

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 ____
 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 0 Primary 1 Middle/JSS/JHS 2 Secondary/SSS/SHS 3 Voc/Comm/Tech 4 Post Secondary (Nursing/Teacher Trg) 5 Tertiary 6	0 MB7
MB5. WHAT IS THE HIGHEST CLASS/YEAR YOU COMPLETED AT THAT LEVEL?	Class/Year —	
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 1 Able to read only parts of sentence 2 Able to read whole sentence 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 4 (specify language)	
	Blind/mute, visually/speech impaired 5	

MB8. WHAT IS YOUR RELIGION?	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	
MB9. TO WHAT ETHNIC GROUP DO YOU BELONG?	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	

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 1 At least once a week 2 Less than once a week 3 Not at all 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 1 At least once a week 2 Less than once a week 3 Not at all 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 1 At least once a week 2 Less than once a week 3 Not at all 4	
AC6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2 AC9
AC7. HAVE YOU EVER USED A COMPUTER IN THE LAST 12 MONTHS?	Yes 1 No 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 1 At least once a week 2 Less than once a week 3 Not at all 4	
AC9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 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	
MC3. HOW CAN ONE PROTECT HIM/HERSELF AGAINST MALARIA?	Sleep under a mosquito net Sleep under a 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 a 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	

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?	1	2	3	4	
[B] ADVERT WHERE WOMAN DOESN'T WANT TO STAY THE NIGHT WITH THE MAN UNLESS HE HAS A TREATED NET?	1	2	3	4	
[C] SHORT DOCUMENTARIES FEATURING THE TRUE STORIES OF GHANAIAN FAMILIES CHILDREN SUFFERING EPILEPSY AND LEARNING DISABILITIES DUE TO SEVERE MALARIA?	1	2	3	4	
[D] ADVERT WHERE PEOPLE FROM ALL WALKS OF LIFE ARE SLEEPING UNDER TREATED NETS?	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		
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