

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 Months Years	1 2 3		1 2 Add Next Birth Birth
													Next Line				
02		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
03		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
04		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
05		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
06		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
07		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
08		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
09		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
10		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
11		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
12		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
13		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth Birth
14		1	2	1	2			1	2		1	2	BH10	Days Months Years	1 2 3		1 2 Add Next Birth 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	2 MN9
	No	2	
	DK	8	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	2 MN12
	No	2	
	DK	8	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	2 MN17
	No	2	
	DK	8	8 MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?	SP / Fansidar / Malafan	A	B MN17
	Chloroquine	B	X MN17
Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.	Other (specify)	X	Z MN17
	DK	Z	

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 Hours Days Don't know / remember	000 1 ___ 2 ___ 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	2 PN19
AFTER (name) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?			
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 ___		98
	If the respondent does not know the exact age, probe to get an estimate DK / Don't remember / Not sure		
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	Yes	1
	No	2	No	2
If "No", go to FG13 for next daughter. If no more daughters, go to FG22		If "No", go to FG13 for next daughter. If no more daughters, go to FG22		If "No", go to FG13 for next daughter. If no more daughters, go to FG22
FG15. IS (name) CIRCUMCISED?	Yes	1	Yes	1
	No	2	No	2
If "No", go to FG13 for next daughter. If no more daughters, go to FG22		If "No", go to FG13 for next daughter. If no more daughters, go to FG22		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	_____	Age	_____
	DK	98	DK	98
FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME.	Yes	1	Yes	1
	No	2	No	2
FG19		FG19		FG19
WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	DK	8	DK	8
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes	1	Yes	1
	No	2	No	2
DK		DK		DK
FG19. WAS HER GENITAL AREA SEWN CLOSED?	Yes	1	Yes	1
	No	2	No	2
DK		DK		DK
If necessary, probe: WAS IT SEALED?	DK	8	DK	8

FEMALE GENITAL MUTILATION/CUTTING (cont'd)				FG
FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional		Health professional	Health professional
	Doctor	11	Doctor	11
	Nurse/midwife	12	Nurse/midwife	12
	Other health professional (specify)	16	Other health professional (specify)	16
	Traditional persons		Traditional persons	Traditional persons
	Traditional 'circumciser'	21	Traditional 'circumciser'	21
	Traditional birth attendant	22	Traditional birth attendant	22
	Other traditional (specify)	26	Other traditional (specify)	26
	DK	98	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	A
	Standing/ working in the sun	B
IN YOUR OPINION, WHAT CAUSES MALARIA?	Eating contaminated food	C
	Mosquito bites	D
Probe: WHAT ELSE?	Malaria parasite(p. falciparum)	E
	Hereditary	F
	Dirty surroundings	G
	Weedy surroundings and stagnant water	H
	Other (specify)	X
	DK	Z
BC2. HOW WOULD YOU KNOW THAT SOMEONE HAS MALARIA?	Hot body fever	A
	Vomiting/Diarrhea	B
Probe: WHAT ELSE?	Strong headaches/Dizziness	C
	Loss of appetite	D
	Weakness of the body	E
	Cough	F
	Chills	G
	Bitterness in the mouth	H
	Other (specify)	X
	DK	Z

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	
	No	2	2 BC10

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 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
BC8 DURING THE PAST 6 MONTHS, HAVE YOU SEEN/HEARD ANY ADVERT ON THE USE OF ACT WITH GREEN LEAF?	Yes	1				
	No	2	2 BC10			
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	
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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).			