	In menopause / Has had hysterectomy	994	
	Before last birth	995	
	Never menstruated	996	

FEMALE GENITAL MUTILATION/CUTTING		FG	
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes	1	1 FG3
	No	2	
FG2. IN SOME COMMUNITIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes	1	2 Next Module
	No	2	
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes	1	2 FG9
	No	2	
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME.	Yes	1	1 FG6
	No	2	
WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	DK	8	
FG5. WAS THE GENITAL AREA JUST NICKED/CUT WITHOUT REMOVING ANY FLESH?	Yes	1	
	No	2	
	DK	8	
FG6. WAS THE GENITAL AREA SEWN/STITCH CLOSED?	Yes	1	
	No	2	
If necessary, probe: WAS IT SEALED?	DK	8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED?	Age at circumcision ___		
	If the respondent does not know the exact age, probe to get an estimate DK / Don't remember / Not sure	98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional		
	Doctor	11	
	Nurse/Midwife	12	
	Other health professional (specify)	16	
	Traditional persons		
	Traditional 'circumciser'	21	
	Traditional birth attendant	22	
Other traditional (specify)	26		
DK	98		
FG9. Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here	Total number of living daughters ___		
FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (total number in FG9) LIVING DAUGHTERS. IS THIS CORRECT?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> One or more living daughters Continue with FG11		
	<input type="checkbox"/> Does not have any living daughters Go to FG22		
	<input type="checkbox"/> No Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes		
FG11. Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.			
The total number of daughters in FG12 should be equal to the number in FG9			
If more than 4 daughters, use additional questionnaires			

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12. Name of daughter				
FG13. HOW OLD IS (name)?	Age ___	Age ___	Age ___	Age ___

FEMALE GENITAL MUTILATION/CUTTING (cont'd)				FG
FG14. Is (name) younger than 15 years of age?	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22
FG15. IS (name) CIRCUMCISED?	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22
FG16. HOW OLD WAS (name) WHEN THIS OCCURRED?				
If the respondent does not know the age, probe to get an estimate.	Age ____ DK 98	Age ____ DK 98	Age ____ DK 98	Age ____ DK 98
FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME.	Yes 1 FG19 No 2 DK 8			
WAS ANY FLESH REMOVED FROM THE GENITAL AREA?				
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No 2 DK 8			
FG19. WAS HER GENITAL AREA SEWN CLOSED?	Yes 1 No 2 DK 8			
If necessary, probe: WAS IT SEALED?				

FEMALE GENITAL MUTILATION/CUTTING (cont'd)				FG
FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98
FG21.	Go back to FG13 for next daughter. If no more daughters, go to FG22	Go back to FG13 for next daughter. If no more daughters, go to FG22	Go back to FG13 for next daughter. If no more daughters, go to FG22	Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22
				Check box if additional questionnaire used
FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?		Continued 1 Discontinued 2 Depends 3 DK 8		

BEHAVIOUR CHANGE COMMUNICATION ON MALARIA		BC
BC1. NOW I WOULD LIKE YOU TO TALK ABOUT MALARIA	Eating sweet foods Standing/ working in the sun Eating contaminated food Mosquito bites Malaria parasite(p. falciparum) Hereditary Dirty surroundings Weedy surroundings and stagnant water Other (specify) DK	A B C D E F G H X Z
IN YOUR OPINION, WHAT CAUSES MALARIA?		
Probe: WHAT ELSE?		
BC2. HOW WOULD YOU KNOW THAT SOMEONE HAS MALARIA?	Hot body fever Vomiting/Diarrhea Strong headaches/Dizziness Loss of appetite Weakness of the body Cough Chills Bitterness in the mouth Other (specify) DK	A B C D E F G H X Z
Probe: WHAT ELSE?		

BEHAVIOUR CHANGE COMMUNICATION ON MALARIA (cont'd)			BC
BC3. HOW CAN ONE PROTECT HIM/HERSELF AGAINST MALARIA?	Sleep under a mosquito net	A	
	Sleep under a insecticide treated mosquito net	B	
	Use Mosquito repellent	C	
	Avoid mosquito bites	D	
	Clear Weeds around the house	E	
	Fill in Stagnant waters (puddles)	F	
	Keep surrounding clean	G	
	Put mosquito screen window	H	
Other (specify)	X		
DK	Z		
BC4. CAN MALARIA BE TREATED?	Yes	1	
	No	2	
	DK	8	
BC5. IN THE PAST SIX MONTHS, HAVE YOU SEEN OR HEARD ANY MALARIA MESSAGES?	Yes	1	2 BC10
	No	2	

BC6. WHAT MESSAGES ABOUT MALARIA HAVE YOU SEEN OR HEARD IN THE PAST 6 MONTHS ? Probe: WHAT ELSE? Circle all that mentioned	If have fever go to health facility	A					
	Sleep under a insecticide treated mosquito net	B					
	Pregnant women should take drugs to prevent malaria	C					
	Malaria kills	D					
	Other (specify)	X					
	None	Y					
DK/Don't remember	Z						
BC7. IN THE PAST SIX MONTHS, HAVE YOU SEEN/HEARD ANY OF THE FOLLOWING MALARIA MESSAGES ON TELEVISION OR RADIO:	Yes on TV	Yes on radio	Yes on both	No			
	[A] NANA BORO'S "AHA YE DE-NTONTOM BE WU" MUSIC VIDEO/ SONG?	A	1	2		3	4
	[B] ADVERT WHERE WOMAN DOESN'T WANT TO STAY THE NIGHT WITH THE MAN UNLESS HE HAS A TREATED NET?	B	1	2		3	4
	[C] SHORT DOCUMENTARIES FEATURING THE TRUE STORIES OF GHANAIAN FAMILIES CHILDREN SUFFERING EPILEPSY AND LEARNING DISABILITIES DUE TO SEVERE MALARIA?	C	1	2		3	4
	(D) ADVERT WHERE PEOPLE FROM ALL WALKS OF LIFE ARE SLEEPING UNDER TREATED NETS?	D	1	2		3	4
BC8 DURING THE PAST 6 MONTHS, HAVE YOU SEEN/HEARD ANY ADVERT ON THE USE OF ACT WITH GREEN LEAF?	Yes	1	2 BC10				
	No	2					
BC9. WHERE DID YOU SEE/HEAR THE ADVERT ON THE USE OF ACT WITH GREEN LEAF? Probe: ANY OTHER MEDIA?	TV	A					
	Radio	B					
	Newspaper/Magazine	C					
	Poster /Leaflets	D					
	Billboard	E					
	Other (specify)	X					
DK/Don't remember	Z						
BC10. HAVE YOU PARTICIPATED IN ANY COMMUNITY EVENT EDUCATING COMMUNITY MEMBERS ON PREVENTION AND CONTROL OF MALARIA?	Yes	1					
	No	2					

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV	
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
[A]	IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B]	IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C]	IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
[D]	IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8
[E]	IF SHE BURNS THE FOOD?	Burns food	1	2	8
[F]	IF SHE INSULTS HIM?	Insults him	1	2	8
[G]	IF SHE REFUSES TO GIVE HIM FOOD?	Refuses to give food	1	2	8
[H]	IF SHE HAS ANOTHER PARTNER?	Another partner	1	2	8
[I]	IF SHE STEALS?	Stealing	1	2	8
[J]	IF SHE GOSSIPS?	Gossiping	1	2	8
[K]	OTHER, (SPECIFY)?	Other (specify)	1	2	8

MARRIAGE/UNION			MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married Yes, living with a man No, not in union	1 2 3	3 MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ___ __ DK 98		
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes No	1 2	2 MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ___ __ DK 98		MA7 98 MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married Yes, formerly lived with a man No	1 2 3	3 Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed Divorced Separated	1 2 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once More than once	1 2	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month ___ __ DK month 98 Year ___ __ __ __ DK year 9998		Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ___ __		

SEXUAL BEHAVIOUR		SB	
Check for the presence of others. Before continuing, ensure privacy.			
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.	Never had intercourse	00	
	Age in years	__ __	SB2
THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.	First time when started living with (first) husband/partner	95	SB2
HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?			
SB1A. DO YOU INTEND TO WAIT UNTIL YOU GET MARRIED TO HAVE SEXUAL INTERCOURSE FOR THE FIRST TIME?	Yes	1	1 SB16
	No	2	2 SB16
	Not Sure	3	3 SB16
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes	1	
	No	2	
	DK / Don't remember	8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?	Days ago	1 __ __	
Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.	Weeks ago	2 __ __	
	Months ago	3 __ __	
	Years ago	4 __ __	4 SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes	1	
	No	2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?	Husband	1	
	Cohabiting partner	2	
	Boyfriend	3	3 SB7
	Casual acquaintance	4	4 SB7
	Ex-Boyfriend	5	5 SB7
Probe to ensure that the response refers to the relationship at the time of sexual intercourse	Other (specify)	6	6 SB7
If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.			
SB6. Check MA1:			
<input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) Go to SB8			
<input type="checkbox"/> Not married / Not in union (MA1 = 3) Continue with SB7			
SB7. HOW OLD IS THIS PERSON?	Age of sexual partner	__ __	
If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	DK	98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes	1	
	No	2	2 SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes	1	
	No	2	
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?	Husband	1	
	Cohabiting partner	2	
	Boyfriend	3	3 SB12
	Ex-Boyfriend	4	4 SB12
	Casual acquaintance	5	5 SB12
Probe to ensure that the response refers to the relationship at the time of sexual intercourse	Other (specify)	6	6 SB12
If 'boyfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.			

SEXUAL BEHAVIOUR (cont'd)		SB	
SB11. Check MA1 and MA7: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) Go to SB13 <input type="checkbox"/> Else Continue with SB12			
SB12. HOW OLD IS THIS PERSON?	Age of sexual partner	__ __	
If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	DK	98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes	1	
	No	2	2 SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners	__ __	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.	Number of lifetime partners	__ __	
	DK	98	
SB16. DO YOU KNOW OF A PLACE WHERE A PERSON CAN GET CONDOMS?	Yes	1	2 Next Module
	No	2	
SB17. WHERE CAN YOU GET CONDOM FROM? Probe for any other source.	Public Sector		
	Govt. Hospital/Polyclinic	A	
	Govt. Clinic/ Health Center	B	
	Govt. Health Post/CHPS	C	
	Family Planning Clinic	D	
	Mobile Clinic/ Field Worker/ Outreach/ Peer Educator	E	
	Other Public (specify)	F	
	Private Medical Sector		
	Private Hospital/Clinic/Doctor	G	
	Pharmacy/ Chemical/Drug Store	H	
	FP/PPAG Clinic	I	
	Maternity Home	J	
	Other Private Medical	K	
	Other Source		
	Shop/Market	L	
	Church/ Community Volunteer	M	
	Friend/Relative	N	
	Other (specify)	X	
SB18. IF YOU WANTED TO, COULD YOU YOURSELF GET A CONDOM?	Yes	1	
	No	2	
	Don't know/Unsure	8	
HIV/AIDS		HA	
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes	1	2 Next Module
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	No	2	
HA2. 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	
	DK	8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes	1	
	No	2	
	DK	8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes	1	
	No	2	
	DK	8	

HIV/AIDS (cont'd)		HA			
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes		1		
	No		2		
	DK		8		
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes		1		
	No		2		
	DK		8		
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes		1		
	No		2		
	DK		8		
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		Yes	No	DK	
		1	2	8	
	[A] DURING PREGNANCY?	1	2	8	
	[B] DURING DELIVERY?	1	2	8	
	[C] BY BREASTFEEDING?	1	2	8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes		1		
	No		2		
	DK / Not sure / Depends		8		
HA9A. IN YOUR OPINION, IF A MALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes		1		
	No		2		
	DK / Not sure / Depends		8		
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes		1		
	No		2		
	DK / Not sure / Depends		8		
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes		1		
	No		2		
	DK / Not sure / Depends		8		
HA12. 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		
HA13. Check CM13: Any live birth in last 2 years?					
<input type="checkbox"/> No live birth in last 2 years Go to HA24					
<input type="checkbox"/> One or more live births in last 2 years Continue with HA14					
HA14. Check MN1: Received antenatal care?					
<input type="checkbox"/> Received antenatal care Continue with HA15					
<input type="checkbox"/> Did not receive antenatal care Go to HA24					
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),		Y	N	DK	
	[A] WERE YOU GIVEN ANY INFORMATION ABOUT: BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?	AIDS from mother	1	2	8
	[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?	Things to do	1	2	8
	[C] GETTING TESTED FOR THE AIDS VIRUS?	Tested for AIDS	1	2	8
	[D] WERE YOU OFFERED A TEST FOR THE AIDS VIRUS?	Offered a test	1	2	8

HIV/AIDS (cont'd)		HA	
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes	1	
	No	2	2 HA19
	DK	8	8 HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes	1	
	No	2	2 HA22
	DK	8	8 HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.	Yes	1	1 HA22
	No	2	2 HA22
	DK	8	8 HA22
AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?			
HA19. Check MN17: Birth delivered by health professional (A, B or C)?			
<input type="checkbox"/> Yes, birth delivered by health professional Continue with HA20			
<input type="checkbox"/> No, birth not delivered by health professional Go to HA24			
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY AND BEFORE THE BABY WAS BORN?	Yes	1	
	No	2	2 HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes	1	
	No	2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes	1	1 HA25
	No	2	
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago	1	1 Next Module
	12-23 months ago	2	2 Next Module
	2 or more years ago	3	3 Next Module
HA24. 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	2 HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago	1	
	12-23 months ago	2	
	2 or more years ago	3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes	1	1 Next Module
	No	2	2 Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes	1	
	No	2	

NATIONAL HEALTH INSURANCE		NH	
NH1. HAVE YOU EVER REGISTERED WITH ANY HEALTH INSURANCE SCHEME?	Yes No	1 2	1 NH9 2 NH10
NH2. WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE? Probe: ANY OTHER?	National/District Health Insurance (NHIS) Mutual Health Organization/ Community-based Health Insurance Other Privately Purchased Commercial Health Insurance Other Health Insurance (specify)	A B C X	
NH3. Check NH2: <input type="checkbox"/> NHIS NOT CHECKED. Go to NH11			
NH4. HOW WAS YOUR MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself Premium paid by a relative or friend Premium paid by employers Premium paid by SSNIT Exempt as indigent Free Maternal Service Other (specify)	01 02 03 04 05 06 96	
NH5. DO YOU HOLD A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD? If person has valid insurance card, request to see it. Check to make sure it is valid for 2011	Yes, card seen Yes, card not seen No	1 2 3	1 NH9 2 NH9
NH6. WHY DO YOU NOT HAVE A VALID NHIS CARD?	Registered, but not fully paid yet Registered/Renewed, card not received Registered, in waiting period Registration not renewed Lost NHIS card Other (specify)	1 2 3 4 5 6	1 NH9 2 NH9 3 NH9 5 NH9 6 NH9
NH7. DO YOU PLAN TO RENEW THE NHIS REGISTRATION?	Yes No Don't know/ Not sure	1 2 8	1 NH9 8 NH9

NH8. WHY DO YOU NOT WANT TO RENEW THE NHIS REGISTRATION? Probe: ANY OTHER REASON?	Have not been sick Premium too expensive Still pay out of pocket Poor quality care with card Waiting time for card too long Desired services not covered Clinics used/ traditional services not Covered by NHIS Other (specify)	A B C D E F G X	
---	--	--------------------------------------	--

NATIONAL HEALTH INSURANCE (cont'd)		NH	
NH9. IN YOUR OPINION, DO NHIS CARD HOLDERS GET BETTER/ SAME/WORSE SERVICES WHEN THEY ATTEND HEALTH CARE FACILITIES?	Better Same Worse Never used Don't know	1 2 3 4 8	1 WM11 2 WM11 3 WM11 4 WM11 8 WM11
NH10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION WITH THE NHIS? Probe: ANY OTHER REASON?	Not heard of NHIS Premium too expensive Do not trust NHIS Do not know where to register Registration office too far Do not need health insurance NHIS does not cover the services I need NHIS does not cover the facilities I use H Other (specify)	A B C D E F G X	A WM11 B WM11 C WM11 D WM11 E WM11 F WM11 G WM11 H WM11 X WM11
NH11. IS YOUR INSURANCE CURRENTLY VALID FOR 2011?	Yes No Don't know/ Not sure	1 2 8	
WM11. Record the time.	Hour and minutes ___ : ___		
WM12. Check Household Listing Form, column HL9. Is the respondent the mother or caretaker of any child age 0-4 living in this household?			
<input type="checkbox"/> Yes Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.			
<input type="checkbox"/> No End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman, or children under-5 in the household. If none, check for the presence of any eligible male 15-59 years in the household (i.e. in Households where the Male Questionnaire is to be administered).			

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR CHILDREN UNDER FIVE
GHANA 2011

UNDER-FIVE CHILD INFORMATION PANEL

UF

This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.

UF1. Cluster Number: _____

UF2. Household number: _____

UF3. Child's name:

UF4. Child's line number:

Name _____

UF5. Mother's / Caretaker's name:

UF6. Mother's / Caretaker's line number:

Name _____

UF7. Interviewer name and number: _____

UF8. Day / Month / Year of interview:

Name _____

____ / ____ / 2011

Name of Region _____

Name of District: _____

Repeat greeting if not already read to this respondent:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM GHANA STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (name)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

 Yes, permission is given Go to UF12 to record the time and then begin the interview.

If yes ask for child's immunization card, birth certificate, antenatal card, baptismal card and any other card on which the child's records are written.

 No, permission is not given Complete UF9. Discuss this result with your supervisor.

UF9. Result of interview for children under 5

Completed	01
Not at home	02
Refused	03
Partly completed	04
Incapacitated	05
Other (specify)	96

Codes refer to mother/caretaker.

UF10. Field edited by (Name and number):

UF11. Data entry clerk (Name and number):

Name _____

Name _____

UF12. Record the time.

Hour and minutes ____ : ____

AGE

AG

AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (name).

Date of birth
Day _____

IN WHAT MONTH AND YEAR WAS (name) BORN?

DK day 98

Probe:

WHAT IS HIS / HER BIRTHDAY?

Month _____

If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day

Year _____

Month and year must be recorded.

AGE (cont'd)		AG
AG2. HOW OLD IS (name)?	Age (in completed years) ___	
Probe: HOW OLD WAS (name) AT HIS / HER LAST BIRTHDAY?		
Record age in completed years.		
Record '0' if less than 1 year.		
Compare and correct AG1 and/or AG2 if inconsistent.		

BIRTH REGISTRATION		BR
BR1. DOES (NAME) HAVE A BIRTH CERTIFICATE?	Yes, seen	1 1 BR2A
If yes, ask: MAY I SEE IT?	Yes, not seen	2 2 BR2A
	No	3
	DK	8
	BR2 HAS (NAME)'S BIRTH BEEN REGISTERED WITH THE BIRTHS AND DEATHS REGISTRY?	Yes
	No	2 2 BR2B
	DK	8 8 BR2B
	BR2A. WAS (NAME)'S BIRTH REGISTERED WITHIN THE FIRST YEAR OF BIRTH?	Yes
	No	2 2 BR4
	DK	8 8 BR4
	BR2B. WHAT IS THE MAIN REASON WHY (NAME)'S BIRTH IS NOT REGISTERED?	Costs too much
	Must travel too far	2
	Did not know it should be registered	3
	Did not want to pay fine	4
	Did not find important	5
	Do not know where to register	6 6 BR4
	Other (specify)	7
	DK	8
BR3. DO YOU KNOW WHERE TO REGISTER YOUR CHILD'S BIRTH?	Yes	1
	No	2
BR4. HOW MUCH DOES IT COST TO REGISTER A CHILD WITH THE BIRTHS AND DEATHS REGISTRY IF THE CHILD IS UNDER 1 YEAR OLD?	Free	1
	Less than GH¢10	2
	GH¢10	3
	More than GH¢10	4
	DK	8

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None 00	
	Number of children's books 0 ___	
	Ten or more books 10	

EARLY CHILDHOOD DEVELOPMENT (cont'd)		EC
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.		
DOES HE/SHE PLAY WITH:		
[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?	Y N DK	
Homemade toys	1 2 8	
[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?		
Toys from a shop	1 2 8	
[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?		
Household objects or outside objects	1 2 8	
If the respondent says "YES" to any of the categories above, then probe to learn specifically what the child plays with to ascertain the response		
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.		
ON HOW MANY DAYS IN THE PAST WEEK WAS (name):		
[A] LEFT ALONE FOR MORE THAN AN HOUR?		Number of days left alone for more than an hour ___
[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?		Number of days left with other child for more than an hour ___
If 'none' enter '0'. If 'don't know' enter '8'		
EC4. Check AG2: Age of child		
<input type="checkbox"/> Child age 3 or 4 Continue with EC5		
<input type="checkbox"/> Child age 0, 1 or 2 Go to Next Module		
EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes	1
	No	2 2 EC7
	DK	8 8 EC7
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?		Number of hours ___
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER 15 YEARS OLDER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):		
If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?		
Circle all that apply.		
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	Mother A Father B Other X No one Y	
[B] TOLD STORIES TO (name)?	A B X Y	
[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	A B X Y	
[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A B X Y	
[E] PLAYED WITH (name)?	A B X Y	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A B X Y	

EARLY CHILDHOOD DEVELOPMENT		EC
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.	Yes No	1 2
CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	DK	8
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes No	1 2
	DK	8
EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes No	1 2
	DK	8
EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK (STONE) FROM THE GROUND?	Yes No	1 2
	DK	8
EC12. IS (name) OFTEN TOO SICK TO PLAY?	Yes No	1 2
	DK	8

EARLY CHILDHOOD DEVELOPMENT		EC
EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes No	1 2
	DK	8
EC14. WHEN GIVEN SOMETHING TO DO, IS (name) ABLE TO DO IT INDEPENDENTLY?	Yes No	1 2
	DK	8
EC15. DOES (name) GET ALONG WELL WITH OTHER CHILDREN?	Yes No	1 2
	DK	8
EC16. DOES (name) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes No	1 2
	DK	8
EC17. DOES (name) GET DISTRACTED EASILY?	Yes No	1 2
	DK	8

BREASTFEEDING		BF
BF1. HAS (NAME) EVER BEEN BREASTFED?	Yes No	1 2
	DK	8
		2 BF3
BF2. IS (NAME) STILL BEING BREASTFED?	Yes No	1 2
	DK	8

BREASTFEEDING (cont'd)		BF
BF10. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes No	1 2
	DK	8
BF11. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes No	1 2
	DK	8
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes No	1 2
	DK	8

DIET DIVERSITY		DD
NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS AND FOODS THAT (NAME) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER YOUR CHILD HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.		

DD1. DID (NAME) DRINK/EAT (NAME OF FOOD) DURING THE DAY OR THE NIGHT BEFORE:	Yes	No	DK	DD2 HOW MANY TIMES DID (name) DRINK
A. MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK?				
B. INFANT FORMULA (SMA, LACTOGEN...)?				
C. BABY CEREAL (NESTLE CERELAC, FRESOCREM...)?				
D. TEA OR COFFEE?				
E. ANY OTHER LIQUIDS (JUICE, COCOA, COCONUT WATER...)?				
F. BREAD, RICE, NOODLES OR OTHER FOODS MADE FROM GRAIN (KENKEY, BANKU, KOKO, TUO ZAAFI, AKPLE, WEANIMIX...)?				
G. PUMPKIN, RED OR YELLOW YAMS, CARROTS, AND ORANGE OR YELLOW SWEET POTATOES...?				
H. WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, COCOYAM, FUFU OR ANY OTHER FOODS MADE FROM ROOTS, TUBERS OR PLANTAIN?				
I. ANY DARK GREEN LEAFY VEGETABLES (KONTOMIRE, ALEEFU, AYOYO, KALE, CASSAVA LEAVES)?				
J. RIPE MANGOES, PAWPAW?				
K. ANY OTHER FRUITS OR VEGETABLES (BANANAS, AVOCADOS, TOMATOES, ORANGES, APPLES...)?				
L. LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?				
M. ANY MEAT SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN OR DUCK?				
N. EGGS?				
O. FRESH OR DRIED FISH OR SHELLFISH (PRAWNS, LOBSTERS...)?				
P. ANY FOODS MADE FROM BEANS, PEAS, LENTILS OR NUTS?				
Q. CHEESE, YOGURT OR OTHER MILK PRODUCTS?				
R. ANY OIL, FATS OR BUTTER, OR FOODS MADE WITH ANY OF THIS?				
S. ANY SUGARY FOODS AS CHOCOLATE, SWEET CANDIES, PASTRIES, CAKES OR BISCUITS?				
T. ANY OTHER SOLID OR SEMI-SOLID FOODS?				

CHECK DD1 : FOOD CONSUMED DURING THE DAY OR NIGHT BEFORE

 At least one Yes in F to T Continue with BF17 Not a single Yes in F to T Go to next module

BF17. HOW MANY TIMES DID (name) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ___
--	---------------------

CA1. IN THE LAST TWO WEEKS, HAS (name) HAD DIARRHOEA?	Yes No	1 2	2 CA7
	DK	8	8 CA7

CARE OF ILLNESS		CA
CA2. I WOULD LIKE TO KNOW HOW MUCH (name) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? If less, probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less Somewhat less About the same More Nothing to drink DK	1 2 3 4 5 8
CA3. DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If "less", probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less Somewhat less About the same More Stopped food Never gave food DK	1 2 3 4 5 6 8
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.		Y N DK
[A] A FLUID MADE FROM A SACHET ORS?	Fluid from ORS sachet	1 2 8
[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Pre-packaged ORS fluid	1 2 8
[C] COCONUT WATER?	Coconut Water	1 2 8
[D] RICE WATER?	Rice Water	1 2 8
[E] MASHED KENKEY?	Mashed Kenkey	1 2 8
CA4F. Check CA4: ORS sachet or Pre-Packaged ORS given <input type="checkbox"/> [A]=1 or [B]=1 Continue with CA4G <input type="checkbox"/> Else CA5		
CA4G. WHERE DID YOU GET THE (ORS SACHET/PRE-PACKAGED ORS) FROM? Probe: ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions.	Public sector Govt. hospital/Polyclinic Govt. clinic/health centre Govt. health post/CHPS compound Community health worker Mobile / Outreach clinic Other public (specify) Private medical sector Private hospital / clinic/ physician Private pharmacy/Chemical shop Mobile / Outreach clinic Herbal centre/Herbal clinic Other private medical (specify) Other source Relative / Friend Shop Traditional practitioner Other (specify)	A B C D E H I K L M O P Q R X
CA4H. HOW MUCH DID YOU PAY FOR THE ORS?	Cedis _____ DK 998	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes No DK	1 2 8
		2 CA7 8 CA7

CARE OF ILLNESS (cont'd)		CA
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? Probe: ANYTHING ELSE? Record all treatments given. Write brand name(s) of all medicines mentioned. (Name)	Pill or Syrup Antibiotic Antimotility (anti-diarrhoeal) Zinc Other (Not antibiotic, antimotility or zinc) Unknown pill or syrup Injection Antibiotic Non-antibiotic Unknown injection Intravenous Home remedy / Herbal medicine Other (specify)	A B C G H L M N O Q X
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?	Yes No DK	1 2 8
		2 CA14 8 CA14
CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes No DK	1 2 8
		2 CA10 8 CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only Blocked or runny nose only Both Other (specify) DK	1 2 3 6 8
		2 CA14 6 CA14
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes No DK	1 2 8
		2 CA12 8 CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? Probe: ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. 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)	Public sector Govt. hospital/Polyclinic Govt. clinic/health centre Govt. health post/CHPS compound Community health worker Mobile / Outreach clinic Other public (specify) Private medical sector Private hospital / clinic / physician Private pharmacy/Chemical shop Mobile/Outreach clinic Herbal Centre/Clinic Other private medical (specify) Other source Relative / Friend Shop Traditional practitioner Other (specify)	A B C D E H I K L M O P Q R X
CA12. WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes No DK	1 2 8
		2 CA14 8 CA14

CARE OF ILLNESS (cont'd)		CA	
CA13. WHAT MEDICINE WAS (name) GIVEN? Probe: ANY OTHER MEDICINE?	Antibiotic Pill / Syrup Injection	A B	
Circle all medicines given. Write brand name(s) of all medicines mentioned. (Names of medicines)	Anti-malarials	M	M CA14
	Paracetamol / Panadol / Acetaminophen	P	P CA14
	Aspirin	Q	Q CA14
	Ibuprofen	R	R CA14
	Other (specify)	X	X CA14
	DK	Z	Z CA14
CA13A. FROM WHERE DID YOU GET THE ANTIBIOTIC (PILL/SYRUP OR INJECTION)? Probe: ANYWHERE ELSE?	Public sector Govt. hospital/Polyclinic Govt. clinic/health centre Govt. health post/CHPS Compound Community health worker Mobile / Outreach clinic Other public (specify)	A B C D E H	
	Private medical sector Private hospital / clinic/ physician Private pharmacy/Chemical shop Mobile/Outreach clinic Herbal Centre/HerbalClinic Other private (specify)	I K L M O	
	Other source Relative / Friend Shop Traditional practitioner Other (specify)	P Q R X	
CA14. Check AG2: Child aged under 3? <input type="checkbox"/> Yes Continue with CA15 <input type="checkbox"/> No Go to Next Module			
CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine Put / Rinsed into toilet or latrine Put / Rinsed into drain or ditch Thrown into garbage (solid waste) Buried Left in the open Other (specify) DK	01 02 03 04 05 06 96 98	

MALARIA		ML	
ML1. IN THE LAST TWO WEEKS, HAS (name) BEEN ILL WITH A FEVER AT ANY TIME?	Yes No DK	1 2 8	2 Next Module 8 Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID (name) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes No DK	1 2 8	

MALARIA (cont'd)		ML	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes No DK	1 2 8	2 ML8 8 ML8
ML4. WAS (name) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes No DK	1 2 8	2 ML8 8 ML8
ML4A. WHERE WAS (name) TAKEN DURING THIS ILLNESS?	Public sector Govt. Hospital Govt. clinic Health center Govt. Health post/CHPS compound Village health worker/CBA Mobile/outreach clinic Other (specify) Private medical sector Private hospital/clinic Private physician Private pharmacy/Chemical shop Mobile/Outreach clinic Other (specify) Other source Relative or Friend Shop Traditional practitioner Drug peddlers Other (specify) DK	11 12 13 14 15 16 21 22 23 24 26 31 32 33 34 96 98	
ML5. WAS (name) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes No DK	1 2 8	2 ML7 8 ML7
ML6. WHAT MEDICINE WAS (name) GIVEN? Probe: ANY OTHER MEDICINE?	Anti-malarials: SP / Fansidar Chloroquine Amodiaquine Quinine Artemisinin-based Combination ACT with the green leaf Other anti-malarial (specify) Antibiotic drugs Pill / Syrup Injection Other medications: Paracetamol/ Panadol / Acetaminophen Aspirin Ibuprofen Other (specify) DK	A B C D E F H I J P Q R X Z	
Circle all medicines mentioned. Write brand name(s) of all medicines, if given. (Name)			
ML7. WAS (name) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes No DK	1 2 8	1 ML9 2 ML10 8 ML10
ML8. WAS (name) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes No DK	1 2 8	2 ML10 8 ML10

MALARIA (cont'd)		ML
<p>ML9. WHAT MEDICINE WAS (name) GIVEN?</p> <p>Probe: ANY OTHER MEDICINE?</p> <p>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</p> <p>(Name)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar A</p> <p>Chloroquine B</p> <p>Amodiaquine C</p> <p>Quinine D</p> <p>Artemisinin-based Combination E</p> <p>ACT with the green leaf F</p> <p>Other anti-malarial (specify) H</p> <p>Antibiotic drugs</p> <p>Pill / Syrup I</p> <p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol/ Acetaminophen P</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (specify) X</p> <p>DK Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes Continue with ML11</p> <p><input type="checkbox"/> No Go to Next Module</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML6 or ML9)?</p> <p>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever 4</p> <p>DK 8</p>	

IMMUNIZATION		IM
<p>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</p>		
<p>IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?</p> <p>(If yes) MAY I SEE IT PLEASE?</p>	<p>Yes, seen 1</p> <p>Yes, not seen 2</p> <p>No card 3</p>	<p>1 IM3</p> <p>2 IM6</p>
<p>IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1 IM6</p> <p>2 IM6</p>

IMMUNIZATION (cont'd)		Date of Immunization			IM
<p>IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.</p>		Day	Month	Year	
	BCG BCG				
POLIO AT BIRTH OPV0					
POLIO 1 OPV1					
POLIO 2 OPV2					
POLIO 3 OPV3					
PENTA1 (DPT/HEPB/INFL1) PEN1					
PENTA2 (DPT/HEPB/INFL2) PEN2					
PENTA3 (DPT/HEPB/INFL3) PEN3					
MEASLES MEASLES					
YELLOW FEVER YF					
VITAMIN A (1) (MOST RECENT) VITA1					
VITAMIN A (2) (2ND MOST RECENT) VITA2					
<p>IM4. Check IM3. Are all vaccines (BCG to Yellow Fever) recorded?</p> <p><input type="checkbox"/> Yes Go to IM18</p> <p><input type="checkbox"/> No Continue with IM5</p>					

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p>Record 'Yes' only if respondent mentions vaccines shown in the table above.</p>	<p>Yes (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</p> <p>No 2</p> <p>DK 8</p>	<p>1</p> <p>2 IM18</p> <p>8 IM18</p>
<p>IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes</p> <p>No 2</p> <p>DK 8</p>	<p>1</p> <p>2 IM18</p> <p>8 IM18</p>
<p>IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes</p> <p>No 2</p> <p>DK 8</p>	<p>1</p>
<p>IM8. HAS (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes</p> <p>No 2</p> <p>DK 8</p>	<p>1</p> <p>2 IM11</p> <p>8 IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks</p> <p>Later</p>	<p>1</p> <p>2</p>
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times ___</p>	

IMMUNIZATION (cont'd)		IM	
IM11. HAS (name) EVER RECEIVED A PENTA (DPT/HEPB/INFL) VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? Probe by indicating that PENTA vaccination is sometimes given at the same time as Polio	Yes No DK	1 2 8	1 2 IM16 8 IM16
IM12. HOW MANY TIMES WAS A PENTA (DPT/HEPB/INFL) VACCINE RECEIVED?	Number of times ____		
IM16. HAS (name) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES? Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine	Yes No DK	1 2 8	
IM17. HAS (name) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine	Yes No DK	1 2 8	
IM18. HAS (name) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS? Show common types of ampules / capsules / syrups	Yes No DK	1 2 8	
IM19. Please tell me if (name) has participated in any of the following campaigns over the course of the year:		Y N DK	
[A] POLIO IMMUNIZATION PHASE I (MARCH 2011)	POLIO IMMUNIZATION PHASE I	1 2 8	
[B] POLIO IMMUNIZATION PHASE II (MAY 2011)	POLIO IMMUNIZATION PHASE II	1 2 8	
[C] POLIO IMMUNIZATION PHASE III (AUGUST 2011)	POLIO IMMUNIZATION PHASE III	1 2 8	
[D] POLIO IMMUNIZATION PHASE IV (NOVEMBER 2011)	POLIO IMMUNIZATION PHASE IV	1 2 8	

NATIONAL HEALTH INSURANCE		HI	
HI1. HAS (name) EVER BEEN REGISTERED WITH ANY HEALTH INSURANCE SCHEME?	Yes No	1 2	2 HI10
HI2. WHAT TYPE OF HEALTH INSURANCE DOES (NAME) HAVE? Probe: ANY OTHER?	National/District Health Insurance (NHIS) Mutual Health Organization/ Community-based Health Insurance Other Privately Purchased Commercial Health Insurance Other Health Insurance (specify)	A B C X	
HI3. Check HI2: <input type="checkbox"/> NHIS NOT CHECKED. Go to HI11			
HI3A. IN WHICH YEAR WAS (NAME) FIRST REGISTERED WITH THE NATIONAL HEALTH INSURANCE SCHEME (NHIS)?	(YYYY) _____ DK.....998		
HI4. HOW WAS (NAME'S) MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself Premium paid by a relative or friend Free Child Health Service Other (specify)	01 02 07 96	

NATIONAL HEALTH INSURANCE (cont'd)		HI	
HI5. DOES (NAME) HOLD A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD? If child has valid insurance card, request to see it. Check to make sure it is valid for 2011	Yes, card seen Yes, card not seen No	1 2 3	1 HI9 2 HI9
HI6. WHY DOES (NAME) NOT HAVE A VALID NHIS CARD?	Registered/Renewed, card not received Registered, in waiting period Registration not renewed Lost NHIS card Not aware of need to renew the card Other (specify)	2 3 4 5 7 6	2 HI9 3 NI9 5 HI9 6 HI9
HI7. DO YOU PLAN TO RENEW (NAME'S) NHIS REGISTRATION?	Yes No Don't know/ Not sure	1 2 8	1 HI9 8 HI9

HI8. WHY DO YOU NOT WANT TO RENEW (NAME'S) NHIS REGISTRATION? Probe: ANY OTHER REASON?	Has not been sick Still pay out of pocket Poor quality care with card Waiting time for card too long Desired services not covered Clinics used/ traditional services not Covered by NHIS Not aware that card is renewable Other (specify)_____	A C D E F G H X	
HI9. IN YOUR OPINION, DOES A CHILD WITH THE NHIS CARD GET BETTER/SAME/WORSE SERVICES WHEN THEY VISIT HEALTH CARE FACILITIES?	Better Same Worse Never used Don't know	1 2 3 4 8	1 UF13 2 UF13 3 UF13 4 UF13 8 UF13
HI10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION FOR (NAME) WITH THE NHIS? Probe: ANY OTHER REASON?	Not heard of NHIS Do not trust NHIS Do not know where to register Registration office too far Do not need health insurance NHIS does not cover the services needed NHIS does not cover the facilities used H Not aware that card is renewable Other (specify)_____	A C D E F G H I X	A UF13 C UF13 D UF13 E UF13 F UF13 G UF13 H UF13 X UF13
HI11. IS (NAME'S) INSURANCE CURRENTLY VALID FOR 2011?	Yes No Don't know/ Not sure	1 2 8	

UF13. Record the time.	Hour and minutes ____ : ____	
UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?	<input type="checkbox"/> Yes Indicate to the respondent that the health technician will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent <input type="checkbox"/> No End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that the health technician will need to measure the weight and height of the child Check to see if there are other woman's, under-5's or man's questionnaires to be administered in this household. Move to another woman's, under-5 or man's questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.	

ANTHROPOMETRY		AN	
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements. Also observe and record whether the child has oedema or not.			
AN1. Measurer's name and number:	Name	_____	
AN2. Result of height / length and weight measurement	Either or both measured	1	
	Child not present	2	2 AN6
	Child or caretaker refused	3	3 AN6
	Other (specify)	6	6 AN6
AN3. Child's weight	Kilograms (kg)	____.____	
	Weight not measured	99.9	
AN4. Child's length or height	Check age of child in AG2:		
<input type="checkbox"/> Child under 2 years old. Measure length (lying down).	Length (cm) Lying down	1 _____ . ____	
	Height (cm) Standing up	2 _____ . ____	
<input type="checkbox"/> Child age 2 or more years. Measure height (standing up).	Length / Height not measured	9999.9	
	AN5. Oedema	Checked	
EXAMINE AND RECORD.	Oedema present	1	
	Oedema not present	2	
	Unsure	3	
	Not checked (specify reason)	7	
AN6. Is there another child in the household who is eligible for measurement?			
<input type="checkbox"/> Yes Record measurements for next child.			
<input type="checkbox"/> No End measurement with this household by thanking all participants for their cooperation. Health technician will then proceed to the anemia and malaria testing for eligible children in the house hold.			

ANAEMIA AND MALARIA TESTING FOR CHILDREN UNDER FIVE		AM	
After weighing and measuring the child, the health technician will request to do the anaemia and malaria testing.			
AM1. Check AG1:	Yes	1	
Was child born in month of interview or five previous months?	No	2	1 END
AM2. Ask consent for anaemia test from mother or caretaker:			
AS PART OF THIS SURVEY, WE ARE ASKING THAT CHILDREN ALL OVER THE COUNTRY TAKE AN ANAEMIA TEST. ANAEMIA IS A SERIOUS HEALTH PROBLEM THAT USUALLY RESULTS FROM POOR NUTRITION, INFECTION, OR DISEASE. THIS SURVEY WILL HELP THE GOVERNMENT TO DEVELOP PROGRAMS TO PREVENT AND TREAT ANAEMIA.			
WE ASK THAT ALL CHILDREN AGE 6 MONTHS TO 5 YEARS PARTICIPATE IN THE ANAEMIA TESTING PART OF THIS SURVEY AND GIVE A FEW DROPS OF BLOOD FROM A FINGER. THE EQUIPMENT USED TO TAKE THE BLOOD IS CLEAN AND COMPLETELY SAFE. IT HAS NEVER BEEN USED BEFORE AND WILL BE THROWN AWAY AFTER EACH TEST. YOUR CHILD WILL FEEL SOME PAIN THAT LASTS A FEW SECONDS WHEN HIS/HER FINGER IS PRICKED. THERE IS ALSO A SLIGHT RISK OF BLEEDING AND INFECTION WHERE THE FINGER IS PRICKED, BUT WE TAKE PRECAUTIONS TO REDUCE THIS RISK.			
THE BLOOD WILL BE TESTED FOR ANAEMIA IMMEDIATELY AND THE RESULT WILL BE MADE KNOWN TO YOU RIGHT AWAY. THE RESULT WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM.			
DO YOU HAVE ANY QUESTIONS? YOU CAN SAY YES TO THE TEST OR YOU CAN SAY NO. IT IS UP TO YOU TO DECIDE.			
WILL YOU ALLOW (NAME OF CHILD) TO PARTICIPATE IN THE ANAEMIA TEST?			
AM3. Anaemia testing consent outcome.	Granted	1	
	_____ (mother/caretaker's signature or thumbprint)		
	_____ (health tech's signature as witness)		
	Refused	2	
	Child not present	5	
	Other	6	
AM4. Ask consent for malaria test from mother or caretaker:			
AS PART OF THIS SURVEY, WE ARE ASKING THAT CHILDREN ALL OVER THE COUNTRY TAKE A MALARIA TEST. MALARIA IS A SERIOUS ILLNESS CAUSED BY A PARASITE TRANSMITTED BY A MOSQUITO BITE. THIS SURVEY WILL HELP THE GOVERNMENT TO DEVELOP PROGRAMS TO PREVENT MALARIA.			
WE ASK THAT ALL CHILDREN AGE 6 MONTHS TO 5 YEARS PARTICIPATE IN THE MALARIA TESTING PART OF THIS SURVEY AND GIVE A FEW DROPS OF BLOOD FROM A FINGER. THE EQUIPMENT USED TO TAKE THE BLOOD IS CLEAN AND COMPLETELY SAFE. IT HAS NEVER BEEN USED BEFORE AND WILL BE THROWN AWAY AFTER EACH TEST. YOUR CHILD WILL FEEL SOME PAIN THAT LASTS A FEW SECONDS WHEN HIS/HER FINGER IS PRICKED. THERE IS ALSO A SLIGHT RISK OF BLEEDING AND INFECTION WHERE THE FINGER IS PRICKED, BUT WE TAKE PRECAUTIONS TO REDUCE THIS RISK. WE WILL USE BLOOD FROM THE SAME FINGER PRICK MADE FOR THE ANAEMIA TEST.			
ONE BLOOD DROP WILL BE TESTED FOR MALARIA IMMEDIATELY AND THE RESULT WILL BE MADE KNOWN TO YOU RIGHT AWAY. ANOTHER DROP WILL BE COLLECTED ON A SLIDE AND TAKEN TO A LABORATORY FOR TESTING. YOU WILL NOT BE TOLD THE RESULTS OF THE LABORATORY TESTING. ALL RESULTS WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM.			
DO YOU HAVE ANY QUESTIONS? YOU CAN SAY YES TO THE TEST OR YOU CAN SAY NO. IT IS UP TO YOU TO DECIDE.			
WILL YOU ALLOW (NAME OF CHILD) TO PARTICIPATE IN THE MALARIA TESTING?			

ANAEMIA AND MALARIA TESTING FOR CHILDREN UNDER FIVE (cont'd)		AM
AM5. Malaria testing consent outcome.	Granted 1 _____ (mother/caretaker's signature or thumbprint) _____ (health tech's signature as witness) Refused 2 Child not present 5 Other 6	
AM6. Prepare supplies for the tests for which consent was granted and proceed with the tests.		
AM7. Bar code label. Put the first bar code label here, the 2nd on the RDT, the 3rd on the slide and the 4th and 5th on the transmittal forms.	PASTE THE 1st BAR CODE LABEL HERE Refused 9994 Child not present 9995 Other 9996	
AM8. Haemoglobin level. Record the haemoglobin level here and in the anaemia and malaria brochure.	G/DL __ __ . __ Refused 994 Child not present 995 Other 996	
AM9. Malaria rapid test outcome.	Tested 1 Refused 2 Child not present 3 Other 6	2 AM11 3 AM11 6 AM11
AM10. Malaria rapid test result. Record the result of the RDT here and in the anaemia and malaria brochure.	Positive, falciparum only (Pf) 1 Positive, other species (O,M,V) 2 Positive, both falciparum and OMV 3 Negative 4 Other 6	1 AM13 2 AM13 3 AM13
AM11. Check AM8: Haemoglobin result	Below 7.0 g/dl, severe anaemia 1 7.0 g/dl or above 2 Refused 3 Child not present 4 Other 6	2 END 3 END 4 END 6 END
AM12. Severe anaemia referral THE ANAEMIA TEST SHOWS THAT (NAME OF CHILD) HAS SEVERE ANAEMIA. YOUR CHILD IS VERY ILL AND MUST BE TAKEN TO A HEALTH FACILITY IMMEDIATELY.		END
AM13. DOES (NAME) SUFFER FROM ANY OF THE FOLLOWING ILLNESSES OR SYMPTOMS: EXTREME WEAKNESS? HEART PROBLEMS? FAINTING, LOSS OF CONSCIOUSNESS? RAPID OR DIFFICULT BREATHING? SEIZURES? ABNORMAL BLEEDING? JAUNDICE (YELLOW SKIN)? DARK URINE?	Extreme weakness A Heart problems B Fainting, loss of consciousness C Rapid or difficult breathing D Seizures E Abnormal bleeding F Jaundice G Dark urine H	
AM14. Check AM13: Any code circled?	No code circled 1 Any code circled 2	2 AM 17
AM15. Check AM8: Haemoglobin result	Below 6.0 g/dl, severe anaemia 1 6.0 g/dl or above 2 Refused 3 Child not present 4 Other 6	1 AM 17
AM16. IN THE PAST 2 WEEKS HAS (NAME) TAKEN ANY MEDICINE GIVEN BY A DOCTOR OR HEALTH CENTER TO TREAT THE MALARIA? Check if it is AL/AS-AQ by asking to see the medicine. Circle '1' only if it is AL or AS-AQ.	Yes 1 No 2	1 AM 18 2 AM 19

ANAEMIA AND MALARIA TESTING FOR CHILDREN UNDER FIVE (cont'd)		AM
AM17. Severe malaria referral THE MALARIA TEST SHOWS THAT (NAME OF CHILD) HAS MALARIA. YOUR CHILD ALSO HAS SYMPTOMS OF SEVERE MALARIA. THE MALARIA TREATMENT I HAVE WILL NOT HELP YOUR CHILD, AND I CANNOT GIVE YOU THE MEDICATION. YOUR CHILD IS VERY ILL AND MUST BE TAKEN TO A HEALTH FACILITY RIGHT AWAY.		END
AM18. Referral for those who are already taking AL or AS-AQ YOU HAVE TOLD ME THAT (NAME OF CHILD) HAS ALREADY RECEIVED MEDICATION FOR MALARIA. THEREFORE, I CANNOT GIVE YOU ADDITIONAL MEDICATION. HOWEVER, THE TEST SHOWS THAT HE/SHE IS POSITIVE FOR MALARIA. IF YOUR CHILD HAS A FEVER FOR TWO DAYS AFTER THE LAST DOSE OF MEDICATION, YOU SHOULD TAKE THE CHILD TO THE NEAREST HEALTH FACILITY FOR FURTHER EXAMINATION.		END
AM19. Consent for malaria treatment THE MALARIA TEST SHOWS THAT YOUR CHILD HAS MALARIA. WE CAN GIVE YOU FREE MEDICINE. THE MEDICINE IS CALLED AS-AQ. IT IS VERY EFFECTIVE AND IN A FEW DAYS IT SHOULD GET RID OF THE FEVER AND OTHER SYMPTOMS. YOU DO NOT HAVE TO GIVE THE CHILD THE MEDICINE. IT IS UP TO YOU TO DECIDE. PLEASE TELL ME IF YOU ACCEPT THE MEDICINE OR NOT.		
AM20. Accepted medicine?	Accepted medicine 1 Refused medicine 2 Other 6	

TABLE 1A: ARTESUNATE + AMODIAQUINE FIXED DOSE COMBINATION STANDARD REGIMEN, USING THE 3 AVAILABLE DOSING STRENGTHS

Artesunate + Amodiaquine Fixed Dose Combination*					
Weight (kg)	Age	Tablet Dosing Strength	Day 1	Day 2	Day 3
≤ 8 kg	2-11 mos. "Infants"	AS: 25 mg AQ: 67.5 mg	1 tablet	1 tablet	1 tablet
9-17 kg	1-5 years "Young Children"	AS: 50 mg AQ: 135 mg	1 tablet	1 tablet	1 tablet
18-35 kg	6-13 years "Children"	AS: 100 mg AQ: 270 mg	1 tablet	1 tablet	1 tablet
≥ 36 kg	> 13 years "Adolescents & Adults"	AS: 100 mg AQ: 270 mg	2 tablet	2 tablet	2 tablet

* Each tablet contains both Artesunate (AS) and Amodiaquine (AQ), at the dosages indicated. The product packaging clearly indicates which dosing strength applies to which age group.

TABLE 1B: ARTESUNATE + AMODIAQUINE CO-BLISTERED FORMULATION REGIMEN FOR ONCE DAILY DOSING

Weight (kg)	Age (yr)	Artesunate 50 mg tablets			Amodiaquine 150 mg base tablets		
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
5-10 kg	Under 1	½ tab	½ tab	½ tab	½ tab	½ tab	½ tab
11-24 kg	1-6	1 tab	1 tab	1 tab	1 tab	1 tab	1 tab
24-50 kg	7-13	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs
50-70 kg	14-18	3 tabs	3 tabs	3 tabs	3 tabs	3 tabs	3 tabs
≥70 kg	≥18	4 tabs	4 tabs	4 tabs	4 tabs	4 tabs	4 tabs

Note: The dose in mg/body weight is: Amodiaquine 10mg/kg body weight + Artesunate 4mg/ kg body weight, taken as a SINGLE DOSE daily for three (3) days, after meals.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR INDIVIDUAL MEN
GHANA 2011

MAN'S INFORMATION PANEL

MM

This questionnaire is to be administered to all men age 15 through 59 (see column HL7A of Household Listing Form). Fill in one form for each eligible man.

MM1. Cluster Number: _____

MM2. Household number: _____

MM3. Man's name: _____

MM4. Man's line number: _____

MM5. Interviewer name and number: _____

MM6. Day / Month / Year of interview:

Name

____ / ____ / 2011

Name of Region: _____

Name of District: _____

Repeat greeting if not already read to this man:

If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:

WE ARE FROM THE GHANA STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

 Yes, permission is given Go to MM10 to record the time and then begin the interview.

 No, permission is not given Complete MM7. Discuss this result with your supervisor.

MM7. Result of man's interview

Completed	01
Not at home	02
Refused	03
Partly completed	04
Incapacitated	05
Other (specify)	96

MM8. Field edited by (Name and number):

MM9. Data entry clerk (Name and number):

Name _____

Name _____

MM10. Record the time.

Hour and minutes ____ : ____

MAN'S BACKGROUND

MB

MB1. IN WHAT MONTH AND YEAR WERE YOU BORN?

Date of birth
Month ____ 98
DK month 98
Year ____
DK year 9998

MB2. HOW OLD ARE YOU?

Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?

Age (in completed years) ____

Compare and correct MB1 and/or MB2 if inconsistent

MB3. HAVE YOU EVER ATTENDED SCHOOL?
(INCLUDING PRESCHOOL)

Yes	1	
No	2	2 MB7

MAN'S BACKGROUND (cont'd)		MB
MB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool Primary Middle/JSS/JHS Secondary/SSS/SHS Voc/Comm/Tech Post Secondary (Nursing/Teacher Trg) Tertiary	0 1 2 3 4 5 6
MB5. WHAT IS THE HIGHEST CLASS/YEAR YOU COMPLETED AT THAT LEVEL?	Class/Year —	0 MB7
If no class/year completed at that level, enter "0"		
MB6. Check MB4:		
<input type="checkbox"/> Secondary or Higher (MB4=3 or MB4=4 or MB4=5 or MB4=6) Go to MB8		
<input type="checkbox"/> Primary /Middle/JSS/JHS (MB4=1 or MB4=2) Continue with MB7		
MB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.	Cannot read at all Able to read only parts of sentence Able to read whole sentence	1 2 3
Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:		
CAN YOU READ PART OF THE SENTENCE TO ME?	No sentence in required language (specify language)	4
	Blind/mute, visually/speech impaired	5

MB8. WHAT IS YOUR RELIGION?	Catholic Protestant Pentecostal/Charismatic Deeper Life Jehovah Witness SDA Other Christian Moslem Traditional Spiritualist Other religion (specify) No Religion	11 12 13 14 15 16 17 21 31 32 96 97
MB9. TO WHAT ETHNIC GROUP DO YOU BELONG?	Akan Ga/Dangme Ewe Guan Gruma Mole Dagbani Grusi Mande Non-Ghanaian Other ethnic group (specify)	11 12 13 14 15 21 22 23 24 96

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		AC
AC1. Check MB7:		
<input type="checkbox"/> Question left blank (Respondent has Secondary or Higher education) Continue with AC2		
<input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) Continue with AC2		
<input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) Go to AC3		
AC2. DO YOU READ A NEWSPAPER OR MAGAZINE ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4
AC3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4
AC4. DO YOU WATCH TELEVISION ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4
AC6. HAVE YOU EVER USED A COMPUTER?	Yes No	1 2
		2 AC9
AC7. HAVE YOU EVER USED A COMPUTER IN THE LAST 12 MONTHS?	Yes No	1 2
		2 AC9
AC8. DURING THE LAST ONE MONTH, DID YOU USE A COMPUTER ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4
AC9. HAVE YOU EVER USED THE INTERNET?	Yes No	1 2
		2 NEXT MODULE

AC10. HAVE YOU EVER USED THE INTERNET IN THE LAST 12 MONTHS?	Yes No	1 2	2 NEXT MODULE
If necessary, probe for use from any location, with any device			
AC11. DURING THE LAST ONE MONTH, DID YOU USE THE INTERNET ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day At least once a week Less than once a week Not at all	1 2 3 4	

MARRIAGE/UNION		MU	
MU1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married Yes, cohabiting with a woman No, not in union	1 2 3	2 MU1B 3 MU5
MU1A. WHAT TYPE OF MARRIAGE?	Consensual union Customary marriage only Customary and religious Civil marriage only Customary and civil Customary, religious and civil Betrothed(incl. customary not completed) Other (specify) DK	01 02 03 04 05 06 07 96 98	
MU1B. HOW MANY WOMEN DO YOU CURRENTLY LIVE WITH (MARRIED OR AS IF MARRIED)?	Number of women	___	

MARRIAGE/UNION (cont'd)		MU	
If only one wife MU2. HOW OLD IS YOUR WIFE/PARTNER?	Age in years	___	MU8
Probe: HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY?	DK	98	MU8
If more than one wife MU2A. HOW OLD IS YOUR YOUNGEST WIFE/PARTNER (RANK)?	Probe: HOW OLD WAS YOUR YOUNGEST WIFE/PARTNER ON HER LAST BIRTHDAY?		
MU5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married Yes, formerly lived with a woman No	1 2 3	3 Next Module
MU6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed Divorced Separated	1 2 3	
MU7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once More than once	1 2	
MU8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month ___ DK month 98 Year _____ DK year 9998		Next Module
MU9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years	___	

ATTITUDE TOWARDS CONTRACEPTION		MR	
MR1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.			
MR2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.	Yes No	1 2	2 MR4
ARE YOU OR (ANY OF) YOUR WIFE(S)/PARTNER(S) CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID HER GETTING PREGNANT?	DK	8	8 MR4
MR3. WHAT ARE YOU / ANY OF YOUR WIFE(S)/PARTNER(S) DOING TO DELAY OR AVOID A PREGNANCY?	Female sterilization Male sterilization IUD Injectables Implants Pill Male condom Female condom Diaphragm Foam / Jelly Lactational amenorrhoea method (LAM) Periodic abstinence / Rhythm Withdrawal LNG-IUS Other (specify)	A B C D E F G H I J K L M N X	NEXT MODULE
Do not prompt. If more than one method is mentioned, circle each one.			

ATTITUDE TOWARDS CONTRACEPTION (cont'd)		MR	
MR4. WOULD YOU YOURSELF USE OR WOULD YOU ALLOW (ANY OF) YOUR WIFE(S)/PARTNER(S) TO USE ANY SUCH METHODS?	Yes No DK / not sure / depends	1 2 8	1 NEXT MODULE 8 NEXT MODULE
MR5. WHY WOULDN'T YOU ALLOW YOUR WIFE(S)/PARTNER(S) TO USE ANY SUCH METHODS?	Religious beliefs Partner refuses Can't afford / expensive Side effects Not sexually active Do not wish to avoid pregnancy Encourages promiscuity Other (specify)	A B C D E F G X	
Probe: ANY OTHER REASON? Record all reasons mentioned.			

BEHAVIOUR CHANGE COMMUNICATION ON MALARIA		MC	
MC1. NOW I WOULD LIKE YOU TO TALK ABOUT MALARIA	Eating sweet foods Standing/ working in the sun Eating contaminated food Mosquito bites Malaria parasite (p. falciparum) Hereditary Dirty surroundings Weedy surroundings and stagnant water Other (specify) DK	A B C D E F G H X Z	
IN YOUR OPINION, WHAT CAUSES MALARIA?			
Probe: WHAT ELSE?			

MC2. HOW WOULD YOU KNOW THAT SOMEONE HAS MALARIA?	Hot body fever Vomiting/Diarrhea Strong headaches/Dizziness Loss of appetite Weakness of the body Cough Chills Bitterness in the mouth Other (specify) DK	A B C D E F G H X Z	
Probe: WHAT ELSE?			
MC3. HOW CAN ONE PROTECT HIM/HERSELF AGAINST MALARIA?	Sleep under a mosquito net Sleep under an insecticide treated mosquito net Use Mosquito repellent Avoid mosquito bites Clear Weeds around the house Fill in Stagnant waters (puddles) Keep surrounding clean Put mosquito screen window Other (specify) DK	A B C D E F G H X Z	
MC4. CAN MALARIA BE TREATED?	Yes No DK	1 2 8	
MC5. IN THE PAST SIX MONTHS, HAVE YOU SEEN OR HEARD ANY MALARIA MESSAGES?	Yes No	1 2	2 MC10
BEHAVIOUR CHANGE COMMUNICATION ON MALARIA			MC
MC6. WHAT MESSAGES ABOUT MALARIA HAVE YOU SEEN OR HEARD IN THE PAST 6 MONTHS?	If have fever go to health facility Sleep under an insecticide treated mosquito net Pregnant women should take drugs to prevent malaria Malaria kills Other (specify) None DK/Don't remember	A B C D X Y Z	
Probe: WHAT ELSE?			
Circle all that mentioned			

MC7. IN THE PAST SIX MONTHS, HAVE YOU SEEN/HEARD ANY OF THE FOLLOWING MALARIA MESSAGES ON TELEVISION OR RADIO:	Yes on TV	Yes on radio	Yes on both	No	
[A] NANA BORO'S "AHA YE DE-NTONTOM BE WU" MUSIC VIDEO/ SONG?	A 1	2	3	4	
[B] ADVERT WHERE WOMAN DOESN'T WANT TO STAY THE NIGHT WITH THE MAN UNLESS HE HAS A TREATED NET?	B 1	2	3	4	
[C] SHORT DOCUMENTARIES FEATURING THE TRUE STORIES OF GHANAIAI FAMILIES CHILDREN SUFFERING EPILEPSY AND LEARNING DISABILITIES DUE TO SEVERE MALARIA?	C 1	2	3	4	
[D] ADVERT WHERE PEOPLE FROM ALL WALKS OF LIFE ARE SLEEPING UNDER TREATED NETS?	D 1	2	3	4	
MC8 DURING THE PAST 6 MONTHS, HAVE YOU SEEN/HEARD ANY ADVERT ON THE USE OF ACT WITH GREEN LEAF?	Yes 1				
	No 2				2 MC10
MC9. WHERE DID YOU SEE/HEAR THE ADVERT ON THE USE OF ACT WITH GREEN LEAF?	TV Radio Newspaper/Magazine Poster /Leaflets Billboard Other (specify) DK/Don't remember	A B C D E X Z			
Probe: ANY OTHER MEDIA?					
MC10. HAVE YOU PARTICIPATED IN ANY COMMUNITY EVENT EDUCATING COMMUNITY MEMBERS ON PREVENTION AND CONTROL OF MALARIA?	Yes No	1 2			
ATTITUDE TOWARDS DOMESTIC VIOLENCE					MD
MD1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8	
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8	
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8	
[F] IF SHE INSULTS HIM?	Insults him	1	2	8	
[G] IF SHE REFUSES TO GIVE HIM FOOD?	Refuses to give food	1	2	8	
[H] IF SHE HAS ANOTHER PARTNER?	Another partner	1	2	8	
[I] IF SHE STEALS?	Stealing	1	2	8	
[J] IF SHE GOSSIP?	Gossiping	1	2	8	
[K] OTHER, (SPECIFY)?	Other (specify)	1	2	8	

SEXUAL BEHAVIOUR		MS
Check for the presence of others. Before continuing, ensure privacy.		
MS1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse 00 Age in years ___ First time when started living with (first) wife/partner 95	00 Next Module
MS2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2 DK / Don't remember 8	2 MS3 8 MS3
MS2A. WHAT WAS THE MAIN REASON WHY YOU USED THE CONDOM?	To prevent STD/HIV 1 To prevent pregnancy 2 To prevent both STD/HIV and pregnancy 3 Partner requested/insisted 4 Other (specify) 6	
MS3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.	Days ago 1 ___ Weeks ago 2 ___ Months ago 3 ___ Years ago 4 ___	4 MS15
MS4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2	2 MS5
SEXUAL BEHAVIOUR (cont'd)		MS
MS4A. WHAT WAS THE MAIN REASON WHY YOU USED THE CONDOM?	To prevent STD/HIV 1 To prevent pregnancy 2 To prevent both STD/HIV and pregnancy 3 Partner requested/insisted 4 Other (specify) 5	
MS5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? Probe to ensure that the response refers to the relationship at the time of sexual intercourse If 'girlfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '02'. If 'no', circle '03'.	Spouse 01 Cohabiting partner/concubine 02 Girlfriend/fiancée 03 Casual acquaintance 04 Ex-girlfriend/fiancée 05 Commercial sex worker 06 Other (specify) 96	
MS6. Check MU1: <input type="checkbox"/> Currently married or living with a woman (MU1 = 1 or 2) Go to MS8 <input type="checkbox"/> Not married / Not in union (MU1 = 3) Continue with MS7		

MS7. HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ___ DK 98	
MS8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2 MS14B
MS9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	
MS10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? Probe to ensure that the response refers to the relationship at the time of sexual intercourse If 'girlfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '02'. If 'no', circle '03'.	Spouse 01 Cohabiting partner/concubine 02 Girlfriend/fiancée 03 Casual Acquaintance 04 Ex-Girlfriend/fiancée 05 Commercial Sex Worker 06 Other (Specify) 96	
MS11. Check MU1 and MU7: • Currently married or living with a woman (MU1 = 1 or 2) AND Married only once or lived with a woman only once (MU7 = 1) Go to MS13 • Else Continue with MS12		
MS12. HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ___ DK 98	
MS13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2 MS14B
MS14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners ___	
MS14A. WAS A CONDOM USED EVERY TIME YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Yes 1 No 2	
MS14B. HAVE YOU EVER HAD SEX WITH A COMMERCIAL SEX WORKER?	Yes 1 No 2	2 MS15
SEXUAL BEHAVIOUR (cont'd)		MS
MS14C. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH A COMMERCIAL SEX WORKER? Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.	Days ago 1 ___ Weeks ago 2 ___ Months ago 3 ___ Years ago 4 ___	
MS15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.	Number of lifetime partners ___ DK 98	

HIV/AIDS		MH
MH1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1	2 Next Module
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	No 2	
MH2. 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 DK 8	
MH3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8	

MH4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes No DK	1 2 8	
MH5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes No DK	1 2 8	
MH6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes No DK	1 2 8	
MH7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes No DK	1 2 8	
MH8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:	Yes No DK	1 2 8	
[A] DURING PREGNANCY?	Yes No DK	1 2 8	
[B] DURING DELIVERY?	Yes No DK	1 2 8	
[C] BY BREASTFEEDING?	Yes No DK	1 2 8	
MH9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes No DK/Not sure/Depends	1 2 8	
MH9A. IN YOUR OPINION, IF A MALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes No DK / Not sure / Depends	1 2 8	
MH10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes No DK / Not sure / Depends	1 2 8	

HIV/AIDS (cont'd)		MH	
MH11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT OTHER PEOPLE TO KNOW ABOUT IT?	Yes No DK / Not sure / Depends	1 2 8	
MH12. 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 No DK / Not sure / Depends	1 2 8	
MH12A. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ORAL SEX?	Yes No DK / Not sure / Depends	1 2 8	
MH12B. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ANAL SEX?	Yes No DK / Not sure / Depends	1 2 8	
MH12C. IN YOUR OPINION, CAN HIV/AIDS BE CURED?	Yes No DK / Not sure	1 2 8	2 MH24 8 MH24
MH12D. IN YOUR OPINION, CAN A MAN INFECTED WITH HIV/AIDS BE CURED BY HAVING SEX WITH A VIRGIN WOMAN?	Yes No DK / Not sure	1 2 8	

MH24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes No	1 2	2 MH27
MH 25. I DON'T WANT TO KNOW THE RESULTS BUT, WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 12-23 months ago 2 or more years ago	1 2 3	
MH25A. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test Offered and accepted Required	1 2 3	

MH25B. WHERE DID YOU GO FOR THE TEST?	Public sector Govt. hospital Govt. health centre Govt. clinic/PHU Govt. VCT Centre Other public (specify)	11 12 13 14 16	
Probe to identify the type of source. If unable to determine whether public or private, write the name of the place. (NAME OF PLACE)	Private Medical Sector Private hospital Private clinic Other private medical (specify)	21 22 26	
	Other sources NGO VCT Centre Mission hospital	31 32	
	Other (specify)	96	
	DK	98	

HIV/AIDS (cont'd)		MH	
MH 26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes No	1 2	1 Next Module 2 Next Module
MH 26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes No	1 2	1 Next Module 2 Next Module
MH 27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes No	1 2	

NATIONAL HEALTH INSURANCE		NI	
NI1. HAVE YOU EVER REGISTERED WITH ANY HEALTH INSURANCE SCHEME?	Yes No	1 2	2 NI10
NI2. WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE? RECORD ALL MENTIONED	National/District Health Insurance (NHIS) Mutual Health Organization/ Community-based Health Insurance Other privately purchased commercial Health Insurance Other Health Insurance (specify)	A B C X	
NI3. Check NI2: <input type="checkbox"/> NHIS NOT CHECKED. Go to NI11.			

NI4. HOW WAS YOUR MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself Premium paid by a relative or friend Premium paid by employers Premium paid by SSNIT Exempt as indigent Other (specify)	01 02 03 04 05 96	
NI5. DO YOU HAVE A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD? If person has valid insurance card, request to see it. Check to make sure it is valid for 2011	Yes, card seen Yes, card not seen No	1 2 3	1 NI9 2 NI9
NI6. WHY DO YOU NOT HAVE A VALID NHIS CARD?	Registered, but not fully paid yet Registered/Renewed, card not received Registered, in waiting period Registration not renewed Lost NHIS card Other (specify)	1 2 3 4 5 6	1 NI9 2 NI9 3 NI9 5 NI9 6 NI9
NI7. DO YOU PLAN TO RENEW THE NHIS REGISTRATION?	Yes No Don't know/ Not sure	1 2 8	1 NI9 8 NI9
NI8. WHY DO YOU NOT WANT TO RENEW THE NHIS REGISTRATION?	Have not been sick Premium too Expensive Still pay out of pocket Poor quality care with card Waiting time for card too long Desired services not covered Clinics used/ traditional services not Covered by NHIS Other (specify)	A B C D E F G X	
NATIONAL HEALTH INSURANCE (cont'd)			NI
NI9. IN YOUR OPINION, DO NHIS CARD HOLDERS GET BETTER/ SAME/WORSE SERVICES WHEN THEY ATTEND HEALTH CARE FACILITIES?	Better Same Worse Never used Don't know	1 2 3 4 8	1 MM11 2 MM11 3 MM11 4 MM11 8 MM11
NI10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION WITH THE NHIS?	Not heard of NHIS Premium too Expensive Do not trust NHIS Do not know where to register Registration office too far Do not need health insurance NHIS does not cover the services I need NHIS does not cover the facilities I use Other	A B C D E F G H X	A MM11 B MM11 C MM11 D MM11 E MM11 F MM11 G MM11 H MM11 X MM11
NI11. IS YOUR INSURANCE CURRENTLY VALID FOR 2011?	Yes No Don't know / Not sure	1 2 8	
MM11. Record the time.	Hour and minutes ____ : ____		
MM12. End the interview with this respondent by thanking him for his cooperation. Check for the presence of any other eligible man in the household.			

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations