

FORMATTING DATE: 8 Apr 2022
 ENGLISH LANGUAGE: 8 Apr 2022

2022 GHANA DEMOGRAPHIC AND HEALTH SURVEYS
 MAN'S QUESTIONNAIRE

GHANA
 GHANA STATISTICAL SERVICE

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
HOUSEHOLD NUMBER				<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NAME AND LINE NUMBER OF MAN _____				
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO				<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> MONTH <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> YEAR <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> INT. NO. <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	RESULT* <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
RESULT*	_____	_____	_____	RESULT* <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				
LANGUAGE OF QUESTIONNAIRE** <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> </div> LANGUAGE OF INTERVIEW** <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> NATIVE LANGUAGE OF RESPONDENT** <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>				
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 GA 05 DAGBANI 02 AKAN 04 EWE				
TEAM <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> NUMBER	TEAM SUPERVISOR _____ NAME <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> NUMBER			

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ghana Statistical Service (GSS). We are conducting a survey about health and other topics all over Ghana. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS MINUTES	
102	In what REGION do you live?	WESTERN 01 CENTRAL 02 GREATER ACCRA 03 VOLTA 04 EASTERN 05 ASHANTI 06 WESTERN NORTH 07 AHAFO 08 BONO 09 BONO EAST 10 OTI 11 NORTHERN 12 SAVANNAH 13 NORTH EAST 14 UPPER EAST 15 UPPER WEST 16 OUTSIDE OF GHANA 96	→ 104
103	What country were you born in?	COUNTRY	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS <input type="checkbox"/> OR MORE		→ 107
106	In what month and year did you move here?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Just before you moved here, which REGION did you live in?	WESTERN 01 CENTRAL 02 GREATER ACCRA 03 VOLTA 04 EASTERN 05 ASHANTI 06 WESTERN NORTH 07 AHAFO 08 BONO 09 BONO EAST 10 OTI 11 NORTHERN 12 SAVANNAH 13 NORTH EAST 14 UPPER EAST 15 UPPER WEST 16 OUTSIDE OF GHANA 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
109	Why did you move to this place?	EMPLOYMENT 01 EDUCATION/TRAINING 02 MARRIAGE FORMATION 03 FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 (SPECIFY)	
110	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEAR: <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended; pre-primary, primary, middle, JSS/JHS, secondary, SSS/SHS, or higher?	PRE- PRIMARY 1 PRIMARY 2 MIDDLE 3 JSS/JHS 4 SECONDARY 5 SSS/SHS 6 HIGHER 7	
115	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	CHECK 114: PRIMARY, MIDDLE, JSS/JHS, <input type="checkbox"/> SECONDARY, OR SSS/SHS <input type="checkbox"/>	HIGHER <input type="checkbox"/>	→ 119
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) _____ BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED <input type="checkbox"/>	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 120
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	During the last one month, how often 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 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion	CATHOLIC 01 ANGLICAN 02 METHODIST 03 PRESBYTERIAN 04 PENTECOSTAL/CHARISMA 05 OTHER CHRIST 06 ISLAM 07 TRADITIONAL/SPIRITUAL 08 NO RELIGION 95 OTHER 96 (SPECIFY) _____	
131	What is your ethnic group?	AKAN 01 GA/DANGME 02 EWE 03 GUAN 04 MOLE-DAGBAN 05 GRUSI 06 GURMA 07 MANDE 08 OTHER 96 (SPECIFY) _____	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→ 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ 211 → 301								
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2									
211	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around;"> <div> AT LEAST ONE <input type="checkbox"/> LIVING CHILD </div> <div> NO LIVING <input type="checkbox"/> CHILDREN </div> </div>	→ 301	
213	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around;"> <div> MORE THAN ONE <input type="checkbox"/> LIVING CHILD </div> <div> ONLY ONE <input type="checkbox"/> LIVING CHILD </div> </div> <div style="display: flex; justify-content: space-between;"> <div> a) How old is your youngest child? </div> <div> b) How old is your child? </div> </div>	<div style="display: flex; justify-content: flex-end; align-items: center;"> AGE IN YEARS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> </div>	
214	CHECK 213: <div style="display: flex; justify-content: space-around;"> <div> (YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS </div> <div> (YOUNGEST) CHILD IS <input type="checkbox"/> AGE 3 YEARS OR OLDER </div> </div>	→ 301	
215	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around;"> <div> MORE THAN ONE <input type="checkbox"/> LIVING CHILD </div> <div> ONLY ONE <input type="checkbox"/> LIVING CHILD </div> </div> <div style="display: flex; justify-content: space-between;"> <div> a) What is the name of your youngest child? </div> <div> b) What is the name of your child? </div> </div>	<div style="border-bottom: 1px solid black; text-align: center; padding: 5px;"> (NAME OF (YOUNGEST) CHILD) </div>	
216	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 218
217	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
218	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	→ 301
219	Did you go with (NAME's) mother to the hospital or health facility where she gave birth to (NAME)?	YES 1 NO 2	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last 12 months have you:	YES NO			
	a) Heard about family planning on the radio?	a) RADIO	1	2	
	b) Seen anything about family planning on the television?	b) TELEVISION	1	2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE ..	1	2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE	1	2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?	e) FACEBOOK/TWITTER/ INSTAGRAM	1	2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/ BROCHURE	1	2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD ..	1	2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/ EVENTS	1	2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES	1		
		NO	2		
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES	1		
		NO	2		
		DON'T KNOW	8		→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS	1		
		DURING HER PERIOD	2		
		RIGHT AFTER HER PERIOD HAS ENDED ..	3		
		HALFWAY BETWEEN TWO PERIODS	4		
		OTHER _____ (SPECIFY)	6		
		DON'T KNOW	8		
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES	1		
		NO	2		
		DON'T KNOW	8		
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.	DIS- AGREE AGREE DK			
	a) Contraception is a woman's concern and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
	b) Women who use contraception may become promiscuous.	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED	1	→ 404
		YES, LIVING WITH A WOMAN	2	
		NO, NOT IN UNION	3	
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED	1	→ 413
		YES, LIVED WITH A WOMAN	2	
		NO	3	
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED	1	→ 410
		DIVORCED	2	
		SEPARATED	3	
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM	1	
		STAYING ELSEWHERE	2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE)	1	→ 407
		NO (ONLY ONE WIFE)	2	
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/>		
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>b) Please tell me the name of your (first/next) wife or woman you are living with as if married.</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE OR LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">NAME</div> <div style="width: 10%;">LINE</div> <div style="width: 10%;">NUMBER</div> <div style="width: 35%;">AGE</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><hr/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 35%;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><hr/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 35%;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><hr/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 35%;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><hr/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 35%;"><input type="text"/></div> </div>	<p>408 (1)</p> <p>How old was (NAME/this wife or partner) on her last birthday?</p>	
408	<p>How old was (NAME/this wife or partner) on her last birthday?</p> <p>RETURN TO 407 FOR THE NEXT WIFE OR LIVE-IN PARTNER.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><hr/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 35%;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><hr/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 35%;"><input type="text"/></div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><hr/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 35%;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><hr/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 10%;"><input type="text"/></div> <div style="width: 35%;"><input type="text"/></div> </div>	
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> </div> </div>	→ 411		
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE	1	
		ONLY ONCE	2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
411	<p>CHECK 405 AND 410:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>BOTH ARE <input type="checkbox"/></p> <p>CODE '2'</p> <p>a) In what month and year did you start living with your (wife/partner)?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>MONTH <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW YEAR 9998</p> </div> <div style="text-align: right;"> <p>→ 413</p> </div> </div>									
412	How old were you when you first started living with her?	<p>AGE <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p>									
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE										
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p>	→ 501								
415	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> </div> <div style="text-align: right;"> <table border="1" style="border-collapse: collapse; width: 40px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>									→ 429
416	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 418								
417	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	→ 419								
418	<p>What method did you or your partner use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	→ 420								
419	The last time you had sexual intercourse, was a condom used?	<p>YES 1</p> <p>NO 2</p>	→ 422								

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	<p>What was the brand name of the condom used?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p>	<p>FIESTA 01</p> <p>KISS 02</p> <p>DUREX 03</p> <p>GOLD CIRCLE 04</p> <p>BE SAFE/ NO LOGO 05</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
421	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT POLYCLINIC 12</p> <p>GOVERNMENT HEALTH CENTER .. 13</p> <p>GOVERNMENT CLINIC 14</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST 15</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) 16</p> <p>OTHER PUBLIC SECTOR 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>DRUG STORE 24</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) 25</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC 31</p> <p>OTHER NGO MEDICAL SECTOR 32</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>DRUG PEDDLERS 44</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
422	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.</p> <p>IF NO, RECORD '3'.</p>	<p>WIFE 1</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6</p> <p align="center">(SPECIFY)</p>	
423	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 429
424	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>WIFE 1</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6 (SPECIFY)</p>	
426	<p>Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 429
427	<p>The last time you had sexual intercourse with this third person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
428	<p>What was your relationship to this third person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>WIFE 1</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6 (SPECIFY)</p>	
429	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	514									
502	CHECK 418: MAN NOT STERILIZED OR QUESTION NOT ASKED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>	514									
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	509									
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	514								
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									514
509 (1)	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
511	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
512	CHECK 208: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?</div><div style="width: 45%;">HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?</div></div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 (WIFE/WIVES/PARTNER(S)) STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	→ 514								
513	CHECK 208: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of another child?</div><div style="width: 45%;">HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) How long would you like to wait from now before the birth of a child?</div></div>	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									
514	CHECK 203 AND 205: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">HAS LIVING CHILDREN <input type="checkbox"/> ↓ a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.</div><div style="width: 45%;">NO LIVING CHILDREN <input type="checkbox"/> ↓ b) If you could choose exactly the number of children to have in your whole life, how many would that be?</div></div>	NONE 00 NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> OTHER 96 (SPECIFY)			→ 601 → 601						
515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> OTHER 96 (SPECIFY)									

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last 7 days?	YES 1 NO 2	→ 604
602	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 607
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____	
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY . 3 OTHER _____ 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY . 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY . 3 SOMEONE ELSE 4 OTHER 6	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 615
613	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615
614	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 617A
616	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 617A
617	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
617A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 617C
617B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2	
617C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<div style="text-align: right; margin-right: 20px;">YES NO DK</div> a) If she goes out without telling him? a) GOES OUT 1 2 8 b) If she neglects the children? b) NEGLECTS CHILDREN 1 2 8 c) If she argues with him? c) ARGUES 1 2 8 d) If she refuses to have sex with him? d) REFUSES SEX 1 2 8 e) If she burns the food? e) BURNS FOOD 1 2 8	
619	As far as you know did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
701	Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 729
702	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 708
703	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
704	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
705	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
706	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
708	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
709	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
710	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 712
711	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	Have you ever been tested for HIV?	YES 1 NO 2	→ 721
714	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT POLYCLINIC 12</p> <p>GOVERNMENT HEALTH CENTER 13</p> <p>GOVERNMENT CLINIC 14</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST 15</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) 16</p> <p>PUBLIC LABORATORY/DIAGNOSTIC CENTERS 17</p> <p>OTHER PUBLIC SECTOR 18</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>DRUG STORE 24</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) 25</p> <p>MATERNITY HOME 26</p> <p>PRIVATE LABORATORY/DIAGNOSTIC CENTERS 27</p> <p>OTHER PRIVATE MEDICAL SECTOR 28</p> <p>_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC 31</p> <p>OTHER NGO MEDICAL SECTOR 32</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>WORKPLACE 42</p> <p>CORRECTIONAL FACILITY/BORSTAL HOME 43</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p>	
716	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 720
717	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p>	→ 720
718	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS MOST RECENT HIV TEST .. 95</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
719	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8																			
720	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																			
721	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 723																		
722	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2																			
723	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																			
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																			
725	CHECK 717: CODE '1' <input type="checkbox"/> CIRCLED OTHER <input type="checkbox"/> → 729																				
726	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2																			
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2																			
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the past 12 months. a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) PEOPLE TALK BADLY</td><td>1</td><td>2</td></tr> <tr> <td>b) DISCLOSED STATUS</td><td>1</td><td>2</td></tr> <tr> <td>c) VERBALLY INSULTED</td><td>1</td><td>2</td></tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td><td>1</td><td>2</td></tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) PEOPLE TALK BADLY	1	2	b) DISCLOSED STATUS	1	2	c) VERBALLY INSULTED	1	2	d) HEALTHCARE WORKERS TALKED BADLY	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2	
	YES	NO																			
a) PEOPLE TALK BADLY	1	2																			
b) DISCLOSED STATUS	1	2																			
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d) HEALTHCARE WORKERS TALKED BADLY	1	2																			
e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2																			
729	CHECK 701: HEARD ABOUT <input type="checkbox"/> HIV OR AIDS NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS a) Apart from HIV, have you heard about other infections that can be transmitted through sexual b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2																			

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 735
731	CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 733
732	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
733	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
734	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
735	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
736	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 806
802	Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 804
803	How old were you when you got traditionally circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
804	Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 806
805	How old were you when you got medically circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 809 → 808
807	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811
809	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Kreteks? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? f) Water/ chicha sessions? g) Any others? _____ (SPECIFY)	NUMBER DAILY a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/> d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> f) WATER/SHISHA SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 811

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Water/ chicha sessions?</p> <p>g) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) WATER/SHISHA SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
811	<p>Do you currently use smokeless tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p>→ 813</p> <p>→ 814</p>
812	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>→ 814</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="center">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
814	<p>Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, akpeteshie, palm wine, pito, etc?</p>	<p>YES 1</p> <p>NO 2</p>	→ 817
815	<p>During the last one month, on how many days did you have an alcoholic drink?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT DRINK ALCOHOL 00</p> <p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY 95</p>	→ 817
816	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one shot of akpeteshie, a calabash of palm wine or pito. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p> <p>SHOW PICTURES OF SIZES OF STANDARD DRINKS.</p>	<p>LESS THAN ONE STANDARD DRINK 00</p> <p>NUMBER OF DRINKS <input type="text"/> <input type="text"/></p>	
817	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	→ 819
818	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>NATIONAL /DISTRICT HEALTH INSURANCE(NHIS) A</p> <p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE B</p> <p>HEALTH INSURANCE THROUGH EMPLOYER C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	→ 822
819	<p>Have you ever been registered with the National Health Insurance Scheme or NHIS?</p>	<p>YES 1</p> <p>NO 2</p>	→ 821

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
820	<p>Why have you not registered with the National Health Insurance Scheme (NHIS)?</p> <p>RECORD ALL MENTIONED.</p>	<p>NOT HEARD OF NHIS A</p> <p>CANNOT AFFORD PREMIUM B</p> <p>DO NOT TRUST C</p> <p>DON'T NEED HEALTH INSURANCE .. D</p> <p>NHIS DOES NOT COVER</p> <p>HEALTH SERVICES I NEED E</p> <p>DON'T UNDERSTANDS SCHEME .. F</p> <p>DON'T KNOW WHERE TO REGISTER G</p> <p>NO EASY ACCESS TO A HEALTH FACILITY H</p> <p>DO NOT LIKE THE ATTITUDE OF STAFF IN A HEALTH FACILITY .. I</p> <p>THOSE WITH INSURANCE ARE GIVEN SUBSTANDARD SERVICES AND MEDICINE J</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>→ 824</p>
821	<p>What is the reason for dropping out of National Health Insurance Scheme?</p>	<p>CANNOT AFFORD PREMIUM A</p> <p>DO NOT TRUST B</p> <p>DON'T NEED HEALTH INSURANCE .. C</p> <p>NHIS DOES NOT COVER D</p> <p>HEALTH SERVICES I NEED E</p> <p>DON'T UNDERSTANDS SCHEME .. F</p> <p>DON'T KNOW WHERE TO REGISTER G</p> <p>NO EASY ACCESS TO A HEALTH FACILITY H</p> <p>DO NOT LIKE THE ATTITUDE OF STAFF IN A HEALTH FACILITY .. I</p> <p>THOSE WITH INSURANCE ARE GIVEN SUBSTANDARD SERVICES AND MEDICINE J</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
822	<p>Do you hold a valid National Health Insurance Scheme (NHIS) card?</p>	<p>YES, CARD SEEN 1</p> <p>YES, CARD NOT SEEN 2</p> <p>NO 3</p>	<p>→ 824</p>
823	<p>Why do you not have a valid National Health Insurance Scheme (NHIS) card?</p> <p>RECORD ALL MENTIONED.</p>	<p>REGISTERED, NOT PAID FULL' A</p> <p>REGISTERED, CARD NOT RECEIVED B</p> <p>REGISTERED, WAITING PERIOD C</p> <p>NOT RENEWED REGISTRATION D</p> <p>LOST NHIS CARD E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
824	<p>In the last 6 months, how many times have you visited any healthcare provider or a health care facility for your own health?</p> <p>IF NONE RECORD '00'</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NONE 00</p> <p>DON'T KNOW 98</p>	<p>→ 827A</p>
824A	<p>CHECK 820:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p>	<p>ASKED <input type="checkbox"/></p> <p>→ 827A</p>	<p>→ 827A</p>
824B	<p>CHECK 823:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p>	<p>ASKED <input type="checkbox"/></p> <p>→ 827A</p>	<p>→ 827A</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
825	During these visits, how many times have you accessed the health care using your National Health Insurance Scheme (NHIS) card? IF NONE RECORD '00'	NUMBER OF TIMES <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> NONE 00 DON'T KNOW 98																																	
826	A. The last time you accessed health services with your insurance card, did you make any out-of-pocket payments for the following? a) Consultation? b) Drugs? c) Diagnosis? d) Admission? e) Surgical? f) Other?	B. Was it a co-payment or a full payment ? <table border="1"> <thead> <tr> <th>PAYMENT</th><th>CO- PAYMENT</th><th>FULL PAYMENT</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td><td>a) CONSULTATION 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>b) DRUGS .. 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>c) DIAGNOSIS 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>d) ADMISSION 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>e) SURGICAL 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2</td><td>f) OTHER</td><td></td><td></td></tr> <tr> <td></td><td align="right">(SPECIFY)</td><td></td><td>96</td></tr> </tbody> </table>	PAYMENT	CO- PAYMENT	FULL PAYMENT	DON'T REMEMBER	YES 1 NO 2 ↓	a) CONSULTATION 1	2	3	YES 1 NO 2 ↓	b) DRUGS .. 1	2	3	YES 1 NO 2 ↓	c) DIAGNOSIS 1	2	3	YES 1 NO 2 ↓	d) ADMISSION 1	2	3	YES 1 NO 2 ↓	e) SURGICAL 1	2	3	YES 1 NO 2	f) OTHER				(SPECIFY)		96	
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827A	CHECK 111: AGE 15-29 YEARS <input type="checkbox"/> ↓ 29 YEARS OR OLDER <input type="checkbox"/>	→ 828																																	
827B	Thank you for taking the time to answer these questions. I would like to inform you that additional information will be collected in the near future to better understand the health and wellbeing of young people as they grow into adulthood. Another member of our team may return in a few days or weeks to ask you some additional questions about these topics. Do you agree to allow another member of our team to contact you about participating in a short interview? Your responses will remain confidential.	YES 1 NO 2																																	
828	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>																																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
